This project was funded from the Federal Emergency Management Agency (FEMA)'s Regional Catastrophic Preparedness Grant Program (RCPGP). The Guidance document was created based on research of the most current and relevant information publicly available at the time of publication and that information is subject to change without notice. The Guidance document and associated material are not opinions but a compilation of the research overseen by subject matter experts. The guidance in these documents does not necessarily represent the official positions or policies of the authors, Public Health Solutions, the NY-NJ-CT-PA Regional Catastrophic Planning Team, FEMA, the U.S. Department of Homeland Security, or any other of the public agencies affiliated with the project. User accepts sole responsibility associated with the use of the material and the information offered as guidance as applied to that jurisdiction’s particular needs and capabilities. This material does not constitute legal advice and users should consult legal counsel for any and all legal questions or interpretations.

This document complies with Section 508 of the Rehabilitation Act of 1973. It is intended to be readable by standard commercial computer screen reader software (such as JAWS and Adobe Reader) capable of reading plain text (.txt) and Adobe Acrobat documents (.pdf). For copies of this document or for further information, contact RIC@RegionalCATPlanning.org.
EXECUTIVE SUMMARY

This document incorporates recommendations, promising practices, and support tools related to meeting the needs of individuals with disabilities and others with access and functional needs in disaster situations and during all phases of emergency management. The material within this document addresses four primary focus areas:

- Evacuation and transportation
- Public information and communications
- Sheltering and mass care
- Whole community engagement

A team of subject-matter experts identified promising practices and case studies as especially relevant and informative to organizations and jurisdictions within the New York-New Jersey-Connecticut-Pennsylvania (NY-NJ-CT-PA) Regional Catastrophic Planning Team (RCPT) region. The team combined these promising practices and case studies with a review of the academic literature to create recommendations and support tools to assist agencies in the NY-NJ-CT-PA RCPT region in meeting the needs of the whole community in disaster, including people with disabilities and others with access and functional.

Key overarching recommendations within this document include the following:

- Using a whole community framework and meaningful engagement with individuals from the whole community, including those with disabilities and other access and functional needs and the organizations that provide services to and/or advocate on their behalf throughout the planning process
- Using a functions-based perspective
- Planning within the legal frameworks provided by key laws and legislation, including the Americans with Disabilities Act of 1990

Additional recommendations are provided for each of the four primary focus areas.
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INTRODUCTION

PURPOSE

The purpose of this document is to present a series of recommendations, promising practices, and support tools that will help jurisdictions meet the needs of individuals with disabilities and others with access and functional needs in disaster situations and throughout all phases of emergency management. These promising practices have been gathered from jurisdictions around the nation and address a select set of topics and emergency management areas, including evacuation and transportation, communications and public information, sheltering and mass care, and whole community engagement. The primary topic areas were selected by the New York-New Jersey-Connecticut-Pennsylvania (NY-NJ-CT-PA) Regional Catastrophic Planning Team (RCPT); users of this guidance should take care to consider other topics and emergency management areas that should be addressed during their planning and within plan documents.

A team of subject-matter experts has identified these promising practice and case studies as potentially relevant and informative to organizations and jurisdictions within the NY-NJ-CT-PA RCPT region as it seeks to better meet the needs of individuals with disabilities and others with access and functional needs in disaster. Combining the promising practices with subject-matter expertise and a review of the academic literature, our team compiled a series of recommendations and support tools to assist organizations and jurisdictions within the NY-NJ-CT-PA RCPT region at meeting the needs of the whole community, including people with disabilities and others with access and functional needs in disaster.

A FUNCTIONS-BASED PERSPECTIVE

The Americans with Disabilities Act of 1990 (ADA) defines an individual with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

Federal Emergency Management Agency’s (FEMA) Office of Disability Integration and Coordination expands the ADA definition as follows:

The term “access and functional needs” means those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of

INTRODUCTION

individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.\(^2\)

These definitions demonstrate a shift in the language used by disability advocates, individuals with disabilities, and emergency managers. What was previously “people with special needs” became “vulnerable populations” and is now “people with disabilities and others with access and functional needs.” The shift represents not only a change in terminology but also a change in perspective and approach. Instead of attempting to identify vulnerability based solely on someone’s demographic profile (being elderly, for example) or diagnosis (being diabetic, for example), many organizations now try to identify the functions that a person must perform in order to maintain health and well-being before, during, and after an emergency.

Functions differ from needs in that functions refer to actions or tasks that an individual must take to remain healthy and safe. This functions-based approach considers what an individual can do, rather than a perceived vulnerability based on a diagnostic category or population characteristic. Rather than just asking who is vulnerable, a functions-based approach asks what makes someone vulnerable. For example, two different older adults may have heightened vulnerability—one because she has hearing loss and the other because he is on dialysis. It is not simply being an older adult that makes them vulnerable; rather, their functional limitations related to comprehending public information (in one case) and requiring medical support (in the other case) makes them vulnerable. This approach reduces generalization and stigmatization of population groups and provides emergency managers with clear and actionable information. Using a functions-based perspective clearly delineates areas where preparedness intervention can reduce disaster vulnerability and risk to the whole community. In addition, this change in approach supports an integrated planning process for the whole community, as opposed to setting aside a portion of the community as “special” or “vulnerable.”

Federal guidance emphasizes five functional areas for all-hazards planning:\(^3\)

- **Communications**: refers to the ability to access and understand disaster-related messages
- **Medical needs**: includes unstable, terminal, or contagious health conditions that require observation, active management, and ongoing treatment, including intravenous therapy, tube feeding, vital signs reading, dialysis, oxygen and suction, catheters, ostomies, and wound management
- **Maintaining independence**: encompasses supplying or replacing those supports—such as consumable medical supplies, durable medical equipment, service animals, or attendants or caregivers—that enable individuals to maintain their independence and perform activities of daily living and return to or maintain pre-disaster level of independence
- **Supervision**: includes those who require support or supervision from others to assess situations, react appropriately, and take required self-protective actions; e.g., young children; individuals with dementia, psychiatric conditions, and/or cognitive disabilities

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\(^3\) Based upon the U.S. Department of Health and Human Services definition of at-risk individuals available at [http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx](http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx)
**INTRODUCTION**

- **Transportation:** refers to the ability to travel from one place to another safely—not only related to evacuation but also encompassing obtaining supplies required to safely shelter in place, re-entry, and recovery.

The terminology used by communities, jurisdictions, and advocates to define these functional areas varies; some groups simply modify these terms. For example, the New York City Department of Health and Mental Hygiene is exploring classifying vulnerability by the following functions: Communications, Self-care, Transportation, Exposure, and Susceptibility.

The term used in this document, “individuals with disabilities and others with access and functional needs,” is intended to be the most inclusive and is aligned with the language used by the U.S. Department of Health and Human Services and several states, including California, Oklahoma, Connecticut, and Massachusetts. It is recommended that organizations and jurisdictions evaluate and use the terminology that is most appropriate for their constituency, purposes, and activities.

**A WHOLE COMMUNITY PERSPECTIVE**

The Federal Emergency Management Agency’s (FEMA) whole community framework emphasizes the value in understanding and meeting the actual needs of the whole community, including those with disabilities and others with access and functional needs; engaging and empowering all parts of the community; and strengthening what works well in communities.

A whole community perspective builds on the access and functional needs approach by identifying common functions that a jurisdiction must perform during emergencies to meet the needs of its whole population. For example, evacuation plans developed using a functions-based, whole community approach take into consideration necessary accommodations for those without independent transportation, individuals who use wheelchairs and other mobility devices, and other function-based barriers to transportation during an evacuation. In doing so, these plans meet the transportation and evacuation needs of all members of the community.

**Whole Community is a philosophical approach for conducting the business of emergency management.**

Benefits include:

- Shared understanding of community needs and capabilities
- Greater empowerment and inclusion of resources from across the community
- Stronger social infrastructure
- Establishment of relationships that facilitate more effective prevention, protection, mitigation, response, and recovery activities
- Increased individual and collective preparedness
- Greater resiliency at both the community and national levels

INTRODUCTION

An extension of the whole community framework is the “nothing about us without us” concept that no policy should be decided without the full and direct participation of members of the group affected by the policy. This slogan, born out of the Disability Rights Movement, is increasingly applied to emergency management planning. Incorporating individuals with disabilities and others with access and functional needs into all phases of emergency management will help emergency managers better clarify needs and associated interventions in disasters.

LEGAL CONSIDERATIONS

The Americans with Disabilities Act of 1990 (ADA) provides the following:

- Establishes people with disabilities as a protected class and requires public and certain private entities to make programs, services, and facilities accessible to those with disabilities
- Prohibits discrimination on the basis of disability by public entities, including public transportation, housing, and benefits
- Requires places of public accommodation to be designed, constructed, and altered in compliance with accessibility standards established by the U.S. Department of Justice
- Provides the following definition for a person with disabilities: “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment”

The ADA and other relevant laws and regulations are not waived during disasters. Emergency managers and planners have the responsibility to ensure services, programs, and facilities are accessible and compliant with all relevant local, State, and Federal laws and regulations.

Recent legal settlements and rulings have increased the urgency to better meet the needs of individuals with disabilities and others with access and functional needs in disasters. In November 2013, in a case that originally arose out of response to

Relevant Access and Functional Needs Laws Related to Disaster

- Americans with Disabilities Act of 1990
- Rehabilitation Act of 1973
- Post-Katrina Emergency Management Reform Act
- Title VIII of the Civil Rights Act of 1964 (“Fair Housing Act”)
- Architectural Barriers Act of 1968
- Homeland Security Act of 2002
- Robert T. Stafford Disaster Relief and Emergency Assistance Act

5 Other laws include the Post-Katrina Emergency Management Reform Act and the Rehabilitation Act of 1973.
INTRODUCTION

Hurricanes Irene and Lee and ultimately included Hurricane Sandy, a Federal Court in New York City ruled that the City violated the ADA, the Rehabilitation Act of 1973, and the New York City Human Rights Law during its emergency response to the events. The judge found, among other conclusions, that the city’s evacuation plans failed to accommodate the accessible transportation needs of individuals with disabilities, that the city failed to ensure the shelter system was sufficiently accessible both architecturally and programmatically, and that outreach and education programs failed to provide people with disabilities the same opportunity as others to develop a personal emergency plan.

Federal laws and guidance, including the ADA, the Post-Katrina Emergency Management Reform Act (PKEMRA), and the Rehabilitation Act, are large and complex and often lack details regarding interpretation and application. Case law, in the form of rulings and settlements, related to these laws and regulations often provides details organizations and jurisdictions can use to better understand and apply these laws. For example, the November 2013 opinion in the Brooklyn Center for Independence of the Disabled (BCID), et al. v. Mayor Bloomberg, et al. included an element-by-element interpretation of the ADA in the emergency management environment. Similarly, the settlements associated with Communities Actively Living Independent and Free (CALIF), et al. v. City and County of Los Angeles provides guidance on the interpretation of ADA components in disaster shelter settings. The settlements and rulings provide important details about the interpretations and applications of large, complicated laws that can be translated into planning strategies.

Together, the access and functional needs framework, the whole community framework, and legal considerations and recent case law provide the foundation for all of the recommendations included within this document. It is recommended that jurisdictions and organizations continue to monitor developments with legal outcomes and adopt these three primary frameworks as the foundation for planning to meet the needs of individuals with disabilities and others with access and functional needs.

DOCUMENT STRUCTURE AND USE

The guidance, promising practices, and support tools are the main content of this document and are presented in the following format. Each is first divided by topic as follows:

- General
- Evacuation and Transportation
- Communications and Public Information
- Sheltering
- Whole Community Engagement

Each topic is introduced and the information is organized into the following sections:

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8 The General section includes only support tools that are applicable across all of the topic areas and apply to the larger concept of integrating individuals with disabilities and others with access and functional needs into emergency planning.
**Recommendations:** This section includes a series of recommendations related to meeting the needs of individuals with disabilities and others with access and functional needs specific to the topic area. These recommendations are based on promising practices from the field, academic research, and subject-matter expertise.

**Promising Practices and Case Studies:** The promising practices are presented as case studies that detail a project, program, or document that show promise in the area of access and functional needs—emergency management integration. These promising practices were selected because they address specific topics requested by NY-NJ-CT-PA RCPT region stakeholders participating in this project or were thought to be especially compelling or relevant by the subject-matter experts who prepared this document. Additional promising practices and case studies are presented in the annotated bibliography. The case studies are organized as follows:

- **Who:** Which organization or jurisdiction developed the practice or did the work
- **What:** What the organization did
- **When:** Publication, release, or event date or any date related to the project, if applicable
- **Why:** Why it is a promising practice and why it is being recommended for consideration by organizations and jurisdictions in the NY-NJ-CT-PA RCPT region
- **How:** Ideas about how the practice could be applied for use by organizations and jurisdictions in the NY-NJ-CT-PA RCPT region
- **Link or Contact:** When available, a web link to further information about the promising practice or case study is provided

**Support Tools:** A series of support tools are provided to assist emergency managers and other users in integrating the needs of individuals with disabilities and others with access and functional needs into emergency management preparedness, planning, response, recovery, and mitigation activities. In some instances, a link to an existing tool(s) is provided; in other cases, a new or adapted tool(s) is presented. The new tools are intended as usable guideposts and, as such, are designed to be removed from the document for the reader’s convenience. These tools will help NY-NJ-CT-PA RCPT organizations and jurisdictions implement the provided recommendations and better meet the needs of individuals with disabilities and others with access and functional needs in disaster.

The appendices include a listing of the legal authorities that guide access and functional needs integration and an annotated bibliography of additional promising practices case studies.
In addition to the topic-specific material presented later in this document, there are a number of support tools which apply more broadly across all of the topic areas and apply generally to the process of integrating individuals with disabilities and others with access and functional needs into emergency management and planning. These tools follow.

Support Tools

The support tools which follow are intended to assist organizations and jurisdictions in meeting the needs of the whole community in disaster, including people with disabilities and others with access and functional needs.

Existing Resources

Writing Guide for a Memorandum of Understanding

http://www.safecomprogram.gov/oec/mou.pdf

Created by the U.S. Department of Homeland Security’s Office of Interoperability and Compatibility, this tool provides guidance for developing a memorandum of understanding or memorandum of agreement (MOU/MOA). Content development guidance, sample language, and illustrations are provided within this tool to assist organizations and jurisdictions in developing a MOU/MOA, a tool that often functions to enhance an organization’s or a jurisdiction’s capabilities related to meeting the needs of individuals with disabilities and others with access and functional needs in disaster. This guidance was created specifically for communications-related MOUs, but the concepts are applicable across all topics.
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Overarching Plan Considerations for Integrating Individuals with Disabilities and Others with Access and Functional Needs into Emergency Operations Plans

The following is a set of high-level considerations that jurisdictions and organizations should ensure are incorporated into their emergency operations plan (EOPs) and related planning documents. This list is not all-inclusive; rather, it is a start for ensuring key considerations are included. Any answer of ‘no’ should prompt jurisdictions and organizations to conduct additional planning.

Nomenclature and Legal Considerations

☐ Yes ☐ No Does the plan specifically address people with disabilities and others with access and functional needs?

☐ Yes ☐ No Does the plan’s nomenclature reflect the current best practice concepts and guidance associated with people-first language, the whole community, and access and functional needs frameworks?

☐ Yes ☐ No Was the plan formulated in collaboration with individuals with disabilities and others with access and functional needs and the organizations that provide services to and/or advocate on their behalf?

☐ Yes ☐ No Which laws and/or regulations regarding the delivery of services to people with disabilities and others with access and functional needs apply to the operational mission of this plan?

☐ Yes ☐ No Does the plan reference and address the appropriate laws regarding individuals with disabilities and others with access and functional needs?

Communications and Public Information

☐ Yes ☐ No Does the plan have documented procedures for distributing emergency alert notifications to people with disabilities and others with access and functional needs?

☐ Yes ☐ No Does the plan include or reference any tools or materials available to assist with emergency alert notification to people with disabilities and others with access and functional needs?

☐ Yes ☐ No Does the plan have documented procedures for distributing emergency-related public information to

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9 People-first language is a type of linguistic prescription aiming to avoid perceived and subconscious dehumanization when discussing people with disabilities and others with access and functional needs, as such forming an aspect of disability etiquette.
people with disabilities and others with access and functional needs?

☐ Yes ☐ No  Does the plan include or reference any tools or materials available to assist with the dissemination of emergency-related public information to people with disabilities and others with access and functional needs?

Sheltering and Mass Care

☐ Yes ☐ No  Does the plan have documented procedures for accommodating people with disabilities and others with access and functional needs in the area of emergency sheltering and mass care, including feeding?

☐ Yes ☐ No  Does the plan address appropriate equipment for people with disabilities and others with access and functional needs in shelters?

☐ Yes ☐ No  Does the plan include a means for addressing shortfalls in equipment availability?

☐ Yes ☐ No  Does the plan address issues related to obtaining necessary medical supplies and medication?

☐ Yes ☐ No  Does the plan include a means for addressing shortfalls in supply availability?

☐ Yes ☐ No  Does the plan address personal assistance for people with people with disabilities and others with access and functional needs in shelters?

☐ Yes ☐ No  Does the plan address the integration of people with disabilities and others with access and functional needs in general population shelters?

☐ Yes ☐ No  Does the plan address needs related to sheltering in place?

☐ Yes ☐ No  Does the plan address issues regarding accessing goods and services offered at points of distribution (PODs)

Evacuation and Transportation

☐ Yes ☐ No  Does the plan have documented procedures for accommodating people with disabilities and others with access and functional needs in the area of emergency evacuation and transportation?

☐ Yes ☐ No  Does the plan have documented procedures describing how emergency response and recovery activities for people with disabilities and others with access and functional needs will be coordinated between the
jurisdiction and other, relevant community or governmental organizations (for example the Department of Social Services, the Braille Society, etc.)?

☐ Yes ☐ No

Does the plan reference or include processes and/or tools for identifying relevant resources, material, programs and/or activities at other organizations?

☐ Yes ☐ No

Are there processes and/or tools for facilitating interagency coordination described or referenced in the plan?

Exercises, Training, and Plan Updates

☐ Yes ☐ No

Does the plan address training on and exercising of the components related to provision of services to people with disabilities and others with access and functional needs during emergency response?

☐ Yes ☐ No

Is there a training and exercise schedule or strategy included in the plan?

☐ Yes ☐ No

Does the plan indicate that plan updates have been and/or will be made based on exercise or training results?

☐ Yes ☐ No

Does the plan include provisions for including individuals with disabilities and others with access and functional needs meaningfully into exercise design, role play, and evaluation?

☐ Yes ☐ No

Does the plan reference or include a list and/or description of current guidance or best practice standards used for plan development and/or updates?
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Evacuation and Transportation

Evacuation is the movement of people and animals from an area believed to be at risk to a safe area when an emergency necessitates such an action. An evacuation may occur with or without notice, depending on the hazard. Jurisdictions must be able to assist their whole community, including individuals with disabilities or others with access and functional needs, in taking appropriate protective action, including evacuation, when needed. Access and functional needs–related evacuation planning cannot occur independently; instead it must be part of a larger evacuation planning effort or based on an existing community evacuation plan.

The whole community faces a number of evacuation-related challenges, some which can more acutely affect those with individuals with disabilities and others with access and functional needs, including the following:

- Loss of or separation from assistive and adaptive equipment and/or durable medical equipment (DME)
- Loss of power needed for adaptive or life-support equipment
- Loss of connection to service providers
- Loss of medications and/or essential apparatuses or paraphernalia (e.g., glasses, hearing aids)
- Lack of resources to evacuate
- Anxiety beyond the threat as a result of disruption of normal, daily routines
- Lack of privacy and dignity
- Different level of independence and the necessity of receiving assistance
- Concern that accepting services may affect other existing benefits
- Uncertainty and/or lack of knowledge regarding accessible transportation options
- Inability to access or understand messaging
- Separation from or loss of ability to care for or control service animals during disaster

Recommendations

Evacuation depends on transportation to move individuals from an at-risk area to one that is safer, whether a few blocks or 100 miles away. Individuals with a transportation-related access or functional need include those who do not drive; those who do not have access to a personal vehicle for the purposes of evacuation, re-entry, and recovery; and those who cannot afford another option. Most public transit systems experience at least some reduction in service during disasters, so those individuals relying on these systems demonstrate some level of transportation-related need. Many people, including those who rely on public

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transit, may not have a transportation-related access or functional need in non-emergency times, but may have one in a disaster.

There are two primary transportation-related evacuation strategies for assisting individuals with disabilities and others with access and functional needs:

- Providing accessible transit, including vehicles that are ramp- or lift-equipped, suitable for transporting those on oxygen, etc. This approach is primarily used to help those with mobility-related functional needs.
- Providing access to mass transit for the purposes of evacuation. This approach is primarily used to help those with challenges such as not having access to a personal vehicle or lacking the financial means to evacuate but also includes people with disabilities and others with access and functional needs who are able to use these systems.

**Identifying Transportation-dependent Populations**

During the planning phase, it is important to identify who has a transportation-related access or functional need, where they are located, and what type of assistance they are likely to need in disaster. It is impossible to conduct this level of analysis to the individual level, but conducting hazard vulnerability assessments (HVAs) is important for understanding the needs of the whole community. HVAs provide a systematic approach to recognizing hazards that may affect demand for evacuation services and transportation system resources. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. Transportation- and evacuation-specific HVAs help communities identify populations that may require transportation and evacuation assistance and help plan to have the resources required to meet the needs of the whole community. A number of methodologies exist, and jurisdictions should select one that meets their technological and budgetary capacity. In some cases, partnering with a university or consulting firm can permit jurisdictions to conduct a more technologically advanced HVA than attempting to do such work independently. A number of studies that identified transportation-dependent populations in various U.S. jurisdictions are included within the Promising Practices and Case Studies section.

**Resource Inventory**

In addition to knowing who needs what type of help and where, it is important to know what resources are available to meet that need; how they will be coordinated, matched, and deployed; and how this will be communicated to the public.

Organizations and jurisdictions should conduct resource surveys and, preferably, maintain an inventory of transit and transportation resources that includes the following information:

- Passenger capacity
- Type of accessibility feature(s), fuel type, and refueling protocol
- Amount of space available for DME and caregiver(s)
- Owner or lease contract holder
- Driver and/or operator
- Commitment during disasters
Inventories and lists should include public, private, and organizational transportation assets. Multiple organizations counting on using the same set of resources is especially common where transit and transportation resources are concerned. Organizations and jurisdictions must address and resolve instances where resources are over-committed as part of the evacuation planning process or risk having insufficient resources to meet the needs of the whole community.
PROMISING PRACTICES AND CASE STUDIES

The following is a series of promising practices in the area of evacuation related to individuals with disabilities and others with access and functional needs.

Determining Evacuation Model for Transportation Dependent Citizens of Portsmouth (Virginia)

Who: William S. Campbell Jr. (Portsmouth Fire, Rescue and Emergency Services)

What: This study sought to formalize a plan for the evacuation of transportation dependent citizen before a hurricane that, when implemented, could be added to the existing emergency operations plan. Research questions included identifying the transportation dependent citizens, their needs, their location, and how they will be evacuated.

When: Published in 2011

Why: A number of approaches for identifying transportation-dependent populations exist; the one described here could be useful to jurisdictions within the RCPT region.

How: The methodology explained within this study could be replicated by other organizations or jurisdictions.

Key Words: evacuation, planning, modeling, transportation dependent


e-Finds

Who: New York State Department of Health

What: The New York State Evacuation of Facilities in Disasters System (NYS e-FINDS) is a statewide emergency tracking system that provides real-time patient and resident tracking to hospitals, as well as other healthcare and human services facilities. It was designed to ensure the safety of patients and residents when healthcare and human services facilities must evacuate.

When: NYS e-FINDS was developed in response to Hurricane Sandy (2012) and released in time to support the 2013 hurricane season.

Why: The system is secure and maintains confidentiality. Participating facilities must use barcode wristbands pre-printed with the facility name for all patients and facility residents, except for places where confidentiality requires that names be withheld. Patient and resident locations can be updated and tracked using handheld scanners or mobile apps. If a power outage occurs or phones are not in service, paper tracking can be employed.
How: The system should be considered by jurisdictions and organizations evaluating evacuee tracking and tracing systems.

Key Words: evacuation, tracking, technology

Link: [http://www.oasas.ny.gov/pio/eFINDS/index.cfm](http://www.oasas.ny.gov/pio/eFINDS/index.cfm)

### Evacuating Populations with Special Needs: Routes to Effective Evacuation Planning

**Who:** Federal Highway Administration, Booz Allen Hamilton, and EAD & Associates, LLC

**What:** As a part of the larger Routes to Effective Evacuation series, a primer was created to provide emergency managers, government officials, transportation agencies, and other organizations involved in disaster response with best practices and tools to accommodate individuals with disabilities and others with access and functional needs in evacuation.

**When:** Published in 2009

**Why:** Tools and best practices included within the primer cover a broad range of relevant topics, including evacuation for congregate care and residential care facilities, planning to meet the needs of service animals, and issues related to legislation. Templates and checklists are comprehensive and offer valuable guidance.

**How:** The tools, template, and checklist could be adapted for use by RCPT region organizations and jurisdictions as a part of their evacuation planning.

**Key Words:** evacuation, planning, response, congregate care, service animals, legislative policy, re-entry


### Measuring Auto Dependence in Metro Phoenix Using GIS

**Who:** Taruna Tayal, Krishna Anantuni, Elizabeth K. Burns

**What:** This paper measures automobile dependency in the metropolitan Phoenix, Arizona, area—one of the most automobile dependent cities in the world—using geographic information system (GIS) technology. The results revealed that available road facilities in all jurisdictions greatly outnumber bus and bicycle facilities. The paper describes the population and transportation components of several multi-modal indices developed to measure local automobile dependence.

**When:** Published in 2001

**Why:** A number of approaches for identifying transportation-dependent populations exist; the one described here could be useful to jurisdictions within the RCPT region.

**How:** The methodology explained within this study could be replicated by other organizations or jurisdictions.

**Key Words:** evacuation, planning, modeling, transportation dependent
Michigan/Grand River Avenue Transportation Study: Technical Memorandum #6—Transit Dependent Population

Who: URS Consultant Team

What: This technical memorandum describes the methodology used to evaluate the ability of a number of alternatives to serve transit-dependent populations and presents the results of the evaluation.

When: Published in 2001

Why: A number of approaches for identifying transportation-dependent populations exist; the one described here could be useful to jurisdictions within the RCPT region.

How: The methodology explained within this study could be replicated by other organizations or jurisdictions.

Key Words: evacuation, planning, modeling, transportation dependent

Link: http://proceedings.esri.com/library/userconf/proc01/professional/papers/pap495/p495.htm

Middlesex County (New Jersey) Access and Functional Needs Evacuation Vehicles Program

Who: Middlesex County, New Jersey, Office of Emergency Management

What: In 2008, Middlesex County Office of Emergency Management conducted a survey and identified the following challenges:

- Too many entities are listed in the County as the main transportation provider in disaster.
- The County’s buses can only accommodate two wheelchairs at a time.
- A single facility with multiple mobility device users could potentially require the entire fleet of County buses.
- A need exists to provide heating and cooling to the most vulnerable residents. In response, the County undertook a multi-part program to better prepare to meet the needs of individuals with mobility limitations in disaster. Part 1 was a training series that informed first responders about individuals with disabilities and others with access and functional needs and the mobility equipment that some of those individuals use. Part 2 was the design and development of a multi-person evacuation bus that is specifically designed for the mass evacuation of individuals with disabilities, especially those who use mobility devices. The bus has full capacity for standard passenger seating increasing its functionality. As a result of the program, responders in Middlesex County became more aware of and
better prepared to meet the needs of individuals with disabilities and others with access and functional needs, especially those with mobility devices, and the County has a physical asset that can help facilitate the safe evacuation of residents with mobility devices.

When: 2008–2014

Why: The challenges identified by Middlesex County are common across the nation and the NY-NJ-CT-PA RCPT region. Middlesex County was able to vastly improve its capability to meet the needs of individuals with disabilities and others with access and functional needs related to mobility by training its first responders and obtaining the evacuation vehicles. Other jurisdictions within the region could do one or both of these steps to similarly increase their capabilities.

How: The training the County used is a relatively low-cost intervention that could be used by other jurisdictions. In addition, the design and development of an evacuation vehicle increased the County’s ability to facilitate evacuation of individuals requiring a mobility device.

Key Words: transportation, transit, evacuation, mobility, paratransit, training, heating, cooling

Link: www.pcil.org

New York City Office of Emergency Management Homebound Evacuation Operation Program

Who: The New York City Office of Emergency Management (NYC OEM), in partnership with the New York City Department of Information Technology and Telecommunications, the Fire Department of the City of New York (FDNY), the Metropolitan Transportation Authority, and the New York City Department of Education (DOE)

What: The NYC OEM and its partners originally developed this program as part of the Evacuation Plan of the Coastal Storm Plan; now the program extends to an all-hazards operation. The Homebound Evacuation Operation (HEO) program delineates the City’s procedures for assisting individuals with disabilities who are unable to evacuate on their own. The City considers this a “last resort” approach to use after all other viable options are exhausted. This is one strategy among several evacuation strategies that the City considers during mass evacuations. To access this service, individuals are directed (via public information) to call the City’s 311 Call Center, at which time a call center operator matches the individual’s need to a specific type of vehicle resource and necessary support for evacuation. The 311 system is TTY capable. The call center operator determines a Transportation Assistance Level (TAL) based on the information provided and relative to the designation in Table 1.
Table 1: Transportation Assistance Levels (TAL) (New York City Homebound Evacuation Operation Program)

<table>
<thead>
<tr>
<th>TAL</th>
<th>Criteria</th>
<th>Assistance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAL 1: Stretcher</td>
<td>Unable to leave home on their own</td>
<td>FDNY-EMS Ambulance</td>
</tr>
<tr>
<td></td>
<td>Unable to travel in a sitting position (require stretcher transport)</td>
<td></td>
</tr>
<tr>
<td>TAL 2: Wheelchair</td>
<td>Unable to leave home on their own</td>
<td>DOE school bus with FDNY Firefighter Transport Team (FFTT)</td>
</tr>
<tr>
<td></td>
<td>Able to sit for an extended period of time (can travel on a bus)</td>
<td></td>
</tr>
<tr>
<td>TAL 3: Ambulatory</td>
<td>Able to leave home with assistance (can get to the curb)</td>
<td>MTA Paratransit</td>
</tr>
<tr>
<td></td>
<td>Disabilities prevent use of public transportation for evacuation</td>
<td></td>
</tr>
</tbody>
</table>

The City then matches the caller’s TAL with the appropriate transportation vehicle and personnel support. The following describes this process:

- **TAL 1: FDNY-EMS**—Individuals requiring TAL 1 assistance are transferred by 311 to the FDNY Emergency Medical Dispatch (EMD) Center via the 911 operator. EMS collects the necessary information from the caller, assigns a priority, and then allocates available resources according to agency guidelines. TAL 1 evacuees are taken to hospitals outside the evacuation zones.

- **TAL 2: FDNY-EMS**—311 operators collect information from TAL 2 individuals (name, address, cross streets, floor or apartment number, callback number, number of people at the location, and any special needs or directions to their location) and compile reports. Reports are forwarded to the FDNY borough dispatch, which forwards to staging areas. Firefighter Transport Teams (FFTTs) are dispatched to TAL 2 individuals’ homes. FFTTs are comprised of three FDNY firefighters on a DOE contract school bus. TAL 2 evacuees are taken to an evacuation center or shelter. It is important to note that mobility devices and equipment must be considered when determining bus capacity.

- **TAL 3: MTA Paratransit**—Individuals requiring TAL 3 assistance are transferred by 311 to the MTA Paratransit dispatch center. The MTA uses its Access-A-Ride operations to support evacuation assistance requests. TAL 3 evacuees are taken to an evacuation center or shelter.

**When:** The HEO program was first documented in the 2007 version of the NYC Evacuation Plan of the Coastal Storm Plan. The City
implemented this program during Hurricane Irene (2011) and Hurricane Sandy (2012) evacuations.

**Why:** The HEO offers a very personalized matching of transportation resources to the need of individuals. This approach attempts to meet individualized needs while maximizing the use of limited resources during an evacuation. The strong partnership among the implementing agencies makes this program possible. Each agency helped develop the plan and then worked together to implement it during two serious storms that NYC faced in consecutive years. Although only a couple hundred people accessed HEO’s services during these two storms, the program is considered a success because NYC had full capabilities to handle requests, assign appropriate transportation resources, and evacuate individuals to evacuation centers.

**Why:** The HEO is a strategy that can be replicated, with modification, in any jurisdiction. A critical first step is identifying partners who can support the operation and resources that will be needed. NYC OEM uses the 311 system during emergencies, while others could use reverse 911-type systems. For NYC OEM, 311 has the advantage in that it is used daily by thousands of New Yorkers and then ramped up for emergencies. A 311-type call-in center staffed with trained operators who are connected to appropriate resources is also critical to accomplishing this type of strategy.

A complex issue that NYC OEM grapples with (especially given the size of the City) is when to make the option for evacuation assistance information available to the public. NYC OEM considers this a “last resort” practice and announces its availability relatively late in the evacuation process for that reason. Though this may change in the future, jurisdictions considering this model will have to take this into consideration.

NYC OEM’s plan serves as a model though it was last updated in 2007. Though updates are expected in the near future, it is best to contact NYC OEM directly for the latest information regarding lessons learned from the hurricanes and changes to the plan.

**Key Words:** evacuation, transportation, homebound, facilitated evacuation, last resort

**Contact:** Megan Pribram, Planning Director, New York City Office of Emergency Management, mpribram@oem.nyc.gov

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**In a Pinch Guide (Project Safe EV-AC)**

**Who:** International Center for Disability Information

**What:** *In a Pinch* is a guide covering techniques for evacuating people with disabilities from various sites and situations. The manual is a quick reference guide to assist with managing evacuations in minutes or seconds. *In A Pinch* is distributed on waterproof copies so that it can be carried and used during an evacuation or drill. Because materials are not often available during emergencies, *In a Pinch* is especially useful during practice to help determine what equipment is necessary for safe evacuation.
and what questions to ask to safely evacuate. Its short descriptions and clear drawings facilitate quick reference. *In a Pinch* includes recommendations for four areas related to evacuation: notification of an emergency, communication during an emergency, assistance during an emergency, and communication after an emergency. Each of these vital areas is addressed for seven areas of disability: hearing, vision, speech, respiratory, motor, cognitive, and psychiatric.

**When:** Ongoing

**Why:** This guide is an easy-to-use, quick reference that addresses critical evacuation information for working with people with an array of disabilities. It is a unique resource for emergency management, organizations, businesses, etc.

**How:** RCPT region organizations and jurisdictions can obtain copies and inform their training and operations via its use.

**Key Words:** evacuation, training, disabilities, mobility devices

**Link:** [http://www.preventionweb.net/files/8879_evacInaPinch.pdf](http://www.preventionweb.net/files/8879_evacInaPinch.pdf)

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**San Diego Skilled Nursing Facility Evacuation**

**Who:** County of San Diego Emergency Management Services

**What:** County of San Diego Emergency Medical Services, together with key partners, put together the San Diego Skilled Nursing Home Facility Disaster Preparedness Task force, a group that included nursing home administrators. The group created a regional organizational system, dividing the County into six areas based around hospital catchment areas. In addition, it created liaison positions to oversee each a subset of regions. The liaisons worked with their group to conduct disaster preparedness and create bed allocation and sharing of memorandums of agreements (MOA) between facilities. By 2010, 74 percent of skilled nursing facilities had signed onto an MOA.

**When:** Ongoing

**Why:** This is an example of how a jurisdiction was able to address a common issue in emergencies—the need for an accurate count of skilled nursing facility bed space so that all available space may be used. This allows for individuals receiving skilled nursing care in one facility to be evacuated and receive a very similar level of care at another facility. By creating the group, San Diego County was able to create policies and procedures for identifying accurate bed counts within a very short time frame.

**How:** This model may be replicated in other small- to medium-sized jurisdictions in the NY-NJ-CT-PA RCPT region. Implementing it will require cooperation and partnership with several entities: local emergency management offices, skilled nursing facilities via the State Department of Health, and others with a stake and resources to offer.

**Key Words:** evacuation, shelter, plan, memorandums of agreement

**Link:** [http://www.cahfdownload.com/cahf/dpp/SDModel-Final-08-27-09.pdf](http://www.cahfdownload.com/cahf/dpp/SDModel-Final-08-27-09.pdf)
**Strategies in Emergency Preparedness for Transportation-dependent Populations**

**Who:** National Consortium on the Coordination of Human Services Transportation

**What:** This report provides an overview of the importance of planning for the transportation needs of individuals requiring assistance during an emergency. It presents specific strategies that communities have employed to facilitate safe and appropriate transportation and discusses challenges that remain to improving transportation for transportation-dependent populations in the event of an emergency situations.

**When:** Published in 2006

**Why:** A number of approaches for identifying transportation-dependent populations exist; the one described here could be useful to jurisdictions within the RCPT region.

**How:** The methodology explained within this study could be replicated by other organizations or jurisdictions.

**Key Words:** evacuation, planning, modeling, transportation dependent


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**Texas Emergency Tracking Network System**

**Who:** Texas Department of Public Safety, Division of Emergency Management

**What:** The Emergency Tracking Network (ETN) is used to track any evacuee transported by the State of Texas. ETN is a service contracted through AT&T and Radiant Technologies. The system uses bar-coded evacuee bracelets; evacuees are “tagged” at State-identified embarkation points, and the bracelets are used to record the location of the evacuee as he or she enters shelters at debarkation. The State deploys staff with handheld scanners, badges, and printers as well as a large scanner kit for large shelter operations through which a person can pass that picks up the chip in the band (like a metal detector). In addition, a GPS tracking device is on each bus deployed during an evacuation, and a cell phone is assigned to each driver. The State is able to locate every wrist-banded individual at all times. Furthermore, bracelets are printed with a toll-free family reunification telephone number.

**When:** Ongoing

**Why:** This developing technology is currently one of the most robust evacuee tracking and tracing systems in use. It was developed in response to experiences during hurricanes Katrina and Rita and has been refined in other disasters subsequently.
**EVACUATION AND TRANSPORTATION: PROMISING PRACTICES AND CASE STUDIES**

**How:** For jurisdictions evaluating implementing an evacuee tracking and tracing system, ETN is a program to consider as a model upon which to base a new system. This system may be more costly than many jurisdictions can afford, but elements of it could be adapted at lower cost.

**Key Words:** evacuation, evacuee, tracking, tracing

**Link:** [http://www.txdps.state.tx.us/dem/CouncilsCommittees/ETN/etnResources.htm](http://www.txdps.state.tx.us/dem/CouncilsCommittees/ETN/etnResources.htm)

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**Vehicle Rescue of People with Disabilities: An Emergency Responder Training**

**Who:** Progressive Center for Independent Living (PCIL of Central New Jersey)

**What:** In response to reports from their client base that their expensive, customized mobility equipment was damaged by first responders during car accidents and similar responses, PCIL developed training for first responders to better understand adaptive vehicles, mobility devices, and other adaptive technology, how to operate this equipment, and how to assist users without damaging or destroying the mobility/adaptive equipment.

**When:** Began in 2009; ongoing

**Why:** Training develops a practical awareness for responders to help them operate all available equipment at the incident without causing unnecessary damage that result when reducing independence of victims after incidents. Damage caused by improper extrication can cost per piece of equipment upwards of $100,000 and can take up to 12 months to repair. During this time, the individual often does not have access to replacement or loaner equipment.

**How:** The PCIL training demonstrates technical aspects of common adaptive equipment, covers actual situations resulting in avoidable damage, provides real-world simple solutions, outlines decision-making techniques, and shows how this knowledge base can benefit emergency responders. PICL’s training is well established, already available, and based in the RCPT region; therefore, it can be looked to as an excellent resource and should be considered to be added to the training agenda throughout the region. This training is equally applicable in urban and rural parts of the region.

**Key Words:** transportation, evacuation, first responders, training, adaptive vehicles, mobility devices, adaptive technology

**Link:** [http://pcil.org/](http://pcil.org/)
Support Tools

The following is a list of tools supporting evacuation and transportation requirements related to individuals with disabilities and others with access and functional needs. Existing resources are listed first, followed by other tools and additional considerations for emergency managers when addressing this topic area.

Existing Resources

- **Best Practice Tools for Evacuation Plans**
  Available by request, RIC@RegionalCATPlanning.org
  
The document from the NY-NJ-CT-PA RCPT includes 12 best practices with support tools, including several related to evacuating individuals with disabilities and others with access and functional needs.

- **Evacuating Populations with Special Needs: Routes to Effective Evacuation Planning, Annex 3: Evacuation Checklist**
  
The evacuation checklist (p. 94) from the U.S. Department of Transportation Federal Highway Administration provides a series of consideration that jurisdictions and organizations may want to use to evaluate their planning and planning documents.

- **Child Care Emergency Preparedness Toolbox**
  
  This document contains a comprehensive set of guidance and tools for childcare providers to facilitate the development of an emergency plan, create an emergency supply kit, and establish out-of-state emergency contact. While this toolkit was specifically developed for Government Service Agency (GSA) centers, the guidance and tools are applicable to any childcare facility.

- **Child Care Planning Tool Kit**
  
  This three-part toolkit and guidance document from the Pennsylvania Emergency Management Agency seeks to help childcare facility operators create an emergency plan and includes a series of supporting checklists and supporting documents.
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Key Stakeholder List

The following is a list of key stakeholders who should be considered for inclusion in any planning team seeking to integrate the needs of individuals with disabilities and others with access and functional needs into evacuation planning.\(^{11}\) The list is not exhaustive and should be used as a starting point, and modified as appropriate.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day-service providers</td>
<td>Director, Emergency Planner</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>Emergency Planner, Disability Advocate</td>
</tr>
<tr>
<td>Area board for developmental disabilities</td>
<td>Director, Community Liaison</td>
</tr>
<tr>
<td>Army National Guard</td>
<td>Base Captain</td>
</tr>
<tr>
<td>City emergency management</td>
<td>Emergency Management Coordinators</td>
</tr>
<tr>
<td>Community Emergency Response Team</td>
<td>Team Manager</td>
</tr>
<tr>
<td>Community Organizations Active in Disaster (including Salvation Army, Easter Seals, Catholic Charities)</td>
<td>Emergency Planner, Community Liaison</td>
</tr>
<tr>
<td>Council of Governments</td>
<td>Transportation Planner</td>
</tr>
<tr>
<td>County Area Agency on Aging</td>
<td>Director</td>
</tr>
<tr>
<td>County Department of Public Health</td>
<td>Licensing Division, Emergency Planner</td>
</tr>
<tr>
<td>County Emergency Management</td>
<td>Emergency Manager, Planner</td>
</tr>
<tr>
<td>County Emergency Medical Services (EMS)</td>
<td>Emergency Planner, Disability Advocate</td>
</tr>
<tr>
<td>County Fire Authority/Fire Protection District</td>
<td>Emergency Planner</td>
</tr>
<tr>
<td>County Healthcare Agency</td>
<td>Emergency Planner</td>
</tr>
<tr>
<td>County Sheriff's Department</td>
<td>Movement Control Unit</td>
</tr>
<tr>
<td>County Social Services Department</td>
<td>Emergency Planner, Vulnerable Populations Services Coordinator</td>
</tr>
<tr>
<td>County/regional airport</td>
<td>Emergency Management Coordinator</td>
</tr>
<tr>
<td>Disability advocacy organizations</td>
<td>Executive Directors, Advocates</td>
</tr>
<tr>
<td>Hospital working group</td>
<td>Emergency Planners</td>
</tr>
<tr>
<td>Independent living centers</td>
<td>Executive Director, Emergency Planner</td>
</tr>
<tr>
<td>Local cross-cultural center(s)</td>
<td>Executive Director</td>
</tr>
</tbody>
</table>

\(^{11}\) This list is an adapted version of the Community Stakeholder Template available at [http://afntoolkit.nusura.com/resources/templates&tools/community_stakeholder_template.xls](http://afntoolkit.nusura.com/resources/templates&tools/community_stakeholder_template.xls)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local licensed care facilities</td>
<td>Executive Director, Emergency Planner</td>
</tr>
<tr>
<td>Paratransit</td>
<td>Dispatcher, Executive Director</td>
</tr>
<tr>
<td>Police</td>
<td>Emergency Planner</td>
</tr>
<tr>
<td>Public school district</td>
<td>Transportation Manager, Disabled Programs Manager, Facilities Manager, Emergency Planner</td>
</tr>
<tr>
<td>Regional Center(s)</td>
<td>Emergency Planner</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Emergency Disaster Services Manager</td>
</tr>
<tr>
<td>Senior citizen advisory council(s)</td>
<td>Members</td>
</tr>
<tr>
<td>Shuttle and taxi company(s)</td>
<td>Operations Manager, Business Manager</td>
</tr>
<tr>
<td>State Department of Transportation</td>
<td>Transportation Planner</td>
</tr>
<tr>
<td>State Emergency Management Office</td>
<td>Access and Functional Needs Liaison</td>
</tr>
<tr>
<td>State Highway Patrol area office</td>
<td>Sergeant, Movement Control</td>
</tr>
<tr>
<td>Transportation authority/agency</td>
<td>Executive Director, Safety/Security Director, Dispatcher, Maintenance Director</td>
</tr>
</tbody>
</table>
### Evacuation and Transportation Considerations

The following is a list of transportation- and evacuation-related planning considerations. The list is more expansive than simply transportation and evacuation topics specifically related to access and functional needs integration, but it should not be considered inclusive of all necessary planning elements. Any answer of no should motivate additional planning.

#### Planning

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Critical transportation assets, including personnel and vehicles, have been identified and assessed for their capabilities and limitations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The capabilities assessment has been shared with appropriate parties across the emergency management and first responder community.</td>
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<tr>
<td></td>
<td></td>
<td>A plan exists for coordinating paratransit, public transit, school bus, and private-sector transportation resources to support evacuation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plans exist for emergency fuel, power, and other materials essential to transportation system continuity of operations.</td>
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<tr>
<td></td>
<td></td>
<td>A system exists to prioritize responses to simultaneous requests for evacuation assistance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Standard operating procedures (such as emergency checklists) exist for drivers, dispatchers, managers, and other essential personnel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written agreements exist with essential transportation personnel regarding their emergency responsibilities (e.g., expanded job descriptions that detail responsibilities in times of emergency).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All transportation vendor contracts include language describing their roles and responsibilities in emergencies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A plan exists for sustained emergency response operations related to transportation (e.g., details for a 12-hour shift system).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contingency plans, such as interagency agreements for mutual aid, exist to augment personnel and vehicles if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A system is in place to help identify community members with transportation-related vulnerabilities who may need</td>
</tr>
</tbody>
</table>
assistance for the purposes of evacuation or sheltering-in-place safely.

☐ Yes ☐ No  Transportation vehicles are stored away from likely disaster areas.

**Training**

☐ Yes ☐ No  Essential transportation personnel have been trained on the Incident Command System (ICS).

☐ Yes ☐ No  Essential transportation personnel have been trained on the National Incident Management System (NIMS).

☐ Yes ☐ No  First responders and essential transportation personnel have been trained on safe and appropriate handling of assistive and mobility devices (such as motorized wheelchairs).

☐ Yes ☐ No  Essential transportation personnel have been trained on their role in emergency response plans and procedures.

☐ Yes ☐ No  Essential transportation personnel have been trained on personal and family emergency preparedness.

**Exercises**

☐ Yes ☐ No  An exercise program exists that includes regularly occurring drills and exercises that assess and validate emergency transportation plans and protocols and boosts capabilities.

☐ Yes ☐ No  People with disabilities and others with access and functional needs and the organizations who advocate on their behalf are included in disaster drills and exercises.

**Prevention**

☐ Yes ☐ No  Safety hazards and security threats as they pertain to transportation have been assessed and evaluated for likelihood and severity.

☐ Yes ☐ No  Hazard and threat assessments have informed transportation planning.

☐ Yes ☐ No  Insurance and liability coverage have been established and are in force.

☐ Yes ☐ No  Memorandums of understanding and agreement related to transit and transportation resources have been established and define roles, responsibilities, and reimbursement arrangements.
<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
<th><strong>Outreach</strong></th>
<th><strong>Response</strong></th>
<th><strong>Recovery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Outreach has been conducted to appropriate community members regarding what services to expect during emergencies (for example, users of city-run paratransit system have been notified that the system will stop running 48 hours in advance of a predicted hurricane landfall).</td>
<td>Thresholds for when to suspend or alter transportation service have been established.</td>
<td>There is a documented process for re-entry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Established policies exist regarding transporting wheelchairs, oxygen, and other durable medical equipment and assistive devices during evacuation.</td>
<td>A system exists to notify customers when services must be suspended or altered.</td>
<td>There is a documented process for record keeping and reporting requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staging locations for both transit providers and passengers have been identified and documented within the plan.</td>
<td></td>
</tr>
</tbody>
</table>
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Jurisdiction Evacuation Plan Outline

This outline is intended to assist jurisdictions develop an evacuation plan to be an annex to an EOP. Based on a draft framework for county-level planning in California, this outline could be adapted to meet the needs of jurisdictions and organizations of varying sizes.¹²

Executive Summary

1. Introduction
   1.1. Purpose and Scope
   1.2. Authorities
       1.2.1. Operational Area Authorities
       1.2.2. State Authorities
       1.2.3. Federal Authorities
   1.3. Situational Assessment
       1.3.1. Operational Profile
       1.3.2. Hazards and Threats
       1.3.3. Applicable Emergency Plans and Systems
   1.4. Planning Assumptions
       1.4.1. General
       1.4.2. People with Access and Functional Needs
       1.4.3. Alert Notification
       1.4.4. Transportation Movement
       1.4.5. Care and Shelter

2. Concept of Operations
   2.1. Overview
   2.2. Evacuation Decisions
   2.3. Organization, Roles and Responsibilities
   2.4. Evacuation Implementation Levels
   2.5. Emergency Notification and Warning
   2.6. Tactical Communications
   2.7. Transportation Movement
   2.8. People with Access and Functional Needs
   2.9. Critical Facilities
   2.10. Care and Protection of Animals
   2.11. Re-entry

3. Evacuation Implementation Levels
   3.1. Activation Levels
   3.2. Situational Assessments
   3.3. Low-level Evacuation
   3.4. Moderate-level Evacuation
   3.5. Severe-level Evacuation

4. Alert Notification and Warning
   4.1. Overview
   4.2. Alert Notification
       4.2.1. Emergency Alert System
       4.2.2. Handbills

4.2.3. Sirens
4.2.4. Media Alerts
4.2.5. Neighborhood Organizations
4.2.6. 211
4.2.7. Route Alerting
4.2.8. Telephone hotlines
4.2.9. Websites
4.3. People with Access and Functional Needs

5. Transportation Movement Control
5.1. Introduction
5.2. Transportation Management
5.3. Evacuation Assets
5.4. Evacuation Routes
5.5. Transportation Assembly Points
5.6. Personal Vehicle Evacuation
5.7. Pedestrian Evacuation
5.8. Movement of People with Access and Functional Needs
   5.8.1. Communications
   5.8.2. Medical
   5.8.3. Independence
   5.8.4. Supervision
   5.8.5. Transportation
5.9. Animal Transportation
   5.9.1. Service Animals
   5.9.2. Pets
   5.9.3. Livestock
5.10. Ongoing Transportation for Evacuees

6. Critical Facilities
6.1. Introduction
6.2. Long-term Care Facilities
6.3. Mental Health Facilities
6.4. Drug Treatment Centers
6.5. Schools
6.6. Day Care Centers
6.7. Homeless Shelters
6.8. Sex Offender Facilities
6.9. Jails/Juvenile Detention Centers

7. Access Control and Security
7.1. Introduction
7.2. Access Control
7.3. Security Requirements

8. Re-entry Procedures
8.1. Purpose
8.2. Planning
8.3. Coordination
8.4. Site Assessment
8.5. Phased Reentry
8.6. Checkpoints and Routes
8.7. Identification Procedures
8.8. Access Control
8.9. Security Requirements
8.10. People with Access and Functional Needs
9. Evacuation Roles and Responsibilities by Department

9.1. All Agencies and Personnel

9.2. County Departments
  9.2.1. Board of Supervisors
  9.2.2. County Executive
  9.2.3. Emergency Operations Center
  9.2.4. Special Advisor on Access and Functional Needs
  9.2.5. Public Information Officer
  9.2.6. Agricultural Commissioner
  9.2.7. District Attorney
  9.2.8. Finance and Budget
  9.2.9. Airport
  9.2.10. Animal Control
  9.2.11. Community Service
  9.2.12. Fire Authority
  9.2.13. Transit Authority
  9.2.15. Waste & Recycling
  9.2.16. Coroner
  9.2.17. Social Services Agency
  9.2.18. Volunteer and Intern
  9.2.19. Watershed and Coastal Resources

9.3. Nongovernmental Organizations
  9.3.1. American Red Cross
  9.3.2. 211/311
  9.3.3. Other Disability Services and Advocacy Organizations
  9.3.4. Private Paratransit

9.4. State Responsibilities
  9.4.1. Office for Access and Functional Needs
  9.4.2. Highway Patrol
  9.4.3. Department of Social Services
  9.4.4. Department of Transportation
  9.4.5. Education Department
  9.4.6. National Guard

10. Appendices

10.1. County Evacuation Resource Inventory
  10.1.1. Ground Transportation – Rubber Tired
  10.1.2. Ground Transportation – Rail
  10.1.3. Marine Transport
  10.1.4. Air Transport

10.2. County Transportation Assembly Points (TAPs)

10.3. County Reception Sites and Shelters

10.4. Key Agencies Serving Individuals with Disabilities and Others with Access and Functional Needs

10.5. Memorandum of Understanding with Transportation Resources
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Transportation Asset Inventory

Routine transportation asset inventories should be a part of evacuation planning and access and functional needs integration. This is a process used to account for and manage all modes of transportation to allow for informed resource allocation decision making. Inventories facilitate the ability of jurisdictions to leverage their transportation assets efficiently to create a safe, affordable, and high-performing transit system. They uncover gaps, surpluses, and instances of multiple commitment of the same asset to multiple purposes (for example, school buses intended to evacuate school children and senior centers simultaneously should a no-notice weekday event occur).

Asset inventory management systems that allow transportation and emergency planners and managers to have real-time information about the location, capacity, and availability of all transportation assets are preferred but are often cost prohibitive. In situations where a real-time system is unavailable, an asset inventory should be completed annually or when necessary due to changes in demand or availability.

Key elements to include in an inventory include the following:

- Passenger capacity and configuration
  - Wheelchairs
  - Transfer seats
  - Seating for caregivers and service animals
- Ability to lockdown wheelchairs
- Ramp or lift equipped
- Fuel type, fuel capacity, average mileage, refueling protocols if specific
- Turning radius
- GPS tracking equipped
- Location where vehicle is housed
- Owner/operator
- Driver requirements

Assets that should be inventoried include public transit and private fleets that are available for emergency use. These may include the following:

- Fixed-route buses
- School buses (both public and private)
- Trains
- Subway
- Ferries

13 For more information on developing an asset inventory, please see www.EmergencyLogistics.org for the Regional Asset Database Project, part of the RCPT Regional Logistics Program initiative to catalog critical resources that can be used to support catastrophic incident response.
Paratransit system vehicles
Medi-transport
Taxis and car services
Ambulances
Ambulettes
Private fleets (limo services, rental car agencies, etc.)
Shuttle services
School-related Evacuation and Transportation Considerations

All schools and school districts, public and private, should have a comprehensive evacuation plan, key elements of which are likely to be coordinated with the larger community or jurisdiction. Jurisdictions may wish to document these key, coordinated elements within their own emergency plans and annexes. Key coordinated elements may include the following:

Thresholds for Evacuation
- Who determines under what circumstances a school will be evacuated?
- Who initiates the evacuation? What is the subsequent chain of command?
- How will decisions be communicated?

Evacuation Assets
- Will the school require external assets to evacuate any of its students? This includes students with disabilities.

Parental and Community Notification Processes and Procedures
- How will parents be notified of an evacuation and where and when to pick up their children?
- Will the larger jurisdiction be involved in these communications?
- Who will parents and the larger community be told to call for more information? School hotline? Community organization hotline such as 211/311?

Alternate Pickup Sites
- Sites should be coordinated with the larger jurisdiction to ensure appropriateness and avoid committing them to more than one purpose at the same time.

Feeding and Other Mass Care
- Should an evacuation (or shelter-in-place situation) last more than a few hours and prevent children from going home, how will feeding and mass care be handled?

Transportation Resources
- How will transportation resources (buses) be coordinated if a large-scale evacuation is require?

Security
- In lock-down situations, will schools require assistance from law enforcement?

Supplies
- Are there supplies and material that should be stockpiled at schools to assist with evacuation and/or shelter-in-place situations? If so, what are the funding mechanisms to obtain those supplies?
Coordination

- Does the Department of Emergency Management (or appropriate agency) possess individual school and school district emergency operations plans? Have the plans been reviewed?
- Do school representatives participate in emergency management activities such as training, planning, and exercises?
Planning Considerations for High-Rise Evacuations

Evacuating high-rise buildings in an emergency presents complex and unique challenges. Recent disasters illuminate a few of these challenges: on September 11, 2001, for example, people with mobility challenges were unable to evacuate the World Trade Center towers, and during Hurricane Sandy, residents of upper floors in high-rise buildings were stranded when generators housed in building basements were flooded, rendering elevators out of service.

In the planning and preparedness phases, emergency management officials should work with property management companies, building owners, and residents to address high-rise evacuation challenges. Often, building evacuation is under the purview of the fire department and its inspectors; in jurisdictions where that is the case, representatives from that agency should be a part of the planning team and may lead the effort. Whenever possible, individuals with disabilities and others with access and functional needs and organizations that provide services and/or advocate on their behalf should also be a part of these planning teams—indeed, the more inclusive the planning team is, the more likely strategies and approaches are to meet the needs of the whole community.

There is limited guidance and best practices from the field regarding evacuating individuals with disabilities and others with access and functional needs from high-rise buildings. Many issues are currently being addressed and negotiated. Some considerations follow, though emergency planners should continue to look for emerging best practices and guidance.

Planning Considerations

☐ High-rise building owners should prepare detailed plans, train staff members, and conduct full evacuation drills of the building at least every 3 years. These plans should provide for evacuating residents and workers with disabilities and others with access and functional needs.

☐ This approach is required in New York City; in communities where it is not required, it should be strongly encouraged.

☐ Outreach and training should be made available to building owners regarding conducting these activities.

☐ In addition to a detailed evacuation plan, high-rise residential and commercial buildings should have the following:

☐ A building safety committee

☐ Floor monitors or leads who have specific responsibilities to help alert floor-mates of an emergency and assist if possible and participate in evacuation drills

☐ Annual communication with residents and employees regarding locations of equipment, including evacuation chairs, and automated external defibrillator units

☐ Communities should consider code enforcement and occupancy-rule modifications to make high-rise buildings safer, including, for example, requiring battery backup for stairway and exit lighting, adding luminescent paint and sprinklers to stairways, and increasing the width and number of stairways for new-construction high-rises.
Public outreach campaigns should be directed at residents and workers in high-rise buildings to inform them of high-rise risks, evacuation procedures, and general disaster safety. Depending on the language needs of the building residents, written information should be translated.

Evacuation orders should provide specific guidance for residents and workers in high-rise buildings. For example, in hurricane situations, anyone living above the 10th story should take shelter at or below the 10th story, no matter their flooding risk, due to additional dangers of wind shear on high building floors.

Special outreach should be conducted to individuals with disabilities and others with access and functional needs who also live and/or work in high-rise buildings to encourage them to take the following actions:

- Inform the building superintendent or appropriate management representative of any special needs and/or assistance that is required during an emergency.
- Attend trainings with emergency management personnel on evacuation procedures and personal preparedness.
  - If such training has not been made available, call to request it.
- Become familiar with the building’s evacuation plan, warning system, escape routes, and plans for re-entry.
  - Know where emergency exits are on each floor.
  - Know locations of evacuation chairs, fire extinguishers, and other equipment that might be needed.
- Have a designated buddy and a backup to assist during evacuation, if needed.
  - Practice evacuation plans with buddies.
- Those who rely on life-sustaining or powered equipment must have an emergency plan for obtaining access to a power supply after evacuating.
- Have a go-bag, complete with a list of places you can evacuate to and phone numbers.
PUBLIC INFORMATION AND COMMUNICATIONS

In an emergency, information is as important as food, water, and shelter. It is a life-saving commodity. The guiding principle of emergency communications is that information must be given in multiple ways to reach the right people, at the right time, in the right places, with the right messages that can be understood and acted upon.

RECOMMENDATIONS

LEGAL REQUIREMENTS

Several laws regulate the accessibility of public information. Section 508, Amendment to the Rehabilitation Act of 1973 requires Federal agencies make their electronic and information technology accessible to people with disabilities. One mandate requires websites and publication, including press releases and emergency alerts, be usable by text readers and other adaptive devices. The ADA requires that State and local governments provided individuals with disabilities equal access to program, services, and activities, which includes emergency alert and warning and public information.

ALTERNATE FORMATS

Organizations and jurisdictions should ensure that all of their preparedness-, response-, and recovery-related emergency information and communications are provided in understandable and usable formats, including braille, large print, audio, picture, accessible websites, and languages other than English. FEMA has established the following guidance as a minimum for alternate format distribution: 2 percent braille; 4 percent large print; and 5 percent electronic (Flash, audio compact disc, etc.).

Because materials must also be made available in languages other than English, jurisdictions should identify the prevalent languages used within their communities and translate materials into those languages. Census data can be a good source of information regarding languages used within a community. Media organizations should not be relied upon to translate emergency content or press releases.

PUBLIC MEETINGS

All public meeting notices should contain an accommodation notice such as: "Upon request, ASL interpretation, agenda material in alternative formats, and other accommodations are available to the public for sponsored meetings and events. All requests must be made at least 5 business days prior to the scheduled meeting. To make a request or receive additional information, contact the xxx at xxx (voice) or xxx (TTY)."
Pre-developed Content

Organizations and jurisdictions are encouraged to create a set of stock emergency alert and public information content addressing events that are likely to occur prior to an emergency. Creating this content during the planning phase allows more care to be taken in crafting informative messages and ensuring they are accessible to the whole community by formatting them in large print or pictogram, translating them into relevant languages, etc. This pre-developed content should be distributed to Public Information Officers to use in exercises to enhance familiarity with the content and ensure that it is truly accurate and accessible. Furthermore, it can be advantageous to establish emergency telephone numbers and websites during the planning phase but keep them “dark” until they are needed. This reduces delays in getting technology set up and allows that pre-developed content contains the right links and numbers.

Press Conferences and News Coverage

When delivering emergency public information, on-screen sign language interpretation should be provided for the entire message including cuts to field reporters, b-roll footage, cuts to public officials, and close-up shots.

All relevant information that is displayed visually should also be spoken aloud to ensure access for those who cannot read. This includes speaking aloud all telephone numbers, email address, and locations. Key information displayed in scrolled messages should also periodically be read aloud, and questions from the public directed to speakers at a podium should be repeated by the speaker before being answered. A TTY number must be provided for any hotlines or helplines. If such numbers are not directly available, a message such as “TTY callers use Relay” should be included to ensure that information centers are accessible.

In media releases and during press conferences, emergency personnel should always ask people to share emergency information with their family, neighbors, and friends, especially those who may have difficulty receiving and/or understanding the information.

Establishing a relationship with the press in advance of a disaster will make collaboration with them during disaster easier. The media should be included in exercises to provide opportunities for Public Information Officers to practice giving briefings and answering questions. Emergency managers should remind broadcasters of their obligation to ensure that interpreters remain in the camera shot and that scroll and crawl messages do not interfere with captioning.

Social Media

Social media is a powerful and effective tool for disseminating public information and emergency alerts. Social media’s reach is rapidly expanding across all user groups, with users in their 70s being the fastest growing group of social media adopters. Social media frequently fills gaps in communications outages, for example FEMA has reported that more than 20 million Sandy-related tweets were sent by individuals in the impact zone, despite the loss of cell phone service during the peak of the storm.14

As with traditional media, communications delivered via social media must be fully accessible to people with disabilities and others with access and functional needs. Accessibility should be built into and attained by following Section 508 regulations as listed on the U.S. Department of Justice (DOJ) website. World Wide Web Consortium (W3C) guidelines in many ways extend beyond Section 508, but they omit some aspects of the current legal requirements. It is recognized that the regulations and standards in this area of fast-moving development are woefully behind the current technological capability. Jurisdictions must meet current laws (such as Section 508) and be ready to promulgate changes that are under review but not yet released.

Platforms like Facebook and Twitter maintain and ensure accessibility and compliance, but organizations and jurisdictions should test their own platform accessibility frequently and before a disaster occurs. When using social media and web-based communications, ensure that staff are designated for maintenance, updating, and quality checking.

**Preparedness Content**

As with all programmatic content, emergency preparedness information for individuals with disabilities and others with access and functional needs should be integrated into general emergency preparedness content. In addition, all preparedness-related content distributed by jurisdictions or organizations should incorporate how and where people can get additional, customized, or specific material for people with disabilities and others with access and functional needs.

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16 http://www.w3.org/standards/ (accessed August 21, 2014)
The following are a series of promising practices and case studies about public information and communications related to meeting the needs of individuals with disabilities and others with access and functional needs in disasters.

**Advance Warning System—New York City**

**Who:** New York City Office of Emergency Management (NYC OEM)

**What:** The Advance Warning System (AWS) is an initiative designed to improve New York City’s ability to connect to and deliver vital information to individuals with disabilities and others with access and functional needs by working through organizations that serve these individuals. The tool has three components:

- **Email:** Organizations register in advance to receive information that they can then distribute to their client base. This includes information about how specific hazards of an event may impact populations disproportionately, key information on government services, and preparedness steps that organizations can recommend to their clients and/or consumers to take to lessen impact. Information is distributed during hazardous weather, utility or transportation disruptions, public health emergencies, and incidents requiring evacuation.

- **AWS website:** This site provides detailed emergency information and reference materials, serves as an entry point for organization registration, and enables management of email messages and conference calls. It is a two-way communication tool.

- **AWS conference calls:** These provide two-way communication among NYC OEM and umbrella government agencies as well as nonprofit disaster services providers such as the Salvation Army and the Red Cross. Calls are held before and during large-scale events, and information exchange includes emergency information, plan activations, agency outreach efforts, and resource needs during major events.

**When:** Ongoing

**Why:** Identifying all individuals that require extra assistance and or information related to emergencies is nearly impossible for all communities, no matter the size. Working through organizations that serve these populations creates efficiencies and increases the reach exponentially. The use of existing organizations to funnel information also ensures that information to individuals is being received from trusted sources.

**How:** Jurisdictions could implement one or all components of an AWS-type system. Most jurisdictions could access lists of providers and promote use of the system through local government agencies and nonprofit consortia. Implementation is fairly low
cost. Resources commitments include website monitoring and updating and posting relevant resources.

Key Words: alert, warning, technology, communications, collaboration, whole community, all hazards

Link: https://advancenewarningsystemnyc.org/

Deaf Link Accessible Hazard Alert System

Who: Deaf Link and San Antonio, Texas

What: The Accessible Hazard Alert System takes an emergency alert; geo-targets it by zip code; translates and/or converts the message in voice, American Sign Language, and text format; and delivers it via multiple technology platforms.

When: Ongoing

Why: This service offers an example of the practice of accessible communications in emergencies. It has been used in emergency settings such as shelters. It is a way to communicate effectively with people who have a number of communications-related functional needs.

How: Jurisdictions in the NY-NJ-CT-PA RCPT region could explore the feasibility of this service or others like it to assist in delivering accessible emergency alerts.

Key Words: alert, warning, communications, technology

Link: http://www.deaflink.com/

ECHO (Emergency, Community, Health and Outreach)

Who: Emergency, Community, Health and Outreach (ECHO), a 501c3 nonprofit organization, and government, private and nonprofit partners in the state of Minnesota.

What: ECHO provides essential alerts, information and communication tools for individuals who are Limited English Proficient (LEP) in Minnesota. Provides helpful emergency and preparedness information for community members, and gives local public health and safety agencies the ability to activate ECHO during emergencies to translate, produce and distribute critical information rapidly and effectively. Communication and information are distributed through the following platforms:

- ECHO phone: provides a central phone number to deliver situational updates and instructions on how to maintain safety and where to go for more information
- ECHO web: provides situational updates, additional resources, and updates on a rolling basis
- ECHO TV: partners at public television stations and public access cable stations and provides information in multiple languages during major statewide emergencies

Link: http://www.deaflink.com/
• ECHO Radio: partners at local public radio stations across the state to broadcast emergency messages in multiple languages

• ECHO Partner Relays: provide partners at local public health and safety agencies, ethnic and nonprofit organizations, libraries, educational institutions and other organizations for distributing resources electronically to the communities they serve

**When:** Ongoing

**Why:** These tools provide additional emergency communication infrastructure for public health and emergency personnel. Tools have been used and proven to translate, produce, and distribute critical information rapidly and effectively. The multi-language communication options help to bridge the gap for immigrants and refugees across the state. Outreach activities directly connect ECHO with immigrant and refugee communities with the important resources they need and increases the number of community members who receive crucial emergency, health, and safety information in a more accessible way. ECHO’s partnership model may provide other opportunities to partner with media, community groups and private agencies.

**How:** ECHO is a model strategy that can be modified and replicated in any multi-cultural and diverse community. It leverages effective nonprofit, government, and private partnerships to increase public outreach in a more accessible way and empower more communities with tools they need. Any type of program this size needs to include identification of partners that can support operations and resources needed to maintain the program. ECHO provides links on its website for those wishing to partner or learn from its experiences.

**Key Words:** alert, warning, communications, technology

**Link:** [http://www.echomichigan.org/](http://www.echomichigan.org/)

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### Maryland Preparedness Campaign and Evaluation

**Who:** Maryland Department of Disabilities

**What:** The Maryland Department of Disabilities conducted a series of outreach efforts and measured its effectiveness at transmitting emergency preparedness information to community members. Researchers found that, when compared to a radio campaign, posters in local business, and a brochure distribution, distribution of go-kits containing items such as water bottles and energy bars—together with culturally relevant, icon-based messages—was the most effective way to get emergency preparedness information into the home. Recipients of go-kits scored highest in recalling key emergency preparedness information, displayed shifting attitudes in support of the importance of preparedness, and demonstrated an increase in preparedness behavior such as initiating family discussions about having an emergency plan.

**When:** 2006
Why: The study provides valuable information regarding conducting a successful public information campaign. In addition to general strategies, the study explores the importance of and presents strategies related to ensuring messaging is accessible by the whole community including individuals with communications-related access and functional needs.

How: Jurisdictions and organizations within the RCPT region should consider the results of this study when crafting their own outreach efforts as it could result in a higher return of investment to use the more successful strategies as identified by the Maryland Department of Disabilities.

Key Words: communications, personal preparedness, cultural sensitivity, community providers, outreach

Support Tools

The following is a list of tools supporting public information and communications requirements related to individuals with disabilities and others with access and functional needs. Existing resources are listed first, followed by other tools and additional considerations for emergency managers when addressing this topic area.

Existing Resources

Accessible Emergency Information

http://www.accessibleemergencyinfo.com

A large number of emergency preparedness materials already exist in accessible formats that can be adapted for your use. The Northeast Texas Public Health District has compiled 18 Emergency Preparedness Topics and formatted the information to be friendly to deaf, blind, and limited sight populations. The information is in video and downloadable document format for public use.

Centers for Disease Control and Prevention (CDC) Content Syndication Service

https://tools.cdc.gov/syndication/default.aspx

The CDC Content Syndication Service allows content from the CDC website to be directly imported into a website or other application. The content is appropriate for print, radio, television, and web-based formats. A significant amount of preparedness content is available in Spanish, French, and Creole as well as English. Additional content is available in American Sign Language videos. Jurisdictions and organizations can bolster their preparedness materials by using these tested CDC resources without expending funds to develop them from scratch.

Section 508 Accessibility Checklists

http://www.hhs.gov/web/508/accessiblefiles/checklists.html

All documents, including EOPs and other planning material, should comply with the standards and guidelines issued under Section 508 of the Rehabilitation Act. The U.S. Department of Health and Human Services has developed a series of checklists to assist in the preparation of 508 compliant documents. Checklists are provided for the following document types: PDF, Microsoft Word, Microsoft Excel, Microsoft PowerPoint, HTML, and multimedia files.

Show Me: A Communications Tool for Emergency Shelters

www.mass.gov/dph/showme

The Massachusetts Office of Preparedness and Emergency Management created a simple, hands-on tool to reduce communications barriers and better assist individuals with access and functional needs and professional shelter staff.
and volunteers by making their needs and concerns understood within a community shelter setting during an emergency. The tool is available by request as a printed booklet, PDF, and DOC files to print. In addition, this tool includes a free mobile application consisting of all of the printed content as well as expanded content related to dispensing sites, sheltering in place, and evacuation scenarios. Once downloaded onto a mobile device, this app does not require the Internet, though it does require the device have sufficient battery power.

The Show Me tool is a tested communications device that is easily adaptable to any community shelter setting. It has been found to facilitate communications between people who require translation services or who have communications needs and staff in shelter settings when using the paper version and additional settings when using the expanded mobile app.

Partners could easily customize the tool for their communities or use it “off the shelf.” The paper version can be easily packed with pre-staged shelter supplies, and the mobile version could be recommended as a download for all agency (or city) mobile devices. This tool gives communities great utility and reduces the need to re-invent the wheel, thus increasing cost savings.

Tips for First Responders

http://www.cdd.unm.edu/dhpd/tips/tipsenglish.html

The University of New Mexico and Texas A&M University created a tool that provides guidance in the form of a color-coded, ring-bound, pocket-size flip-book and/or mobile app for first responders on issues to consider when addressing people with specific disabilities during an emergency. Both the printed card and online system list several categories, including how to assist seniors, people with service animals, people with mobility impairments, people with autism, people who are deaf or hard of hearing, people who are blind or visually impaired, people with cognitive disabilities, people with multiple chemical sensitivities, people who are mentally ill, childbearing women and newborns, and people with seizure disorders. The tool is available in English and Spanish.

As with the Show Me tool, partners could customize the tool for their communities or use it “off the shelf.” The laminated flip-book version can be easily packed with pre-staged shelter supplies, and the mobile version could be recommended as a download for all agency (or city) mobile devices. This tool gives communities great utility and reduces the need to re-invent the wheel, thus increasing cost savings.
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Considerations and Other Tools

Press Conference and Media Communication and Access and Functional Needs Considerations

- Use “people first” language:
  - Say “people with disabilities” rather than “handicapped,” “disabled,” or “impaired.”
  - Say “person or individual with a disability” rather than “disabled person.”
  - Say “access and functional needs” rather than “special needs.”
  - Say “speech disability” rather than “speech impediment” or “speech impairment.”
  - Say “she is blind” or “he has low vision” rather than deeming an individual or a group as “the blind.”
  - Say “he has a mobility disability” rather than calling an individual or a group “crippled,” “wheelchair bound,” or “physically challenged.”

- Use plain language
  - Someone should be able to understand what you said the first time you speak. Choose the simplest words and directives; for example, use “get” instead of “obtain” and “use” instead of “utilize.”

- PIOs should work to establish relationships with the press in advance of disasters to facilitate collaboration in emergency situations.

- During broadcast messages, interpreters should remain onscreen for the entirety of the message, including during cuts to field reporters, b-roll footage, cuts to public officials, and close-ups.

- Scroll and crawl messages must not interfere with captioning.

- Questions from the public to persons at rostrums or podiums should be repeated by the speaker into a microphone before being answered.

- TTY numbers must be provided when any hotline number is given. If TTY numbers are not immediately available, callers should be instructed to use Relay for access.

- Emergency personnel should always ask people to share emergency information with their family, neighbors, and friends, especially those who may have difficulty receiving and/or understanding the information.

- Jurisdictions and organizations have plans for the following (plan details are included in the EOP or relevant annex):
  - American Sign Language (ASL) interpreter at all media briefings
  - Real-time captioning services for all media briefings or public information
  - Do broadcasters have an MOU in place for the immediate provision of captioning (open/closed) during emergencies?
  - How much time is needed for the captioner to provide services?
• Announcement of scrolled messages or information displayed as visual information, such as telephone numbers, email addresses, and geographic locations.
Public Communications and Alert and Warning Considerations

Information is given in multiple ways to reach the right people at the right time at the right place with the right messages that can be understood and used. To that end, messages should be disseminated in multiple ways, including the following:

- Announced through traditional information dissemination means (television, radio, live events, etc.)
- Captioned or described when information is delivered verbally or visually through such means as TTY or ASL
- Emailed or texted
- Relayed and/or posed via social media and other communications means
- Interpreted through ASL and/or translated into relevant languages other than English
- Frequently repeated through all the means listed here

All message content should be subject to a review process that evaluates it for appropriateness and inclusion for individuals with disabilities and others with access and functional needs. Such a plan review process should be included with the Alert and Warning (or similar section) of the jurisdiction’s EOP.

- All public meeting notices should contain an accommodation notice such as: “Upon request, ASL interpretation, agenda material in alternative formats, and other accommodations are available to the public at sponsored meetings and events. All requests must be made at least five business days prior to the scheduled meeting. To make a request or get additional information, contact the xxx at xxx (voice) or xxx (TTY).”

- When making a public statement or speaking with the press, Public Information Officers should always request that people share emergency information with their neighbors, friends, and colleagues, especially those that may have a hard time receiving and/or understanding the information.

- Vendor contracts for communications material should include provisions that the material will be delivered in Section 508-compliant formats. When appropriate, include within contract that materials be provided in alternate and translated formats.
Sample Document Accessibility Policy

The following is an example of an accessibility policy that might appear on a document. It should be tailored and incorporated into a jurisdiction or organizations SOPs and/or EOPs as appropriate.

It is the policy of <organization/jurisdiction> that all Elected Officials and City Departments ensure that all webpages, documents, PDFs, spreadsheets, PowerPoint presentation, or other media or multimedia posted to the <organization's/jurisdiction's> website or sent via email or shared on social media will be accessible and usable by individuals with disabilities and others with access and functional needs, including persons using assistive technology. <Organization/jurisdiction> staff follow Section 508 standards for creating accessible messaging.
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Sample Mass Notification System Requirements

The following business requirements were included in the City of Los Angeles request for proposal for a mass notification system. These requirements are beneficial to ensuring that communication is accessible, but they may not be appropriate for all jurisdictions or organizations. The proposed mass notification system encompasses the following elements:

- Is established and specifically designed to facilitate public mass notification distribution
- Offers tiered administration and security levels to optimize, manage, and control system use
- Allows the public to register phone numbers, SMS addresses, email, and fax numbers via a website
- Is capable of accepting, via secured web services, batch upload(s) of multiple call lists and unique message(s) to be delivered per call list
- Allows the public to designate, per phone number, special functionality (TTY/TDD, fax, etc.) if desired, select order and/or method of notification preference, and the ability to select categories (as defined by the city) of events and occurrences to be notified
- Is capable of disseminating messages via phone (landline and cell), SMS messaging, email, and fax
- Provides a system that complies with ADA in all respects, and in particular, a system that has services for individuals who are deaf or have a speech disability that is functionally equivalent to the services to be received by individuals who are not deaf or who do not have a speech disability
- Is capable of disseminating messages in the seven preferred ballot languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Japanese, Korean, Tagalog, and Vietnamese
- Contains accurate, up-to-date jurisdiction-wide constituent phone and email data
- Is capable of accepting and using jurisdiction-provided geographical map files in native ESRI file format
- Offers the GIS functionality of user-drawn/"hand-drawn" geographic selection of specific areas to generate call lists from and transmit notification messages to
- Is capable of generating call lists via polygon-generated geographical map selection
- Is capable of geo-coding AT&T and Verizon (provider may be different) E911 phone data to jurisdiction-wide geographical maps
- Is capable of refreshing AT&T and Verizon (provider may be different) E911 phone data for production use on a monthly basis
- Is designed and managed with sufficient security, backup, and redundancy
- Is available no less than 99.5% of the time (the remaining .5% allowed for planned system maintenance)
- Can, at a minimum, deliver a 30-second message (not including call overhead time, i.e., queuing, dialing, call release, etc.) to 100,000 citizen phone numbers within 60 minutes
- Is capable of providing online reports documenting notification results as well as other reports, such as monthly usage
- Is capable of creating and storing numerous (more than 100) pre-canned scenarios
- Is capable of sending multiple notifications simultaneously
- Allows for an unlimited number of groups and subgroups to be created
- Is able to deliver live voice messages or text-to-speech
- Is capable of access and able to launch and use systems from any computer with an Internet connection or phone to record or schedule calls
Website Considerations

The following general considerations should be given when posting information on a website:

☐ If documents are posted in PDF format, do they meet access requirements?

☐ Are there alternate methods or formats, such as Hyper Text Markup Language (HTML), Rich Text Format (RTF) and Microsoft Word, for receiving information?

☐ If tables have been used, have they been designed with appropriate coding to ensure that screen-reader software can read text properly?

☐ If maps of disaster zones are posted, have text descriptions been provided, including information when specific zones are clicked? Have you considered breaking the map areas by zones for easier location of specific areas?

☐ Do pictures have text descriptions (alt-attribute and/or long description) and are the descriptions specific, i.e., say more than “picture of…” or “image of…” to describe picture or image?

☐ Have people with access and functional needs been identified who can test the accessibility of the methods proposed for communicating information?

☐ Does the website have the capability of streaming video in American Sign Language?

☐ If news is being broadcast via the internet site (e.g., using Real Player), is the spoken information also being captioned or is a text script available?
SHELTERING

Sheltering is a key component of mass care and emergency assistance. Sheltering support means identifying congregate care facilities and providing life-sustaining services in a safe, sanitary, and secure environment. There are many delivery sites possible, including shelter facilities, mass evacuation sites, and shelter-in-place alternatives. Each has its own unique benefits, challenges, and level of appropriateness, which varies, based on disaster impact. The goal of mass care and sheltering to keep people safe, healthy, and independent during a disaster pertains to the whole community, including individuals with disabilities and others with access and functional needs. Extensive legal regulation related to accessibility within shelters exists and necessitates jurisdictions and organizations comprehensively plan to ensure shelter programs and sites meet regulations while providing for the needs of the whole community.

RECOMMENDATIONS

LEGAL REGULATIONS

It is strongly advised that local ADA Compliance Offices and/or the local Disability Services General Counsel be consulted early in the planning or review process.

The ADA is the primary law that many jurisdictions may be familiar with and regulates accessibility for shelter sites and programs. Key shelter-related ADA mandates include the following:

- Shelters must be both architecturally and programmatically accessible.
- Children and adults with disabilities are entitled to equal opportunity to participate in programs, services, and activities in the most integrated setting.

In addition to ADA, several other laws, including the following list, apply to sheltering considerations. States, counties, and cities may have additional laws and regulations that apply to the operation of mass care facilities including shelters. Organizations and jurisdictions should consult legal counsel to ensure compliance with local, state, and Federal laws and regulations.

- ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management
- Section 504 of the Rehabilitation Act of 1973
- Title VIII of the Civil Rights Act of 1968 (“Fair Housing Act”)
- Architectural Barriers Act of 1968
- Homeland Security Act of 2002
- Robert T. Stafford Disaster Relief and Emergency Assistance Act
- Post-Katrina Emergency Management Reform Act
FEMA defines mass care as a "wide range of humanitarian activities that provide life-sustaining support to individuals and families who are temporarily displaced or otherwise impacted by a disaster or emergency that disrupts their ability to provide for their basic needs." Jurisdictions and organizations should determine their own mass care systems definition, but the guidance within this document uses an expansive definition which encompasses all disaster-related facilities subject to ADA regulation including: pre-identified shelters, evacuation centers, embarkation and debarkation sites, disaster assistance and resource centers, mass feeding sites, point of distribution sites, safe refuge sites, resettlement processing centers, decontamination sites, Family Assistance Centers, and warming and cooling centers.

In an attempt to better meet the needs of individuals with disabilities and others with access and functional needs and assign limited professional resources and equipment assets more effectively, a number of jurisdictions created separate “special needs” shelters where populations thought to be especially vulnerable or requiring of special assistance would be served or housed. This approach was initially thought to create a safer environment where resources could be concentrated and service delivery enhanced. Unfortunately, it resulted in isolation and was interpreted as a violation of the ADA mandate to provide equal opportunity in the most integrated setting. As a result, it is recommended that communities plan for the following types of shelters:

- **General population shelters** that serve the general population, including children and adults with disabilities and others with access and functional needs
- **Medical shelters** that provide a heightened level of medical care for people who are medically fragile and are reserved for people who require medical care that would usually be provided by medical professionals within a nursing home or hospital.

A majority of people with disabilities and others with access and functional needs are not medically fragile and, therefore, should not be directed to a medical shelter. Jurisdictions should consider triage and intake of shelterees to direct and/or transport them to a shelter that fits their needs while offering the highest level of independence.

Organizations and jurisdictions should prepare to provide accommodation to individuals receiving hospice or palliative care. Planning teams should include hospice specialists, and considerations should be given to how and where hospice and palliative care services will be provided within the shelter system.

**Accessibility**

Jurisdictions and organizations must take care when selecting shelter sites and facilities. Some facilities can be modified to be accessible and support the integration of the whole community, including those with disabilities and others with access and functional needs. The types of modifications required and

associated costs will be dependent on the site selected; however, some modifications—installing ramps, for example—are inexpensive and can be quickly implemented. Shelter sites should be evaluated well in advance of a disaster to allow time for completing required modifications.

In addition to structural accessibility, the following are some types of services that make general population shelters more accessible and inclusive:

- Power generation to support medical, adaptive, and mobility equipment
- Health service providers and paraprofessional staff support
- Hospice and palliative care providers
- Communications providers and/or services (including translators and interpreters)
- Food service providers to meet the dietary needs of diverse shelter populations
- Transportation providers with accessible fleets
- Durable medical equipment
- Consumable medical supplies, including prescription refills

When determining who should stay in which type of shelter, planners should consider the following:

- Local governments and shelter operators may not make eligibility for mass care shelters dependent on a person’s ability to bring his or her own personal care attendant. Requiring a personal care attendant is not a sufficient criterion to direct a person to a medical shelter. Planners should consider using trained staff and/or volunteers available to help with these tasks.  

- Families should be kept together whenever possible, even in medical shelters. Family members provide each other the support and assistance necessary to cope with emergencies and disasters.

- Operators should respect the right of people to make choices about where to shelter. For example, a community with a school for students who are deaf may designate that facility as an emergency shelter for people who are deaf. Constituent-based shelters—those created for people who are part of a community or who have unique social, religious, or cultural characteristics—are not prohibited under the ADA. However, the ADA does prohibit requiring people with a specific type of disability or other access and functional need to stay in such shelters.

**Selecting a Shelter Site**

When selecting a shelter site, a jurisdiction or operator must ensure it is safe, sound, and meets codes and legal mandates. The decision to open a mass care facility that violates Federal laws and ADA standards brings with it significant challenges and the potential litigation. Some considerations include the following:

- State codes and standards must, at a minimum, meet Federal requirements, but they can be more comprehensive. It is imperative that all local laws, regulations, and codes be taken into account.

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The ADA and other Federal laws, including the Stafford Act, the Rehabilitation Act, the Fair Housing Act, and the Architectural Barriers Act, provide affirmative obligations and prohibitions of discrimination on the basis of disability.

No State or local government, or its contractors, may, by law, policy, or contract, provide services below those standards without violating Federal law.

Shelter and mass care sites should be prepared to provide or connect people to durable medical equipment, medication, and other resources to ensure their safety and well-being.

**CHILDREN**

Children are especially vulnerable to disasters. Their physiology including thinner skin, lower levels of body fluid, and more rapid respiration, is different from adults and, as a result, they are more likely to get sick or severely injured. Emotionally and cognitively, they understand less about what is happening in disasters and can experience stress in a more profound and significant way. While older children can often help themselves to some degree, children will need help and guidance from adults during a disaster or emergency. They depend on adults to keep them safe and healthy.

Children are best cared for by their families; therefore, organizations and jurisdictions should incorporate into their planning steps related to helping families stay together or become reunited. A primary strategy is to promote disaster preparedness among the public.

**FEEDING**

Shelter sites should be prepared to provide culturally and restricted diet appropriate feeding services whenever possible. Many allergy and food sensitivity concerns can be overcome by ensuring a portion of the meal plan has a vegetarian or protein-free option. Though stock or combined ingredient meals such as stew, chili, and soup are easy to prepare and distribute, the ingredient mixing can make them prohibitive to people with specific dietary needs. Feeding and bulk distribution sites must be accessible under the ADA.

An extensive network of advocacy and aid organizations—including the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the National Child Traumatic Stress Network, and Save the Children—recommend active breastfeeding support as part of any emergency feeding plan. Guidelines and planning considerations for safe infant feeding practices are provided below in the tools section.

**SERVICE ANIMALS**

Under the ADA, a service animal is one that is individually trained to provide assistance to a particular person with a disability. Some service animals may help with a non-visible disability. Service animals must be allowed into and provided appropriate accommodation within shelter and mass care sites. If an animal is not immediately identifiable as a service animal, shelter staff may ask

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only two questions to determine if an animal is a service animal: “Is this a service animal required because of a disability?” and “What work or tasks has the animal been trained to perform?” While the owner is responsible for his or her service animal’s care, it is important to plan for animals’ presence and care within shelters.
The following are a series of promising practices and case studies about sheltering related to meeting the needs of individuals with disabilities and others with access and functional needs in disasters.

**Alameda County Disaster Shelter Plan for Medically Fragile Persons**

**Who:** Alameda County (California) Operational Area Emergency Management Organization

**What:** This plan focuses on the impact of a large-scale disaster on medically fragile persons in the affected population, specifically regarding evacuation and sheltering of persons in and from home healthcare and institutional healthcare settings. This includes medical supervision, support, care, and treatment at shelter sites.

**When:** 2004

**Why:** There are a large number of persons receiving home healthcare, ongoing nursing care, or long-term care in skilled nursing and/or residential care facilities. This document terms these persons as “medically fragile persons” and considers them at risk due to their reliance on ongoing medical support, treatment, or supervision needs. This plan is intended to support the continuity of care during disaster for this population.

**How:** The plan includes the following aspects related to medically fragile persons: defines roles and responsibilities of primary agencies supporting them in shelters; provides guidance for support during various phases of an operation; identifies facilities and resources which can support this population; and establishes guidelines for staffing and support.

**Key Words:** health and medical, disabilities, access and functional needs, healthcare, sheltering, evacuation, healthcare, all-hazards, county, mass care

**Link:** [http://www.acphd.org/media/109723/med_fragile_shelter_plan_11_2_04.pdf](http://www.acphd.org/media/109723/med_fragile_shelter_plan_11_2_04.pdf)

**Alameda County Emergency Operations Plan (EOP) Children’s Annex—DRAFT**

**Who:** Alameda County General Services Agency, Alameda County Sheriff’s Office of Homeland Security and Emergency Services, Save the Children

**What:** An annex to a city, county, or state EOP with planning guidance and a concept of operations for support of children during evacuation and in mass care environments.

**When:** published in 2013

**Why:** During and after a disaster, the needs of children, including those with disabilities and access and functional needs, are often...
different than those of adults and can often be overlooked. The annex is intended to provide guidance, processes, and procedures for support specific to children in disaster.

How: The Annex includes strategies, best practices, processes, procedures, flow diagrams, and organizational structures. It provides planning for delineating roles and responsibilities of responders; supporting the unique needs of children; creating processes and procedures for security of children, including unaccompanied minors; implementing reunification of children with parents or guardians; and addressing the unique material resources needed to support children.

Key Words: children, unaccompanied minors, access and functional needs, sheltering, evacuation, material resources

Contact: Captain T. Madigan, Alameda County Sheriff’s Office of Homeland Security and Emergency Services, (925) 803-7800.

City of Los Angeles Nontraditional Shelter Concept of Operations Template—Case Studies

Who: Los Angeles Chapter of the American Red Cross for the City of Los Angeles

What: This document consists of a concept of operations template for local and state government and nongovernmental organizations (NGOs) to plan for implementing a nontraditional shelter (NTS) during a large-scale or catastrophic level disaster operation. It includes coordination for regional and multi-jurisdictional mass sheltering planning, a dormitory annex, processes for staffing, layout and design, functional operations, coordination with and incorporation of various emergency support function (ESF) operations.

When: 2011

Why: The NTS template is a customizable concept of operations template for effectively activating and managing an NTS for large-scale long-term mass care operations. Throughout the document, considerations related to meeting the needs of individuals with disabilities and others with access and functional needs in disaster are included.

How: The template is designed to be incorporated into a jurisdiction’s EOP or used as a standalone document in coordination with the jurisdiction’s EOP. It can be used to create a working concept of operations for an NTS incorporating planning, resource, staff, and layout needs to support people with disabilities and others with access and functional needs in reception environments and operations.

Key Words: sheltering, mass feeding, bulk distribution, basic first aid, reception, disabilities, access and functional needs, disaster welfare information, household pets, health and medical, resources, nontraditional sheltering

Link: http://catastrophicplanning.org/nts.html
Medical Triage Considerations for Emergency Shelters: End Stage Renal Disease

Who: End Stage Renal Disease (ESRD) Networks, Centers for Medicare and Medicaid Services

What: A multipart training about the ESRD networks available via video and PowerPoint presentations. The following topics are addressed:

- Practicalities of dialysis, the population of dialysis patients and kidney transplant patients, the number of dialysis facilities and kidney transplant centers
- Evacuation of dialysis patients in cases of emergency, including emergency considerations (trained staff, electricity and safe water are bare necessities) and challenges that can occur during emergency situations (transportation, communication, power outages, generator/fuel issues, lack of water and security)
- Emergency planning and what ESRD networks and the dialysis facilities do in cases of emergencies
- How to treat dialysis patients in emergency shelters and provides practical information about the placement for central vein catheter, what to look for during a patient’s clinical assessment, and diet and fluid restrictions

When: 2014

Why: This lecture focuses on the needs of ESRD patients and presents a comprehensive and concise toolkit. It educates emergency planners and provides practical and theoretical guidelines on what to do in preparation for an emergency situation that involves ESRD patients and provides medical staff in shelters with practical assistance during an emergency situation.

How: This presentation is a thorough education tool and planning guide that provides a basic understanding of ESRD and emergencies basic emergency planning for the renal community and managing dialysis patients in shelters and during the triage process. Furthermore, it is also useful for dialysis patients and their family members and/or caregivers since it provides practical information about what to do and what to expect when a dialysis patient is forced to evacuate to an emergency shelter. This is applicable to all areas within RCPT region and should become a standard tool used among all the jurisdictions.

Key Words: sheltering, medical needs, dialysis, evacuation, coordination

Link: https://www.youtube.com/watch?v=N3MqWFsGrU4
Safe Centers

Who:  Alabama Department of Senior Services

What:  Safe Centers are new construction or retrofit projects that create a space where vulnerable citizens, particularly seniors, can shelter safely in disaster. The Safe Center concept was developed in response to needs identified for populations disproportionately affected by disaster after recent hurricanes and tornados in Alabama. They were developed through a partnership among the Alabama Department of Senior Services, the U.S. Administration on Aging, the Alabama Emergency Management Agency, the Alabama Department of Economic and Community Development, and the City of Guin, Alabama. The Safe Center combines a senior center that will be used daily with a safe center area to provide safe and secure respite for elders in the event of disaster.

The Safe Center built in Guin serves as a model for other communities as Alabama works to ensure that senior citizens have a place of daily respite and safety before, during and after the disaster. The Safe Center is equipped with generator power and extra wall outlets that can be used to operate light medical equipment such as portable oxygen machines and ensure that communication capacities are not lost, among a host of other features. The Center also has an area designed for seniors in the early stages of dementia. The building is designed according to Federal standards to withstand hurricane- and tornado-force winds, floods, and other hazardous conditions. Trained staff and volunteers operate the Safe Center, which is stocked with appropriate supplies and shelf-stable meals. The Center has full shower and laundry facilities in the event it needs to operate for an extended period of time.

When:  The Guin Safe Center opened in 2008

Why:  Hurricane Katrina recovery efforts revealed the frailty of Alabamians in preparing and coping with disasters. The Safe Center addresses this issue by attempting to circumvent such a scenario in the future.

How:  Now replicated across the state and serving as a national model, Safe Centers serve as places of refuge during climatic events. The concept could be adapted by organization or jurisdictions within the RCPT region; however, it must be recognized that this is more directly applicable to a free-standing center model of service delivery rather than an urban space model.

Key Words:  shelter, community-based service delivery, senior centers

Contact:  Irene B. Collins at (334) 242-5743 or by email at irene.collins@adss.alabama.gov
Sheltering with Your Pet or Service Animal

Who: Florida Division of Emergency Management

What: A website that provides comprehensive information about the admittance of pets and service animals to public shelters. It contains a list of items that should be included in a service animal’s survival kit, describes what types of animals will be accepted and under what conditions, and advises owners about alternatives to shelters.

When: Ongoing

Why: This website provides information on service animals, a topic that is sometimes overlooked in preparedness materials and information. It provides details about how to prepare to be in a shelter with a service animal, as well as considering other options.

How: Jurisdictions in the region can create materials and information that provides service animal information. Coverage of this issue has certainly increased over the last several years, and it is important to prominently display information on this topic so that it is known not just to service animal users but also to shelter workers and other officials.

Key Words: shelter, service animals, planning, preparedness, communications, pets

Link: http://floridadisaster.org/disability/section1_2_2_4.html
SHELTERING: SUPPORT TOOLS

SUPPORT TOOLS

The following is a list of tools supporting sheltering requirements related to individuals with disabilities and others with access and functional needs. Existing resources are listed first, followed by other tools and additional considerations for emergency managers when addressing this topic area.

EXISTING RESOURCES

Child Safety Guidance for Emergency Evacuation Shelters and Local Assistance Shelters


This document from Save the Children is a list of best practices that addresses children’s unique needs and promotes child safety and well-being while in temporary locations. RCPT jurisdictions should refer to this guidance when developing any child-related planning elements of their mass care and sheltering plans.

Guidance for Sheltering Persons with Medical Needs (Part III: Medical Shelter Toolkit)—DRAFT


This guide from the California Department of Public Health provides operational guidance and statewide standardization to local jurisdictions related to planning for and operating medical shelters. It is adaptable to incident- and jurisdictional-specific needs and contains flexible, scalable concepts regarding sheltering for persons with medical needs. It includes three sections: Foundational Knowledge (e.g., care, integration, roles/responsibilities), Medical Shelter Guidance (e.g., operations, infrastructure, staffing, equipment, intake), and Medical Shelter Toolkit (e.g., sample forms, checklists, materials).

High Risk/Medical Needs Shelter Planning Template


The Seattle Urban Area Security Initiative created this planning template for sheltering high-risk and medical-needs populations. A diverse set of stakeholders, including emergency managers, health officials, service organization representatives, and consultants, collaborated on the creation of the planning guide. The guide provides checklists and step-by-step guidance on a number of areas, including collaboration among medical providers and emergency management, memorandums of understanding and agreement for various stages of a disaster, identifying trigger points for shelter activation, a model shelter concept, identifying populations who may require medical shelter-
type support, identifying key facilities, transportation routes, evacuation routes, reporting protocols, and demobilizing procedures. Planners should consider the guidance recommended within the document and could easily use the checklists and other tools to create or augment medical needs shelter planning.

**Infant Nutrition During a Disaster**

http://www2.aap.org/breastfeeding/files/pdf/infantnutritiondisaster.pdf

This handout from the American Academy of Pediatrics provides comprehensive guidance about infant nutrition during a disaster in an easy-to-read and understand format. This handout should be reviewed when conducting feeding planning and could be made available within feeding kits.

**Mass Care Guidance for Emergency Planners**


This resource from the Los Angeles Operational Area provides guidance to assist government departments and nongovernmental organization partners in emergency planning to create coordinated regional and multi-jurisdictional response and recovery plans, including strategies and plans. The guidance includes annexes for household pet sheltering, medical and health, nontraditional sheltering, and transportation management. The accompanying Mass Care Annex Template is a working tool for developing a mass care annex to an EOP. Response agencies and organizations can use the guide and template together in their planning to create coordinated, comprehensive, standardized plans for mass care and support for people with disabilities and others with access and functional needs in mass care environments and operations.

**Non-Traditional Shelter Concept of Operations Template**


Created by the American Red Cross for the City of Los Angeles, this document provides a foundation for jurisdictions and organizations seeking to establish procedures and plans for providing services in nontraditional shelters to persons affected by large-scale or catastrophic events. It includes coordination for regional and multi-jurisdictional mass sheltering planning, a dormitory annex, processes for staffing, layout and design, functional operations, coordination with and incorporation of various emergency support function operations, and informational case studies.

The template is designed to be incorporated into a jurisdiction’s emergency operations plan (EOP) or used as a standalone document in coordination with the jurisdiction’s EOP. It can be used to create a working concept of operations for a nontraditional shelter incorporating planning, resource, staff, and layout needs to support people with disabilities and others with access and functional needs in reception environments and operations.
Nutritional Needs In Emergencies


This resource from the World Health Organization provides international standards on feeding and nutrition in emergencies. Though designed for application in more resource-poor areas, the concepts and standards are appropriate for all hazards disasters in the United States.

Reception Annex Template

http://catastrophicplanning.org/products/LAOA_Reception_Annex_Template_AUG2011.doc

Prepared for the Los Angeles Regional Catastrophic Preparedness Planning Alliance, this planning guide and template present a comprehensive set of guidance and considerations for response organizations creating plans for an incident requiring a mass reception and registration operations. This allows development of coordinated regional planning for cross-jurisdictional reception processing. The planning guide and template incorporate documents and other elements related to meeting the needs of individuals with disabilities and others with access and functional needs in disaster. Response agencies and organizations can use the guide and template in reception and registration plan development to assess and define needs, resources, and capabilities and to consider strategies for processes and procedures to support for people with disabilities and others with access and functional needs in reception environments and operations.

Supplemental Resource: Children in Disaster Guidance


This document from the U.S. Department of Homeland Security provides a comprehensive and concise set of guidance, standards, and indicators related to meeting the needs of children in disaster, especially in mass care and shelter settings. Furthermore, the document includes a recommended supply list for infants and toddlers in mass care shelters. This document provides guidance to shelter managers and staff that ensures that children have a safe, secure environment during and after disaster, including appropriate support and access to essential resources. This standards and indicators should be considered when developing child-related planning elements within mass care and sheltering plans.
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Mass Care, Housing, and Human Services Considerations

The following is a general list of considerations for integrating the mass care, housing, human services needs of individuals with disabilities and others with access and functional needs into mass care and shelter plans.

Accessible Design and Layout Criteria

- Accessibility, including appropriately sized doorways, curb cuts, ramps, accessible bathroom facilities, accessible food service and products
- Space for DME
- Comply with the ADA/Architectural Barriers Act/Uniform Federal Accessibility Standard (UFAS)
- Environment restrictions (e.g., limited/no air conditioning)
- Parking area and/or site gradient restrictions (e.g., rough terrain) and appropriate amount of parking
- Agreements with building owners (e.g., no-pet clauses)
- Access to transportation (public or private)
- Access to community services, health clinics, pharmacies, points of distribution (PODs)
- Space for family members with person with disabilities and others with access and functional needs

Staffing

- All staff should undergo basic training related to legal requirements of service delivery for the whole community, including individuals with disabilities and others with access and functional needs
- Shelter staffing may include:
  - General mass care staff (to fill reception, feeding, sheltering roles)
  - Functional Needs Support Team (FNST)
  - Health and medical staff
  - Functional Assessment Services Team (FAST)—to provide access and functional needs/health assessment
- Criteria for use:
  - Affiliated with organization
  - Background/credentials checked
  - Individuals with specialized training or skills related to health, disability, and/or access and functional needs services should be issued badges/credentials which indicate so appropriately
  - Personal caregivers associated with person with access and functional needs
Only may support specific charge unless affiliated as shelter staff

Memorandums of understanding/memoranda of agreement (MOUs/MOAs) with supporting agencies

Database for tracking and maintaining contact with supporting agencies

**Feeding and Bulk Distribution**

- Accessible food service areas (e.g., wheelchair accessible lines, counter heights).
- Accessible dining areas (e.g., wheelchair accessible aisles, tables).
- Review potential health issues (e.g., food sensitivities and allergies, diabetes) and limiting hazards through product choices (e.g., sugar free, nut-free, no honey).
- Review religious and cultural dietary restrictions or guidance (e.g., kosher, halal, vegetarianism, vegan).
- Ensure POD location is accessible for those with mobility limitations
- Offer drive-up distribution so that no exiting from vehicle is required

**Services for Individuals Requiring Supervision**

For the definition of individuals requiring supervision, refer to page 2.

- Identification
- Custody, temporary care, long-term care and/or custody
- Reunification
- For unaccompanied minors, procedures for contacting local law enforcement, appropriate social services agencies, and the National Center for Missing and Exploited Children (NCMEC) to access the National Emergency Child Locator Center (NECLC).
- Sleeping support such as appropriate bedding, universal cots, bed rails, cribs
- Separate family area in shelters, if possible
- Cribs, portable cribs, playpens
- Feeding and hydration supplies
- Suitable foods (e.g., crackers, cereal, baby formula, baby food)
- Supplies and adaptive resources (e.g., cups with and without handles, straws, bottles)
- Food preparation tools if specialty foods unavailable (e.g., food processor)
- Hygiene products
- Diapers (various sizes from infant to adult)
- Bathing products (e.g., shower chair, skin-sensitive soap/shampoo, baby bathing basins, tear-free shampoo)
Services for Children
- Secure play areas
- School support
  - Register in host area schools
  - Obtain records from impact area or admission criteria
  - Replacement school materials
  - Transportation to/from school
  - Transfer records back to impact schools upon return
- Mental health support
- Child-appropriate DME and assistive communication devices (e.g., replacement hearing aids)
- Child-appropriate consumable medical supplies
- Car seats for transportation to medical appointments, as needed

Health and Medical
- Initial health assessment
- Prescription replacement support
- Ongoing health assessments including active surveillance for individuals with declining health or mental health

Service Animals
- ADA defines a service animal as one that is individually trained to do work or perform tasks for a person with a disability.
- Service animals remain with person to whom they are assigned.
- Support, including food, water, bedding, and toileting accommodations, must be provided for service animals.

Household Pets
- Plans should include provision for how household pets will be treated and/or accommodated. The Federal definition of a service animal and provisions for their care are outlined in the PETS Act of 2006.\(^{21}\)

\(^{21}\) Additional information about the PETS Act of 2006 is available at https://www.avma.org/KB/Resources/Reference/disaster/Pages/PETS-Act-FAQ.aspx
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**Decontamination**

The appropriate section of emergency plans should address specifics related to decontamination of individuals with disabilities and others with access and functional needs as well as their caregivers, service animals, and adaptive equipment. Decontamination considerations should include the following:

**Provisions for Decontamination of Mobility and Adaptive Equipment**

- Items that can be decontaminated:
  - Non-electric wheelchairs
  - Prosthetic limbs without leather components
  - Walkers
  - Crutches without foam cushions
  - Canes
  - Glasses
  - Prosthetic eyes

- Items that cannot be decontaminated:
  - Mechanical ventilators
  - Electric wheelchairs
  - Hearing aids
  - Contact lenses
  - Any leather or foam attachments or components of other devices

Children have unique anatomical and physiological difference that elevate their risk and needs, including faster respiratory rates result in larger doses inhaled over same period as adults, shorter stature (some aerosolized agents are heavier than air, resulting in accumulation at ground level and in child-breathing zone, resulting in prolonged exposure), and large body surface area and thinner skin (posing increased risk for hypothermia).

**Provisions for Decontamination of Children**

- Warm, low pressure, high volume water (98°–110° F)
- Smaller gowns and clothing
- Soft brushes and sponges
- Warming devices and supplies
- Appropriate persons to accompany and assist unaccompanied minors
- A separate zone for triage, reassessment, and observation of children, if feasible

**Provisions for Decontamination of Service Animals**

- Service animals and handlers should be kept together whenever possible
If animals are separated from handlers, who will decontaminate the animal and where the animal will be housed upon decontamination should be clearly identified.

If separated from their service animals, handlers may require assistance throughout the decontamination process.

**Provisions for Accompanying Any Individual who Needs Assistance with the Process, Including Individuals with Mobility Limitations and Unaccompanied Children**

- Whenever possible, family members, friends, and individuals with caregivers should be permitted to proceed through the decontamination process together to provide emotional and physical support, as needed.
- During the decontamination process, those who rely on wheelchairs, walkers, canes, or other mobility devices may need to be transferred to a backboard, a manual wheelchair, a shower chair with wheels, a decontamination roller board, or a bariatric reclining chair; a Hoyer lift or other patient lift should be available and may be required to aid transfers.

Interpreters, translators, communications boards, and preprinted information in multiple languages should be made available. Painted, chalked, or taped footprints and similar symbols should be used to indicate where to proceed and stand during the decontamination process. Additional information regarding decontamination considerations for individuals with disabilities and others with access and functional needs can be found within the following resources:

Guidelines for Safe Infant and Young Feeding Practices in the Event of a Disaster

Adapted from the United States Breastfeeding Committee,22 the American Academy of Pediatrics,23 and the National Commission on Children and Disasters.24

Planning Phase

- Include feeding protocols for breastfeeding management and appropriate procurement, use, and handling of infant formula in all emergency preparedness plans, accompanied by education and training necessary for implementation.
- Establish standards to ensure the safety of purchased and donated infant formula.
- Include in emergency preparedness plans strategies to prevent separation of mothers and infants during evacuation, transport, and sheltering.
- Include a unification plan for mothers and infants who become separated during an emergency.

Initial Post-disaster Phase

- Establish a safe environment for all mothers and caregivers with infants and children.
- Identify mothers who breastfeed when they arrive at the shelter and provide them with education, assurance, and support to sustain and increase their milk supply.
- Strongly encourage, educate, and support any woman who gives birth during the disaster to initiate and continue breastfeeding.
- Inform mothers of recently weaned infants and young children that re-lactation is a possibility and support those who choose to re-lactate.
- Include lactating women in the priority list for water and food.

In a Stable Shelter Environment

- Provide sufficient water and food for lactating mothers.
- Ensure that appropriate complementary foods are available for children ages 6 months to 2 years.
- Provide infant formula for those infants who are already using it or who are determined to require it for medical reasons.
- Control the distribution of purchased infant formula so that it is offered only to those infants who do not have access to human milk.

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WHOLE COMMUNITY ENGAGEMENT

Individuals with disabilities and others with access and functional needs are part of all segments of the population and in order to fully integrate them into emergency planning and better meet their needs during a disaster, organizations and jurisdictions should engage with the whole community.

RECOMMENDATIONS

Engaging the whole community, including individuals with disabilities and others with access and functional needs, should be an integral element of all emergency planning. A whole community engagement process that includes structured dialogue, joint problem solving, and collaborative action among government officials, planners, local champions, individuals with disabilities, and disability advocacy organizations improves community resources and lessens community losses.25 Emergency planners should conduct a systematic process of engaging the whole community in the development of executable strategic, operational, and/or community-based approaches to the emergency management objectives.

Planning teams should work toward diversity, depth, and breadth of membership. Whole community partners may include persons from the following groups:

- Advocacy and support organizations
- Individual disability organizations
- Community organizations
- Faith-based organization
- Universities and other institutions of higher learning

Partners should be asked who else should be included. Frequently, one representative can solicit valuable feedback from their constituencies to better inform the process.

Whole community engagement involves more than inviting people to meetings or asking them to review documents. It is important to ask potential partners how they would like to be involved, what their skill set positions them to do best, and what can facilitate their involvement. Though engagement means more than meetings, meeting locations should be on transit routes and fully accessible. Prior to a meeting, organizers should ask participants if they need accommodations (including materials in large print, translators, and interpreters). Holding some meetings virtually may make it possible for a more diverse group of stakeholder to participate. In additions, jurisdictions and organizations should actively work to identify and rectify any barriers to whole community participation.

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The following are case studies and promising practices related to whole community engagement.

**Colorado Department of Public Health and Environment Story Map Project**

**Who:** Colorado Department of Public Health and Environment, Office of Emergency Preparedness and Response

**What:** Using publicly available census datasets and the Story Maps program from ArcGIS Online, the Colorado Department of Public Health and Environment (CDPHE), Office of Emergency Preparedness and Response created a series of web-based maps that display community vulnerability data. These Story Maps not only provide important data to community partners, emergency managers, and other stakeholders via a user-friendly platform, but also have served as a catalyst for additional whole community engagement and collaboration. The project started with examining data about the needs of a community, and then through partnership, expanded to include the development of companion community resource maps that further enhanced preparedness. Aimee Voth Siebert from CDPHE reports that the project has brought together various community partners eager to both share their own datasets and to use the Story Maps to inform their planning and interventions. The Story Maps, initially designed to primarily inform stakeholders in a one-way fashion, have proven to be a powerful two-way collaboration tool.

**Why:** This program is a great example of both using mapping and GIS technology to inform emergency planning for the whole community, including people with disabilities and others with access and functional needs, and fostering whole community collaboration and engagement.

**How:** Jurisdictions and organizations should consider using the mapping approach, ArcGIS Online’s Story Map program, to enhance hazard vulnerability analysis with community and population-based data. Furthermore, jurisdictions and organizations should remain open to the unforeseen potential of programs and projects to facilitate collaboration with partners in unexpected ways.

**Key Words:** mapping, GIS, whole community engagement, hazard vulnerability assessment, collaboration

**Links:**
- [http://www.coephtmaps.dphe.state.co.us/cdphe_maps/colorado_community_vulnerability_maps/](http://www.coephtmaps.dphe.state.co.us/cdphe_maps/colorado_community_vulnerability_maps/)
- [http://www.coephtmaps.dphe.state.co.us/cdphe_maps/colorado_community_vulnerability_disability_maps/](http://www.coephtmaps.dphe.state.co.us/cdphe_maps/colorado_community_vulnerability_disability_maps/)
Fostering Inclusion of the Deaf Community in Rochester, New York

Who: Monroe County CERT, American Red Cross Greater Rochester Chapter, National Technical Institute for the Deaf

What: Rochester, New York, has the largest per capita deaf population in the country. Recognizing this, the local American Red Cross Chapter has spent the past several years working to both enhance inclusion of the Deaf community in emergency planning and improve service delivery. Examples of their efforts include:

- Partnering with the Monroe County CERT program to train several groups from the Deaf community in disaster services. By doing this, the chapter hopes that every Red Cross shelter in the Rochester area will have a volunteer on-hand who is a fluent sign language user during times of need. These trained volunteers are considered to be members of the chapter’s Deaf community team and serve as part of the shelter staff.

- The creation of a guidebook called “Disaster Preparedness and the Deaf Community,” which is endorsed by the National Technical Institute for the Deaf. The guidebook was written by CERT trained chapter volunteers who are deaf/hard-of-hearing in an effort to help promote preparedness within the Deaf community. Information on communication methods and ways to reach out to first responders is also included.

When: 2005

Why: The work of the Red Cross and the Monroe CERT to engage the Deaf community is a valuable example of the whole community strengthening potential of engagement.

How: Jurisdictions in the NY-NJ-CT-PA RCPT region could use the engagement process demonstrated by the partners in this case as an example of whole community collaboration toward the benefit of a key population and the larger whole community.

Key Words: whole community engagement, outreach, preparedness

Hurricane Plan and Evacuation Experience of the Terrebonne Arc

Who: Terrebonne Arc (TARC) in Houma, Louisiana

What: This disability services organization has a strong, collaborative relationship with community leaders and the local emergency management agency. Building on that relationship as its foundation, Terrebonne Arc has developed a hurricane plan and evacuation support program. This program augments the parish’s planning and enhances capabilities related to evacuating individuals with disabilities and others with access and functional needs in advance of a hurricane. Elements of this program include agreements with church organizations outside of hurricane disaster areas to serve as shelter sites, transportation and vehicle use planning, budgeting, and maintenance of evacuation-necessity stockpiles.

When: Ongoing

Why: This work is an excellent example of collaboration between government and Volunteer Organizations Active in Disaster (VOAD) to better meeting the needs of individuals with disabilities and others with access and functional needs during times of disaster. TARC reports that it has evacuated clients nearly 20 times, each time learning from the experience and incorporating lessons into plan and program revisions.

How: The TARC plan and program can be an easily adaptable model for other organizations that serve individuals with disabilities and others with access and functional needs. The program’s advice on budgeting and emergency funds is especially relevant for organizations that operate with very little surplus.

Key Words: evacuation, planning, hurricane, disability organization, whole community organization


Los Angeles County Drills and Exercises Guidance for Inclusive Emergency Planning

Who: Los Angeles County

What: A document which provides guidance to organizations and jurisdictions wishing to put into practice the principles of inclusive emergency planning when organizing drills and exercises. Guidance areas include outreach and participation, identification of stakeholders, meaningful participation, accommodation, exercise planning and development (roles and responsibilities, injects, etc.), exercise logistics (safety, facilities, site access, communications, etc.), exercise activities (controller/evaluator training, registration, participant briefing, etc.), and post-exercise evaluation.

When: Ongoing, published in May 2014
WHOLE COMMUNITY ENGAGEMENT: PROMISING PRACTICES AND CASE STUDIES

Why: Conducting inclusive drills and exercises is considered a best practice to better meet the needs of the whole community, including individuals with disabilities and others with access and functional needs. This document provides comprehensive guidance for how to establish and manage an inclusive exercise program.

How: While intended for use at the county level, the guidance is applicable to jurisdictions of any size. Guidance and tools within this document could help any jurisdiction create a more integrated and inclusive exercise program.

Key Words: stakeholder cultivation, engagement, whole community, exercises, drills, integration

Support Tools

The following is a list of tools supporting whole community requirements related to individuals with disabilities and others with access and functional needs. Existing resources are listed first, followed by other tools and additional considerations for emergency managers when addressing this topic area.

Existing Resources

Effectively Including People with Disabilities in Policy and Advisory Groups

http://www.jik.com/Effectively-Including-People.pdf

This document provides how-to information for effectively including people with disabilities in policy and advisory boards, councils, or work groups. It contains material on developing and sustaining an advisory group, why including people with disabilities is important, and how to identify those who are qualified people with disabilities. A planning checklist covers defining purpose, structure, size, lines of communication, membership, recruiting, budgeting, staffing, minutes, accountability, meeting access, and accommodations. A planning recruiting matrix and templates for agendas and meeting minutes are also included.

A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action


This document presents a foundation for increasing individual preparedness and engaging with members of the community as collaborative resources to enhance the resiliency and security of our Nation through a Whole Community approach. The document is intended to promote greater understanding of the approach and to provide a strategic framework to guide all members of the emergency management community as they determine how to integrate Whole Community into their daily practices.
APPENDIX A: AUTHORITIES AND REFERENCES

At a minimum, the following authorities and references should inform emergency management preparedness, response, recovery, and mitigation activities undertaken within the jurisdiction. These authorities and references should inform the development of all plans and annexes. The base plan of an emergency operations plan and other supporting plans (as necessary) should include an Authorities and References section, which should document the authoritative basis of the plans (local, state, and Federal local laws and ordinances) and references such as Federal Emergency Management guidance and the Americans with Disabilities Act. The following list represents the minimum for inclusion:

- Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39.
- Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39.
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 C.F.R. pt. 84 (Department of Health and Human Services).
- Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. pt. 104 (Department of Education).
APPENDIX A: AUTHORITIES AND REFERENCES


Links to selected legislation are listed below. Besides text of the actual laws, some of the websites include synopses for easier comprehension and analysis.


The Americans with Disabilities Act (ADA) of 1990, as amended, was established to provide a clear nationwide directive for the elimination of discrimination against individuals with disabilities. The act provides enforceable standards to address such discrimination. Under the ADA, privately-owned businesses that serve the public are required to allow people with disabilities to bring their service animals onto business premises in whatever areas customers are generally allowed. This rule would apply to public emergency shelters.


Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any Federal department or agency, including the U.S. Department of Health and Human Services (DHHS). These organizations and employers include many hospitals, nursing homes, mental health centers and human service programs.
APPENDIX A: AUTHORITIES AND REFERENCES

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**APPENDIX B: ANNOTATED BIBLIOGRAPHY**

The following is an annotated bibliography of guidance documents, existing plans, laws, and regulations pertinent to emergency planning for access and functional needs populations during disasters.

**EVACUATION AND TRANSPORTATION**


The Alaska MRO Exercise was a full-scale exercise simulating the grounding of a cruise ship south of Ketchikan on Snail Rock, Alaska. On the first day of exercise play, search and rescue and pollution-related response planning were exercised. On the second day, operations focused on conducting coordinated shore-side operations to support landing, accountability, care, and sheltering for the 2,500 passengers and crew evacuated from the cruise ship. Several hundred local Ketchikan volunteers, each carrying multiple name cards, simulated the 2,500 passengers and crew.

Exercise planning was a joint effort of the U.S. Coast Guard, Holland America Line, agencies of the City of Ketchikan, Ketchikan Gateway Borough fire departments, U.S. Customs and Border Protection, and the Canadian Coast Guard. The cruise industry demonstrated its ability to identify passengers with special needs and to communicate this information accurately. The City of Ketchikan exceeded all expectations in the development of a full-inclusive emergency preparedness plan that integrated people with special needs, people with disabilities, the medically fragile, and individuals who were vulnerable at the moment. By stressing this population during the exercise, the State of Alaska and the community of Ketchikan highlighted the importance of including requirements for special needs personnel in the response planning process.


Using results from three surveys of adults in high-risk hurricane areas in eight Southern coastal states, this article examines the challenges faced by people from households where someone has a chronic illness or disability and would need help to evacuate. The analysis finds that 43 percent of people in this vulnerable group had not arranged the help they would need to evacuate. They had different reasons than other adults for why they would or might not evacuate in a future hurricane and were more likely than others (22 to 10 percent) to say they would go to an evacuation center if they did evacuate. Among those who had experience with a recent hurricane, people in this vulnerable group had encountered many more problems than others during and immediately after the storm, including more than one in four who suffered from heat exhaustion, who did not get needed prescription medicines, or who did not have enough fresh water.

This initiative encourages individuals to purchase “Safely Out” kits and engage their neighbors in evacuation measures. This kit provides materials that can be hung on doors or windows that show neighbors that they are safely out of the home or that they need assistance. Color coding makes it easy for community members or service providers to provide assistance to those who need it.


Analyzing various governmental agencies' definitions of “special needs” reveals a lack of consensus on who should be considered under that term, thus making it difficult to accommodate these individuals in emergency plans. Compounding this problem is a “list of lists” approach currently used by many emergency planners that mistakenly seeks to define “special needs” by compiling lists of disabilities, rather than focusing on the functional limitations of individuals in a particular emergency. The result of this “list of lists” approach is that some individuals are counted more than once and some are not counted at all. This article advocates adopting a uniform, function-based approach (supported by disability advocates and the Federal Emergency Management Agency) that focuses on factors that limit a person's ability to care for himself or herself during an emergency. This methodology provides for those who have special needs before, during, and after an emergency by assessing their functional limitations based on five broad categories: maintaining independence, communication, transportation, supervision, and medical care. After reviewing the benefits of adopting a functional approach and examining some preliminary considerations for function-based planning, this article advocates adoption of a function-based approach to special needs planning to best serve the needs of these individuals during an emergency.


This manual provides guidance to first responders on how best to perform a rescue using evacuation equipment (such as stair chairs) and procedures that facilitate a safe evacuation of people with disabilities from within a built environment.


The purpose of this guide is to provide information for facilities managers and may be useful for those individuals who might need special assistance as to the notification of an emergency situation and/or in the evacuation of a building. While somewhat dated, the information outlined is still relevant to basic evacuation planning from the built environment. Topics include types of notification systems for people with sensory disabilities; types of evacuation devices, such as stair chairs; areas of rescue assistance; and individual planning suggestions.

This guide provides tips for assisting with evacuation of populations disproportionately affected by disaster, including seniors, people who have service animals, people with mobility impairments, people with autism, people who are deaf or hard of hearing, people who are blind or visually impaired, and people with cognitive disabilities. Each section provides practical advice on how to help each population evacuate. This advice emphasizes clear and respectful communication with the individual, including asking the individual if and how he or she would like to be assisted. It outlines specific concerns that may be voiced by each population that those assisting with evacuations should be prepared to address. Overall, the guide is both thorough and clear, and individual sections can be parsed out and used separately.


The New York State Evacuation of Facilities in Disasters System (NYS e-FINDS) is a new patient-tracking program that emerged as a result of Hurricane Sandy in 2012, when thousands of people were evacuated from nursing homes, hospitals, and group home facilities. Under this program, facilities use barcoded wristbands pre-printed with facility names for all patients and facility residents (except for facilities such as substance abuse treatment programs where confidentiality requires that facility names be excluded). Patient and resident locations can be updated and tracked using hand-held scanners, mobile apps, or paper tracking. NYS e-FINDS provides patient tracking to hospitals, nursing homes, adult care facilities, state developmental centers, residential homes, residential treatment programs, state psychiatric facilities, licensed residential programs, supportive housing facilities, and juvenile justice facilities.


To document the importance of the relationship of nursing homes to emergency management entities before, during, and after hurricanes and the operational challenges that nursing homes face, the authors report the effects of eight Florida hurricanes on 689 nursing homes (70,000 beds) during 2004 and 2005. Using a state administrative data set of all nursing homes, the authors document the impact of major hurricanes on the homes’ ability to care for frail elders. This article highlights the importance of establishing an effective working relationship between nursing homes and local emergency management offices during all phases of disaster preparedness to ensure that nursing home residents are safe.


This guide was developed for individuals with disabilities or other impairments to plan for evacuation from a building. It begins with a short quiz to help individuals determine if they
need assistance in an emergency evacuation and includes an ability self-assessment, communication strategies to help others know your needs, and pros and cons of different evacuation methods. It emphasizes empowering individuals to take charge of their own evacuation planning rather than relying on existing policies and plans.


In a drill simulating flooding in the basement of an assisted living facility, the National Institute of Standards and Technology observed the speeds of evacuees in four categories: evacuees without assistance; evacuees using a cane; evacuees who received assistance from another occupant, staff members, or firefighters; and evacuees assisted through a stair-descent device. This article concludes that mean evacuation speeds—ranging from .11 miles per second for those assisted by a firefighter to .29 miles per second for unassisted older adults—can be used to calculate a more inclusive required safe egress time for buildings. The study also found that two firefighters were most effective in assisting residents using evacuation chairs, one leading the chair from the front and one pushing from behind.


During simulated urgent and non-urgent evacuations, stair chairs with extended front handles that allow the person in the front who is carrying the chair to face forward while descending stairs were associated with faster evacuation times. These chairs were also found to be the least physically stressful on those providing assistance. This study demonstrates that this equipment could be used to facilitate quick evacuation of individuals with mobility limitations in office and housing complexes more effectively.


This paper examines failures in hurricanes Katrina and Rita emergency response and their lessons for transportation planning in other communities and establishes a best practice guide to reach “transportation resilience” for adequate disaster transportation response. It focuses on transit-dependent residents, which include persons with disabilities. Lack of appropriate transportation was responsible for only 60 percent of the population of New Orleans being able to evacuate, and, according to the mayor, 10,000 to 30,000 more people could have been evacuated if 500 more buses had been mobilized. This paper also stresses enhanced interagency collaboration to prepare adequate responses and enable resources to be dispatched appropriately.

The paper also uses examples from the Rita disaster in Louisiana, where transportation ran out of gas and lacked directions, so vehicles were unable to efficiently evacuate. This highly affects special needs population, who need particular preparation to evacuate, especially hospitals and nursing homes patients. Failure to prioritize the evacuation of most vulnerable population is attributed to poor-decision making, the paper concludes. New Orleans’s comprehensive management plan was limited to general guidelines and did not provide enough detailed information on how to secure transportation. “Transportation resilience” thus becomes a key term to design responsive and comprehensive disaster preparedness plans through optimizing transportation networks.
and designing transportation to be disaster-resistant, maintain effective and working transportation systems, and develop ways to prioritize transport resources when necessary.


The Charles County (Maryland) Department of Health integrated emergency preparedness into annual plans for individuals living with developmental disabilities. At the first annual visit by program coordinators, the individual was given a 4-day emergency kit and asked to complete a disaster registry form should they choose to be included in the program. At later annual appointments, individuals were asked about their emergency preparations and encouraged to update their plan, especially to develop and maintain a contact list of people who could help them in an emergency.


The National Fire Prevention Association Emergency Evacuation Planning Guide for People with Disabilities provides information on the five general categories of disabilities (mobility, visual, hearing, speech, and cognitive) and the four elements of evacuation information that occupants need: notification, way finding, use of the way, and assistance. It also includes a checklist that building services managers and people with disabilities can use to design a personalized evacuation plan, as well as government resources and text based on the relevant code requirements and ADA criteria.


The National Fire Prevention Association focuses largely on preparedness through detailed planning for hazards. The Association encourages occupants with disabilities in high-rise office buildings to self-identify and create a personal emergency evacuation plan that identifies their normal location and needs for evacuation during an emergency. The Association also recommends designating places of refuge or rescue for individuals with disabilities and designating a number of personnel to assist occupants during an evacuation.

New York City Office of Emergency Management. “Homebound Evacuation Operation” section from the agency’s Coastal Storm Evacuation Plan. (According to Assistant Commissioner for Planning and Procedures Megan Pibram, these procedures are being updated [November 2014].)
The Homebound Evacuation Operation sets out New York City’s procedures for assisting individuals who are unable to evacuate on their own. This is an all-hazards evacuation strategy that allows people to telephone for evacuation assistance. It establishes a three-tiered system to triage the individual caller’s situation and match the individual’s need to a specific type of vehicle resource to support evacuation. The City then provides evacuation transportation with the appropriate transportation resource. This system was used in hurricanes Irene (2011) and Sandy (2012) and successfully assisted people who could not self-evacuate.


This report presents lessons learned and best practices from interviews with service providers and emergency managers across the country. The report begins with general lessons from the interviews for different stages of dealing with natural disasters, including evacuation, transportation, communication, and staffing. It then breaks down recommendations by type of disability and type of disaster. Finally, the report outlines specific models of best practices.

Overall, providers emphasize that registries are often expensive and “can communicate the message that responders are coming to help you, when in mid- to large-scale disasters that is often not the case.” They suggest working through existing providers to build a more comprehensive plan for evacuation and building partnerships between organizations and sectors. They also suggested making mutual evacuation arrangements with similar providers in neighboring communities. Some of the successful programs mentioned in the report are as follows:

- In Galveston, staff of the Traditional Learning Center divide into three teams with different evacuation responsibilities during the first 48 hours of a storm. These responsibilities are practiced every year before hurricane season.
- Using an evacuation map with set pick-up points, the New Orleans Department of Health was able to transport 20,000 people during Hurricane Gustav (2008), including 40 people who needed ambulance transport.
- The New York City Office of Emergency Management uses an open-source software called Sahana to register and track individuals during an evacuation. This software is used both for individuals with disabilities and to assign staff to shelters.
- In Texas, the Special Needs Tracking System uses bar-coded evacuee bracelets to record the location of evacuees as they leave embarkation points and as they enter shelters.
- Bus transportation company Palmetto Breeze, in conjunction with the Beaufort County, South Carolina, emergency management office, established six different color-coded evacuation routes for buses during an emergency evacuation. Residents needing transportation to a shelter during an evacuation can be picked up at any bus stop along these routes or at several designated pickup locations. Before boarding, evacuees are asked to sign a manifest and provide some basic information before being provided a colored wristband matching the color of their evacuation route; a number on each wristband corresponds with the number of the evacuee on the manifest. Evacuees are grouped by colored bands to keep neighborhoods together and aid in distributing geographically specific information.

In 2009, the Progressive Center for Independent Living (PCIL) developed an innovative, hands-on adaptive-equipment training course exclusively for emergency response personnel. Each year, tens of thousands of dollars' worth of adaptive equipment are needlessly damaged or destroyed due to extrication. Damage caused by improper extrication can cost upwards of $100,000 and can take up to 12 months to repair. This training course includes demonstrations about technical aspects of common adaptive equipment used by people with disabilities, covers actual situations resulting in avoidable damage, and provides participants with real-world understandings of simple solutions. This includes demonstrating the use of override switches on power chairs to enable them to be moved manually without stripping gears, thus getting a user out of harm’s way without the need to transfer that person from his or her own equipment. Other examples are the demonstration of van lifts and modified steering control panels. PCIL staff use an interactive presentation format to converse with first responders about decision-making techniques, guide participants through awareness about various types of equipment, and oversee hands-on learning. Training is by appointment.


This 118-page toolkit begins with a history of evacuation of individuals with disabilities. It introduces many practical tools, including sample checklists and policies for evacuation for workplaces, the community as a whole, and homes. It provides an example of an emergency evacuation planning form to identify accommodations needed in the workplace and gives information on different types of accommodations that could be implemented for different types of disabilities, including motor and respiratory impairment. Each section also includes a situation and solution to apply the information to a real-world scenario. The toolkit also includes specific disaster fact sheets from the Federal Emergency Management Agency and evacuation recommendations based on setting, including daycare, nursing homes, medical facilities, schools, and transportation. Each of section also includes best practice documents from local, regional, and national sources. Incredibly thorough, this toolkit can be divided into smaller units for better application.


This guide was designed to be used and implemented easily during emergency situations. It includes recommendations for four areas—notification of an emergency, communication during an emergency, assistance during an emergency, and communication after an emergency—each of which is addressed for seven areas of impairment: hearing, vision, speech, respiratory, motor, cognitive, and psychiatric. Recommendations are simple and made in a few words, which is ideal for widespread use and easy application during emergencies. This guide emphasizes notification of and communication during an emergency through multiple senses by providing auditory alarms, pictorial images, pen and paper, etc. for more detailed communication with different types of impairment.

The first half of this webinar outlines lessons learned from recent disasters related to evacuation, specifically seniors and others with disabilities or impairments who are frequently not properly prepared for by emergency managers. The webinar then explores possibilities for evacuation in the future, including phased evacuation by zones and priority for populations disproportionately affected by disaster.

The second half of this webinar introduces the Smart Prepare system, which attempts to improve upon existing registry technology for individuals with disabilities or other impairments. Though it is unclear how this system can be adapted for different disability needs, Smart Prepare allows individuals to manage their own data and provides automatic alerts for individuals to update their information. Individuals are invited to share information on pets, medical needs, etc. This information can then be mapped to gain a visual understanding of the distribution of limitations and deploy staff and resources accordingly. Individuals can also receive emergency notifications through this system, and emergency managers can tailor these notifications to different populations. Individuals can respond to these notifications to communicate their needs or lack thereof.


This toolkit outlines communication strategies for different types of disabilities and reviews strategies for evacuation, sheltering, and more for individuals with disabilities. Many of the recommendations for evacuation are similar to other reports: planning ahead, working with community agencies, using registries or mapping to identify and locate individuals with disabilities, and recognizing unique needs for transportation and sheltering. It provides case studies within some sections that outline successful practices across the nation. Other sections detail customizing programming to fit a particular community and evaluating a program’s success.


Although the consequences of Hurricane Katrina (2005) motivated considerable research into long-term care (LTC) facility preparedness, many questions remain. This study examines the characteristics of LTC facilities in relation to level of preparedness to discern whether there are patterns that can inform future planning efforts. The data from PREPARE, a federally funded disaster preparedness program for LTC staff, were used in the analysis. More than 400 PREPARE participants completed both baseline and impact surveys and a demographic survey, allowing for analysis of characteristics and levels of disaster preparedness among participating LTC facilities. Analysis revealed specific areas where LTC facilities have a more comprehensive disaster plan. For example, skilled nursing facilities appear to be more prepared than continuing care retirement communities, rural facilities seem to be more prepared than urban facilities, and facilities that are part of a chain did not emerge as being better equipped than independent facilities. These and other findings have important implications for public health efforts surrounding disaster preparedness, suggesting that continuing care retirement
communities deserve special attention in preparedness planning and that consideration in disaster planning is required in both rural and urban areas.


In Texas, the Special Needs Assistance Program (SNAP) is a registry program that encourages residents with mental, physical, or age-related disabilities to provide and annually update disability-specific information, such as the need for life-support systems or mobility aids to help emergency responders better prepare for disasters. SNAP uses partnerships with community organizations to encourage participation, though the website clearly states that SNAP is not an evacuation program. The registry is also linked to a mapping tool that allows for visualization of the distribution of residents with special needs.


This guide begins by identifying hazards and vulnerabilities before detailing steps for engaging vulnerable populations and developing networks to deliver messages to different segments of vulnerable populations about the resources available in the event of an emergency and mass evacuation. The guide also discusses establishing partnerships among organizations that regularly serve vulnerable populations and develop collaborative efforts to provide assistance in mass evacuation situations.


This handbook provides paratransit service operators with guidance, strategies, tools, and resources to plan and prepare for, respond to, and recover from a range of emergencies. Applicable to urban, suburban, rural, and tribal paratransit operating environments, this handbook has relevance for Americans with Disabilities Act paratransit and general public demand-response operations. Guidance, strategies, and tools are based on an all-hazards approach to a wide range of notice and no-notice emergency events, including accidents and incidents, acts of nature, hazardous materials release, technological emergencies, criminal activity, and terrorism.

A significant focus of this handbook is to provide information that will assist paratransit providers to plan for meeting the needs of customers during local emergencies. The handbook also addresses the role paratransit plays in responding to community emergencies and the coordination with emergency management, first responders, and other key stakeholders that is required to carry out that role successfully. Strategies, tools, and links to resources specific to preparedness, prevention, response, and recovery are also included.

This document details a study requested by Congress and funded by the Federal Transit Administration and the Transit Cooperative Research Program to evaluate the potential role of transit systems in accommodating evacuation, egress, and ingress of people in critical locations in times of emergency, focusing on transit systems serving the 38 largest urbanized areas in the United States. Transit is defined broadly to include bus and rail systems, paratransit and demand-responsive transit, commuter and intercity rail, and ferries, whether public or private. Highways and their capacity are also considered because many transit systems provide only bus service and must share highways with private vehicles in an emergency evacuation. The study also focuses on major incidents that could necessitate a partial to full evacuation of a central business district or other large portion of an urban area. Meeting surge requirements and coordination demands of such incidents is likely to strain the capacity of any single jurisdiction or transit agency and exceed local resources.


No model plan exists for wheelchair users during evacuations, and by understanding their special evacuation needs, people with limited mobility and first responders can improve their chances of evacuating this population from their workplaces or homes safely. Consequently, this brochure emphasizes evacuation protocols for wheelchair users at home and at work. It was written for persons who use wheelchairs or who have limited mobility; fire, safety, and building code officials; emergency plan coordinators; building owners and managers; employers and supervisors; and office fire marshals.


This fact sheet addresses the needs of those with access and functional requirements in emergency preparation and disaster response. Intended primarily for Federal program managers, those working with Federal interagency coordinating councils, and those involved in Federal government efforts, this document includes vital information that these groups can incorporate into their publications, studies, and other outreach material. A list of recent reports related to disaster response and vulnerable populations is included.


This document is based on a survey of 31 transportation and emergency management officials in coastal states threatened by hurricanes. It focuses mainly on current practices, including the use of reverse-flow operations and intelligent transportation systems; summarizes current evacuation management policies, methods of information exchange, and decision-making criteria; and presents general similarities and differences in practices and gives particular attention to unique, innovative, and potentially useful practices used in individual states. In addition, the paper discusses the responsibility for movement of low-mobility groups in facilities like prisons, hospitals, and schools, where
administrators are neither familiar with nor trained in procedures and regulations of emergency management or mass transportation.

The paper also covers typical measures of evacuation such as contraflow (reverse laning). Although a common practice, effects of contraflow remain largely unknown, and since no recognized standards or guidelines currently exist to design contraflows, more pre-disaster planning is needed to increase the practical organization of contraflows. The study contains guidelines to start, manage, and end contraflows more carefully and advocates using real-time web-based systems to coordinate such flows during disasters.


This how-to publication is intended to provide an overview for employers on their legal obligations to develop emergency evacuation plans and how to include employees with disabilities in such plans. The document is available as a PDF or in Microsoft Word.


This document provides local and state emergency managers, government officials, transportation agencies, and other organizations involved in disaster response with best practices and tools to accommodate people with special needs in an evacuation. The document is intended to aid the development of an evacuation plan that includes coordination of transportation resources to meet the requirements of people with special needs, particularly those who require assistance during local or multi-jurisdictional emergency evacuations. It captures and catalogs transportation management and operations advancements that can improve evacuation planning and operations. Specifics on relevant legislation, more detail to support each phase of evacuation, and additional resources for further information are included. The document also details guidelines and information that should be considered for congregate and residential care facilities: correctional facilities, people with no access to a vehicle, homeless populations, and people with service animals and or pets.


The objective of this study was to develop a simple, cost-effective method for emergency management planners to determine size and geographic distribution of medically fragile individuals at risk from tropical storm surges. The study focused on individuals with one of five conditions: insulin-dependent diabetes, chronic obstructive pulmonary disease, congestive heart failure, end-stage renal disease, and patients receiving long-term oxygen treatment. The study’s main outcome was a series of local and regional maps showing geographic distribution and estimated counts of potentially at-risk medically fragile populations under tropical storm surge conditions. These maps are important tools for emergency management planning and preparedness and potentially for engaging the public.
Public Information and Communications


This, a website of the Chicago Department of Public Health (CDHP), describes some of the department’s emergency preparedness programs for special needs populations, including the Special Needs Advisory Panel (SNAP) and long-term care facilities planning and training. Both CDHP and the Cook County Department of Public Health have striven to collaborate with organizations to address the needs of at-risk populations before, during, and after public health emergencies or disasters. Together, these agencies developed SNAP, which consists of agencies that routinely serve the needs of and provides guidance on factors related to at-risk populations.


ReadyBoston is a citywide community emergency preparedness initiative meant to educate and empower Bostonians regarding the hazards they may face and encourage residents to prepare for all types of hazards. The site includes a special populations section that encompasses disabled persons, children, pets, seniors, and businesses and provides additional information specific to each population. Information on relevant resources is also included.


New Orleans’ Special Needs Registry identifies individuals who require special assistance during emergencies, including hurricanes, evacuations, sheltering-in-place situations, and chemical spills. Enrollment in the registry does not guarantee assistance, but it allows first responders to appropriately plan for, prepare for, and respond to community needs. There are links to the registry from other pages on the City of New Orleans (www.nola.gov) that are large and easy to find and see. In addition, there is information about the elderly, pregnancy, and shelters. The site also has an additional resources section that provides information about pets, hurricane preparation, the New Orleans Health Department, and emergency medical services. The form to sign up for the registry may be found at http://www.nola.gov/ready/health/special-needs/


The Advanced Warning System (AWS) is a program that New York City Office of Emergency Management (NYC OEM) has had in place for several years. This is an all-hazards tool designed to disseminate targeted information to government and nongovernmental entities that serve people with special needs who then can provide detailed emergency information to their clients. These entities have to register for the service in order to participate. For those who register, NYC OEM sends out real-time
notifications ranging from emergency alerts, severe weather, and power outages to ‘silver alerts,’ and subway closers and disruptions. AWS targets entities serving people with special needs, and the content of notification messages includes specific information pertaining to people with special needs. This includes information about how specific hazards of an event may impact populations disproportionately, key information on government services, and preparedness steps that organizations can recommend to their clients/consumers to take to lesson impact. To date, hundreds of organizations have signed up for this service.


Oklahoma Weather Alert Remote Notification (OK-WARN) is a customized database program that sends out critical weather information to alphanumeric pagers and email addresses in Oklahoma. It is purported to be the only alerting service for deaf and hard-of-hearing individuals where information comes directly from the National Weather Service (NWS). When NWS issues a weather alert, the program automatically sends a message to all participating pagers, cell phones, and emails—notification is nearly instant. The system also allows users to select types of warnings and geographic location. OK-WARN is a partnership among Communication Services for the Deaf of Oklahoma, the National Oceanic and Atmospheric Association (NOAA) National Severe Storms Laboratory, NWS, the Oklahoma Department of Rehabilitation Services, the Oklahoma Department of Emergency Management, and Weather Affirmation, LLC. Participants may register at http://www.ok.gov/OEM/Programs_&_Services/OK-WARN/


This 83-page guide can help anyone prepare for a disaster. However, it specifically includes information that is important for people who have disabilities, including developmental disabilities. Designed for people who live on their own or with family or friends, this guide is not intended for use by individuals who live in group-care facilities, which are required to develop their own disaster plans to protect their residents’ safety. It is an exhaustive resource and includes from documents you should prepare ahead of time to worksheets that should be completed afterward.


Florida’s voluntary emergency registries are managed on the county level. The state website provides direct links for each county’s registration page. It also provides additional resources related to sheltering, evacuation, and creating a plan. This is one of the few websites that has special-needs–accessible registries. Among its features: users can change font color (with various options) and font size on the web page, which is especially useful for those who are visually impaired.

This website provides information about creating a personal support network to help prepare individuals with special needs in planning for disaster and in the case of an actual disaster. It provides a list of special needs and what type of help that may be needed to prepare for a disaster and during a disaster. Links help users navigate the page’s information.


This website provides 23 examples of existing special needs registries. In addition, it provides a flowchart to help a regional area decide if it needs to have a registry. There are also links to other papers, resources, and publication.


King County’s (Washington) Vulnerable Populations Action Team (VPAT) works collaboratively with community-based organizations to ensure that no one group is more impacted than another in an emergency. VPAT helps service providers prepare, stay prepared, and be ready to respond to their clients’ needs during times of disaster. The website provides links to resources about training and assistance to community organization, community communication network, integration of vulnerable populations in emergency planning, and whole community partnerships.


The Louisiana Assistive Technology Access Network (LATAN) is a statewide organization that connects individuals with disabilities and older persons to assistive technology that enables independence in employment, school, and community living. The network has prepared an emergency preparedness video tool that consists of two components: the presentation “Preparedness, It’s Your Turn!” and an accompanying compact disc called the "EAD Emergency Readiness Wheel" (produced through an agreement with EAD & Associates, LLC). The video tool is intended for people with disabilities, older persons, and their families and caregivers and uses American Sign Language, open captioning, and audio description to make its information as accessible as possible. A list of resources is included on the CD. The video tool is sold via LATAN’s website or by calling (225) 925-9500 or (800) 270-6185 (in Louisiana only) or by email to jkaram@latan.org.


This website provides information on planning in two main areas: evacuation and preparing for emergencies. It stresses preparing an emergency plan for each place a person spends time—home, work, school, and in the community—and reviewing plans frequently to ensure they are current. The website encourages users to share their plan with caregivers and emergency contacts; establish a personal support network to help
during an emergency that includes family, friends, neighbors, or coworkers; and plan for more than one person to lend assistance.


This report is a culmination of findings and recommendations of WBGH’s National Center for Accessible Media’s Access to Emergency Alerts for People with Disabilities program. It includes specific recommendations on accessible emergency warnings and provides recommendations on message creation for consumers, emergency management professionals/first responders, notification equipment manufacturers, government (local, state, and Federal), media, wireless service providers, notification services, and public venues. The program’s goal was to unite a variety of stakeholders to research and disseminate replicable approaches to make emergency warnings accessible to people with sensory disabilities (people who are deaf, late-deafened, hard of hearing, blind, visually impaired, or deaf-blind). Outcomes include an information requirements model for accessible messaging; consumer and social science research about effective messaging; a national emergency management survey report on existing and planned practices; a proof-of-concept sample accessible message that was field-tested for receipt across multiple devices; recommended practices, guidelines, and policies for accessible management; and a public online resource repository that includes presentations and articles, research, and community, state, and Federal initiatives to address accessible notification to individuals with sensory disabilities. The report is formatted to present recommendations specific to separate target audiences; recommendations that are applicable to multiple audiences are repeated for each. Recommendations summarize lessons learned and recommended practices that can be explored in more detail through the resource repository or within a number of related works referenced in this report.


This guide highlights key disability concerns to officials and experts responsible for emergency planning in their communities and seeks to assist them in developing plans that take into account the needs and insights of people with disabilities before, during, and after emergencies. It is designed to help emergency managers, planners, and responders make the best use of resources, including those for people with disabilities, into the emergency preparedness planning process. This guide is neither a comprehensive emergency preparedness document nor a special needs plan in itself; rather, it is intended to summarize issues critical to the needs of people with disabilities who live in communities all across the United States—issues that, if thoughtfully considered ahead of time, will make emergency management efforts easier and more effective when disaster arrives.

This site includes links to the four brochures in the *Disaster Readiness Tips for People with Disabilities* series: “Disaster Readiness Tips for People with Mobility Disabilities,” “Disaster Readiness Tips for People with Developmental or Cognitive Disabilities,” “Disaster Readiness Tips for Owners of Pets or Service Animals,” and “Disaster Readiness Tips for People with Sensory Disabilities.” Each brochure includes basic preparedness tips for people with disabilities that are specific to the type of disability, as well as helpful resources. While many other guides provide general information, these were some of the first brochures that addressed specific disability-related preparedness information.


New Jersey Group for Access and Integration Needs in Emergencies and Disasters (NJ GAINED), led by the New Jersey Office of Emergency Management (NJ OEM), is a committee of stakeholders serving people with disabilities and access and functional needs in New Jersey. Over the last few years, NJ GAINED has created preparedness materials targeted to groups with disabilities and access and functional needs, using the committee's expertise to generate detailed materials that speak to the needs of these populations. Currently, five bulletins are available from the NJ OEM website above: “Disaster Preparedness: People with Diabetes,” “Disaster Preparedness: People who use Oxygen,” “Disaster Preparedness: People with Autism,” “Disaster Preparedness: People with Arthritis,” and “Disaster Preparedness: People with ALS.”


This website provides information for individuals with access and functional needs, including a wealth of resources and information specifically related to this population. Information is organized into sections for easy navigation, including links to pages for individuals and caregivers, emergency managers and public officials, and human and community service providers and social service agencies. Links also take readers to information on available training courses and legal issues, and a page of inspiring stories on access and integration preparedness in New Jersey is planned. There are also GIS maps of New Jersey populations of people with disabilities available from this site.


This website is designed to provide readers with everything they need to know about hurricanes in New York City, including the city's hurricane evacuation zones, hazards residents may face from a hurricane, and what to do to prepare. A brief section with a dropdown area provides information about special needs residents.

This workbook, designed for the general public, provides specific emergency preparedness information for people with special needs. It walks users through establishing a support network, capturing important health information, evacuation planning, and gathering emergency supplies. First responders or caregivers can also use the workbook to help people with special needs during an emergency. The guide is downloadable in 12 languages; an audio version and print copies are also available. Participants can fill in the workbook with their emergency plan. It also has an extensive resource list in multiple languages.

In addition to the workbook, the New York Office of Emergency Management has a place on its website with information for seniors that includes bulleted information and preparedness suggestions: see http://www.nyc.gov/html/oem/html/get_prepared/prepared_seniors.shtml.


Ready New York is a series of guides (including My Emergency Plan discussed above) offering tips and information to help New Yorkers prepare for all types of emergencies. This page links to the entire series, which covers such topics as general preparedness, pets, and disasters such as hurricanes, flooding, pandemic flu, and excessive heat. The New York City Office of Emergency Management encourages sharing these guides (which are available in multiple languages, printable from the website, and/or available by mail) and recorded versions are available. Ready New York: Preparing for Emergencies in New York City (http://www.nyc.gov/html/oem/html/ready/household_guide.shtml), which draws on expertise from dozens of City agencies to take an all-hazards approach to teaching New Yorkers how to stay safe when facing an emergency, is the flagship of the Ready New York campaign.


This report includes an extensive list of recommendations designed to increase the number and variety of communications options, ensure reliability, and build redundancy in emergency situations. Recommendations require widespread consumer collaboration with government agencies, legislators, broadcasters, manufacturers, program and service providers, product developers, telecommunications and Internet providers, public safety officials, and many other entities. The report stresses that an effective emergency communication system for individuals who are deaf and hard of hearing helps everyone: in an emergency, many people with no hearing loss have difficulty hearing due to a combination of stress and noise such as high winds, explosions, shouts, or the roar of a fire.

Experiences from recent emergencies, such as hurricanes Katrina and Rita in 2005, have shown that current emergency preparedness plans are inadequate to address the unique issues of special needs populations. This toolkit distills the most relevant strategies, practices, and resources from a variety of sources, including peer-reviewed research, government reports, and the trade literature, to identify priority populations and critical strategies. It is meant to help state and local health agencies improve their current emergency preparedness activities. In addition, community-based and/or nongovernmental organizations can use this toolkit to enhance their programming for these populations.


This website provides a list of resources useful to public health agencies interested in enhancing public health emergency preparedness for special needs populations. The link here takes readers directly to the section on disabled populations; further relevant sections provide resources for the frail elderly, those with limited English proficiency, and children.


The tool helps public health agencies develop appropriate strategies for incorporating special needs populations into public health preparedness and response planning. Many of the strategies, practices, and resources provided here are useful to other emergency response agencies in both the public and private sector and are applicable to any emergency response.


Emergency management and public health officials are charged with an incredible responsibility: mitigate the impact of a disaster and maintain plans, procedures, resources, and partnerships that will provide for the most effective response when a disaster strikes. Success is largely dependent on rapid access to information and collaborative relationships. SmartPrepare provides actionable data and reporting tools to protect the public by strengthening mitigation, preparedness, response, and recovery activities and operations.

SmartPrepare is not a traditional special needs or disability registry. It allows any individual, family, or caregiver to enter and manage information online that can be accessed by emergency management and public health officials for preparedness and response. Information related to medical conditions, disabilities, access to transportation, pets and livestock, and much more can all be shared through a secure online safety profile. SmartPrepare then provides robust permission-based geospatial reporting on this citizen-managed data, allowing emergency managers to make better use of their limited resources to meet the community’s needs.

This extensive guide describes the top 10 disasters one should prepare for and includes checklists and worksheets to ensure proper preparation. Worksheets are tailored specifically for (among other groups) the elderly, people with disabilities, and elderly with disabilities. Five pages (out of 23) are dedicated to preparing an individual with special needs for a disaster. These include checklists to prepare as well as items to consider i.e. who to contact. It includes the following topics pertaining to special needs populations: planning for older Pennsylvanians and people with special medical needs; planning for people with disabilities; planning for people who are deaf or hard of hearing; planning for people with intellectual disabilities; planning for people who are blind or have visual disabilities; planning for children; people who can help; and planning for pets, service animals and livestock. The PDF concludes describing what to do after the emergency (with special attention given to children.)

Editorial note:  
This PDF provides no additional resources for someone with special needs to read/understand it.

[https://www.fortworthtexas.gov/applications/snap/](https://www.fortworthtexas.gov/applications/snap/)

Note: You might click on the FAQ link at the very bottom right to learn more.

The Special Needs Assistance Program (SNAP) is a database that enables the Fort Worth, Texas, Office of Emergency Management to register north-central Texas regional residents with special needs—including age-related and physical or mental needs—who require assistance before, during, or after an emergency or local disaster. The goal is for emergency managers to better plan for disasters or emergencies. Participation in the program is voluntary.


During the planning process for preparedness and response of disasters, people with visual and auditory disabilities are frequently and mistakenly left out. In October 2003, a television report in San Diego, California, failed to provide visual warnings to inform deaf residents during coverage of local fires. Confusion during Hurricane Katrina (2005) resulted in numerous service animals being separated from their owners. Emergency workers were unprepared to assist deaf people on the 35W bridge collapse of 2007 in Minneapolis, Minnesota. This article stresses that people with visual and auditory disabilities should be aware of their own needs in the event of an emergency, and their community should be aware too. Emergency managers and first responders should take certain precautions in assisting people with disabilities. The preparedness and response stages for visually impaired, auditorily impaired, and service animals are important topics for any community.

The State of Texas Emergency Assistance Registry (STEAR) is a free registry program that provides local emergency planners and emergency responders with additional information on the needs in their community. Texas communities use the registry information in different ways and available services will vary by community, so individuals who register here should know that the program does not guarantee that any specific service will be received during an emergency. Potential registrants should contact their local emergency management office for more information on how their community will use information in the STEAR registry. However, every individual who needs assistance during an emergency should fill out a form with STEAR. Forms must be filled out annually in order to stay in the database. STEAR resources are provided in Spanish and English.


The State of Utah’s special needs registry, in addition to providing information about registration, provides links to other resources such as the Federal Emergency Management Agency, the American Red Cross, and United Way. The website also provides information about making a plan and making a kit (although it is not in worksheet form like some other states) and includes a list of things that should be done before a disaster and information on reducing home hazards.

SHELTERING

Black, R., Alabama Department of Senior Services (via personal communication, September 2014)

The Alabama Safe Center for Senior Citizens concept was developed in response to needs identified for populations disproportionately affected by hurricanes and tornados. Developed through a partnership among the Alabama Department of Senior Services, the U.S. Administration on Aging, the Alabama Emergency Management Agency, the Alabama Department of Economic and Community Development, and the City of Guin, Alabama, Safe Centers combine daily-use senior centers with safe center areas that provide safety and security for elders in the event of a disaster. During tornados in April 2001, Safe Centers in Alabama were the only functioning facilities in some regions of the state.

The Safe Center in Guin serves as a model for other communities in Alabama and nationally. It is equipped with generator power and extra wall outlets that can be used to operate light medical equipment such as portable oxygen machines and ensure that communication capacities are not lost. Run by trained staff and volunteers, the Safe Center is stocked with appropriate supplies and shelf-stable meals and is equipped with full showering and laundry facilities. There is also an area designed for seniors in the early stages of dementia. In addition, the building is designed to withstand hurricane- and tornado-force winds, floods, and other hazardous conditions.

See also website for the Alabama Department of Senior Services (http://www.alabamaageline.gov) and slide presentation at http://www.aqaf.com/ADSS201305.pdf for further information (accessed December 12, 2014).

California began implementing the Functional Assessment Service Team (FAST) program several years ago to support people with disabilities and others with access and functional needs in emergency shelters. FASTs work alongside shelter personnel and other emergency workers to assist functional needs individuals to maintain their health, safety, and independence during disasters. FASTs act to make durable medical equipment, consumable medical supplies, prescribed medications, or personal assistants available to help with essential activities of daily living.

FASTs consist of trained government employees and community-based organization personnel ready to respond and deploy to disaster areas to work in shelters. FAST members possess knowledge, skills, and ability to work in their area of disability expertise and have a minimum of 2 years’ experience working with and assessing the needs of disability and access and functional needs populations in the following areas: aging (services/supports, including dietary needs), chronic health conditions, developmental and other cognitive disabilities, hearing loss, mental health disabilities, physical disabilities, substance abuse, and vision loss. In California, a formal training program exists throughout the state, and several counties, including Los Angeles and Orange, have participated in this program.


This booklet provides people on dialysis with practical information about what to do in cases of emergency. It discusses emergency diets, how to prepare an emergency stock of supplies and medicine, how to make alternative arrangements for medical treatment, what to bring to a shelter or dialysis center, how to disinfect water, and who to contact in an emergency situation.


This document discusses functional needs support services in Florida. It details the result of a U.S. Department of Justice’s accessibility survey of 19 schools used by Broward County as emergency shelters. In each instance, the Department identified inaccessible features, described modifications required to correct noncompliance with Americans with Disabilities Act requirements, and requested that the Broward County School Board modify to its facilities to ensure that the portions of those facilities used as shelters during emergencies are readily accessible to and usable by individuals with disabilities.

This website discusses safe-room initiatives in a number of states and describes the completion of a safe room in a home for four residents with developmental disabilities in Iowa. Mainstream Living, Inc., a nonprofit organization, provided the safe room, which was designed for individuals with mobility issues and met local Americans with Disabilities Act requirements.


This website provides information about the admittance of pets and service animals to a public shelter. It contains a list of items one should include in a service animal’s survival kit, including crates, leashes and collars with identification, food supply, veterinary records, cleaning supplies, toys, and treats. Furthermore, it advises service animal owners to make sure that all shots and vaccinations are current.


This article, written by an emergency preparedness coordinator in Palo Alto, Iowa, provides practical information about special needs emergency shelters in Iowa. It tells the story of the Linn County Emergency Management Agency in Cedar Rapids, Iowa, which successfully established a shelter program for special needs and medically fragile individuals. After a tornado in 2003, emergency preparedness coordinators identified sheltering issues that needed to be addressed. Consequently, representatives from emergency management, public health, the American Red Cross, and the Community Health Free Clinic established a Special Needs Registration Program and a shelter with reliable electricity for medically fragile persons and started a public education campaign.


This article describes a protocol for paramedics, nurses, and other healthcare personnel to help them determine appropriate placement for people with access and functional needs at American Red Cross shelters during an emergency. It recognizes four different triage categories: no functional needs (i.e., those who can stay in a shelter and require no further assistance or medical care), functional needs (i.e., individuals whose needs can be met in a general population shelter), medically fragile (i.e., individuals needing care not available in a general population shelter but who do not need hospitalization or emergency department treatment), and acutely ill (i.e., persons that must be transported to a hospital or other facility for immediate medical needs). The goals of functional needs shelter triage are to meet the appropriate needs of persons seeking shelter during disasters and other major events and to avoid unnecessary overcrowding at hospitals.

Los Angeles County Office of Emergency Management. “Shelter review process and protocol.” (This information was obtained from contacts in Los Angeles County. For further information, contact the Office of Emergency Management’s Access and Functional Needs Coordinator at (323) 980-2260.)
Los Angeles County created a process for conducting and assessing emergency shelters and accessibility compliance. The following outlines key aspects to this protocol:

- **Multi-disciplined Team:** To accomplish the task of assessing accessibility at shelters, Los Angeles County brought together a multi-disciplinary team that included personnel from the Department of Social Services, who took the lead with regards to sheltering; the county’s Disability and Civil Rights (DCR) section, which includes experts in Americans with Disabilities Act compliance and building assessments; the American Red Cross (ARC), who manage all county shelters; and the Department of Parks and Recreation, under whose aegis shelters are located. The county worked closely with ARC to determine locations that fit their requirements for shelters; if a site did not meet ARC criteria, it was not reviewed for accessibility.

- **Conducting Reviews:** The DCR team conducted assessment reviews to determine compliance with applicable accessibility requirements. Assessments involved a methodical, area-by-area examination of structural and non-structural elements and were conducted in accordance with generally accepted disability access assessment standards.

- **Documentation and Record Keeping:** The county created disability access reports and ARC created shelter suitability reports. In addition, a bifurcated compilation report was created to include both the disability access assessments findings and ARC shelter suitability findings. Disability access assessment reports include identification of structural and non-structural barriers that limit accessibility, proposed remediation to address identified barriers, and recommendations for temporary means to address identified barriers in a shelter environment. The survey team also noted conditions that can be readily improved upon and precautions that shelter staff should take to correct unsafe conditions, rearrange furniture, post signs, and provide for the availability of temporary ramps or other equipment that will be needed to overcome physical barriers.

- **Analysis Process and Rating System:** The county, along with ARC, developed a process for analyzing each site in terms of its suitability as a shelter and accessibility. ARC has an established system for rating each site, and the county created a priority rating system specifically for shelter accessibility to remove disability-related structural and nonstructural barriers at potential shelters sites. After analyzing data from survey reviews, ARC produced a rating for each site and DCR produced a rating for each site. Taken together, the county is now able to quickly identify strong or weak shelter sites with high to low accessibility levels as well as begin to take remediation action to eliminate and/or reduce barriers.


This 2-hour presentation focuses on the Kidney Community Emergency Response Program, which provides technical emergency management assistance to End Stage Renal Disease Networks, Centers for Medicare & Medicaid Services, and other stakeholders to ensure timely and efficient disaster mitigation, disaster preparedness, disaster response, and disaster recovery. The presentation’s objective is to provide a basic understanding of end-stage renal disease (ESRD), ESRD and emergencies, basic
emergency planning for the renal community, and managing dialysis patients in shelters and during the triage process.


The purpose of this report is to provide guidance and information for Medical Reserve Corps (MRC) units tasked with supporting medical special needs shelters. Although shelter needs and operations differ across communities, and despite the fact that MRC units responsible for supporting medical special needs shelters have varying capabilities, some general principles and best practices may be applicable to the majority of MRC units with these sheltering responsibilities. This report presents this information in the form of considerations, recommendations, and resources to assist MRC members with delivery of health and medical services in support of shelter operations for medical special needs population.


This practical article discusses service dogs and gives owners information about what to do in case of emergency. It provides a list for a service animal disaster kit including items such as food, bowls, leashes, dog boots, current licenses, vaccination tags, current pictures, the name and address of veterinarian, a crate, and a list of commands an animal listens to.


Charged with preparing the first-ever comprehensive review of Federal disaster-related laws, regulations, programs, and policies to assess their responsiveness to the needs of children, the National Commission on Children and Disasters created this report to propose recommendations to close critical gaps. Topics covered are disaster management and recovery; mental health; child physical health and trauma; emergency medical services and pediatric transport; disaster case management; child care and early education; elementary and secondary education; child welfare and juvenile justice; sheltering standards, services, and supplies; housing; and evacuation. Recommendations for each of these topics are examined in detail.


This document provides a short overview of the changes to the way that emergency shelters in New York State are identified, managed, and supported. It identifies guidance from the Federal Emergency Management Agency and the American Red Cross that breaks down the specifics on functional needs support services. The document gives insight into the efforts made by the New York State Human Services Committee, which provides support for human services activities during state emergency operations under the State Comprehensive Emergency Management Plan.

Assistive technology is technology used by individuals with disabilities to perform functions that might otherwise be difficult or impossible. It includes mobility devices such as crutches, walkers, and wheelchairs; various types of portable ramps, such as folding ramps that may be placed over steps or a door threshold so someone in a wheelchair may enter or exit a room or building; and hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies, including keyboards with large keys or a special mouse, software that reads text on a screen using a computer-generated voice, software that enlarges screen content, TTY (text telephone), and devices that speak out loud as a user enters text via a keyboard.

This website outlines the accomplishments of the Pass It On Center, a national collaboration for reuse and coordination of assistive technology. The center’s mission is to foster improvements in reuse practices and network among reuse programs to help make assistive technologies available to the people who need them. The website functions as a clearinghouse for emergency planners who wish to connect with assistive technology centers in their region and build partnerships among organizations and agencies with resources matching the needs of individuals with access and functional needs during and immediately following disasters. The Pass It On Center has secured commitments from major public, private, state, and national partners to assist in this endeavor. (While particularly applicable in sheltering scenarios, assistive technology networks can be helpful in other aspects of emergency planning as well.)


This article focuses on individuals who are deaf, deaf-blind, and hard of hearing and examines topics such as limited access to emergency warning, safety, technology, notification and communication, emergency planning, work places, and training. It calls for building a resilient community of partners to serve people with disabilities and others needing special care.


This website provides owners of service animals with information on how to prepare for an emergency. It includes a list of items owners should take to a shelter, including food, bathroom bags, toys, and crates. It also reminds owners that while shelters do not normally allow animals, many staff members do not know that service animals must be allowed under Federal law. The website provides owners with a telephone number to call if they are denied access to an emergency shelter. A list of shelters in Florida, including special needs shelters and more general disaster information sources, is also included.

This contribution discusses a program for the special needs population in Josephine County, Oregon. This program is unique and, as a result, has been recommended to the Federal government as a model for other rural communities. A special needs committee was established when a question was raised during the development of the county’s emergency operations plan about how the county planned to help the disabled in a disaster. The committee realized there were many more special needs citizens than expected, and a dialogue with people representing assisted living facilities and long-term care centers started. Other groups were added, and much has been accomplished since—although the author acknowledges that there is still much to do. One of the things that has been developed is a disaster registry program, which allows special needs people to identify themselves in case of emergency situations.


This short document provides detailed information about a special needs shelter in St. Tammany Parish, Louisiana. It indicates admittance criteria, what kind of care is available at the shelter, and an individual's personal responsibilities. It also includes a special needs survey form.


This website answers questions about special needs and functional needs shelters. It contains practical information about pre-registration, eligibility, what to expect, available care, transportation, service animals, what an individual should bring to a shelter, and what supplies and equipment are available in shelters. The website includes a link to a shelter and storm surge zone mapping tool that identifies different types of emergency shelters (including special and functional needs shelters) on Long Island (New York).


The Urban Area Security Initiative of the Seattle Region—which includes the cities of Seattle and Bellevue and the counties of Snohomish, King and Pierce—has formulated a planning template for the care, sheltering, and transportation of the medical needs population in the Puget Sound area. This planning template can serve as a roadmap for other jurisdictions to follow in their planning efforts for the medical needs community. It recognizes the fact that people with disabilities, those considered to have medical needs, and their caregivers have as much responsibility as any other citizens to prepare for surviving an emergency or disaster, including transportation.

This article announces the completion of a safe room for people with disabilities in Baldwin County, Alabama, that serves as a model and showcase for other areas. Funded by the Federal Emergency Management Agency (FEMA) and built to FEMA standards, the safe room can accommodate 378 special needs clients during disaster events.

**OTHER**


2-1-1 is a nationwide system for individuals to register their VoIP, cellular phone, or email address to receive notices and alerts during disaster.


This plan, from Alameda County, California, focuses on the impact of a large-scale disaster on medically fragile persons, specifically regarding evacuation and sheltering of persons in/from home healthcare and institutional healthcare settings. This includes medical supervision, support, care, and treatment at shelter sites.


This document provides information about the Argonne National Laboratory’s Special Population Planner, developed in cooperation with the Alabama Emergency Management Agency and six Alabama counties as “the first geographic information system (GIS)-based software tool designed to facilitate emergency planning for special-needs populations.”


This 27-minute training video, produced by the Baltimore County Fire Department and sponsored by the Baltimore County Commission on Disabilities, provides hand-on practical solutions for first responders encountering people in the community who (among having other disabilities and access and functional needs) are deaf, autistic, or blind; use service animals; or are wheelchair users. The video is organized in a vignette format and includes first-person narratives by members of the disability community. Information is dynamic and clearly demonstrated by first responders. The audience includes police, fire, emergency medical technicians, and other first responders as well as community-based organizations interested in offering training to their members.

Bonta, B., Executive Director, Rockaway Manor Home Care (personal communication June 30, 2014).
Rockaway Manor Home Care worked with a consultant in 2012 to develop a curriculum and templates for a 2-hour hands-on workshop about personal emergency preparedness geared toward seniors and populations with various types of disabilities. After a train-the-trainer initiative and a few pilot presentations, staff from Rockaway Manor now offer the preparedness workshop as well as a workshop on fall prevention to community organizations. The project provides a vital service to this New Jersey coastal community, which was significantly affected by Hurricane Sandy, and serves as an outreach tool connecting Rockaway Manor with potential clients. Presentations have been made to adult day programs, senior centers, community centers, and groups for people with traumatic brain injuries. Rockaway Manor also coaches home health aides who help clients transition from hospital back to home on working with clients on disaster preparedness activities. For more information, email info@RockawayManorHC.com


This article outlines how inclusive exercise and drill design can be very important and even uncover defects in response that could compromise first responders. The piece illustrates effective ways to incorporate real disability issues into drills, how to evaluate as observers, and the result of outcomes both expected and unexpected. While dated (the Interagency Chemical Exercise was conducted in 1997) the findings and summary are still very relevant today.


This guide’s focus is on medical needs sheltering and is designed to assist local jurisdictions to address planning for and operating medical shelters. It provides local jurisdictions with a framework and operational guidance to meet the medical needs of displaced persons during an emergency.


This webpage identifies ongoing projects related to functional needs, including facilitation of a statewide special populations workgroup for the development of a statewide strategic action plan, the development of a guide for including functional needs populations planning and response in emergency management for county and municipal emergency management agencies in Pennsylvania, the development of tools and policy recommendations for special needs shelters in Pennsylvania, a model for durable medical equipment storage and distribution, research relevant to risk communication and preparedness education for the general public and low-literacy and non-English speakers, and development of a train-the-trainer program for leader of non-English speaking communities for local preparedness.

This is a template for creating and managing a nontraditional sheltering environment, including support for persons with disabilities and others with access and functional needs.


This course, developed by Telecommunications for the Deaf and Hard of Hearing, Inc., and its partnership with four regional centers, is a major initiative supported by the U.S. Department of Homeland Security through the Office for Grants and Training. It is designed to provide deaf and hard-of-hearing individuals and emergency responders with information and skills needed to prepare for, respond to, and recover from emergency situations involving people with hearing loss. The course is designed so that half of the class is from the deaf and hard-of-hearing community and half is made up of first responders. Participants develop an understanding of the tools and knowledge needed to prepare a community response, respond to, and recover from emergencies ranging from weather-related emergencies to terrorist attacks. Other course focuses are understanding and networking with local, state, and Federal resources that are available for such situations; gaining necessary knowledge to become aware of varying communication modes among individuals and identify best options in each emergency situation; and preparing for a variety of emergencies.


This guide is primarily intended to assist people involved in preparedness planning at the municipal and regional levels. It contains information that will be useful to individuals with disabilities and families in the appendices.


This Escambia County, Florida, website has a downloadable application for registration as a person with access and functional needs requiring assistance in a disaster or emergency.

This paper is an overview of a geo-demographic study conducted to help fire departments in central Virginia better understand the psycho-social dynamics affecting evacuation efforts among special needs populations during emergency evacuations. The purpose of the study was to determine the applicability of traditional marketing techniques to support planning efforts by emergency services personnel.


This document provides guidance for supporting people with disabilities and others with access and functional needs during evacuations.


This website provides information on Florida’s Special Needs Shelters, which are intended to support the needs of people who require greater assistance than that provided in a general population shelter.


This website, hosted by the Florida Division of Emergency Management, provides help to persons with disabilities and their families develop a Florida-specific disaster plan and includes information on special needs registration by county in an accessible format.


This guide is designed to assist Kansas emergency managers to plan and provide for the safety of individuals with access and functional needs. It includes information on sheltering, staffing, and functional needs shelters.


This page details efforts by the Greater Rochester (New York) chapter of the Red Cross to integrate its deaf community—the largest per capita deaf population in the country—into Community Emergency Response Team training. The goal of this initiative is for every shelter in the Rochester area to have a volunteer from the deaf community on staff and thus eliminate the need for American Sign Language (ASL) interpreters and provide Red Cross services directly in ASL. Partnerships with the Rochester School for the Deaf, Deaf Women of Rochester, Rochester Deaf Social Club and several deaf church congregations are facilitating this effort. The chapter currently has a 40-person deaf community disaster services team.

This article concentrates on a study evaluating large urban access and functional needs population evacuation on public transit systems. The study uses both a microscopic simulation model analyzing real-life scenarios and a linear programming optimization model to identify best locations for evacuation pickup points.


This guide focuses on including people with disabilities and others with access and functional needs in emergency exercises and drills. The information is intended to help city and county personnel put into practice principles of inclusive emergency planning when organizing drills and exercises. Tips, strategies, and resources are included. The guide examines accomplishing inclusiveness throughout the full exercise-planning cycle: early planning, scenario development, logistics, communications, exercise activities, post-exercise and evaluation activities, debriefings, and after-action reports. The document stresses the importance of inclusive planning to existing plans and identifying planning gaps and of fostering relationships between emergency managers and government and nongovernment stakeholders by establishing a collaborative process for exercise design, conduct and evaluation.


This document explores research to determine how to provide support to citizens with access and functional needs during a disaster and incorporate that model into the Kansas City Emergency Operations Plan while minimally affecting the emergency response of the Kansas City Fire Department emergency medical system during a large-scale event.


Continued challenges responding to large-scale emergencies were recognized in the aftermath of events such as hurricanes Katrina and Rita. Elders and people with disabilities and others with access and functional needs are especially affected given communication and accessibility barriers often faced even prior to an emergency. The prevalence of functional limitations due to age or disability indicates the need for these factors to be accounted for in planning, response, recovery, and mitigation efforts at the local, state, and national level to ensure a truly effective emergency response system that meets the needs of all residents. To achieve this end, emergency management, public health, disability, and elder stakeholders within Massachusetts joined together to identify
existing planning gaps and explore potential solutions to support emergency preparedness so that emergency management systems are responsive to all individuals in the community, regardless of age or disability. This article focuses on their efforts.


This article focuses on a six-county region in northeastern Alabama that developed one of the United States’ most progressive efforts to assist special needs populations to prepare for and protect themselves against emergencies. The region is host to a U.S. Army depot that stores and incinerates an aging chemical weapons stockpile, the release of chemical weapons agent from which could pose a threat to the surrounding area. Almost a decade ago, the counties agreed to provide their most vulnerable residents—those with physical, medical, or mental disabilities or those lacking transportation who have no family, neighbors, or friends nearby—with emergency preparedness assistance equal to or greater than that provided to the general population. Due to their immediate proximity to the depot, two of the counties made substantial adjustments to the protective-equipment distribution process and to the public training process for those residents with special needs. Self-sufficiency is sustained through repeated, empathetic contact between emergency management personnel and the special-needs population, with additional specialized resources deployed on a proactive basis throughout the region.


This toolkit is designed to assist emergency planners in Minnesota to access local, regional, state, and national resources for planning for people with access and functional needs. It also encourages involving people who have access and functional needs, as well as public health, human services, and other agencies that provide services to them, in the local emergency planning process. This toolkit focuses on individuals who primarily have access and functional needs in the functional areas most critical for responding to an emergency: communications, maintaining health, independence, supervision, safety and support, and transportation. The toolkit also provides information on where local planners can look for help in engaging those with functional needs and agencies who provide services to them.


This is an informational website and training program that organizations can use to create their own training for first responders to address access and functional needs during response and recovery. It includes information on response issues, understanding access and functional needs, scenarios for practice, interviews with individuals, tips for triage and assessment, tips for communication by each different type of disability.
(including children and elderly) and for working with service animals, information congregates care and institutions, picture books examples. The website and training include the following materials:

- A guide in PDF and HTML and mobile versions with links to videos and additional resources
- A flip book for printing or for use as a mobile version
- A checklist of on-the-spot assessment strategies to help quickly identify resources, considerations, or communication strategies to maintain independence in an emergency situation, with links to specific sections of the guide (available to print and for use as a mobile version)
- A video, with links to scenarios, demonstrations, and interviews
- Additional resources and links


This website incorporates links to a series of templates and planning guidance developed by New Jersey to enhance planning for its jurisdictional partners.


New York City Community Response Teams (NYC CERT) are tasked with preparedness as well as human services response. In both tasks, the emphasis is on a whole community approach stressing that it is the CERT’s responsibility to work with all community members. To that end, a 3.5-hour unit was developed to help CERT members with this whole community approach focus on people with access and functional needs. The module includes the following components:

- Guidance on making community connections (working with public safety, community-based organizations, senior centers, faith-based organizations, etc.)
- Review of the breadth of disaster human services and the mechanisms and constructs of providing such services, i.e. services centers, shelters, reception centers, food and supply distribution, and door-to-door canvassing
- Exploration of access and functional needs populations in New York City and discussion on what vulnerability means in a disaster context.
- Disability awareness and guidance on working with people with disabilities
- Cultural competency
- Psychological effects of disaster and basics of psychological first aid

The final 40 minutes of the module includes role playing where CERT members practice interacting with different types of populations—including a young person, an individual who is blind, and a senior citizen—within disaster contexts.

This project is a collection of documents designed to establish an effective collaborative regional disaster housing planning process for a five-county (Los Angeles, Orange, Riverside, San Bernardino, and Ventura) region that is home to 18 million residents spread over 33,400 square miles to increase preparedness for and recovery from a catastrophic disaster.


This document is a regional guide to help planners establish strategies, plans, and procedures for providing mass care support to people affected during and after a catastrophic incident or event.


This document is a regional guide to help planners establish strategies, plans, and procedures for providing mass evacuation support to people affected during and after a catastrophic incident and event.


This document’s focus is on case studies of best practices for support of individuals in nontraditional shelter environments.


This document is a regional guide to help planners establish strategies, plans, and procedures for providing reception processing support to people affected during and after a catastrophic incident/event.


The New York City Office of Emergency Management (NYS OEM) developed a comprehensive repository of demographic data from the U.S. Census and the American Community Survey. This data is used in all aspects of planning and response and it can be mapped or used to determine who lives in a given area. Information on the characteristics of the population is available to NYS OEM staff in a number of ways.

- A web-based application allows users to choose a specific geographical entity, such as a police precinct, a Con Ed electrical network, or a hurricane evacuation zone, and get a demographic snapshot of the area. This includes
information on population, race, age, income, education, group housing, households without a car, English proficiency, languages spoken, and country of origin. NYS OEM is in the process of adding recently released information on disability status to this report.

- For response to an incident such as a building collapse or major fire, NYS OEM’s Watch Command can automatically generate a series of maps and reports that includes a map of critical facilities like schools and nursing homes, as well as a demographic profile of the area within a quarter mile of the incident.

- Maps and spatial analysis of the languages spoken by non-English speakers are used to determine the need for translators and interpreters when opening a reception center and in deciding what languages are needed for Ready New York materials.

- NYS OEM’s Hurricane Evacuation Zone Finder is built on a Google Map base. Directions to evacuation centers can be found not just by automobile, but by alternative routes using mass transit, available the same as on any Google Map.

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This document provides an overview of Solano County, California, policies on emergency planning and services for people with access and functional needs including functions (e.g., public warning, evacuation, sheltering), roles and responsibilities, and coordination of entities and partners.

Tokesky, G. “Hospice: Disaster planning at the end of life.” *Seasons Hospice of Broward County*. Accessed June 29, 2014. Available by contacting [info@seasons.org](mailto:info@seasons.org)

This document’s focus is on hospice care during emergencies. Hospice patients will reach the end of life in the midst of a disaster, not because of it. Advance planning is that much more critical to ensure that the patient’s final hours are not excessively traumatic even when a hurricane, tornado, or similar event is occurring simultaneously. Key elements must be written into a hospice plan to ensure the best of outcomes in the worst of times. Hospice, like all other healthcare providers, will be mandated by the state to have a plan and practice it at least annually. Should a no-notice event occur, all staff must carry a shortened version of the plan with them at all times. Mission-critical staff must have additional identification issued by local emergency management. Without this, they could be delayed or prevented from reaching their terminally ill patients. The hospice plan must have accurate call-down lists and pre-designated shifts. Cross training is important for staff to adapt to a constantly changing set of circumstances.

This document incorporates vital information for hospice management. If the hospice manages a free-standing facility, beyond meeting all licensing requirements, it must have a special designation on the power grid to expedite getting the power back on as soon as possible if it has been lost. Whether the patient is a home or an inpatient, re-ensuring and reinforcing vendor agreements in the disaster plan is also critical. Ready access to such critical elements as oxygen and a morgue must be assured and confirmed. Finally, wherever the patient is being cared for, a clear understanding of respecting their final wishes and the corresponding responsibilities of family and staff is essential.

After September 11, 2001, the State of New Mexico convened a task force of disability organizations, state agencies, emergency medical response organizations, and faith-based organizations to examine the state’s emergency response plans. Based on their input and on requests from first responders, public-safety organizations, and emergency medical personnel, the Center for Development and Disability at the University of New Mexico developed this document. Its focus is on assisting seniors, people with service animals, people with mobility impairments, people with autism, people who are deaf or hard of hearing, people who are blind or visually impaired, people with cognitive disabilities, people with multiple chemical sensitivities, people who are mentally ill, childbearing women and newborns, and people with seizure disorders.

This resource originated as a pocket-sized guide of laminated cards each with tips regarding emergency personnel interaction with different types of disabilities. The pocket-sized version, designed to fit in gear pants’ side pockets or hung on a hook in a response vehicle, is now in its 4th edition; it can be found at [http://cdd.unm.edu/dhpd/tips](http://cdd.unm.edu/dhpd/tips). As a result of its great success, Texas A&M converted the guide to an app format; it can found at [http://disabilitytips.tamu.edu](http://disabilitytips.tamu.edu).


This document includes information on defining the special needs population using a functional approach, applicable civil rights laws, strategies to address the needs of individuals with disabilities and others with access and functional needs; how optical character recognition assists persons with access and functional needs, and the swine flu.


Intended as guidance on emergency shelter accessibility, this checklist includes two assessment tools to ensure that emergency shelters provide access to everyone: a preliminary checklist that will help emergency managers and shelter operators decide if a facility has the characteristics that make it a good candidate for a potential emergency shelter and a more detailed checklist that will help identify and remove the most common barriers to physical accessibility.

This toolkit includes a chapter focused on emergency management and some of the key issues that emergency managers need to address in order to comply with the Americans with Disabilities Act (ADA) when they plan for and provide services during emergencies and disasters. Of particular note are the sections on sheltering that include an ADA facility checklist for shelters.


This document focuses on research designed to create a method to assist emergency management and public transit agencies to estimate the demand for public assistance during disaster mass evacuations.


This report examines the impacts of emergency situations on older persons and the strengths and gaps in emergency preparedness, and recovery. The document has a worldwide approach, outlining how older persons fare in conflict-related and natural emergencies—war, drought, excessive heat, flooding, hurricanes, earthquakes, tsunamis, ice storms, wild fires, and nuclear power plant explosions—in both developed and developing countries. The report is in four parts. Part 1 describes converging trends in population growth of the population over 60 years of age. Part 2 outlines basic emergency planning and summarizes findings in a variety of case studies, identifying impacts of emergency situations on older persons. Part 3 illustrates how emergency management can be strengthened by a comprehensive and systematic application of an active aging framework. Part 4 incorporates concrete proposals to strengthen, health, participation, and security in emergency management.

**GUIDANCE**

**GENERAL**


The purpose of this document is to provide planning guidance that can be incorporated into existing shelter plans to state emergency managers and shelter planners to meet access and functional needs in general population shelters. This document provides guidance to assist emergency managers and shelter planners in understanding the requirements related to sheltering children and adults with functional support needs in general population shelters. Functional Needs Support Services (FNSS) and the guidance provided are designed to assist in the planning and resourcing of sheltering operations whether government, nongovernmental organization, faith- or private-based to meet the access and functional needs of children and adults. These guidelines identify methods of achieving a lawful and equitable program through the delivery of FNSS for children and adults.

This guide is intended as a tool for state, territorial, tribal, and local emergency managers to use in the development of emergency operations plans that are inclusive of the entire population of a jurisdiction of any size. It provides recommendations for planning for special needs populations.


*Comprehensive Preparedness Guide (CPG) 101* provides Federal guidance on the fundamentals of planning and developing emergency operations plans (EOPs). CPG 101 shows that EOPs are connected to planning efforts in the areas of prevention, protection, response, recovery, and mitigation. Version 2.0 of this document expands on these fundamentals and encourages emergency and homeland security managers to engage the whole community in addressing all risks that might impact their jurisdictions. While CPG 101 maintains its link to previous guidance, it also reflects the reality of the current operational planning environment. This guide integrates key concepts from national preparedness policies and doctrines with lessons learned from disasters, major incidents, national assessments, and grant programs.


This presentation was produced to assist governments and other agencies in their understanding of the importance of including those with disabilities and others with access and functional needs into their emergency preparedness planning to ensure appropriate plans are made to care for all members of society.


This website—the main page of the Federal Emergency Management Agency’s (FEMA) Office of Disability Integration and Coordination—provides links to *Guidance on Planning for Integration of Functional Needs Support Services in General Populations* and *Comprehensive Preparedness Guide 101, version 2.0* (both described earlier in this document) as well as links to FEMA sites on preparedness resources for individuals and communities; tools for communicating with all audiences, including people with individuals; and guidance on how to incorporate plans for those with access and functional needs into all disaster plans and not separate them from other disaster victims. Other disaster resource links can be found on this page.

This report describes the disaster experiences of people with disabilities and others with access and functional needs and details contributions and efforts of community-based organizations. It examines the nascent work of the Directorate of Emergency Preparedness and Response, which includes the Federal Emergency Management Agency (FEMA), the U.S. Department of Homeland Security's (DHS’s) Office for Civil Rights and Civil Liberties, and FEMA’s local, state, Federal, and private-sector partners. It also touches on ongoing work by the Federal Communications Commission (FCC) in specific areas that relate to issues of homeland security and emergency preparation. While other Federal agencies play important roles in this effort, DHS and FCC efforts represent some of the most critical operations on behalf of people with disabilities and others with access and functional needs.


This website provides resources in the form of documents and links for government agencies that provide assistance to those with disabilities and others with access and functional needs.

**State-Specific Guidance**


This guide is a planning resource for states that may receive a substantial number of evacuees from another state and for states that may experience a large evacuation from one area of the state to another area due to a disaster. While this guide focuses on states hosting evacuees from other states, it is a resource for most mass care planning. This document includes planning considerations and strategies, planning tools, templates, information, lessons learned, best practices, and Federal and other assistance available for evacuee support. Links to various documents and organizational websites are also provided to connect readers to additional information.


One of government’s primary responsibilities is to protect residents and visitors. Providing emergency shelter during disasters and emergencies is a basic way of carrying out this duty. Shelters are sometimes operated by government entities themselves. More commonly, though, shelters are operated for the state or local government by a third party, often the American Red Cross. Regardless of who operates a shelter, the Americans with Disabilities Act (ADA) generally requires shelters to provide equal access to the many benefits that shelters provide, including safety, food, services, comfort, information, a place to sleep until it is safe to return home, and the support and
assistance of family, friends, and neighbors. In general, the ADA does not require any action that would result in a fundamental alteration in the nature of a service, program, or activity or that would impose undue financial and administrative burdens. This addendum discusses some of the key issues that emergency managers and shelter operators need to address to comply with the ADA when they plan for and provide shelter during emergencies and disasters. Although this addendum focuses primarily on issues affecting shelter residents with disabilities, these issues are also generally applicable to volunteers and employees with disabilities.


This document discusses how to make emergency management programs, services, and activities accessible to everyone, including people with disabilities. It answers the following questions: What does emergency management cover? How does the Americans with Disabilities Act apply to emergency management? What are some of the common problems faced by people with disabilities in accessing emergency disaster-related services, programs, activities, and facilities? What are some of the steps that state and local governments can take to make emergency and disaster-related services, programs, activities, and facilities accessible to people with disabilities?


The purpose of this technical assistance guideline is to provide a planning structure and support tools for activation, operation, and management of special needs shelters for those who require a higher level of healthcare than can be provided in a general population shelter.

**Local Guidance**


This web page is intended to provide information to guide local governments in their role to help people with disabilities and others with access and functional needs prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of every jurisdiction’s mandate, and making these programs accessible is also required by the Americans with Disabilities Act. The web page includes action steps for planning, notification, evacuation, sheltering, returning home, and contracting for emergency services for individuals.

This document is meant to be used as a guide for local Medical Response Corps (MRC) units tasked with supporting medical special-needs shelters. Despite the fact that MRC units have varying capabilities, there are some general principles and best practices that may be applicable to the majority of MRC units with special-needs sheltering responsibilities.

## Plans


This template is designed to assist states to create an evacuee support concept of operations plan that can supplement the state emergency operations plan. The evacuee support planning guide, which works in partnership with this template, includes a comprehensive collection of references to Federal and other resources that can be used to augment state and local information. Together, the template and the planning guide can create an effective, hands-on state and/or local operational tool.

## Lessons Learned


Lessons learned regarding aging populations and people with disabilities and others with access and functional needs in disaster situations often are not incorporated into subsequent disaster planning, preparedness, response, and recovery activities. Segments of the disability community continually report problems participating and benefiting from emergency services over many decades. This document is intended to help emergency managers benefit from lessons learned to build a strong and resilient infrastructure that includes diverse populations of people with disabilities and seniors in all emergency services. Written for a California audience, the lessons learned detailed here may be applied to any jurisdiction.


A number of lessons were learned during and immediately following 9/11 about preparation and accommodations for people with disabilities and others with access and functional needs. The most prominent and disturbing conclusion was that preparation conceived of and conducted by mainstream emergency responders and relief agencies did not take into account the specific needs of people with disabilities. Relief agencies cannot wait until they are in the middle of a disaster to start training staff in disability awareness, and the day after a disaster is too late to start outreach. This document examines the shortfalls of 9/11 preparedness efforts as they relate to people with disabilities and others with access and functional needs and provides recommendations to ameliorate underperformance for this population in future emergencies.

This document's focus is on the major barriers faced by centers for independent living and emergency managers in responding to the needs of people with disabilities and others with access and functional needs during Hurricane Katrina in 2005. Through a combination of surveys, focus groups, and interviews in six research sites in the Gulf Coast states, investigators gathered information on the experiences of respondents and developed recommendations to address gaps in policy, planning, and practice. This document details key findings and a list of recommendations to address shortfalls in response to this and similar emergencies.
## Appendix C: Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act of 1990</td>
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<tr>
<td>ASL</td>
<td>American Sign Language</td>
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<tr>
<td>AWS</td>
<td>Advance Warning System</td>
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<tr>
<td>BCID</td>
<td>Brooklyn Center for Independence of the Disabled</td>
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<tr>
<td>CALIF</td>
<td>Communities Actively Living Independent and Free</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDPHE</td>
<td>Colorado Department of Public Health and Environment</td>
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<tr>
<td>CERT</td>
<td>Community Emergency Response Team</td>
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<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
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<tr>
<td>ECHO</td>
<td>Emergency, Community, Health and Outreach</td>
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<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
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<tr>
<td>EOP</td>
<td>Emergency Operations Plan</td>
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<td>ESF</td>
<td>Emergency Support Function</td>
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<td>ESRD</td>
<td>End Stage Renal Disease</td>
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<tr>
<td>ETN</td>
<td>Emergency Tracking Network</td>
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<tr>
<td>FAST</td>
<td>Functional Assessment Services Team</td>
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<tr>
<td>FDNY</td>
<td>New York City Fire Department</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>FFFT</td>
<td>Firefighter Transport Team</td>
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<tr>
<td>FNST</td>
<td>Functional Needs Support Team</td>
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<tr>
<td>GIS</td>
<td>Geographical Information System</td>
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<tr>
<td>GPS</td>
<td>Global Positioning System</td>
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<tr>
<td>GSA</td>
<td>General Services Agency</td>
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<tr>
<td>HEO</td>
<td>Homebound Evacuation Operations</td>
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<tr>
<td>HVAs</td>
<td>Hazard vulnerability assessments</td>
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<tr>
<td>HTML</td>
<td>Hypertext Markup Language</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>LEP</td>
<td>Limited English Proficient</td>
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<tr>
<td>MOA</td>
<td>Memorandum of Agreement</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MTA</td>
<td>New York City Metropolitan Transit Authority</td>
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<tr>
<td>NECLC</td>
<td>National Emergency Child Locator Center</td>
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<tr>
<td>NCMEC</td>
<td>National Center for Missing and Exploited Children</td>
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<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
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<tr>
<td>NTS</td>
<td>Nontraditional Shelter</td>
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<tr>
<td>NYC DOE</td>
<td>New York City Department of Education</td>
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<tr>
<td>NYC OEM</td>
<td>New York City Office of Emergency Management</td>
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<tr>
<td>NY-NJ-CT-PA</td>
<td>New York-New Jersey-Connecticut-Pennsylvania</td>
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<tr>
<td>NYS e-FINDS</td>
<td>New York State Evacuation of Facilities in Disasters System</td>
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<tr>
<td>PCIL</td>
<td>Progressive Center for Independent Living</td>
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<tr>
<td>PDF</td>
<td>Portable Document Format</td>
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<tr>
<td>PKEMRA</td>
<td>Post-Katrina Emergency Management Reform Act</td>
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<tr>
<td>POD</td>
<td>Point of Distribution</td>
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<tr>
<td>RCPT</td>
<td>Regional Catastrophic Planning Team</td>
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<tr>
<td>RTF</td>
<td>Rich Text Format</td>
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<tr>
<td>SMS</td>
<td>Short Message Service</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<tr>
<td>TARC</td>
<td>Terrebonne Arc</td>
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<td>TAL</td>
<td>Transpiration Assistance Level</td>
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<td>TAP</td>
<td>Transportation Assembly Point</td>
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<tr>
<td>TDD</td>
<td>Telecommunications Device for the Deaf</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>TTY</td>
<td>Text Telephone</td>
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<tr>
<td>VOAD</td>
<td>Volunteer Organizations Active in Disaster</td>
</tr>
<tr>
<td>W3C</td>
<td>World Wide Web Consortium</td>
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</tbody>
</table>