

Emergency Shelter Communications Toolkit



Appendix F: Sheltering Annex

Contents

I.	Introduction	4
II.	How to Use This Toolkit	5
III.	Advanced Preparation	6
	A. Preparing the Shelter, Staff, and Volunteers to be accessible for Individuals who are Deaf and Hard of Hearing	6
	B. Preparing the Shelter, Staff, and Volunteers to be accessible for Individuals with a Mobility Disability	7
	C. Preparing the Shelter, Staff, and Volunteers to be accessible for Individuals with a Visual Disability	7
	D. Signage Preparation	8
IV.	Shelter Activation	9
	A. Ensure physical Access	9
	B. Prepare Signage and Message/Bulletin Boards	9
	C. Whenever possible, provide refrigeration for certain types of medication	10
V.	Shelter Intake	11
	A. General Questions to Ask	11
	B. FAQs Regarding Access for Guide Dogs and other service dogs	11
	C. General Things To Remember	13
VI.	Mobility	15
	A. Interacting with a Person who has a Mobility Disability:	15
	B. Prioritizing	16
	C. Living in the shelter- Accommodations	16
VII.	Deaf and Hard of Hearing	18
	A. Communication	18
	B. Dispelling Common Deaf and Hard of Hearing Myths	18
	C. Defining the Categories of Deafness	19
	D. Identifying People who are Deaf or Hard of Hearing	20
	E. Americans with Disabilities Act (ADA) and Effective Communication	20
	F. Barriers to Communication	20
	G. Communication and Accommodations	21
	H. Communication Strategies	21
	I. Using Interpreters	22
	J. Using Communication Assistance Real Time (CART) Captioning	23
	K. Telecommunications Devices	23

VIII.	Low Vision and Blindness	24
A.	When you Meet Someone who is Blind	24
B.	Meeting a Guide or Service Dog Team: Some Words of General Advice (Inside and Outside of a Shelter)	25
IX.	Deafblindness	27
X.	Developmental	29
A.	Registration	29
B.	Communicating with Individuals with Developmental Disabilities	29
C.	Day to Day	30
D.	Shelter Closing	30
XI.	Language Barriers	32
XII.	Mental Health	33
XIII.	Signage and Materials	34
A.	Signage	34
B.	Materials	42
1.	Braille Cards	42
2.	Picture Boards	42
3.	Registration Question Sheets	43

I. Introduction

This Emergency Shelter Communications Toolkit was designed by a Workgroup of subject matter experts in various fields of disability, and reviewed and edited by staff and volunteers involved in emergency shelter operations in both rural and urban centers. It contains information and guidance designed to assist in providing widely accessible communications in an emergency shelter situation; it includes information to be used in shelter preparedness planning and activities, as well as in just-in-time implementation. Although designed to focus on communications, there is information included to help provide safe, physically accessible spaces, as well as to address some specific barriers to emergency services for people with disabilities.

It is the goal to provide emergency shelter services accessible to all, while recognizing the barriers and limited resources inherent in emergency situations.

II. How to Use This Toolkit

This guide is split into thirteen sections. The Sections III and IV are focused on preparing your shelter to be as accessible as possible for individuals with functional needs. Sections V thru XII give information to help you understand the needs and provide service to those same individuals. Section V provides general information. Sections VI thru XII each discuss the communication and accessibility needs of individuals with various functional needs. Section XIII discusses suggested signage and materials.

Ideally, potential shelter directors, staff, and volunteers should review this guide before the need to open a shelter. *Section III, Advanced Preparation*, should be the first section that is read. It describes steps that can be taken to prepare the shelter ahead of time.

If the guide is being looked at in an emergency situation and time is limited, focus your attentions on Section V. It has questions that can be asked during registration, information on service animals, and important general information.

III. Advance Preparation

These are steps that should be taken before an emergency strikes.

A. Preparing the Shelter, Staff, and Volunteers to be Accessible for Individuals who are Deaf and Hard of Hearing

1. Assess shelter facilities for existing accommodations
 - a. Assistive Listening systems; induction loops, FM or Infrared systems used with PA systems
 - b. TTYs, amplified and/or captioned telephones
 - c. Access to online services (high speed required for video services)
2. Develop memorandums of understanding (MOUs) with some of these suggested agencies:
 - a. Local American Sign Language (ASL) Interpreter Agencies
 - b. Establish contract with video remote interpreting providers
 - c. The DSHS Office of Deaf and Hard Hearing (ODHH)
 - d. Hearing Speech and Deafness Center (HSDC)
 - e. Local stores/audiology offices for hearing aid batteries
3. Provide training to members of various volunteer teams who operate shelters on accessible communication, cultural awareness, and providing accommodations
4. Designate trained staff as point of contact when Deaf/Hard of Hearing (HOH) individuals arrive at shelter
 - a. If FAST Teams, or other Access and Functional Needs Teams are available, be sure to have a Deaf/HOH representative on those teams
5. Prepare appropriate signage for entry, services and accommodations
6. Designate location of assistive technology
 - a. Laptop/Tablet/Computer w/camera and internet for videophone and internet relay services for captioned phone service
 - b. TTYs, amplified and captioned telephones
 - c. Assistive listening devices
 - d. Hearing aid batteries
 - e. Charging areas for electronics related to communication
7. Whenever possible shelter members of the Deaf Community together

- a. Like all shelter residents, members of the Deaf Community want to be able to be social and discuss their situation with their peers.

B. Preparing the Shelter, Staff, and Volunteers to be Accessible for Individuals with a Mobility Disability

1. Evaluate a shelter's accessibility; surveys should be conducted to identify physical barriers to access. The minimum accessibility features required:
 - ✓ Accessible parking
 - ✓ Accessible route from parking to the entrance
 - ✓ Accessible entrance without steps
 - ✓ Sleeping area
 - ✓ Dining area
 - ✓ Toilet facilities
 - ✓ Bathing facilities
 - ✓ Activity areas
 - ✓ Emergency exit
 - ✓ Interior routes to all of the aforementioned areas

Refer to *Section 6.3 Living in the Shelter– Accommodations* for more information.

C. Preparing the Shelter, Staff, and Volunteers to be Accessible for Individuals with a Visual Disability

1. Most guide and service dogs have been "crate trained." As space and resources allow, consider having a few large crates available as an optional respite for the working dogs.
2. Consider stocking a supply of general canned dog food for guide or service dogs. Canned is preferable over dry as it has a much longer shelf life.
3. An obstacle more than 27 inches above the ground and hanging from a wall (fire extinguisher for example) is a hazard as a white cane or guide dog might miss alerting. Place a chair or other object under such protrusions and check often to be sure such an alert hasn't been moved.
4. As only 10% of those who are blind are Braille literate, resources should first be used to make tactile (raised) print signage followed by Braille. Whereas Braille has its own characters, raised print signage uses raised letters so the message on the sign can be felt out.
5. Veterinarians should be part of the overall medical team.

D. Signage Preparation

You should consider indicating that food, medical care, etc. are free of cost as part of the signage. Whether or not it is noted within the signage, it will be important to provide this information during registration and perhaps daily during the times that these services are being offered.

IV. Shelter Activation

A. Ensure physical access

Double-check that the following areas of the shelter are accessible; according to the ADAA, an accessible route is 36 inches wide. When there is a turn in the route the space must be made wider to accommodate turning wheelchairs and guide dog teams.

- ✓ Parking
- ✓ Exterior routes from parking to the entrance
- ✓ Entrance
- ✓ Sleeping area
- ✓ Dining area
- ✓ Toilet facilities
- ✓ Bathing facilities
- ✓ Activity area
- ✓ Emergency exit
- ✓ Interior routes to all of these areas

B. Prepare Signage and Message/ Bulletin Boards:

1. Use picture signage where possible. Post signs with pictures related to food, phones, restrooms, information, etc. along the route with arrows pointing the way.
2. Signs, characters and backgrounds should have:
 - Non-glare finishes
 - Contrast (light on dark or vice versa)
 - Style & Character Proportions – use the fonts Verdana or Arial for easy reading for everyone.
 - No uneven or non-uniform text
 - Size – consider viewing distance
 - When distance is less than 6 ft, minimum character height is 5/8 in.
3. When mounting signs or message boards:
 - Avoid low lighting or shadowy areas

- Avoid areas where surface glare could be an issue
- Bottom of text should be 40-70in above the floor or ground

4. Locating Signage

- If all entrances are not accessible, signage at the inaccessible entrance needs to clearly indicate where an accessible entrance is located.
- Signage needs to indicate all accessible activity areas (sleeping/first aid/ dining/ toilet/ bathing/ recreational)

C. **Whenever possible, provide refrigeration for certain types of medication.**

Many people with disabilities need medication that must be refrigerated; shelters need to have a safe and secure refrigerated location where medications can be stored and accessed when needed. Having a disability and/or needing medications does not mean that a person should be housed in a medical shelter as opposed to a general population shelter.

V. Shelter Intake

A. General Questions to Ask:

1. Do you need any medication or expendable supplies?
2. Do you have any medication that needs refrigeration?
3. Do you need assistance at meals, such as with going through a feeding line?
4. Do you have any dietary restrictions or food needs?
5. Do you have any allergies or chemical sensitivities that staff should be aware of?
6. Do you need assistance with filling out forms (if applicable)?
7. Would you like a shelter orientation and way-finding assistance?
8. Do you have any needs or requests regarding the placement of your cot?
9. Do you need electrical power for any disability-related needs?
10. Do you need any extra assistance with daily activities?
11. Do you have a service animal?
12. Do you need a roll-in shower, or will you be able to use a transfer shower? (if bathing facilities are available)
13. Do you need to recharge any mobility device?
14. Do you need any supplies for your service animal, such as food, water, plastic bags, etc.?

B. FAQs Regarding access for guide dogs and other service animals

Q What are the laws that apply to a shelter?

- A Under the Americans with Disabilities Act (ADA), privately owned businesses that serve the public, such as restaurants, hotels, retail stores, taxicabs, theaters, concert halls, sports facilities, and emergency shelters are prohibited from discriminating against individuals with disabilities. The ADA requires all of these entities to allow people with disabilities to bring their service dogs onto premises in whatever areas others are generally allowed.

Q What is a service animal?

- A The ADA defines a service animal as any guide dog, signal dog, or miniature horse (at times), individually trained to provide task assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government. Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or herself. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of

service animal with which most people are familiar. But there are service dogs that assist persons with other kinds of disabilities in their day-to-day activities. Some examples include: Alerting persons with hearing impairments to sounds, pulling wheelchairs or carrying and picking up things for persons with mobility impairments, and assisting persons with mobility impairments with balance.

NOTE: You should check with the local jurisdiction (city, unincorporated county, state) under which the shelter is being activated; some jurisdictions have legislated specific definitions of service animals, which may provide for additional types of animals to be considered a service animal. All jurisdictions must meet the minimum of the ADA standard, above.

Q How can I tell if an animal is really a service dog and not just a pet?

A Some, but not all, service dogs wear special collars and harnesses. Some, but not all, are licensed or certified and have identification papers. If you are not certain that an animal is a service dog, you may ask the person who has the animal if it is a service dog required because of a disability. You may also ask what tasks the dog has been trained to do to help mitigate the disability. **Those are the only questions you may ask.**

Q What must I do when an individual with a service dog comes to a shelter?

A The service animal must be permitted to accompany the individual with a disability to all areas of the facility where others are normally allowed to go. An individual with a service dog may not be segregated from others. If someone claims to be allergic to dogs, it is the person with the allergy who must locate away from the allergen (dog). The person with the disability must first be accommodated.

Q We have always had a clearly posted “no pets” policy. Do I still have to allow service dogs?

A Yes. A guide or service dog is not a pet. The ADA requires you to modify your “no pets” policy to allow the use of a guide or service dog by a person with a disability within the shelter. This does not mean you must abandon your “no pets” sheltering policy altogether but simply that you must make an exception to your general rule for guide and service dogs.

Q My county health department has told me that only a seeing eye or guide dog has to be admitted. If I follow those regulations, am I violating the ADA?

A Yes, if you refuse to admit any other type of service dog on the basis of local health department regulations or other state or local laws you are in violation of federal law. The ADA provides greater protection for individuals with disabilities and so it takes priority over the local or state laws or regulations.

Q If we must move sheltered persons, must a guide or service dog be allowed on the vehicle?

A Yes. You may not refuse to provide services to individuals with disabilities accompanied by their guide or service dog.

Q Am I responsible for the animal while the person with a disability is in a shelter?

- A No. The care or supervision of a service dog is solely the responsibility of his or her owner/handler. You are not required to provide care or supervision of the animal.

Q What if a guide or service dog barks or growls at other people or otherwise acts out of control?

- A You may exclude any dog, including a guide or service dog, from your shelter when the dog's behavior poses a direct threat to the health or safety of others. For example, any guide or service dog that displays vicious behavior towards others may be excluded.
- Although a public accommodation may exclude any guide or service dog that is out of control, you should give the individual with a disability who uses the service dog the option of continuing to use the shelter without having the guide or service animal on the premises.
 - It is important to keep in mind that in an emergency sheltering situation, even a highly trained guide or service dog may become anxious and display concern or panic. Such display is NOT a reason to exclude the dog if the handler has the dog under control within the handler's "space" and comfort. Allow the handler to dictate a need to find a quiet and private place to assist in calming the dog.
 - You may not make decisions about how a particular dog is likely to behave based on your past experience with other dogs. Each situation must be considered individually.

C. General Things To Remember

1. Do not ask, "What is the nature of your disability?" or "Do you have a disability?" Instead, ask about accommodation and accessibility needs as part of the general registration process.
2. Use person-first language. Say "person with a disability" instead of "disabled person"; "person who uses a wheelchair" instead of "confined to a wheelchair" or "wheelchair bound". Avoid terms such as "handicapped" or "crippled". If you are not sure what words to use, ask.
3. Speak directly to the person, not to their companion if they have one. For example, you will ask, "Jane, are you hungry?" instead of asking Jane's companion, "is Jane hungry?"
4. Phrase intake questions in a neutral way to obtain accurate information. For example, you will ask, "do you take any medications?" rather than, "you're not taking any medications, are you?"
5. Consult residents with disabilities regarding placement of their cots. Some individuals will have disability-related needs that require accommodation when assigning the location of their cot. For instance, a person who uses a wheelchair, crutches, or a walker may need a cot located close to an accessible toilet room. Since an assigned cot may not be identifiable by touch, a blind person may need a cot placed in a location that she can easily find. A person with low vision may need his bed located close to light so he can see or away from bright light that aggravates his eyes. Someone who is deaf or hard of hearing may need a cot placed away from auditory distractions that would prevent him or her from sleeping.
6. Don't assume that he or she needs help. Instead, ask if you can be of assistance.
7. It is important to realize that disabilities are not exclusive; an individual with a mobility disability may also have a vision or hearing impairment.
8. Don't assume. It is polite to ask. This goes for everything from recognizing a disability to knowing

- when a person actually needs assistance. A disability may not be readily visible and an individual with a disability may not want or need assistance.
9. Look for a medical alert bracelet. If the person is wearing one, ask permission to look at it to be sure that you are aware of their allergies and other medical needs.
 10. You should consider indicating that food, medical care, etc. are free of cost as part of the signage. Whether or not it is noted within the signage, it will be important to provide this information during registration and perhaps daily during the times that these services are being offered.
 11. Some who appeared to understand information during registration may appear disoriented later in their stay. Using the communication tips included above may assist in helping him or her thrive in the shelter environment.
 12. Whenever possible, provide refrigeration for certain types of medication. Many people with disabilities need medication that must be refrigerated, shelters need to have a safe and secure refrigerated location where medications can be stored and accessed when needed.
 13. When electrical power is available, priority access should be given to people who depend on electrically powered equipment to survive.
 14. You might be working in an organization where acronyms are used frequently. Remember that not everyone may know the acronyms that you and your coworkers use on a regular basis. Always use the full name.
 15. People who experience slurred speech or other speech difficulties due to disability are typically used to having to repeat themselves. Conduct important conversations, such as the intake process, in a quieter area if possible. Don't nod your head in agreement if you're not sure what has been said. Repeat what you think you heard back to them. "I think I'm hearing that you are allergic to peanuts. Is that correct?" If you're having difficulty understanding a word, you can ask the person if they will spell it for you. Ask yes or no questions if possible. The individual may have an electronic communication board or a handheld letter board to use to spell words.

VI. Mobility

A. Interacting with a Person who has a Mobility Disability:

1. You shouldn't classify or think of people who use wheelchairs as "sick." Wheelchairs are used to help people adapt to or compensate for the mobility impairments that result from many non-contagious impairments. Some of these are, for example, spinal cord injury, stroke, amputation, muscular dystrophy, cerebral palsy, multiple sclerosis, post-polio, heart disease, etc.
2. People who use wheelchairs have varying capabilities. Some people who use wheelchairs can walk with aid or for short distances. They use wheelchairs because they help them to conserve energy and to move about with greater efficiency.
3. Treat the individual with the basic respect with which you would treat any other individual. An emergency situation is no excuse to ignore another human being's dignity or rights.
4. It is appropriate to shake hands with a person who has a disability, even if they have limited use of their hands or wear an artificial limb.
5. Focus on the individual and talk directly to them. You shouldn't ignore them and talk to their companion, interpreter, or anyone who may be with them. It is best to position yourself at eye-level to avoid neck strain.
6. Always ask the person who uses a manual wheelchair if they would like assistance (such as with pushing). Your help may not be needed or wanted.
7. Don't hang or lean on a person's wheelchair or other mobility device. A wheelchair is part of his or her own personal or body space, so don't lean on it, rock it, etc. Also, it is dangerous to put your hand on a device's joystick when it is on. You may inadvertently cause it to move.
8. Be careful not to accidentally demean or patronize the person who uses a wheelchair by patting them on the head.
9. When giving directions, think about things like travel distance, location of curb cuts and ramps, weather conditions and physical obstacles that may hinder their travel. Using compass points - North South East or West is clearer than simply left or right, especially if the individual has a visual disability.
10. It is best to walk next to the person. Not only is it more comfortable and friendly, it will avoid the danger posed by sudden stops.
11. When a person who uses a wheelchair "transfers" out of the wheelchair to a chair, toilet or bed, do not move the wheelchair out of reach. If you think it would be best to move it for some reason ask the person who uses the wheelchair about the best option for them.
12. It is OK to use expressions like "running along" or "let's go for a walk" when speaking to person who uses a wheelchair. It is likely they express the idea of moving along in exactly the same way.
13. When an individual does request assistance with transferring, ask them how it would be best to assist them. They can advise on the safest method.

14. When an individual needs assistance with their mobility device, ask them for advice on how to assist them. They know their equipment best. Do not lift or pull on anything until you know if that piece is connected to the frame of the device. Some parts, such as armrests, may be detachable. Make sure the device is OFF before attempting to move or lift it.

B. Prioritizing

1. When electrical power is available, access should be given to people who depend on electrically powered equipment to survive.
2. When possible, provide individuals with mobility devices the opportunity to charge the batteries that power the equipment they use for mobility and independence.

C. Living in the shelter- accommodations

1. **REMEMBER-** even after they are oriented to the shelter environment, changes in furniture layout or the addition or removal of cots may be disorienting to people who rely on these landmarks to find their way around.
 - a. Maintain accessible routes
 - ✓ Cots and other furniture need to be placed to ensure that accessible routes – routes that people who use wheelchairs, crutches, or walkers can navigate – connect all features of the shelter.
 - ✓ **TIP:** Use a yardstick, held horizontally at waist level, and walk the route to ensure that you have a continuous 36 in. route.
 2. Do not create protruding objects in areas where people can walk.
 - a. Furniture and other items should be positioned to direct pedestrians who are blind or have low vision safely away from overhead or protruding objects.
 - b. This requirement extends beyond the “accessible route” and applies throughout the shelter environment to any place where a person can walk.
 - c. Hazards posed by protruding and overhead objects can typically be eliminated by placing a cane-detectable barrier on the floor beneath or next to them.
 - d. But care should be taken so cane-detectable barriers do not block accessible routes or the clear floor space that people using mobility devices need to access common protruding objects such as drinking fountains.
3. Ensure that operable parts and objects are placed within the reach range.
 - a. When there is no obstruction in front of the object or control, or the obstruction is less than 10 in. deep, a seated person can reach 15-48 in. above the floor.
 - b. When there is an obstruction, such as a table (where there is clearance underneath the surface),

and the depth of the reach would not be greater than 25 in., a seated person can reach 44 in. above the floor.

- c. When there is an obstruction that a person in a wheelchair must pull alongside of, the obstruction cannot be higher than 34 in. and cannot be deeper than 24 in.
- d. At a 34 in. or less obstruction that is not deeper than 24 in., a seated person can reach 46 in. above the floor. Here are two examples:
 - EXAMPLE 1: A 32 in. trash can is placed under the elevator buttons. A seated person must reach over the trash can. The trash can cannot be deeper than 24 in. or it must not be placed in that location.
 - EXAMPLE 2: At a self-service food table, the utensils are placed in the middle of the table, requiring a 26 in. reach. A seated person could not get his or her own utensils.

VII. Deaf and Hard of Hearing

A. Communication

1. There are many different communication methods and technology that are used by people who are deaf or hard of hearing. They can be as complicated as an electronic communications board or as simple as pencil and paper.
2. Lack of information can add to an already stressful situation. Providing communications accessible to people who are deaf or hard of hearing relays vital information, and lessens confusion and fear.
3. Employing appropriate communication strategies can provide comfort until accommodations can be provided.
4. Lip-reading is not effective communication.
5. Gestures and body language can aid understanding.
6. Use of interpreters and assistive technology is necessary to ensure effective communication.

B. Dispelling Common Deaf and Hard of Hearing Myths

Despite deafness affecting 5% of the global population there are still many misconceptions that people make about the capabilities of those who are deaf. The following are a series of common myths about individuals who are deaf and their methods of communication.

- × Myth: All people with hearing loss read lips
 - ✓ **The Truth:** Lip-reading is an acquired skill. It is often taught along with speech therapy to support oral communication for individuals who are deaf or hard of hearing. Depending on education, length of time of hearing loss skills vary. Only 35 percent of the English language shows on the lips. Additional information such as stating the topic first support further understanding. **Lip-reading should not be considered effective communication because of the wide variability of comprehension.**
- × Myth: All people who are deaf use sign language
 - ✓ **The Truth:** People who acquired spoken language at an early age or before losing their hearing may prefer oral communication for expressive communication, yet rely on visual communication for receptive. Visual communication includes writing, captioning, lip-reading
- × Myth: Hearing aids and cochlear implants make people who are deaf or hard of hearing 'hearing'
 - ✓ **The Truth:** Hearing loss is measured by decibels (loudness) and frequency (tones). Frequency loss results in loss of specific sounds of speech, i.e. loss of high frequency causes loss of consonants in speech. So a person using hearing aids may hear the voice but not the words that are being spoken. Cochlear implants are able to correct frequency loss, however, comprehension will vary with individuals. Hearing aids and cochlear implants use microphones to deliver the sound. These microphones do not

have the capability of filtering background and overlapping noise that people with normal hearing have. People who use hearing aids and cochlear implants will need additional support to 'hear' in the shelter environment.

- × Myth: People who are Deaf cannot speak
 - ✓ **The Truth:** People who are Deaf have the same speech capabilities of people who are hearing. However, the inability to hear their own voice may make their speech difficult to understand. Additionally, lack of use of their voices will impede their ability. American Sign Language (ASL) and English are two different languages making it impossible to use both speech and sign language at the same time. People who use American Sign Language as their primary language may not communicate effectively using spoken language regardless of their physical ability.

- × Myth: Anyone who knows sign language can interpret
 - ✓ **The Truth:** American Sign Language does not have words. ASL is a language of visual concepts with the capability of expressing any complex idea that can be expressed orally. Effective interpreting from ASL to English requires extensive training in reading the hand movement, placement, expression and gesturing of ASL grammar and translating into English. Someone who knows sign language and has not been trained as an interpreter will not be able to meet the requirements of effective communication.

C. Defining the Categories of Deafness

1. Deaf People who identify as Deaf usually have been deaf since birth or a very young age. They do not recognize deafness as a disability. They are part of the culturally Deaf community; the only recognized culture based solely on language with a history as a community that goes back generations. They have a defined system of beliefs and patterns of behavior that have been passed down for generations. Generally, ASL is their first or preferred language. English skills will vary depending on educational background.
2. Hard of Hearing People who are hard of hearing have some usable hearing. They may benefit from hearing aids, cochlear implants and other assistive listening technology. They rely on a combination of oral and visual communication. Often, this population will not self-identify or have knowledge of technology and communication strategies that will help them.
3. Late-Deafened People who are late-deafened became deaf (unable to hear spoken language with or without assistance) after living some part of their life as a hearing person. They may use hearing aids or cochlear implants, but rely primarily on visual communication; lip-reading, writing, captioning, sign language.
4. Deaf and Blind People identified as DeafBlind may have any degree of a combination of hearing and vision loss. Because hearing loss/deafness requires visual support, communication is compounded by the vision loss.
5. FACT: Seattle/King County has the largest population of DeafBlind individuals in the U.S. due to excellent services available. They may depend on large print, Braille, and tactile/vibration devices. They may communicate in ASL (close vision or tactile) or oral method (speaking).
6. Refer to *Section X: DeafBlindness* for additional information.

D. Identifying People who are Deaf or Hard of Hearing

People who are deaf or who have hearing loss may not always self-identify. Here are some clues you can look for; never assume – always ASK!

- Signing
- Point to ears, shaking head
- Hearing aid or cochlear implant visible
- Asking for frequent repetition
- Lack of response or inappropriate response
- Intently watching speaker's face

E. Americans with Disabilities Act (ADA) and Effective Communication

1. The ADA states that a public entity shall take appropriate steps to ensure that communication with applicants, participants and members of the public with disabilities are *as effective as communication with others*. Effective communication requirements also apply to private and non-profit entities providing sheltering services.
2. Disaster situations do NOT relieve shelters of the responsibility to provide effective communication. Plan ahead to provide interpreters by establishing an MOU (memorandum of understanding) with local interpreter agencies. Establish contracts with Video Remote Interpreting agencies that can provide interpreters through the Internet when live interpreters are not available.

F. Barriers to Communication

1. Language
 - a. People not knowing American Sign Language
 - b. Limited or no English (reading/writing)
2. Visual Distractions
 - a. Lighting (too dark or too bright)
 - b. Crowds and movement
 - c. Facial Visibility (not making eye contact)
3. Background Noise
 - a. Many people talking at once
 - b. Noises from setting up, or transport

- c. PA Announcements
- 4. Crisis Situation
 - a. Overly emotional
 - b. Confusion – situational and communicational
 - c. Frustration from not understanding or being understood
 - d. Lack of trust --- fear of being mistaken as uncooperative

G. Communication and Accommodations

1. Verbal - apply appropriate communication strategies.
 - a. It may be necessary to deliver announcements personally if interpreters are unavailable and/or information is not presented in text form.
2. Interpreters - provide translation from spoken English to ASL/ASL to spoken English.
3. Assistive Listening Devices - provide additional hearing support for people who are hard of hearing.
4. Telecommunications Technology – Skype, Google Plus, and Facetime, provide visual communication with oral communication.
5. Paper and pencil may be the simplest and easiest way to communicate.

H. Communication Strategies

1. Anything that is said audibly must also be presented visually through the following methods
 - a. Bulletin Board
 - b. One on one
 - c. Visual signal when new information is available
 - d. Captions on TVs
2. Try speaking carefully first; then modify.
3. Speak appropriately
 - a. Clearly
 - b. Not too fast
 - c. Increasing your volume does not always help
4. Lip-reading is NOT an effective way of communication, unless you are specifically trained to it.

5. Gesturing
6. Facial Expressions and Body Language
7. Writing
 - a. For many Deaf, English is a second language
 - b. Usually effective with hard of hearing
 - c. Not effective for lengthy information
 - d. Use simple vocabulary and short statements
8. Do NOT attempt to use sign language unless you are fluent and use it regularly
9. If a person does not respond to verbal communication they most likely did not hear you
10. Get their attention by tapping them on the shoulder (do not begin speaking until they are looking at you)
11. Speak clearly and at a slightly slower pace
12. Use yes or no questions
13. Rephrase if not understood
14. Avoid words such as "this" or "that" when referring to something being demonstrated.
15. If you are referring to written material or using visual aids, allow each individual adequate time to review the written material before beginning the discussion.
16. Convey concern (through notes or gestures)
17. Communicate a plan for on-going communications while at the shelter.
18. Provide physical or visual guidance as needed

I. Using Interpreters

1. Speak directly to the deaf/hard of hearing individual: using remarks such as "Tell him" or "Ask her" are unnecessary.
2. Speak naturally. The interpreter will ask for clarification when needed.
3. Allow more time for interpreted communication.
4. Be mindful of what you say out loud. The interpreter must sign everything that is spoken without editing.
5. Speak one at a time. The interpreter is only able to relay one message at a time.
6. Avoid speaking directly to the interpreter or asking them about the deaf-hard of hearing individual. Interpreters follow a strict code of ethics regarding their impartiality as well as in keeping their

assignments confidential.

J. Using Communication Assistance Real Time (CART) Captioning

1. In the event the group activities, meetings, or services are held, hard of hearing shelter residents will benefit from CART or real time captioning.
 - a. A captioner uses a court reporting machine to transcribe verbatim what is spoken. Text is displayed on computer or projected on a screen

K. Telecommunications Devices

1. Videophone-communication in ASL
 - a. Laptops, tablets, personal computers or smart phones with a camera and high speed internet connection
2. Caption phone
 - a. Provides a text translation of phone calls
3. Amplified phone
 - a. Benefits persons with mild to moderate hearing loss

VIII. Low Vision and Blindness

A. When you Meet Someone who is Blind

1. Treat them as you would anyone else. They do the same things as you, but sometimes use different techniques.
2. Speak in a normal tone of voice. Blindness doesn't equal hearing loss.
3. Talk directly to them, not to their companion. Loss of sight is not loss of intellect.
4. When entering a room, identify yourself; when exiting, be sure to mention that you are leaving. Address them by name so they will know you are speaking to them.
5. If you leave them alone in an unfamiliar area, consider offering them an orientation clue, such as: 'The door is to your left.'
6. Don't worry about using common, everyday words and phrases like "look," "see" or "watching TV" around them.
7. If they look as though they may need assistance, ask. They'll tell you if they do. If they are about to encounter a dangerous situation, voice your concerns in a calm and clear manner.
8. Pulling or steering the person who is blind is not helpful. Avoid grabbing their arm, and don't touch their dog's harness or their cane.
9. Ask, "Would you like me to guide you?" Offering your left elbow (most blind individuals are right handed so they hold their dog's harness with their left hand) is an effective and dignified way to lead someone who is blind. Do not be afraid to identify yourself as an inexperienced sighted guide and ask for tips on how to improve. Using audible cues, such as a tap or pat on an object (such as a chair or doorway), is a good technique for showing the person who is blind their location. Commenting, 'Here's the chair,' while tapping on it helps them to quickly locate it.
10. If you are guiding them, they may either ask their guide dog to "heel" or ask their dog to work.
11. If you need to help them get to another location, they may ask that you just walk to that location and will then ask their guide dog to "follow" you. Please don't talk to their dog in any way.
12. Be considerate. For example, if you notice a spot or stain on their clothing, tell them privately (just as you would like to be told).
13. Be sure to give useful directions. Phrases such as "north about 20 feet" and "left about five feet" are more helpful than vague descriptions like "over there and then turn left."
14. In a feeding area, give clear directions to available seats. Your offer to tell the person who is blind what food is available and to help them plate it may be appreciated, but you shouldn't assume they would not want to order their own food if ordering is appropriate.
15. Offer to let them know what is on the table: ketchup bottle, water glasses, salt and pepper shakers, etc.

You can describe the location of items by using clock positions: "Your coffee is at 3 o'clock"; "The sugar is at 1 o'clock."

16. Leave doors all the way open or all the way closed—half-open doors or cupboards are dangerous. And more often than not, moving chairs or other objects around – especially in a familiar environment – winds up being more confusing for the person who is blind than helpful.
17. Do not ask how long they have been blind. Their personal medical history is none of your business. Normal conversation would be great; the person who is blind can talk about the weather or politics like anyone else.
18. People who are blind love their guide dogs and will gladly chat about how long I have had the dog and so on, but please keep in mind that they are asked those same questions over and over again. Please keep conversations focused on commonly discussed topics such as the weather.

B. Meeting a Guide or Service Dog Team: Some Words of General Advice (Inside and Outside of a Shelter)

1. As tempting as it may be to pet a guide dog or service dog, remember that this dog is responsible for leading someone who cannot see or to otherwise mitigate some disability. The dog should never be distracted from that duty. A person's safety may depend on their dog's alertness and concentration.
2. It is okay to ask someone if you may pet their guide or service dog. Many people enjoy introducing their dogs when they have the time. Never forget that the dog's primary responsibility is to its disabled partner and it is important that the dog not become solicitous.
3. A guide or service dog should never be offered food or other distracting treats. The dogs are fed on a schedule and follow a specific diet in order to keep them in optimum condition. Even slight deviations from their routine can disrupt their regular eating and relieving schedules and seriously inconvenience their handlers. Guide & service dogs are trained to resist offers of food so they will be able to visit restaurants without begging. Feeding treats to a guide or service dog weakens this training.
4. Although Guide Dogs cannot read traffic signals, they are responsible for helping their handlers safely cross a street. Calling out to a Guide Dog or intentionally obstructing its path can be dangerous for the team as it could break the dog's concentration on its work.
5. Listening for traffic flow has become harder for Guide Dog handlers due to quieter car engines and the increasing number of cars on the road. Please don't honk your horn or call out from your car to signal when it is safe to cross. This can be distracting and confusing. Be especially careful of pedestrians in crosswalks when making right-hand turns at red lights.
6. It's not all work and no play for a guide or service dog. When they are not in harness, they are treated in much the same way as pets. However, for their safety they are only allowed to play with specific toys. Please don't offer them toys without first asking their handler's permission.
7. In some situations, working with a Guide Dog may not be appropriate. Instead, the handler may prefer to take your left arm just above the elbow and allow their dog to heel. Others will prefer to have their dog follow you. In this case, be sure to talk to the handler and not the dog when giving directions for turns.
8. A guide or service dog can make mistakes and will need reminders to maintain its training. Correcting a mistake usually involves a time-out or leash action. When the dog regains focus and correctly follows a cue,

he or she is frequently praised and rewarded with a kibble. Guide and service dog handlers have been taught appropriate management methods to use with their dogs.

9. Access laws, including the United States' Americans with Disabilities Act and Canada's Blind Persons' Rights Act, permit people who are blind to be accompanied by their guide dogs anywhere the general public is allowed, including taxis and buses, restaurants, theaters, stores, schools, hotels, apartments, office buildings, and emergency shelters.
10. Before asking a question of a person handling a dog, allow them to complete the task at hand. Remain calm in your approach and mannerisms. Never tease a dog.

IX. Deafblindness

The word *deafblindness* may seem as if a person cannot hear or see at all. The term actually describes a person who has some degree of loss in both vision and hearing. The amount of loss in either vision or hearing will vary from person to person. Some individuals may have lost all sight but can still hear with the help of hearing aids. Others may have no hearing but their limited sight enables them to communicate with others through sign language.

All that being said there is no single form of communication that works with every deafblind individual. Try some of the following methods until you find whichever one the individual is most comfortable with or finds most helpful.

1. In a true "must now move" emergency, using a finger, draw a huge "X" on the back of a person with hearing and/or sight loss while explaining the need to relocate immediately. After the, "X" go to the right of the person, make an "L" with your left arm and gently but with conviction, with your right hand reach across yourself to grasp the person's right hand and place it in the space between your elbow and forearm and then move. If the person has a guide or service dog, pause just a moment to allow the person to drop the harness handle so that they can heal the dog as you guide the team to safety.
2. Always remember that all are individuals and within each are varying levels of sight and hearing. If in doubt, ask how you might be of assistance. Always stand directly in front of the person you want to communicate with and speak in a calm and usual voice. If it appears that the individual is not attentive, it is fine to place a hand on the person's shoulder to garner their attention.
3. It is perfectly reasonable to use palm writing in an emergency situation. Stand to the right of the person you need to communicate with, shoulder to shoulder. With your left hand, gently reach for and turn the person's right hand, palm up. Then, using all capital letters, finger write very short words with a slight pause between words. For instance, you can use short hand to write, R U OK. Offer your palm back if the person is non-verbal or doesn't have an assistive device to use. They may be able to communicate back to you in a similar way.
4. Many individuals who are blind-deaf can write. Be sure to have Sharpie type brand 20/20 pens and heavy stock paper for their use.
5. Contained within this Tool Kit is a Braille and Large print alphabet card. If other communication techniques do not seem to be working, hand or gently place this card in the hand of the person who is death-blind. The person might know Braille so can finger point out words or have residual vision so that they can point to the letters to spell out words.
6. Using a "buddy system" for individuals who are blind-deaf is ideal. Seek out another person who is blind or deaf with observed skills to assist as a "buddy" to another.
7. Although segregating by any criteria is abhorrent, in the case of citizens who are deaf-blind it might be best to locate them near their "buddy" if such is used or near other individuals who are blind or deaf.
8. As noted elsewhere in this document, be sure there is a way for the client who is deaf-blind to post signage or otherwise be able for their family or caregiver to find them if separated.
9. Consider, "touch and go" orientation. Touch is a very useful tool for those who are deaf-blind and for a volunteer to use to communicate orientation. For example, "touch" the registration table and assist the person who is deaf-blind to do the same. Then, using sighted guide, walk to the restroom (for example) using a straight walking path and right angles "touching" each wall or post that designates the turn made. Once in the restroom, "touch" the stall door, "touch" the sink and so on. At each "touch", wait and try to

ascertain if the person understood the way point you just made. Don't be bashful about repeating as might be necessary.

10. Assisting someone with a disability can be very challenging. In an emergency sheltering environment, it might be even more challenging. Please, feel comfortable to ask another volunteer to assist if communication is simply not happening between you and the person who is deaf-blind. Remember, if the communication for you is not working and you are feeling trepidation at the least, you can bet the citizen who is deaf-blind is having the very same feelings. Don't wait until both of you are more than frustrated, hand off the client if you will, "sooner than later:"
11. Refer to sections *7.0 Deaf and Hard of Hearing* and *8.0 Low Vision and Blindness* for additional information.

X. Developmental

A. Registration

During registration, you may encounter someone who identifies him or herself as having a developmental disability. Developmental disabilities may be cognitive, physical, or a combination of both. While not always visible, these disabilities can result in serious limitations in everyday activities of life, including self-care, communication, learning, mobility, or being able to work or live independently.

In most instances, people with developmental disabilities can be appropriately housed in mass care shelters. Most people with disabilities who use attendant care are not medically fragile and do not require the heightened level of medical care provided in a special needs or medical shelter.

B. Communicating with Individuals with Developmental Disabilities

1. Do not ask, "What is the nature of your disability?" or "Do you have a disability?" Instead, ask about accommodation and accessibility needs as part of the general registration process.
2. Use person-first language. Say "person with a disability" instead of "disabled person"; "person who uses a wheelchair" instead of "confined to a wheelchair" or "wheelchair bound". Avoid terms such as "handicapped" or "crippled". If you are not sure what words to use, ask.
3. Direct communication is important. Speak to the person in clear sentences, using simple words. Help him or her understand a complex idea by breaking it down into smaller parts.
4. Don't use baby talk or talk down to people who have developmental disabilities. Gauge the pace, complexity, and vocabulary of your speech according to theirs.
5. Let the person finish his or her own sentences.
6. Remember that the person is an adult and, unless you are informed otherwise, can make his or her own decisions.
7. Speak directly to the person, not to their companion if they have one. For example, you will ask, "Jane, are you hungry?" instead of asking Jane's companion, "is Jane hungry?"
8. Phrase intake questions in a neutral way to obtain accurate information. For example, you will ask, "do you take any medications?" rather than, "you're not taking any medications, are you?"
9. Don't assume that he or she needs help. Instead, ask if you can be of assistance.
10. Look for a medical alert bracelet. If the person is wearing one, ask permission to look at it to be sure that you are aware of their allergies and other medical needs.
11. People with developmental disabilities often rely on routine. Be aware that a change in the environment or in a routine may require some attention and a period of adjustment.
12. People who experience slurred speech or other speech difficulties due to disability are typically used to having to repeat themselves. Conduct important conversations, such as the intake process, in a quieter area if possible. Don't nod your head in agreement if you're not sure what has been said. Repeat what you think you heard back to them. "I think I'm hearing that you are allergic to peanuts. Is that correct?" If you're having difficulty understanding a word, you can ask the person if they will spell it for you. Ask yes or no questions if possible. The individual may have an electronic communication board or a

- handheld letter board to use to spell words.
13. Have the person repeat back any important information to ensure understanding.
 14. Give people with developmental disabilities a guided tour, if possible. Point out signage that will aid them in finding the areas that they need. If the individual has arrived without a companion and seems confused or frightened, you might consider asking them if they'd like to be introduced to a staff person or another resident that they can check in with frequently to help guide them through the first day or so in the new facility. Once the first tour has been given, allow him or her to lead the following tours as you point out signage and landmarks to help them access these areas more independently.
 15. If he or she seems disoriented, provide the individual with a sleeping area that is near a wall or an aisle and point out landmarks that will help them find a route to the restroom, dining area, etc. with minimal confusion. You will also want to point out the landmarks that will help the person identify their sleeping area when they return to the room. If there is nothing of note you might count how many beds they need to pass before they reach theirs or post a colored piece of paper on the wall near their sleeping area for identification purposes.
 16. If the person has arrived with family or a caregiver, make efforts to ensure that they are all sleeping near one another.
 17. If the busy environment is causing fear or confusion, the person may not be able to verbalize this. If the person is crying, yelling, or demonstrating other signs of being overwhelmed you might invite them into a quieter space for a while. The communication boards included in this tool kit may help to identify the cause of the person's discomfort. If this seems to help you might ask if they'd like to move into a quieter room for sleeping, if available. **If the individual does request to move it is important that the quieter area not be completely isolated from the other residents, staff, and services.**
 18. If the person is not with their family or other support person, you will want to explain where they can post a note for family or friends to let them know that they are there if someone comes looking for them. Ask if he or she can read and/or write. If not, you might offer to write a note for them.
 19. If the individual needs help with dressing or using the restroom and does not have a companion with them to aid in these tasks, talk directly with them about what assistance is and isn't available to them. If dressing is the issue, check to see if they brought clothing with them that they can get on and off themselves. If manual dexterity is the issue, a pair of pants with an elastic waistband might help the person dress and use the restroom on their own.
 20. Have notepads, pens, and pencils available for those having communication difficulties to express their needs. Draw pictures if necessary.

C. Day to Day

If a person with a developmental disability or other communication challenge has been checking in with a volunteer or other resident for questions and/or support, check in with the individual and the person who is providing the support for status updates throughout their stay if possible.

D. Shelter Closing

1. Is safe housing available?
2. Are home supports (such as family, friends, caregivers) available if needed?

3. Will the individual be able to access needed medical care, food, appropriate transportation, and other necessities upon going home?

XI. Language Barriers

With 13 million people in America identifying as either speaking English poorly or not being able to speak English at all, language barriers are bound to be a communication problem in many shelters. Ideally a team of impartial and certified translators will be on site to translate during registration and announcements. However in a disaster things rarely go according to plan. If your shelter is unable to get any professional translators on site or use any remote translation services then use the following tips to help you communicate.

1. Be patient.
 - a. Cross-cultural communication takes time and effort. If you get upset then they are likely to get upset as well. It becomes even harder to get the message across when you are angry.
2. Speak slowly and clearly.
 - a. Focus on enunciation and slowing down your speech. Even if you feel like you don't have time to explain something to someone who speaks another language, the miscommunication that can result from you rushing will end up costing you more time in the long run.
3. Clarify that what you said has been understood.
 - a. Politely request clarification that they understand what you have told them.
4. Avoid Idioms
 - a. An idiom is defined as an expression whose meaning is not predictable from the usual constituent elements. These can be extremely confusing for someone who already is having a hard time with a language.
 - b. A few examples: break a leg, piece of cake, biting off more than you can chew, and scratching someone's back.
5. Draw pictures to communicate ideas.
 - a. Some people prefer to see an idea or an action rather than have it be explained to them. If you are not artistic, magazines, books, or the Internet can also be used to show what you're talking about.
6. Be mindful of acronyms.
 - a. You might be working in an organization where acronyms are used frequently. Remember that not everyone may know the acronyms that you and your coworkers use on a regular basis. Always use the full name.

XII. Mental Health

During an emergency situation, especially one of the scale needing a community shelter, chaos, fear, uncertainty, and the disruption of normal daily activities will stress every member of the community to some degree. The mental health issues possibly present in an emergency shelter situation lay on a continuum. It is most important to remember to **address the behavior** – knowing a specific diagnosis is not always helpful.

Community members utilizing an emergency shelter may exhibit a range of signs and behaviors, such as: confusion, helplessness, sadness, anxiety, depression, fear, or even anger. Provide support and/or enforce appropriate shelter rules and boundaries as needed, *primarily using de-escalation techniques.*

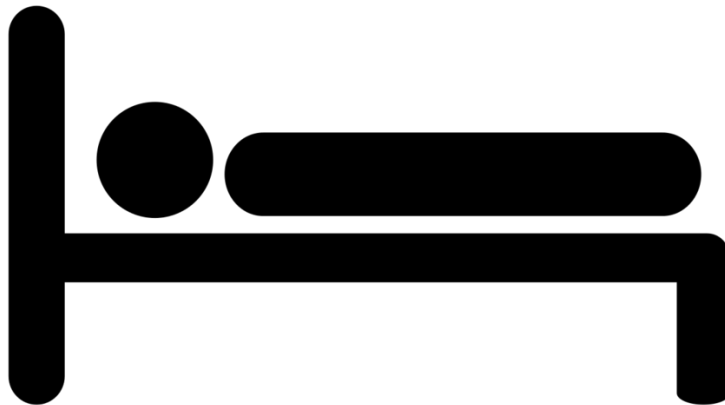
Emergency Shelters should plan for:

1. Providing a confidential space for private conversations between staff and shelter residents, when needed.
2. Providing a Quiet Room – away from the main sleeping/living areas – for use by shelter residents, as needed. This space should have appropriate signage and **be regularly monitored by shelter staff.**
3. Establishing MOU's with local mental health providers, including non-profits and programs serving children, for use as staff in shelters when needed.

XIII. Signage and Materials

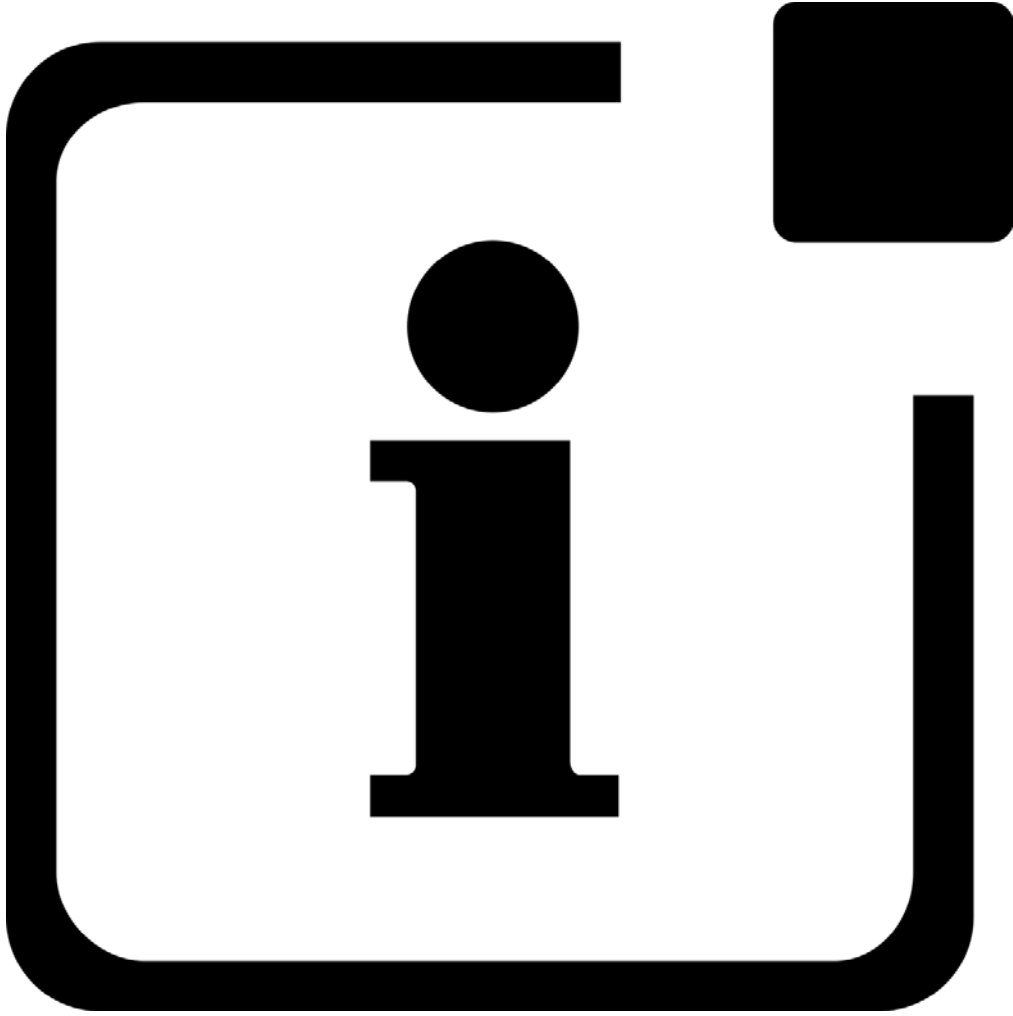
A. Signage

Signs should be at least 3 ft. by 3 ft.; if they are in a large open space such as a lobby or atrium they should be larger. Ideally they should be made out of heavy-duty banner materials, but other, paper-based materials can be used if your budget does not allow for the printing of durable banners. If hanging hooks are readily available on-site, you should use grommet banners for your signage. The following signs are suggestions for what you could use in your shelter. If you feel that your shelter doesn't need a particular sign, like the signs for transportation or children for example, you do not need to create them. Use the signage that you feel your shelter needs the most.



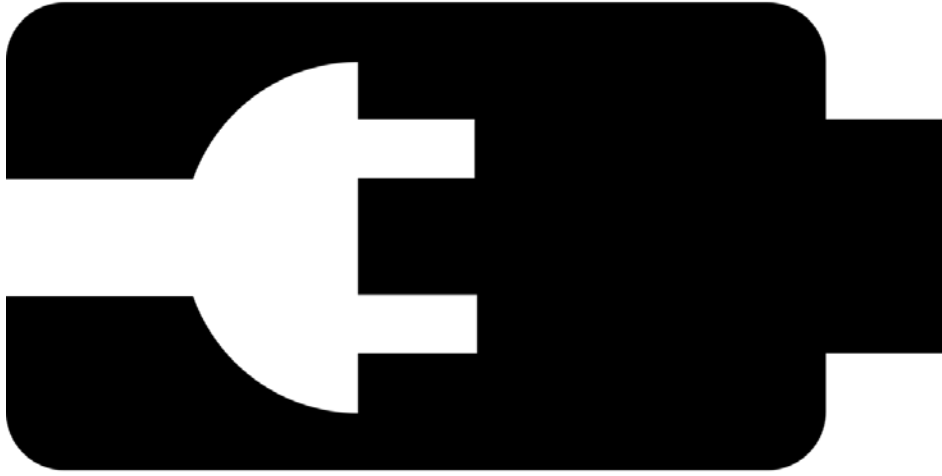














A. Materials

The following materials can be purchased to aid in communicating with individuals the functional needs. Links are provided to show examples of locations where these items can be acquired. Do not limit yourself to these options. You may very well find something that suits the needs of your shelter better than these suggestions.

1. Braille Cards



These cards can be used to help communicate with individuals who are deafblind. They feature raised letters so that messages can be spelled out by them or whoever they are communicating with.

<http://www.cal-s.org/braille-alphabet-cards.html>

2. Picture Boards



Picture boards can be used to communicate with individuals who have a hard time communicating verbally.

<http://www.attainmentcompany.com/healthcare-communication-boards-vidata0k>

3. Registration Question Sheets

At the beginning of *Section V* is a list of questions that should be asked at registration. You should make several copies of that list and hand them to all of your staff and volunteers who are doing registration.