Governor's Office of Emergency Services
Office for Access and Functional Needs
Guidance on Planning and Responding to the Needs of People with Disabilities and Older Adults
August 2008

According to the U.S. Census of 2000 there are almost 6 million people who identify as having a disability in California, by 2010 the number of individuals with disabilities will exceed 11 million. More people with disabilities and activity limitations live in the community independently, with spouses and children lessons documented in recent disasters, concerning the integration of people with disabilities into community living and the growing aging population have shown that the existing paradigm of Emergency planning, and implementation must change.

The lessons documented from the years of assisting individuals with diverse disabilities and functional needs, in disasters, show three areas that are repeatedly identified as most important to people with disabilities and older adults. They are 1) Communication (Alert, Warning, Notification), 2) Evacuation (Transportation), and 3) Sheltering. The diversity of disability groups and its leadership, and established emergency management systems, brings natural confusion for both, as to who are the leaders to engage and how to make meaningful change in planning, systems and operations. To learn more about lessons learned review http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm#preparedness.

The Governor's Office of Emergency Services (OES) established the Office for Access and Functional Needs (OAFN), which identifies needs of people with disabilities before, during and after a disaster, and integrates disability elements and resources into all aspects of emergency management systems. The OAFN offers the following guidance to emergency managers and planners, and disability and

older adult service systems, for planning and responding, during disasters and recovery.

Identification of People with Disabilities & Older Adults

Functional Needs Population (formerly Special Needs Population): Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are older adults; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged. (N*ational Response Framework Glossary* http://www.fema.gov/emergency/nrf/glossary.htm)

Registries
The use of voluntary registries has been a topic of discussion with state and local emergency planners and within the disability community. Some jurisdictions have developed pilot registries which most people with disabilities and older adults chose not to participate in. Offering registries imply implications that any jurisdiction should consider. Specifically, having a registry may be perceived as a promise or guarantee by local government that the registrants will be provided with evacuation services. Jurisdictions should carefully consider the implications of such perceived promises.   There may be a tendency by a jurisdiction to view those on the registry as the only ones who need assistance or to focus on the registrants first rather than looking at the population more broadly. Additionally, there are Health Insurance Portability and Accountability Act (HIPAA) considerations that must be factored into the development and deployment of registries, concerns related to maintenance of information on the registry (location of individual and medical information) and potential legal liabilities.

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Local jurisdictions are encouraged to leverage existing disability and older adults service systems, such as In-Home Supportive Services, Meals-on-Wheels and Paratransit, as opposed to creating new registries. Information can be gleaned from a variety of sources, to provide the comprehensive information necessary to inform emergency planning and response.

Integration of Disability/Older Adults Services
Integrating disability and older adults service organizations, and local government service programs into planning efforts, will improve preparedness and better identify populations that will need assistance. It is essential that disability and older adult service providers are partners in all disaster planning efforts. The following should be considered in planning:

1. Who is at the planning table with emergency managers/planners?
   - People with disabilities & older adults
   - Disability & older adults service organizations
   - County and local government service programs
2. Have roles and responsibilities been identified?
3. Is there disability and older adult representation in the Emergency Operations Center?
4. Do drills/exercises incorporate disability issues, service providers and include people with disabilities as victims and responders?

Following are a few websites that provide contact information for disability and older adults service organizations that can be of assistance in planning and during a disaster:
- Independent Living Centers
  www.cfilc.org
- Regional Centers (Developmental Disabilities)
  www.arcanet.org
- Deaf/Hard of Hearing
  http://cad1906.org
- Blind/Low Vision

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www.ccbnet.org or www.nfb.org
- Mental Health Needs
  http://www.mhac.org
- Multiple Sclerosis Society
  http://www.nationalmssociety.org
- County In Home Supportive Services (IHSS)/Public Authority
  www.capaihss.org
- Alzheimer's Association
  www.alz.org
- Area Agencies on Aging
  www.c4a.info

Communication

There are many factors that must be considered to ensure effective communication during disasters and recovery. Following are areas to consider communication access:

1. Early Warning Notification Systems
2. Emergency Alert Systems
3. Evacuations
4. Press Conferences
5. Websites
6. Press Releases

In determining the most appropriate system or procedures, for your jurisdiction, it is essential that you involve individuals with diverse disability and older adult expertise and advocacy backgrounds in the planning for emergency communication. Individuals who are deaf/hard of hearing/deaf-blind and blind/low vision must be part of the decision making process. Without the involvement of these groups of people can enhance efforts for communication with the disability and older adult communities will be far from successful. To ensure redundancy in communication, partner with community based organizations and local partners to provide emergency and evacuation information to their clientele.

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Early Warning Notification Systems

Early Warning Notification Systems must be accessible and capable of reaching the diverse population of people with disabilities. In determining the type of systems obtained and policies adopted, consider the following.

For Land-Line Numbers:

- Does the system have the ability to directly connect with TTY's?
- Is a TTY user required to register their land-line telephone number to receive warning messages? (If so, this is not "functionally equivalent" and is not an acceptable practice.)
- Are all individuals, or only those who are deaf/hard of hearing/deaf-blind required to apply/register their information,
- What is the process to register and how is it advertised?
- How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing and deaf-blind?

For Wireless Numbers/Systems:

- Does the system have the ability to send text messages to wireless devices?
- What are the systems limitations of sending text messages?
- Does the system have the capability of sending email messages to data devices?
- Does the system have the capability of sending video messages, (using American Sign Language) to video-enabled wireless devices and/or email?
- How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing or blind/low vision?

Emergency Alert Systems

Review the Emergency Alert System (EAS) with broadcasters in your jurisdiction, to ensure accessibility for people who are deaf/hard of hearing, deaf-blind, blind/low vision or who have cognitive disabilities, for all emergency messages.

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- If messages are only provided orally:
  - o Is captioning provided on the screen?
  - o Is sign language interpretation provided on the screen? (Is the interpreter visible during the entire message or do you break away to video images and field reporters?)
- Are messages which are scrolled at the bottom of the screen audio described for people who are blind/low vision?
- Is information provided easy to understand (3rd Grade Reading Level) to enhance communication with individuals who have cognitive disabilities?
- How often is the system tested and does it include participation and feedback from individuals who are deaf/hard of hearing, deaf-blind, blind/low vision or who have cognitive disabilities?

Evacuations

There is a significant amount of new technology being demonstrated and utilized but it may not always provide effective communication to people with sensory disabilities. Therefore, the burden remains on first responders, volunteers, and disability and older adults service systems to communicate with individuals during evacuations. Consider the following regarding methods of communication:
- ➤ Has input been provided from the deaf/hard of hearing, deaf-blind, blind/low vision, cognitive disabilities and older adult communities, into evacuation communication plans?
- ➤ Announcements via public address systems from vehicles and helicopters will not be heard by a large population who are deaf/hard of hearing or deaf-blind. The following should be clearly addressed:
  - o Plans for door-to-door communication and factors that determine when the method should be activated
  - o Types of individual communication tools available to responders
  - o Pre-printed materials available to assist responders with communication

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➢ Do you have a siren system in place? What outreach has been done in the community to identify those that may not hear the siren and alternate methods for communication?
➢ Is evacuation planning integrated and coordinated with volunteer programs, disability and older adult service systems and other communication plans?

Press Conferences

Information delivered at press conferences by public officials, during a disaster, is critical. Specific steps in planning press conferences need to occur to ensure accessible and effective communication:

- Utilize a sign language interpreter at all press conferences held by public officials and/or if the intent is to deliver vital information. (Having an MOU for emergency sign language interpreting services is advised)
- Inform the media as to the purpose of the interpreter to ensure television broadcasters include the sign language interpreter on the screen at all times.
- Does the broadcast station switch to close up shots of public officials, field reporters or B-roll footage? (Utilizing the "bubble" may be an option.)
- Real-Time Captioning is provided
    - o Do broadcasters have an MOU in place for the immediate provision of captioning (open/closed) during emergencies?
    - o How much time is needed for the captioner to provide services?
    - o Any visual information, such as telephone numbers, email addresses, street closures, school closures, shelter locations, etc that are   shown on the screen, must also be spoken verbally to viewers to ensure effective communication with people who are blind or low vision.

Websites/Documents/Software Programs

Communication via electronic methods has proven to be valuable during disasters and recovery. Moreover, technology is extensively

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used for emergency preparedness planning. It is critical that websites are accessible and the information for additional communication includes multiple options.

Federal websites, documents and software programs must comply with accessibility requirements under Section 508 of the Rehabilitation Act of 1973, which can be found at http://www.access-board.gov/508.htm. Additionally, in September 2002, Senate Bill 105 was enacted to amend Section 11135 of Government Code requiring "state governmental entities, in developing, procuring, maintaining, or using electronic or information technology, either indirectly or through the use of state funds by other entities, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations." To assist with ensuring compliance the State has developed recommendations for website accessibility, which can be found at http://www.webtools.ca.gov/accessibility/.

General considerations that should be given when posting information on a website:
- ➢ If documents are posted in PDF do they meet access requirements and are there alternate methods such as Hyper Text Markup Language **(**HTML), Rich Text Format (RTF) and Word to receive the information? Often tables are used and it is critical that they are designed with appropriate coding to ensure screen reader software can read the text properly.
- ➢ If maps of disaster zones are posted provide text description which should include the information that is provided when clicking in a specific zone. Consider breaking the map areas by zones to make it easier to locate specific areas.
- ➢ Ensure that pictures have text description (alt-attribute and/or long description) of the image. Be specific in the description of images and do not say "picture of….(fire, flood) or image of ….(fire, flood)" to describe picture or image.
- ➢ Identify people with disabilities 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 (ex. Real player) is the spoken information also being captioned or is a text script available?

Press Releases

The information conveyed in a press release to people with disabilities is very important. In developing the message consider the following:

- Terminology/Language- when any part of the message is intended for the disability and older adults community state that specifically. Appropriate terminology is "people" first language such as; "if you are a person with a disability or older adults, please ………..(stay inside, leave your air conditioner/heater running)."
- Messages- keep message easy to understand (3rd grade reading level) to enhance communication with individuals who have limited reading ability or cognitive disabilities.
- Contact Information- ensure that there are multiple methods offered for effective communication with people with diverse disabilities. For instance when a voice line is provided to call for information there must be a teletypewriter (known as TTY) line available with someone responding to the calls. Also, consider utilizing a Q&A email address or ability for live response online.
- Operators- those answering the telephone lines should also be trained to understand how the traditional relay service and video relay service work.

For further guidance on the use of language and communication please visit http://www.plainlanguage.gov/.

Evacuation/Transportation

The need to move people with mobility disabilities in a disaster can be complex. Complications can be caused by a variety of factors including: locating people that need to be transported, the medical condition of the individual, vehicle accessibility, pet and service animal needs, forced transport and liability issues. Following are issues to consider in your planning:

1. What plans currently exist and are multiple entities dependent on the same provider(s)? Are protocols in place to avoid confusion when accessing and deploying assets?

2. Do plans identify the transportation providers that will be responsible for and have the capacity to move individuals with disabilities from schools, neighborhoods, medical facilities, nursing facilities, etc?

3. Are disability and older adult transportation providers incorporated into evacuation plans (including the use of vehicles, drivers and dispatch)? Evacuation plans for people with disabilities and older adults must be integrated into local government emergency plans to ensure that evacuations are well coordinated.

4. Have community living, assisted living and residential facilities been identified/mapped in advance and plans for evacuation approved? Do plans identify protocol for criteria to evacuate, adequate number of medical personnel to assist, type of transportation vehicles needed, potential destinations and return of individuals? For more information on identifying licensed facilities please visit:
www.cdph.ca.gov/programs/Pages/LnCContact.aspx
www.dds.ca.gov/VendorInfo/Home.cfm
www.ccld.ca.gov

5. When disasters occur during non-operational hours, how quickly can disability and older adult transportation providers respond?

6. Do plans exist for evacuating people with disabilities and older adults from areas of the community not covered by public transit? Are neighboring disability and older adult transportation providers able and prepared to assist?

7. Are first responders provided a map, by disability and older adult transportation providers at least quarterly, that identifies areas of the community where high levels of trips occur?

8. Do first responders know who the disability and older adult transportation providers are? First responders are encouraged to meet annually with disability and older adult communities, and transit providers to orient them on specific equipment and issues that may arise during evacuations.

9. Are there plans to have wheelchair accessible vehicles and drivers pre-positioned and immediately available to first responders during evacuations?

10. Do drills/exercises incorporate first responders, accessible transportation providers and people with disabilities as victims?

County and local government may have a variety of resources within their jurisdiction to use in the movement of people with disabilities and older adults, during a disaster. Transportation service systems specifically for people with disabilities and older adults need to be integrated into all evacuation plans. School bus transportation providers will know the location of children with disabilities in the district and can be a resource. However, disability and older adult transportation providers have an understanding of the location of individuals dependent on them for transport.

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It is beneficial to have policy regarding on call drivers, whether mandatory or a voluntary sign up list, to ensure that adequate number are available during emergencies. Driver training on use of specialized accessible vehicles and specific equipment that would be used for evacuations, need to occur regularly. Additionally, training on handling of service animals and household pets, is necessary.

To help meet evacuation demands during emergencies, the development and adoption of Memorandum of Understanding (MOUs) is vital between transit operators, neighboring transit systems, local emergency management coordinators, nonprofit social agencies and standby contracts with private operators (e.g., taxi systems, charter bus operators). Agreements should be developed between local governments and transportation providers with wheelchair accessible vehicles, including crossing jurisdictions for mutual aid assistance, in advance of an event.

Disability and older adult transportation service providers should become routine partners in emergency planning. Resources for accessible transportation that may be available in an area could include:
- ADA mandated Paratransit Systems
- Dial-a-Ride
- Non-profits
- Area Agencies on Older adults
- Regional Center vendors
- Taxi systems
- Non-medical emergency services
- School district transportation systems
- Adult Day Health Care
- Airport shuttle buses
- Airport car rental shuttle buses
- Older adults center vendors
- Health care center vendors

Extreme Heat/Cold & Unhealthy Air

During extreme heat/cold and unhealthy air, people with disabilities and older adults may need transport to cooling and warming centers. Typically, such conditions do not meet the criteria for a state/federal declaration but the consequences of an individual not getting to a center can cause significant health risks and may be catastrophic. It is recommended that local governments and disability and older adult transportation providers review their emergency policies and procedures to determine the following:

> ➢ What flexibility can be provided with reservation policies, to allow a rider in scheduling a trip?
> ➢ Who has authority to make the determination that reservation policies should be altered and the percentage of trips to be available?
> ➢ How does a rider make the request and is criteria for flexibility advertised via multiple communication methods (i.e., rider handbook, website)?
> ➢ When fares are waived during emergency conditions for general public transportation, is the waiver granted for disability and older adult transportation services?

<u>Sheltering</u>

People with disabilities have the right to access services in general population shelters just as any other individual. Emergency Managers and Shelter Planners have the responsibility to plan accordingly to ensure that sheltering services and facilities are accessible.

There is concern as to who is an appropriate placement into a general population shelter vs. the need for medical support. People with disabilities and older adults live independently in the community, with some individuals needing support services. The support services they receive are generally not provided by medical professionals but individuals from the community.

In order to adequately coordinate services for people with disabilities and older adults, in general population shelters, a liaison between

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shelter management and the individuals should be identified and announced. It is imperative that plans integrate the resources necessary to allow for people with disabilities and older adults to maintain their independence and dignity during a time of disaster. The areas that plans need to address are:
- Facilities
- Assessments/Services
- Equipment/Resources

Facilities

Historically, shelter locations chosen have been old schools and religious establishments that do not meet requirements under the Americans with Disabilities Act Architecture Guidelines (ADAAG). In the last few years, many school facilities have been upgraded to meet ADAAG standards, and government facilities such as recreation centers are often ADA complaint. The decision to open a shelter at a location that violates the ADAAG brings with it significant challenges to appropriately and safely shelter people with disabilities and older adults. When identifying shelter locations consider the following:

- ➢ Does the area of the facility being utilized for sheltering comply with the ADA Checklist for Emergency Shelters http://www.ada.gov/shleterck.htm
- ➢ Can the location become useable by obtaining portable units that are accessible? Often time restrooms and bathing units do not comply with ADAAG and portables can address the need (http://www.access-board.gov/ada-aba/final.htm#pgfId-1010419).
- ➢ When providing evacuation locations, ensure that those locations that are physically accessible are highlighted and clearly stated in press conferences, news broadcasts, press releases, etc.
- ➢ When providing evacuation locations, ensure that those locations that have communication access (i.e., sign language interpreters, captioning equipment, TTY access, Video Phone access, Braille/Large Print materials, readers, assistance, etc) are highlighted and clearly stated in press conferences, news broadcasts, press releases, etc.

Assessments/Services

The California Department of Social Services (CDSS) is the lead agency responsible for coordinating state resources for care and shelter activities. CDSS has developed a concept called Functional Assessment Service Teams (FAST). The following outlines the purpose of a FAST and concept of operations. It is encouraged that such a team(s) be established within your jurisdiction to appropriately shelter and respond to the needs of people with disabilities and older adults.

The purpose of the FAST program is to provide staff to conduct a functional assessment of people with disabilities and older adults as they arrive at shelters. This assessment will evaluate the essential functional needs that can be supported within the general population shelter. FAST may be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters as needed or requested.

Those unable to be supported within the shelter will be relocated to a medical service section of the shelter or transported to a more appropriate medical facility.

FAST consists of corps of trained government employees and Community Based Organization (CBO) and Non Governmental Organizations (NGO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST members must have in-depth knowledge of the populations they serve, their needs, services, and resources including housing, benefit programs, and disaster aid programs. FAST will work side by side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST free other emergency resources to focus on emergency incidents rather than on mitigating complications.

Concept of Operation:

Support for essential functional needs will be provided to individuals who have been assessed and determined to be safely accommodated within a shelter. Such accommodations include, but are not limited to providing assistance in:

- Assist in replacing essential prescribed medications.
- Essential durable medical equipment (DME) and essential consumable medical supplies (CMS) are obtained.
- Assistance to maintain independence (personal assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.).
- Support to individuals with cognitive limitations.
- Interpreters and other communication support to assist individuals who require communication assistance (hearing and visual impairments, language/cultural, etc.).
- Assistance to individuals who have conditions that affect mobility.
- Assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).
- Assistance to individuals with temporary limitations (post surgery, accident injuries, pregnancy, etc.).
- Management and coordination of processes to address the requirements to maintain functional/medical support operations.

It is recommended FAST consist of members with experience in the following areas:

- Older adults (services/supports, including dietary needs)
- Chronic Health Conditions Needs
- Developmental & other Cognitive Disabilities (i.e. Traumatic Brain Injury (TBI)
- Hearing loss
- Mental Health Disabilities
- Physical Disabilities
- Substance Abuse
- Vision Loss

Equipment/Resources

It is recommended that private sector provider agreements be established and/or the following equipment/resources be obtained to ensure they are available at general population shelters. Equipment/resources includes but is not limited to:

- o Accessible cots
- o Toilet chairs
- o Raised toilet seats
- o Shower chairs
- o Wheelchairs (multiple sizes)
- o Wheelchair battery chargers
- o Walkers
- o Walking Canes
- o White Canes for the Blind (46"-60")
- o Crutches
- o TTY equipment
- o Eyeglasses
- o Magnifiers
- o Hearing aids (batteries)
- o Height adjustable tables

CDSS has hired a consultant to work with ten high-risk counties: Sacramento, Yolo, San Joaquin, San Francisco, Alameda, Sonoma, Santa Cruz, Ventura, Los Angeles, and San Diego; to develop plans for sheltering people with disabilities and older adults. Once the planning effort is completed in those counties, other counties will be encouraged to adopt similar plans and processes. The planning effort should be completed by June 2009.

In partnership with OES, CDSS and the Governor's Office of Homeland Security, training for FAST for those counties and for state FAST teams will be available in the spring of 2009. More information will be made available as arrangements for the training become finalized.

For further information on general sheltering visit CDSS at
www.dss.ca.gov or regarding sheltering individuals with medical
needs visit the Emergency Medical Services Authority at
www.emsa.ca.gov.

<u>Recovery</u>
Navigating the recovery process and accessing services is a
challenge for anyone impacted by a disaster. Organizations
providing direct services to people with disabilities and older adults
must be integrated into all Local Assistance Centers and Disaster
Recovery Centers. These organizations must develop mechanisms
to coordinate with each other to maximize resources and eliminate
duplication of effort. The organizations critical to recovery include:

- Independent Living Centers
  www.cfilc.org
- Regional Centers (Developmental Disabilities)
  www.arcanet.org
- Deaf/Hard of Hearing
  http://cad1906.org
- Blind/Low Vision
  www.ccbnet.org
- Mental Health Needs
  http://www.mhac.org
- Multiple Sclerosis Society
  http://www.nationalmssociety.org
- County In Home Supportive Services (IHSS)/Public Authority
  www.capaihss.org
- Area Agencies on Aging
  www.c4a.info
- Alzheimer's Association
  www.alz.org
- Department of Rehabilitation
  www.dor.ca.gov
- Department of Developmental Services
  www.dds.ca.gov
- Department of Mental Health

www.dmh.ca.gov
- Department of Aging
  www.aging.ca.gov

Recognizing that not all individuals go to Local Assistance Centers and Disaster Recovery Centers, descriptions of services should be disseminated using multiple communication arteries (radio, TV, internet, fact sheets, posters, etc.). It is required that all materials and forms be available in alternate formats that should include:
  - Large print (no less than 14-point)
  - Braille
  - CD
  - Electronic
  - Audio

When applications need to be completed onsite procedures should be in place to provide assistance to individuals with disabilities. The type of assistance could include reading materials and writing on forms.

Local Assistance Centers and Disaster Recovery Centers must be accessible as required under the Americans with Disabilities Act Architectural Guidelines (ADAAG) http://www.access-board.gov/adaag/html/adaag.htm and California Government Code, Title 24 (California Building Standards Code) http://www.bsc.ca.gov/title_24/t24_2007tried.htm#part2, and should be near public transportation (i.e., fixed-route bus, light rail).