

**U.S. Department of Homeland Security
Office for Civil Rights and Civil Liberties
Washington, DC 20528**

**Individuals with Disabilities in
Emergency Preparedness**

This report is also available in alternative formats and on the
DHS Web site
(<http://www.dhs.gov/disabilitypreparednessICC>)

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Acknowledgements

The needs of individuals with disabilities must be integrated into the planning for all types of disasters and emergency situations. To that end, this report is but one of several outcomes from the collaborative work of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (the “Interagency Coordinating Council,” “Council” or “ICC”).

Pursuant to Executive Order 13347, the Interagency Coordinating Council is comprised of senior leadership from 23 Federal departments and agencies. These leaders have enthusiastically applied their knowledge and experience to analyzing the current state of planning as it relates to individuals with disabilities, as well as formulating creative solutions to the problems found. Their commitment to ensuring that emergency mitigation, preparedness, response and recovery plans encompass the needs of people with disabilities is highly laudable.

The Interagency Coordinating Council is fortunate to be assisted by a multitude of partners and stakeholder organizations at the Federal, State, local and tribal levels. Unfortunately, there are too many of these entities—whose expertise provided valuable insight to the ICC and greatly enhanced its work—to thank individually. The ICC extends special thanks to the Department of Homeland Security Office for Civil Rights and Civil Liberties for its exceptional work and support.

The Interagency Coordinating Council also extends its sincere gratitude to the Subcommittee Chairs: Department of Education – Office of Special Education and Rehabilitative Services, National Institute on Disability Rehabilitation Research; Federal Communications Commission Disability Rights Office; Department of Homeland Security – Office for Civil Rights and Civil Liberties; Department of Justice – Civil Rights Division; Department of Labor – Office of Disability Employment Policy; Department of Health and Human Services – Office on Disability; Department of Transportation; as well as all the departments and agencies that assisted the Subcommittees in their work on this critical aspect of our nation’s preparedness effort.

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I. Executive Summary

Background

The September 11, 2001, terrorist attacks significantly increased awareness of the need to be prepared for all kinds of disasters and emergencies. As a nation, we are much more conscious of our vulnerabilities, not only to natural disasters such as tornadoes, fires, floods and hurricanes but also to acts of terrorism. We are more keenly aware of the compounded vulnerabilities and challenges the approximately 54 million Americans with disabilities face in time of disasters and emergencies. Yet disaster and emergency mitigation, preparedness, response and recovery planning efforts often overlook people with disabilities. Ensuring that people with disabilities become and remain an integral part of the nation's disaster and emergency mitigation, preparedness, response and recovery efforts requires a concerted approach to address a myriad of complex issues.

Implementation of the Executive Order

Recognizing that individuals with disabilities should feel as safe and secure in their communities and work environments as individuals without disabilities, President George W. Bush issued Executive Order 13347, Individuals with Disabilities in Emergency Preparedness. This Executive Order, a copy of which is provided as Appendix 1, sets forth the role of the Federal Government in effectively tackling these issues in a coordinated fashion. To ensure this, the President created the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, directing multiple Federal executive departments and agencies to work together to ensure that emergency preparedness plans are as comprehensive as possible with regard to the issues presented by individuals with disabilities.

The Council has concentrated its work in eight major areas:

- (1) Emergency Communications;
- (2) Emergency Preparedness in the Workplace;
- (3) Emergency Transportation;
- (4) Health;
- (5) Private Sector Coordination;
- (6) Research;
- (7) State, Local and Tribal Government Coordination; and
- (8) Technical Assistance and Outreach.

Results Achieved

Under the leadership of senior officials from 23 Federal departments and agencies with distinct missions and responsibilities, the Council divided its work in eight Subcommittees. The Council initiated a number of innovative activities in implementation of the Executive Order. The outcome of these activities will have immediate and long-term positive impact on the overall preparedness of the disability community should an emergency or disaster strike. Highlights from the year include:

- **Disability Preparedness Resource Center Web site:** The ICC recognizes that a significant amount of technical assistance material and information have accumulated on this subject over the years. However, locating these valuable resources require people with disabilities and others to navigate through an increasingly complex maze of information. Among the critical first steps of the ICC is the consolidation of such information and resources for ease of access. On July 21, 2005, the ICC launched the "Disability Resource Center," a web-based portal for information covering topics on emergency preparedness and response for individuals with disabilities, emergency planners, first responders and service providers. Go to (<http://www.dhs.gov/disabilitypreparedness>)

- **Enforcement of Federal Communications Commission's Access to Emergency Information Rules:** In the past year, the Commission's Enforcement Bureau issued six Notices of Apparent Liability for Forfeiture against video programming distributors for apparent violations of Section 79.2 of the Commission rules for failing in a timely manner to make emergency information accessible to persons with hearing disabilities via captioning or other visual format during wildfires in California and tornadoes in Maryland and the Washington, DC metropolitan area.
- **Enforcement of the Americans with Disabilities Act's Access to Local Community Emergency Preparedness and Response Programs Requirements:** The Department of Justice's Civil Rights Division issued a new technical assistance document that provides guidance to local officials in making emergency preparedness plans consistent with the requirements of Title II of the Americans with Disabilities Act. The technical assistance document is an outgrowth of settlement agreements the Department of Justice has negotiated with local governments in all areas of the country – from large to small, urban and rural. These agreements contain more than a dozen provisions designed to ensure that local government emergency management programs address the needs of persons with disabilities. Each agreement contains more than a dozen provisions designed to ensure that local government emergency management programs address the needs of persons with disabilities.
- **Workplace Emergency Preparedness Guidelines:** The ICC developed and disseminated a tool for Federal emergency planners, managers and employees that frames the effective practices and lessons learned by departments and agencies. This template of guidelines will assist in the development, implementation and maintenance of emergency plans that are fully inclusive of employees with disabilities.
- **Emergency Preparedness Grant:** The Department of Homeland Security awarded a \$1.5 million grant to a consortium of organizations that serve people who are deaf, late-deafened, hard-of-hearing and deaf-blind. The consortium is led by Maryland-based Telecommunications for the Deaf, Inc. (TDI), and includes organizations in Virginia, Massachusetts, California and South Dakota. Together these organizations will develop model emergency preparedness community education programs for their consumers throughout the United States.
- **Conference on Emergency Preparedness for People with Disabilities:** The National Capital Region, including homeland security advisors to the governors of Virginia and Maryland, as well as the mayor of the District of Columbia and leaders from the disability community worked together to host an extremely successful three-day conference. The conference received significant support from DHS and was held in partnership with the National Organization on Disability. It brought together over 400 high-level authorities from emergency management and disability communities, government agencies, private business, and service, advocacy and care networks. This conference afforded these groups a much-needed opportunity for dialogue and partnership on disability issues in emergency planning.
- **National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness:** The ICC, in partnership with the National Citizen Corps, brought together representatives from national disability consumer and advocacy organizations to form a Citizen Corps Subcommittee. These organizations represent a wide cross-section of the disability community. The Subcommittee assists in the exchange of information between the disability community and the ICC and promotes the participation of this community in emergency preparedness training, exercises and volunteer programs.
- **Priority Restoration Status for Telecommunications Relay Service Providers (TRS):** The FCC qualified TRS providers for enrollment in the National Security/Emergency Preparedness Telecommunications Service Priority system. This system enables priority restoration of telecommunication service after a disaster for individuals with hearing and speech disabilities.
- **DHS Secretary Reaches Out to State Governors:** In January 2005, the Secretary of Homeland Security wrote a letter to all State and Territorial Governors emphasizing their emergency preparedness responsibilities to individuals with disabilities and listed several steps that emergency planners should undertake in order to ensure that their plans are as comprehensive as possible with regard to the needs of their constituents with disabilities. The Secretary emphasized that people with disabilities have a great deal of ideas and alternative solutions to offer that can benefit emergency planners, and encouraged them to include members of this community in the planning process. He also asked that they share best practices with DHS.
- **Emergency Preparedness NOW:** In July 2005, the ICC disseminated the first issue of its quarterly newsletter that communicates ICC activities, features effective emergency preparedness practices and spotlights individuals who make a positive impact on emergency preparedness for individuals with disabilities.

- **Emergency Transportation Web site:** The Department of Transportation consolidated useful emergency transportation information and resources into a Web site that targets individuals with disabilities, their families and care givers, as well as transportation service providers. Resources cover a range of topics including providing accessible transportation services during and after a disaster or an emergency, safe and accessible evacuation from transit systems, and community transportation assistance programs.

Summary of Recommendations

- (1) Increase the rate of participation of people with disabilities in emergency planning.
- (2) Increase the rate of participation of people with disabilities in emergency preparedness, response and recovery drills and exercises.
- (3) Direct homeland security funding to promote the full integration of people with disabilities in all aspects of emergency preparedness, response and recovery.
- (4) Urge Federal building officials and managers to include the concerns of Federal employees and visitors with disabilities in developing emergency plans and continuity of government plans.
- (5) Ensure that during an emergency, Telecommunications Relay Services (TRS) personnel, Public Safety Answering Point (PSAP) personnel and captioners can travel to and from their designated facilities to provide continuity of services for persons with hearing and speech disabilities.
- (6) Integrate the needs of individuals with disabilities into the National Response Plan (NRP) and the National Incident Management System (NIMS).
- (7) Coordinate evidence-based Federal research into the effectiveness of audio, visual, and/or tactile protocols and technologies related to emergency preparedness, alerting, warning and response for individuals with disabilities.
- (8) Ensure comprehensive medical approaches that address the health care and medical needs of individuals with disabilities across the lifespan of an emergency event.

II. Introduction

Americans with disabilities are living more independently and are more integrated into their communities than ever before. In the last several decades, legislation such as the Rehabilitation Act of 1973, Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA) as well as the *President's New Freedom Initiative* have enabled many Americans with disabilities to enjoy greater access to public programs and facilities, schools, mass transit systems, hospitals and the workplace.

Today more sidewalks have curb cuts allowing wheelchair users to navigate the streets independently; para-transit service allows individuals to be picked up at their homes and driven to their destinations; and individuals who are deaf or hard of hearing can independently communicate by telephone using the Telecommunication Relay Service which operates 24 hours a day, seven days a week.

Although strides are being made in these areas, many challenges continue to exist relating to emergency preparedness. News reports, personal accounts and research suggest that emergency planning and response efforts often overlook the needs of people with disabilities. This includes securing electrical power for respirators, keeping adequate stock of life-sustaining medication on hand, providing mobility assistance to those who need it and making emergency information accessible through alternative means such as closed captioning during emergency broadcasts and providing Braille or large print emergency information as requested. A 1995 assessment of the emergency preparedness and response efforts still seems applicable to the situation today:

[I]mportant mitigation efforts of both the disaster and disability communities have all too often failed to intersect. The simple, often low cost steps that save lives and reduce property damage in the face of disaster have often overlooked the needs of people with disabilities. Similarly,

efforts to accommodate [Americans with disabilities] frequently ignore disaster preparedness and response. As a result, too few disaster response officials are trained to deal effectively with people with disabilities, and too few [Americans with disabilities] have the knowledge that could help them save their own lives.¹

It is important to note that since September 11, 2001, the nation as a whole is more actively engaged with emergency planning and response to both man-made and natural disasters. Generally, people tend to avoid thinking, talking about or planning for an emergency situation. While disasters and emergencies affect everyone, their impact on people with disabilities are often compounded by factors such as reliance on elevators, accessible transportation and accessible communication, all of which can be compromised in emergency situations.

The tragic events of September 11 and other events that followed, such as the California wildfires, hurricanes in Florida and the power outages on the East Coast, serve as vivid reminders of our vulnerability as a nation and the need for every person with or without disability to prepare for various types of disaster and emergency situations. Effective preparedness strategies necessitate that planners tap into the skills and abilities of Americans with disabilities at all

¹ Blanck, P. Disaster Mitigation for Persons with Disabilities: Fostering a New Dialogue. The Annenberg Washington Program in Communications Policy Studies of Northwestern University. 1995 Available: <<http://www.forcedmigration.org/sphere/pdf/common/annenberg/annenbergdisabilities.pdf>> (May, 2005)

Individuals with Disabilities in Emergency Preparedness

In the course of implementing Executive Order 13347, the Interagency Coordinating Council has uncovered varying degrees of opinion regarding the applicability of traditional narrow definition of disability within the emergency preparedness and response context. There seem to be a growing consensus that in emergency preparedness and disaster management activities it is important to think about disability broadly. Notably, the National Council on Disability (NCD) wrote in an April 2005 report on the inclusion of people with disabilities in emergency planning entitled, *Saving Lives: Including People with Disabilities in Emergency Planning*:

Traditional narrow definitions of disability are not appropriate. Adopting a broad definition leaves no person behind. The term disability does not apply just to people whose disabilities are noticeable, such as wheelchair users and people who are blind or deaf. The term also applies to people with heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities.

The ICC also recognizes that the use of the term “special needs” is highly disputed by members of the disability community and their advocates. According to the article, *Emergency Services and “Special Needs” – Term of Art or Meaningless Term?*, written by June Isaacson Kailes, the term “special needs” refers to an extremely broad segment of the population, including people with disabilities, minority groups, people who do not speak English, children and the elderly (International Association of Emergency Managers Bulletin, April 2005). Kailes pointed out that many of these groups have little in common beyond the fact that they are often left out of emergency planning. Advocates for replacing the term “special needs” with more respectful and discrete grouping worry that this umbrella term lacks the specificity necessary for emergency managers to get an accurate idea of precise needs such as who might need alternative warning, evacuation, sheltering or other services.

levels of planning and response. As emphasized in the 1995 report, *Disaster Mitigation for Persons with Disabilities: Fostering a New Dialogue*:

Leaders and experts within the disability community, members of relief organization, media professionals, local, State and Federal officials must establish a cooperative relationship to address this shortcoming. The challenges ahead will be overcome only by ongoing dialogue among these and other groups.²

Activity has flourished with regard to emergency preparedness for both those with and without disabilities. However, several glaring problems with respect to information and efforts geared toward people with disabilities still exist. For example, the work that has taken place has often been fragmented and uncoordinated, leaving people with disabilities and others to navigate an increasingly complex maze of information and resources. Furthermore, existing information and activities are duplicative at times. These factors—along with the broad subject matter area and the diverse needs of the disability community—further compound the issues. Yet, these legitimate needs deserve meaningful inclusion and accommodation in existing and new emergency preparedness and response plans.

On February 1, 2001, President George W. Bush in his *New Freedom Initiative*, pledged to tear down the barriers to equality that many of the approximately 54 million Americans with disabilities face. On July 22, 2004, President Bush expanded his *New Freedom Initiative* to the critical area of emergency preparedness with Executive Order 13347, *Individuals with Disabilities in Emergency Preparedness*. This Executive Order calls for a coordinated effort among Federal agencies to ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in all hazard situations.

The President’s Executive Order has provided an important impetus to rectify the problems associated with this issue. The commitment and enthusiasm of members of the Interagency Coordinating Council and its partners at the State, local and tribal levels and stakeholder organizations suggest that there will continue to be dramatic improvement in emergency preparedness for people with disabilities.

² Ibid. Notably, Blanck’s report outlined seven key principles that should guide the dialogue: (1) Accessible disaster facilities and services; (2) Accessible communications and assistance; (3) Accessible and reliable rescue communications; (4) Partnerships with the media, largely to ensure that predictive advisories are delivered in alternative formats; (5) Partnerships with the disability community; (6) Disaster preparation, education and training; and (7) Universal design and implementation strategies. These seven principles remain relevant today.

This document meets the Executive Order's requirement that the Council submit an annual report to the President which describes the following:

- a) Achievements of the Council in implementing the policy set forth in Section 1 to:
 - i) Consider during emergency planning the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves;
 - ii) Encourage consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments, private organizations and individuals in emergency preparedness planning; including the provision of technical assistance, as appropriate;
 - iii) Facilitate cooperation among Federal, State, local, and tribal governments, private organizations and individuals in the implementation of emergency preparedness plans related to individuals with disabilities.

- b) Best practices among Federal, State, local, and tribal governments, private organizations and individuals for emergency preparedness planning with respect to individuals with disabilities; and
- c) Recommendations of the Council for advancing the policy set forth in Section 1.

This Report to the President includes background information on disaster and emergency preparedness needs of people with disabilities; an overview of efforts to integrate these needs into the nation's preparedness efforts; a description of the implementation of the Executive Order; an accomplishments summary; and recommendations.

III. Implementation of the Executive Order

The Executive Order recognizes the need for strengthening emergency preparedness with respect to individuals with disabilities in all hazard situations. It calls for coordination to ensure:

- The needs of individuals with disabilities are integrated in emergency preparedness and response planning by Federal Government departments and agencies, State, local and tribal authorities, private organizations and individuals;
- Identification of gaps in this work; and
- Formulation of initiatives and recommendations so that all important aspects of these issues are addressed.

To effectively implement the Executive Order, an Interagency Coordinating Council was created consisting of senior level representatives from each department and agency represented on the ICC.

The Executive Order designated the DHS Secretary as chair of the Interagency Coordinating Council. Members of the Council include heads of executive departments, the Administrator of the Environmental Protection Agency (EPA), the Administrator of the General Services Administration (GSA), the Director of the Office of Personnel Management (OPM), and the Commissioner of the Social Security Administration (SSA). Other department and agency heads have been invited to participate as members of the Council at the request of the DHS Secretary and with the concurrence of the Council.

The Interagency Coordinating Council consists of designated senior representatives of the following department and agencies.

- Access Board
- Department of Agriculture
- Department of Army
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Environmental Protection Agency
- Equal Employment Opportunity Commission
- Federal Communications Commission
- General Services Administration
- Department of Homeland Security
- Department of Housing and Urban Development

- Department of Interior
- Department of Justice
- Department of Health and Human Services
- Department of Labor
- Office of Personnel Management
- Social Security Administration
- Department of Transportation
- Department of Veterans Affairs
- National Council on Disability – Advisory Role
- President’s Committee for People with Intellectual Disabilities – Advisory Role

In addition to the agency head or designated representative who sits on the Council, each department or agency has also designated a senior employee to serve as its daily point of contact on matters relating to this Executive Order and the Council. The designated representatives of the Council meet on a quarterly basis, while the agency points of contact meet ‘as needed’.

The work of the Council is carried out in eight Subcommittees, each chaired by the appropriate department or agency sitting on the Council. The eight Subcommittees each developed guiding principles and set out deliverables to achieve. Their primary objectives are as follows:

Emergency Communications

Chair: Federal Communications Commission – Disability Rights Office, Consumer & Government Affairs Bureau

This Subcommittee develops policies and programs relevant to the emergency communication needs of individuals with disabilities before, during and after an emergency.

Emergency Preparedness in the Workplace

Chair: Department of Labor – Office of Disability Employment Policy

This Subcommittee focuses on the development, implementation and maintenance of strategies to ensure that workplace emergency preparedness plans fully integrate the unique perspectives and needs of individuals with disabilities within the governmental and private sector workplaces.

Emergency Transportation

Chair: Department of Transportation – Office of Civil Rights

This Subcommittee develops policies and programs to address the transportation needs of individuals with disabilities during and after an emergency.

Health

Chair: Department of Health and Human Services – Office on Disability

This Subcommittee identifies and documents promising, evidence-based health practices for emergency preparedness for individuals with disabilities across the lifespan of an emergency. The Subcommittee also addresses health issues across the disaster cycle: preparedness, response, recovery and mitigation.

Private Sector Coordination

Chair: Department of Homeland Security – Office of Civil Rights and Civil Liberties

This Subcommittee encourages collaboration and exchange of expertise and input among leaders of the various first responder disciplines, emergency management personnel, volunteer and nonprofit organizations, and disability consumer organizations on issues related to the safety and security of individuals with disabilities in situations involving natural or man-made disasters and emergencies.

Research

Chair: Department of Education – Office of Special Education and Rehabilitative Services, National Institute on Disability Rehabilitation Research

This Subcommittee assesses, coordinates and promotes Federal research related to emergency preparedness for individuals with disabilities.

State, Local and Tribal Government Coordination

Chair: Department of Homeland Security – Office for Civil Rights and Civil Liberties

This Subcommittee encourages consideration of the needs of individuals with disabilities served by State, local and tribal governments, private organizations and individuals in emergency preparedness planning. The Subcommittee also facilitates cooperation in the implementation of emergency preparedness plans as they relate to individuals with disabilities.

Technical Assistance and Outreach

Chair: Department of Justice – Civil Rights Division

This Subcommittee develops outreach and technical assistance materials addressing the needs of individuals with disabilities before, during and after an emergency.

The eight Subcommittees meet and communicate regularly to share information and to develop and refine strategies to further their objectives and key deliverables. The Subcommittees and the Council are supported by a team of professional and administrative staff within the Department of Homeland Security Office for Civil Rights and Civil Liberties.

IV. Accomplishments

A. Emergency Preparedness in the Workplace

Summary of Objective

The Interagency Coordinating Council established the Emergency Preparedness in the Workplace Subcommittee (Workplace Subcommittee) to address emergency preparedness related to individuals with disabilities within the governmental and private sector workplaces. The Workplace Subcommittee focuses on strategies for ensuring the development, implementation and maintenance of workplace emergency preparedness plans that fully include the unique perspectives and needs of individuals with disabilities.

During 2004 and 2005, the Workplace Subcommittee focused on the Federal Government, documenting effective emergency preparedness strategies and identifying key gaps associated with full inclusion of individuals with disabilities. The lessons learned by Federal departments and agencies will enable the Interagency Coordinating Council to approach other employment sectors with effective practices and model policies that can be readily modified for use by State and local governments, nonprofit organizations and the business community.

The Workplace Subcommittee provided a forum for sharing the insights and experiences of many Federal departments and agencies. The following departments and agencies have participated in the Workplace Subcommittee's work to date:

Department of Labor, Office of Disability Employment Policy (Chair)

Access Board	Department of State
Department of Homeland Security	Department of Transportation
Department of Agriculture	Department of Treasury
Department of Commerce	Environmental Protection Agency
Department of Defense	Equal Employment Opportunity Commission
Department of Education	Federal Communications Commission
Department of Energy	General Services Administration
Department of Health and Human Services	Office of Personnel Management
Department of Interior	Social Security Administration
Department of Justice	

Scope of the Workplace Issues

It has been recognized that while preparedness at home and in the community is crucial, having a disaster contingency plan for the workplace is just as important. In addition to keeping employees safe, there is a need to ensure the safety of customers as well. Unfortunately, research over the last decade has shown that people with disabilities are one segment of the workforce that is often overlooked during such planning efforts.

The reasons for employer neglect vary but often include fear, a lack of knowledge and understanding, disregard for the seriousness of potential threats, or the belief that they bear no special personal responsibilities. Employers may also be hesitant to recruit or retain people with disabilities due to liability concerns related to securing their safety during an emergency. Often they are simply unfamiliar with the topic or would rather not consider the possibility of an emergency arising at all.

Consider a recent case filed by The Equal Employment Opportunity Commission (EEOC) with the U.S. District

Court for the Eastern District of Louisiana, in which a former employee was awarded nearly \$1.3 million after being terminated. The employer, an international science and chemical company, asserted that the employee was a “direct threat” due to the company’s own inability to safely evacuate her because she could not walk. However, a Human Resources Manager later admitted under oath that the employee was not a ‘threat’ and was capable of safe evacuation with assistance.

Job seekers, employees and customers with disabilities may have similar concerns. In fact, persons with disabilities may be reluctant to seek employment or remain in a particular job location due to fear of being trapped or not being accommodated during a dangerous situation. Consequently, emergency preparedness plans that do not include or adequately consider the needs of people with disabilities may hinder the employment, promotion and retention possibilities of an applicant or employee with a disability.

Even those plans that do consider the needs of employees and customers with disabilities must consistently be re-evaluated. This fact is exemplified in the following account of a Compliance Assistance Officer working for the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA):

In August 2001, OSHA staff at the Manhattan Area Office completed an uneventful evacuation drill from their offices on the top floor of Building 6 of the World Trade Center complex. Managers felt confident that everyone could escape the building safely in an emergency—including an employee who had recently returned to work and was temporarily using a wheelchair. The evacuation plan had specifically been revised to accommodate his needs.

This practice proved more valuable than anyone could have imagined. On the morning of September 11, 2001, OSHA employees had begun a routine day when an explosion shook the building. The Assistant Area Director immediately ordered everyone to evacuate. As the first plane hit the North Tower of the World Trade Center, debris began falling on Building 6. Staff rushed into the hallways. Three employees helped their co-worker in the wheelchair down the corridor and into a freight elevator they had used during the practice drill. They descended to the basement, into a garage, down some steps, and into another garage, where they escaped from the building. The group moved outside just as the second plane hit the South Tower. As they moved away from the site, the North Tower collapsed, destroying OSHA’s Manhattan Office.

While there are no guarantees in the event of a major emergency, this OSHA employee is living proof of the importance and efficacy of planning for those both with and without disabilities. Planning does make a difference: “Sticking to the plan, and using the elevators is probably

what saved us,” explained the OSHA employee’s co-worker.³

Projects Initiated

In December 2003, the Department of Labor’s Office of Disability Employment Policy (ODEP) convened the first-ever Seminar of Exchange for Federal Government Managers on the subject of Emergency Preparedness and People with Disabilities; participants included more than 200 representatives from 90 Federal agencies and offices. This inter-agency forum served as a launching point for the Workplace Subcommittee’s work under the Executive Order. Nationally recognized experts informed and facilitated the exchange of insights.

The Seminar revealed four prevailing themes:

- The importance of timely and accurate communication that is accessible and includes all employees, including people with disabilities.
- The necessity for support and commitment from senior-level management within each agency.
- A flexible process that combines clear guidelines for the general workforce and that can be customized to meet the unique circumstances of an individual with a disability is key.
- Rigorous and regular practice of the plan is essential, providing opportunities to evaluate procedures and keeping the issue in the minds of agency managers and employees.

Also during 2004 and 2005, ODEP issued and disseminated nationwide the comprehensive report of the Seminar’s proceedings. Stakeholder demand for the thought-provoking, timely and relevant guidance contained in the report exhausted the initial 2,500 copies within the first four months. In spring 2005, an additional 5,000 copies were specifically targeted for dissemination to key contacts in Federal field offices, State and local governments, and business associations.

Results Achieved

Based on insights from these activities, the Emergency Preparedness in the Workplace Subcommittee concluded that its first priority should be the creation of a tool for Federal emergency planners, managers and employees that frames the effective practices and lessons learned by agencies. Thus, this Subcommittee has focused its 2004-05 efforts on the development of a Template of Guidelines for assisting

³Miles, D. “An OSHA Office Evacuates.” *Job Safety & Health Quarterly*. 2001, 13(1) 20-22. Available: <<http://www.osha.gov/Publications/JSHQ/jshq-v13-1-fall2001.pdf>> (April, 2005)

Federal agencies in the development, implementation and maintenance of emergency plans that are fully inclusive of employees with disabilities.

Scheduled for release in summer 2005, the Template of Guidelines presents each planning topic with a brief introduction, key considerations and illustrative examples from Federal agencies, along with critical questions that highlight the primary principles. Topics address the following areas of key consideration:

First-Responder Responsibilities and Employee Right to Self-Determination: Issues include alerting first responders of employee needs, communicating with emergency response personnel during an emergency, understanding first responders' considerations and priorities and reconciling these with the employee's wishes.

Employer Responsibilities and Employee Right to Self-Determination: The Emergency Preparedness in the Workplace Subcommittee analyzed data indicating that many employers have questions about issues concerning the evacuation of employees with disabilities. Examples include the extent to which an employer is responsible for ensuring the safety of employees, or the best means for balancing the right to self-determination of several employees with the safety of all employees.

Legal Considerations Related to Emergency Preparedness Planning and Job Applicants/Employees with Disabilities: Issues include an employer's legal responsibility to have an emergency preparedness plan in place for all employees, including those with disabilities, as well as the degree to which emergency preparedness may be a factor in hiring, retaining or promoting job applicants/employees with disabilities.

Effective Practices Among Federal and Private Sector Employers: While there is no one-size-fits-all approach for every employer or office space, there are a number of practices that have become widely accepted and implemented. These practices include flexibility and redundancy of efforts, support from upper-level management, dedication of resources (i.e., staff and financial) to emergency preparedness, and practicing and updating plans on a regular basis.

During the development of the Template of Guidelines, the Emergency Preparedness in the Workplace Subcommittee produced an inventory of available resources on the topic of emergency preparedness in the workplace. This Workplace Resource Inventory was included in the Technical Assistance and Outreach Subcommittee's Disability Preparedness Resource Center Web site and will be updated with the latest publications.

Future Goals

The Workplace Subcommittee has adopted the following steps for ensuring that the Template of Guidelines reaches the broadest possible audience and has the greatest informative impact on Federal agency plans in 2005-06 and beyond:

- Complete the Template of Guidelines in summer 2005, and articulate its relevance to current Federal policy, particularly existing GSA and OPM guidance.
- Facilitate the modifications of existing policies through collaboration with GSA, OPM and other Federal agencies, to reflect the insights being developed through the Emergency Preparedness in the Workplace Subcommittee's work.
- Provide new guidelines to Executive Branch Federal offices, particularly personnel within department and agency regional and field locations.
- Partner with Federal departments and agencies and real estate management associations to provide new guidelines to Federal offices that use private space and other employment arrangements outside the oversight of Federal building management.
- Collaborate with key contacts within State, local and tribal governments, nonprofit organizations, and the business sector to reshape and disseminate the guidance to reach the widest possible audience within the non-Federal employment sectors nationwide.

Conclusion

As workplace emergency plans continue to evolve, it is vital to consider the needs of all employees and customers, including those with disabilities. The perspectives of people with disabilities should be taken into account throughout the planning, implementation and maintenance phases. While much has been done, much remains to be done throughout the Federal Government and within the private sector. Employees, including those with disabilities, cannot and should not assume plans will be made on their behalf with regard to emergency preparedness. It is the responsibility of each person to actively prepare to the greatest extent possible. It is also important to keep in mind that some individuals with cognitive or developmental disabilities may need assistance to preparing for emergencies. Consequently, thoughtful planning, collaboration and steadfast commitment by executives, managers, planners, first responders and employees are the keys to ensuring a safer workplace for all.

B. Emergency Communications

Summary of Objective

The Emergency Communications Subcommittee develops policies and programs regarding the emergency communication needs of individuals with disabilities before, during and after an emergency. When it comes to emergency preparedness and notification of individuals with disabilities, it is critical to recognize that there is diversity among not only individuals themselves, but also with regard to their needs.

The FCC was designated to chair the Emergency Communications Subcommittee. Representatives from most Interagency Coordinating Council member agencies have participated in the Emergency Communications Subcommittee activities, including the following departments: Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Interior, Justice, Transportation, and the Environmental Protection Agency, General Services Administration, National Council on Disability, and the Office of Personnel Management.

Scope of Emergency Communications Issues

Public alert and warning systems save lives and reduce panic. During an emergency situation, most Americans rely on their televisions, radios or telephones to obtain additional information. However, for the disability community, these may not be viable means of receiving the same life-saving information. In the public arena, oftentimes notification is limited to electronic billboards and loudspeaker systems, where they exist at all. While these methods cater primarily to the mainstream public, they do not offer sufficient accessibility to emergency alert and warning systems for persons with hearing, speech or vision disabilities. As a result, people with these types of disabilities may not have the information necessary to make informed decisions. This not only increases the likelihood of confusion, but also the potential for bodily harm and loss of life.

In an effort to address the deficiencies in emergency alert protocols for persons with hearing, speech or vision dis-

abilities, the FCC is working to strengthen enforcement of the use of a variety of specialized communication methods. While there is a critical need to quickly restore damaged communication systems for all citizens, people with disabilities are generally at a higher risk. As a result, the agency has been encouraging, and providing technical assistance to carriers to restore systems based on greatest need under the Telecommunications Service Priority Program.

The Subcommittee is committed to ensuring that everyone impacted by a disaster receives the information they need to preserve property and save lives. It will strive to effectively meet this goal through ongoing collaboration with Federal, State and local partners.

Projects Initiated

In support of the objectives of the Council, the FCC launched outreach efforts aimed at ensuring that Telecommunications Relay Services (TRS) facilities are designated priority for restoration of service in case of emergency or disaster through a Federal program known as the National Security/Emergency Preparedness Telecommunications Service Priority (NS/EP TSP).

In October 2004, FCC encouraged all providers of TRS and State TRS programs to apply for priority restoration

When disaster strikes, most Americans reach for their phones to call family and friends to assure them they are safe or to check on them. Americans with hearing and speech disabilities accomplish this through a system known as TRS, a unified, nationwide telecommunications system for persons with hearing and speech disabilities. TRS is a telephone transmission service that uses a relay operator or communications assistant (CA), to relay a call back to a person with a speech disability and a hearing person.

designation. Entities engaged in national security and emergency preparedness activities that rely on telecommunications services to carry out their activities qualify for participation in the program under the NS/EP TSP rules. Under this program, qualifying services are given priority over non-TSP designated public and private services with regard to restoration of existing circuits or provisioning of new circuits. Types of priority restoration designees include telecommunications lines and circuits serving Federal, State and local government agencies (such as 9-1-1 call centers).

The FCC recognizes that TRS facilities perform a function that falls within the NS/EP categories. Consequently, certain telecommunications services lines or circuits that support each individual TRS facility or relay center would be eligible for priority restoration. The Emergency Communications Subcommittee raised awareness for all stakeholders, emphasizing the importance of enrollment of TRS facilities in the NS/EP TSP program. All TRS providers and State TRS programs received letters from the FCC, which advised them of the TSP program and invited them to ensure that their TRS facilities would receive priority restoration in times of emergency. When providers sought clarification and technical assistance in preparing their applications for the designation, one-on-one consultation was provided. At the time of this report, several TRS providers have been enrolled in TSP and others have applications pending.

Several emergencies and disasters in recent years have highlighted existing vulnerabilities in regard to communicating with individuals with vision, speech and hearing disabilities, specifically the 2003 San Diego, California wildfires. On February 23, 2005, the FCC's Enforcement Bureau released Notices of Apparent Liability for Forfeiture (NAL) regarding three video programming distributors in the San Diego area.⁴ These NALs cite numerous apparent violations of the FCC's Section 79.2 rule. In short, information broadcast in October 2003 concerning wildfires throughout southern California was not made accessible via captioning or other visual presentation in a timely fashion. As a result, crucial information on road closure and evacuation, emergency and shelter locations and possible health concerns (as a result of the related air pollution) was not communicated to persons

who are deaf or hard of hearing. These actions taken by the FCC's Enforcement Bureau were the first NALs in the FCC's history related to emergency programming. On May 25, 2005, the FCC issued three additional NALs against three television stations in the Washington, DC, metropolitan area as a result of their apparent failure to provide accessible emergency information with regard to May 2004 tornado warnings.⁵

In August 2004, the FCC launched a new rulemaking proceeding to examine the modernization of the Emergency Alert System (EAS). The Subcommittee reviewed the public record of the FCC's proceedings, focusing on ways to integrate emergency notification of individuals with disabilities into the digital and alternative technologies, as well as to enhance the provision of accessible alerts and information for persons with hearing, speech or vision disabilities. Subcommittee representatives also participated in conferences and panels sponsored by national and Washington, DC metro area public and private organizations. In an effort to increase the accessibility of emergency notification and warning systems, Subcommittee members also provided technical assistance to public and private agencies. Through these collaborative efforts, the Emergency Communications Subcommittee provided substantive information to public alert and warning providers about accessibility requirements related to their services and products.

In a continuing effort to ensure emergency communications within the disability community, the Emergency Communications Subcommittee plans to facilitate a dialogue between representatives of the disability community and Federal programs responsible for public alert and warning notification of emergency and disaster events, including consultation with the FCC on the EAS rulemaking proceeding.

The Emergency Communications Subcommittee met with the Deaf and Hard of Hearing Consumer Advocacy Network (DHHCAN) to discuss their report, Emergency Preparedness and Emergency Communications Access.⁶ The Subcommittee then brought together representatives from DHHCAN and key Federal programs responsible for public alert and warning, affording advocates an opportunity to provide input, insight and concrete means of improving the acces-

⁴ *In The Matter Of Midwest Television, Inc. San Diego, CA*, 2005 WL 425312 (F.C.C. Feb 23, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-061, FRN0003750775, DA05-455); *In The Matter of Channel 51 of San Diego, Inc. San Diego, CA*, 2005 WL 425310 (F.C.C. Feb 23, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-067, FRN0002965655, DA05-456); *In The Matter Of Mcgraw-Hill Broadcasting Company, Inc. San Diego, CA*, 2005 WL 425311 (F.C.C. Feb 23, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-068, FRN0003476827, DA05-457).

⁵ *In The Matter Of ACC Licensee, Inc. Licensee Of WJLA-TV Washington, D.C.*, 2005 WL 1249052 (F.C.C. May 25, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-100, FRN0007517576, DA05-1511); *In The Matter Of NBC Telemundo License Co. Licensee Of WRC-TV Washington, D.C.*, 2005 WL 1249053 (F.C.C. May 25, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-101, FRN0009825456, DA05-1512); *In The Matter Of Fox Television Stations, Inc. Licensee Of WTTG (TV) Washington, D.C.*, 2005 WL 1249054 (F.C.C. May 25, 2005), Notice of Apparent Liability for Forfeiture (NO. EB-04-TC-104, FRN0012916607, DA05-1513).

⁶ Heppner, C., Stout, C. & Brick, K. Emergency Preparedness and Emergency Communications Access, Lessons Learned Since 9/11 and Recommendations 2004. Available: <<http://www.tdi-online.org/tdi/emergencypreparedness/dhhcanemergencyreport.pdf>> (May, 2005)

sibility of emergency alert and notification systems. Similar meetings were facilitated between advocates of persons with vision disabilities and key Federal representatives. As a result of these briefings, accessibility of emergency alert and warnings for persons with hearing, speech and vision disabilities in any federally-authorized emergency alert and warning notification will be substantially increased.

The April 2005 NCD report, *Saving Lives: Including People with Disabilities in Emergency Planning*, recommends steps for the Federal Government to build a solid and resilient infrastructure, which includes accessibility. Recommended infrastructure incorporates access to technology, physical plants, programs, and communications, and includes procurement and emergency programs and services.

The Emergency Communications Subcommittee took steps to ensure that key personnel in all Federal departments and agencies, offices and commissions providing services or programs for persons with disabilities have a Government Emergency Telephone System (GETS) card for priority communication in times of emergency and disaster.

The GETS is a White House-directed emergency phone service provided by the National Communications System (NCS) in the Information Analysis and Infrastructure Protection Division of DHS. GETS supports Federal, State, local and tribal government, industry and non-governmental organization (NGO) personnel in performing their National Security and Emergency Preparedness missions. GETS provides emergency access and priority processing in the local and long distance segments of the Public Switched Telephone Network (PSTN). It is intended for use in emergency or crisis situations, when the PSTN is congested and there is a significantly decreased probability of completing a call by any other means.

Natural disasters, power outages, fiber cable cuts and software problems can cripple the telephone services of entire regions. However, during times of emergency or crisis, personnel with NS/EP missions need to be confident that their calls will go through. GETS addresses this need. Using enhancements based on existing commercial technology, GETS allows the NS/EP community to communicate over existing PSTN paths with a high likelihood of call completion, even during severe congestion and disruption. The result is a cost-effective, easy-to-use emergency telephone service accessed through a simple dialing plan and Personal Identification Number (PIN) card verification methodology. Enhanced routes and priority treatment are several means used to overcome network outages and maintain the system in a constant state of readiness.

Through the efforts of the Emergency Communications Subcommittee, all agency representatives to the Interagency Coordinating Council have been provided with information necessary to receive GETS designation through their respective agencies. The Emergency Communications Subcommittee facilitated the application process between NCS and the key personnel designations for Federal agencies, offices and commissions that oversee services or programs for persons with disabilities.

Future Goals

In 2005-2006, the Emergency Communications Subcommittee will continue implementation of the TSP for TRS facilities outreach to ensure that valuable and necessary telecommunications services are given priority restoration status in the event of disruption to the public telecommunications network. In addition, the Subcommittee will work with DHS and FEMA to ensure that TRS personnel receive designations as essential personnel so that they may travel to and from their designated TRS facilities during emergency situations.

TRS providers and local exchange carriers who have not enrolled for TSP will be individually contacted by representatives of the ICC. The goal is to achieve 100 percent participation by TRS providers, a critical step to ensuring priority restoration of this valuable communication service to persons with hearing and speech disabilities. In addition, the Subcommittee will collaborate with DHS, FEMA and the nation's State and local governments in developing strategies that will allow TRS personnel to travel to TRS facilities to facilitate continuity of relay services for persons with hearing and speech disabilities.

The Subcommittee will also partner with both the Emergency Transportation and Technical Assistance and Outreach Subcommittees in conducting a needs assessment related to accessibility of warnings in various transportation systems. People who are deaf or hard of hearing rely on visual warnings whereas persons who are blind or low-vision rely on auditory warnings. Emergency communications for people in transit, whether it is during a commute, business travel or vacation, must be compatible with diverse communication requirements.

The Emergency Communications Subcommittee will continue to interface with video programming broadcasters and the FCC to ensure that persons with disabilities have equal access to public warnings in the most accessible and efficient manner. Current FCC rules require all distributors of video programming (including local broadcasters, cable

Section 713 of the Communications Act

Section 713 of the Communications Act requires the Commission to prescribe rules on Video Programming Accessibility.⁷ Pursuant to section 713, and out of a concern that the same critical emergency information be available to every television viewer, including persons with hearing disabilities, the Commission adopted section 79.2 of the rules.⁸ Section 79.2(b)(1)(i) requires that video programming distributors providing emergency information in the audio portion of programming “must” provide persons with hearing disabilities with equal access to such information as distributors provide to other listeners, either through captioning or by using another method of visual presentation.⁹ Section 79.2 does not require closed captioning, but allows for other methods of visual presentation, including, but not limited to open captioning, crawls or scrolls. In addition, other methods of visual presentation could include maps, signs and charts, each of which can communicate emergency information to those with hearing disabilities. The Commission has mandated equal accessibility because emergency information is of “equal or greater importance to persons with hearing disabilities, and television plays a critical role in its dissemination.” Where appropriate, the FCC will pursue enforcement actions.

operators and satellite television service providers) that provide emergency information do so in a format that is accessible to persons with hearing and vision disabilities. Representatives of the deaf/hard of hearing and blind/low-vision communities and their advocates have raised concerns about non-compliance with these rules in times of local emergencies such as flooding, tornadoes, hurricanes and wild fires.

The Emergency Communications Subcommittee will provide technical assistance and outreach to broadcasters, reminding them of their obligations in this regard. The same emergency information must also be provided in an audible manner that is accessible to persons who are blind or have low vision. Emergency information that is provided in the video portion of a regularly scheduled newscast or a newscast that interrupts regular programming must also be made accessible to persons who are blind or have low vision.

The Emergency Communications Subcommittee will continue its collaboration and support of the Emergency Alert System to ensure that accessible communications are integral to the nation’s public alert and warning system. During 2004-2005, the Emergency Communications Subcommittee facilitated briefings between representatives of the disability community on issues relating to accessible alerts and emergency information. As the nation continues to improve its ability to notify and inform the general public about emergencies and threats of danger to life and property, Federal, State, tribal and local entities will adopt technologically advanced means of accessibility.

Conclusion

Through the work of the ICC, emergency communications for persons with disabilities have been strengthened and opportunities for the receipt of accessible emergency communications have been expanded. Continued review of, and challenge to, the adequacy and effectiveness of emergency preparedness for notification, information, response and recovery for persons with disabilities will continually reinforce accessibility for and integrate fully the diverse needs of persons with disabilities into the planning and implementation of effective emergency preparedness nationwide.

⁷ 47 U.S.C § 613.

⁸ *Closed Captioning and Video Description of Video Programming, Implementation of Section 305 of the Telecommunications Act of 1996, and Accessibility of Emergency Programming, Second Report and Order*, 15 FCC Rcd 6615, 6621-22, para. 12 (2000) (“*Second Report and Order*”).

⁹ 47 C.F.R. § 79.2(b)(1)(i).

C. Emergency Transportation

Summary of Objectives

The Emergency Transportation Subcommittee serves as a mechanism to evaluate the status of emergency preparedness as it relates to people with disabilities and transportation systems. In the midst of an emergency, communication about the incident and the means to remain safe are critical to avoiding panic, minimizing injuries and saving lives.

The Emergency Transportation Subcommittee is evaluating existing transportation regulations and their relationship to the needs of individuals with disabilities during an emergency. In addition, the Subcommittee plans to research, evaluate and provide examples of best practices and systems for planning and implementing emergency preparedness transportation policies and programs for people with disabilities, their family members, their employers and service providers.

Scope of Emergency Transportation

The Subcommittee's research revealed a lack of coordination and knowledge related to the use of transportation systems to evacuate people with disabilities during an emergency. According to an article by Carl T. Cameron, *Emergency Planning for People with Disabilities and Other Special Needs*, when the southeast coast of the United States was hit by hurricanes in 2004, emergency transportation was dispatched for residents of a coastal community. As the bus arrived, the driver discovered a group of individuals with physical disabilities who needed a lift-equipped bus in order to board. As a result, the operator left the group at the side of the road to wait for appropriate transportation for their safe evacuation. Better planning and coordination will help in preventing such problems in the future.

The Emergency Transportation Subcommittee is committed to researching best practices and sharing information that will aide in addressing the transportation needs of people with disabilities during and after an emergency.

Projects Initiated

In its preliminary deliberations and research, the Emergency Transportation Subcommittee concluded that there are insufficient infrastructure and information products in place to educate people with disabilities and transportation providers on evacuating safely from a mass transit system or using public transportation in an emergency.

In light of these findings, the Department of Transportation created a Web site on the use of transportation by individuals with disabilities during an emergency. This evolving communication and resource tool will be linked to the ICC's Disability Preparedness Resource Center Web site. It contains an exhaustive listing of online resources to improve emergency preparedness planning and implementation in mass transit systems. The ability to access critical information and emergency resources in a timely manner will be a crucial component of the Web site. Additionally, an expert from the American Public Transportation Association will periodically review the Web site in order to provide feedback and additional information that would benefit individuals with disabilities and other visitors.

Future Goals

The Emergency Transportation Subcommittee will strongly urge mass transit providers to be proactive in meeting the emergency preparedness and response needs of people with disabilities. Mass transit providers must not only have the means to evacuate people with disabilities, but they must educate and alert their passengers with disabilities about safely evacuating in an emergency situation. The Subcommittee intends to prepare and disseminate detailed information on addressing the transportation needs of people with disabilities.

Finally, the Emergency Transportation Subcommittee recommends that the Secretary of Transportation issue a guidance letter outlining the policy of Executive Order 13347 and

Emergency Transportation Practices That Work

In Minnesota, white strobe lights have been placed on top of the traffic lights to alert deaf and hard of hearing individuals of an oncoming emergency vehicle. These strobe lights have been an emergency transportation success for the entire community, as they also augment the auditory siren for hearing motorists and pedestrians.

legal obligations that exist under the ADA to State, local and tribal transportation department providers. This letter would address effective means by which organizations can ensure that the emergency transportation needs of people with disabilities are met. Additionally, the Secretary's letter would contain information on available emergency transportation resources, including the Web site and guidance issued by the Department of Transportation.

Conclusion

Although progress has been made, the Emergency Transportation Subcommittee has identified many gaps in the full inclusion of individuals with disabilities in transportation evacuation and emergency plans. As a first step towards addressing this problem, the Subcommittee has developed a comprehensive Web site that will serve as an information resource for individuals with disabilities as well as for disaster relief and emergency preparedness personnel. Through compiling and critically evaluating case studies, the Transportation Subcommittee will continue to develop effective and thorough emergency transportation methodologies. Following the launch of the Web site, the Subcommittee will pursue additional research and guidance development relating to emergency transportation for people with disabilities.

D. Health

Summary of Objectives

The Health Subcommittee draws substantially from the Office on Disability-directed Health and Human Services (HHS) New Freedom Initiative Work Group on Emergency Preparedness for Individuals with Disabilities. The HHS Work Group which is coordinated by the Office on Disability, includes representatives from all major HHS offices and Operating Divisions (Op Divs), many of which specialize in the disability arena through their offices or Op Div. Through these mechanisms, the Health Subcommittee identifies and documents promising health-related emergency preparedness best practices for individuals with disabilities—whether physical, sensory, cognitive, behavioral or chronic medical disorders—across the lifespan of an emergency event. The Subcommittee also collaborates with other ICC Subcommittees, emergency managers and disability services, advocacy and care networks to develop solutions based on effective practices in health-related disaster preparedness, to determine the key steps to identifying best practices.

Scope of Health Subcommittee

When a disaster occurs, health issues for persons with disabilities can be exacerbated before, during and after an evacuation, particularly if the issues are not recognized or managed. Of concern are both the most urgent life-threatening situations, (e.g., lost power to a respirator) as well as more likely problems (e.g., loss of crucial medications). The overall issues, from housing to transportation and from employment to communication, as related to the health and well being of persons with disabilities in emergency preparedness, must be considered.

In the health arena, emergency preparedness includes planning across the full disaster lifecycle: mitigation, preparedness, response and recovery (including individuals with

Lessons Learned

In *Lessons Learned from the World Trade Center Disaster: Emergency Preparedness for People with Disabilities in New York*,¹⁰ several stories illustrate the challenges that faced both persons with disabilities and individuals who became disabled—whether permanently or temporarily—as a result of the events of September 11, 2001.

JC, a 45-year-old man, worked as a hotel employee in the World Financial Center on September 11, 2001. The father of four, JC became unemployed after the WTC events, not only because his workplace was destroyed, but also a severe WTC-related injury to his legs and the worsening of a liver condition required immediate medical attention. The onset of post-traumatic stress further exacerbated his health problems.

RG's scooter was left behind when she was evacuated from her Battery Park City apartment. While the Red Cross nurse asked RG about her need for crutches, she never asked about a replacement scooter or fully questioned RG about the extent of her disability. The Red Cross believed that all of RG's needs were being met, even though she was staying at a friend's apartment where the shower was inaccessible. As a result of poor hygiene and a lack of mobility, secondary conditions arose and went untreated; her health and independence both declined substantially.

both acute and long-term health concerns). While some health issues for persons with disabilities arise immediately following a disaster, other physical and behavioral health issues arise following the “first responder” phase. As such, in

¹⁰ *Lessons Learned from the World Trade Center Disaster: Emergency Preparedness for People with Disabilities in New York*. 2004. New York: Center for Independence of the Disabled in New York. Available: <<http://www.rtcil.org/lesson.htm>> (April, 2005)

the case of fire, preparedness must account for the specialized needs of persons with disabilities. It is important to ensure that those with sensory disabilities receive timely, accurate and complete information. Individuals with cognitive or behavioral disabilities may require assistance in understanding the severity of a risk or in making timely decisions. Other issues may include assistive devices, medications, health services and health-related supplies. Additionally, rosters of individuals needing special assistance should be developed in advance.

Some individuals with disabilities may not recognize the urgent nature of their fire-related burns; others may be unable to feel the pain. Unless first responders are attuned to the impact a disability may have on perceptions of pain or urgency of care (e.g., persons with paralysis or those with cognitive disabilities) many might delay treatment. During an emergency an individual's medical records, medication and assistive devices may require replacement to safeguard his or her ongoing health and well being. In the longer term, living arrangements that promote physical and mental health needs for persons with disabilities can help avoid secondary conditions that can be as debilitating as the emergency itself.

Planning that meets the needs of persons with disabilities necessitate the inclusion of health and wellness considerations; housing, transportation, evacuation and employment can each affect health, for better or worse. There are several health care related questions worth answering before disaster strikes:

- What mechanisms are in place to effectively identify the specific health-related needs of each individual with a disability in advance, during and following an emergency?
- What mechanisms are in place to ensure that sufficient quantities of medical supplies (e.g., fresh medications, gloves, catheters, emergency resuscitation kits, etc.) are available to meet the needs of persons with disabilities and those at risk for potentially disabling injuries during an emergency? Has attention been paid to all locations where people gather (e.g., workplace, schools, places of worship, multiple-family dwellings and other locations that would provide sheltering services)?
- How can medical records be obtained that enable persons with disabilities to receive health care and sustained rehabilitation during all phases of disaster to preserve individual health and function?
- Who will assist persons with disabilities in locating their current health care providers or finding new

ones in the event that a community is destroyed?

- How will ongoing needs for care and service (e.g., treatment, rehabilitative services, medication, and medical history) for persons with disabilities be identified and met as a means of helping to avoid potential injury, debilitation or development of secondary conditions?
- How, when, and under what conditions will assistive technology used by persons with disabilities need to be replaced to maintain the ability to function in daily life, ensure mobility and avoid the onset of secondary conditions?
- How will the traumatic stress, mental health and substance abuse needs of individuals with disabilities be addressed, particularly for those disabilities not traditionally met by post-disaster mental health services?

The majority of these health-related emergency preparedness issues benefit from clear delineation of practices and protocols well in advance of disaster. It is important for first responders to understand that people with certain conditions will be at much higher risk in specific situations. Consider for example how an airborne biochemical agent or smoke from a burning building could have a deadly impact on someone with severe pulmonary disease, cystic fibrosis or another similar disabling condition.

To be most effective, up-to-date information related to the individual health care needs of persons with disabilities should be made available to appropriate agencies prior to an emergency. An effective tool is an individualized emergency preparedness plan, which provides information to meet emergency response and recovery needs. The Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA) permits the sharing of protected health information by covered entities for activities related to the delivery of quality health care, as well as for public priorities, such as public health and emergency preparedness. Depending on the context, covered entities may need to fulfill certain Privacy Rule requirements, which should be identified and considered in emergency response planning.

Another important preparedness-related policy issue was brought to light following recent hurricanes in Florida. Previously, many older adults with disabilities lived independently in their own homes. When their homes were destroyed, however, many of them were placed in nursing homes to await permanent housing. Once placed in these facilities, often at a distance from friends and family, many experienced a decline in their overall health. Separation from their normal health care providers may have resulted in changes in routine, medications and rehabilitative services.

Some may have experienced disorientation, post-traumatic stress disorder and depression without access to the post-disaster mental health services available to the broader community. Disaster planning encompassing special attention to the needs of these individuals may have preserved their independence, health, assets and perhaps even their lives.

Projects Initiated

To begin its work, the Health Subcommittee, working through the HHS Office on Disability, developed an inventory of information on emergency preparedness health issues for individuals with disabilities. Building this inventory included a literature search, disability Web site review, conversations with State and private sector leaders and experts in disaster recovery for persons with disabilities, suggestions from the Citizen Corps and information from other ICC Subcommittees. This inventory of information will become part of an overall template of available information and best practices for health-related emergency preparedness for persons with disabilities.

To complement this information-gathering process, a health care professional who directed a Federal special needs shelter following the Florida hurricanes shared both the challenges encountered and the lessons learned in serving persons with disabilities. The Director of the HHS Medical Reserve Corps (MRC) program described ways in which the MRC might help support disaster preparedness and response for persons with disabilities. Further, the Health Subcommittee met with individuals with disabilities/stakeholders to gather views on various health-related issues for consideration in developing emergency preparedness plans.

The Office on Disability, working with all agencies and offices of the HHS identified projects underway within HHS related specifically to emergency preparedness health issues for persons with disabilities. The Health Subcommittee members largely represent the agencies and organizations involved in these projects and are often directly involved themselves. Ongoing dialogue will help HHS ensure collaboration across operating divisions, leveraging both resources and knowledge.

- The Centers for Disease Control and Prevention (CDC), collaborating with the American Red Cross (ARC), is updating the 1990 booklet *Disaster Preparedness for People with Disabilities*, which will be available both in print and online as a resource to persons with disabilities, families and other concerned individuals and organizations.
- The Substance Abuse Mental Health Services Administration (SAMHSA) instituted a number of initiatives to strengthen State and local capacity for all-hazard disaster mental health and substance abuse

response. The initiatives represent a Federal “promising practice” to help State planners coordinate across agencies to implement all-hazard planning for persons with disabilities. These activities build upon a growing body of publications focusing specifically on health-related emergency preparedness for persons with mental and substance abuse disorders, with additional applicability to persons with other behavioral disabilities. These include:

- (1) Providing grants to 35 States to develop all-hazard plans for disaster response that include individuals with disabilities;
 - (2) Convening a national conference for 56 State and territorial delegations focusing on developing State disaster plans for behavioral health;
 - (3) Holding six regional follow-up conferences to further assist States and territories in the development of their inclusive all-hazards plan;
 - (4) Publishing the *Mental Health All-Hazards Disaster Planning Guidance* in 2003, a document that addresses the needs of mental health and substance abuse service agencies during a disaster and specifically recommends partnering with vocational rehabilitation services in planning activities; and
 - (5) Establishing the SAMHSA Disaster Technical Assistance Center to provide assistance to jurisdictions planning for or facing an emergency event.
- The Agency for Healthcare Research and Quality’s (AHRQ) bioterrorism portfolio includes several grants designed to produce evidence-based information aimed at improving health care for persons with disabilities after a bioterrorism incident.
 - In collaboration with FEMA and the American Red Cross, the HHS Office of Public Health Emergency Preparedness is developing guidelines, which include people with disabilities, for defining various levels of sheltering needs. The shelters will house individuals needing varying levels of assistance ranging from disaster victims needing no support or assistance to persons requiring full time medical attention. Recommendations to improve safety and comfort for individuals with disabilities in congregate care facilities and for those in “medical needs shelters” (sometimes referred to as “special needs shelters”) will also be incorporated into the guidelines.

Future Goals

The Health Subcommittee believes the following goals will help promote health and wellness, for persons with or at risk for disabilities, in emergency preparedness plans and implementation:

- *Adoption of a “functional” approach to initial emergency response for persons with disabilities, consistent with the ADA definition of disability.* Under such an approach, for example, systems-level emergency planning and initial response would address the immediate evacuation needs of persons with pre-existing or new disabilities, without regard to the diagnostic causes of their impairments.
- *Development of individualized emergency preparedness plans (IEPP).* IEPPs would contain information about diagnosis, level of function and other care considerations (e.g., prescription medications or rehabilitation services). A universal approach to the development of IEPPs can help ensure that Americans of all ages benefit from them. To facilitate their adoption and availability, IEPPs can be readily integrated into existing care plan development mechanisms (e.g., physical, occupational or other therapies, school emergency notification plans and advanced care directives written for hospital or nursing). Full integration of IEPPs into electronic health records (consistent with HIPAA privacy requirements) as well as identification of alternative electronic record formats and technologies that promote a range of ways to access medical information following a disaster, will support and engage best recovery outcomes.
- *Competency-based training for health providers, emergency responders and other community personnel, that enable response to the short- and long-term health needs of persons with disabilities.* Initial emergency response calls upon a skill set focused on acute care and trauma needs; further training must include the knowledge and skills to support health over an extended period of time. Potential training topics should include: transferring persons with disabilities to safe locations and monitoring their ongoing well being over the long term, assessing cognitive capacity and providing cognitive cues to promote function in an altered environment, and assessing and managing care for persons with serious health-related issues (e.g., persons who utilize a ventilator to assist with breathing, persons with multiple disabling disorders, etc.).
- *Emergency preparedness drills and exercises at the national, State and local levels that include persons with disabilities, consistent with the ADA and the President’s New Freedom Initiative to promote accessible community-based services.* To help shape best practice guidelines and to focus health-related training, a standard reporting mechanism for drills and exercises would include development of a database about the range of immediate, intermediate

and long-term health care and support needs of persons with disabilities identified in emergency preparedness training activities.

- *Continue collaboration, including with non-traditional partners such as faith-based and other non-governmental organizations, to fully address the health-related emergency preparedness and response needs of persons with disabilities.* By building on lessons learned and best practices adopted, such collaborations can facilitate the efficiency and effectiveness of training and response.
- *Consideration, in emergency preparedness plans, of persons who may become disabled as a result of their experience in an emergency situation.* When possible, health and human services models that emphasize “one-stop shopping” should be utilized to facilitate the availability of necessary services in a timely manner.
- *Incorporate the needs of individuals with disabilities into health-related emergency planning and response training and guidance documents where appropriate.*

Conclusion

The Office on Disability and the HHS Work Group Health Subcommittee will continue to identify unmet needs, ongoing challenges and innovative practices to meet the requirements of persons with disabilities in emergency preparedness and intervention. The Office on Disability will continue to identify and leverage available Departmental resources to promote health-related emergency preparedness for persons with disabilities and will continue to promote ongoing partnerships with Federal, State, tribal and local governments as well as with constituent organizations both to receive useful input and to build an information dissemination network for new directions and innovations in health-related emergency preparedness.

E. Technical Assistance and Outreach

Summary of Objectives

The ICC recognizes that a significant amount of technical assistance material and information have accumulated on this subject over the years. However, locating these valuable resources requires people with disabilities and others to navigate through an increasingly complex maze of information. It is critical that effective systems are in place to ensure ease of access and highlight promising practices. The Technical Assistance and Outreach Subcommittee identified the following objectives:

- Develop an infrastructure to facilitate the cultivation and exchange of information and ideas across the emergency preparedness spectrum.
- Foster collaboration among government, nonprofit, and private sector organizations to develop greater coordination in response to disasters and emergencies.

Scope of Technical Assistance and Outreach

Among the critical first steps of the Technical Assistance and Outreach (TA&O) Subcommittee is the consolidation of technical assistance material and information that have accumulated on this subject over the years. This will provide people with disabilities easy access to critical emergency preparedness and planning resources. Additionally, it will aid emergency managers and planners seeking information pertaining to their planning and response efforts related to people with disabilities.

Projects Initiated

An important step in promoting effective practices in emergency preparedness for people with disabilities is centralizing existing information and resources to provide various stakeholders a more comprehensive look at these policies, practices and procedures. Toward this end, the Technical Assistance and Outreach Subcommittee created the Disability Preparedness Resource Center Web site.

Hosted by DHS, this Disability Preparedness Resource Center Web site serves as a convenient repository of information and resources. It is available to everyone interested in the integration of members of the disability community into all aspects of emergency preparedness.

The Resource Center topics include:

- Personal Preparedness Planning
- Information for Emergency Managers and Responders
- Information for Service and Care Providers
- Getting Involved in the Community

Consolidating resources is an ongoing process which will assist in the identification of gaps. It will also serve to stimulate improvements to existing emergency management systems and enhance cross sector collaboration.

The benefits of collaboration are evident from existing state and local initiatives as illustrated below:

Indiana Department of Public Health. The Public Health Emergency Preparedness and Response Division of the Indiana Department of Public Health compiled a CD-ROM of helpful resources to assist emergency planners understand the needs of people with disabilities and others needing assistance during an emergency. This CD-ROM is distributed to stakeholders within the public, private and governmental sectors. It includes a description of the State's Emergency Preparedness Initiative, an explanation of the Americans with Disabilities Act, information on Limited English Proficiency and directories of information and online resources.

Los Angeles, California. The City of Los Angeles Department on Disability, one of the few municipal offices of its kind in the U.S., is involved with all aspects of emergency preparedness, response, recovery and mitigation throughout Los Angeles. Their activities include:

- o Attendance at all city-sponsored evacuations and the provision of after action reports.
- o Education and technical assistance to the city's Emergency Preparedness Department and County Office of Bio-terrorism Preparedness Program.
- o Participation in city and county exercises and the provision of technical assistance on future drills that will include volunteers with various disabilities.
- o In partnership with the city's Emergency Preparedness Program and the Los Angeles World Airports, the department developed a model program to ensure that issues pertaining to individuals with disabilities are included in disaster response.
- o Provision of technical assistance and education on disability issues to the Mayor's Crisis Response Team.
- o Creation of the first Crisis/Disaster Response Team of Sign Language Interpreters in the country. These individuals are ready to respond to any crisis that occurs at the Los Angeles International or Ontario Airports, as well as throughout Los Angeles.
- o Hosting of "The Accessibility City Expo" where people with disabilities can attend workshops on emergency preparedness.

Future Goals

The Technical Assistance and Outreach Subcommittee will initiate several projects. These future projects and goals include:

- **Update Disability Preparedness Resource Center Web site.** The Technical Assistance and Outreach Subcommittee will maintain the online Resource Center as a living document by refining and expanding its content as relevant materials and effective practices are identified.
- **Develop Information Delivery System.** The Subcommittee will identify existing networks that may serve as effective channels of communication to stakeholders about their obligations under Federal laws to include people with disabilities in emergency preparedness and planning.
- **Develop Press Kit.** The Subcommittee will support efforts to promote inclusive and accessible emergency planning by making available online critical documents such as policy statements, groundbreaking legal precedents and fact sheets for inclusion in press kits.

Conclusion

Establishing the Disability Preparedness Resource Center Web site has been an important initial step to ensure that existing information and resources are conveniently available. This will further the integration of members of the disability community into all aspects of emergency management. Additionally, the Resource Center will assist in identifying gaps in available resources and promote initiatives that will lead to new developments to bridge such gaps.

F. Research Subcommittee

Summary of Objectives

There are many questions about how best to secure the safety and security of people with disabilities in emergency situations. The broad array of disabilities, the breadth of possible emergency scenarios and the interactive nature of certain disabilities with social environments (and disruption of those environments) means that research efforts may be required to address the many factors with the potential to impact individuals with disabilities in the context of a life-threatening disaster.

Decisive answers to these complex issues remain uncertain. Sufficient empirically-based research focusing on disability is not available to guide the many efforts underway to prepare for potential terrorist attacks, natural disasters and other emergencies. For example, the NCD reports that while there is a wealth of anecdotal accounts, meeting minutes and unpublished reports in the popular press, there is scarce research on the experiences of people with disabilities in disaster activities.¹¹

The mission of the Research Subcommittee is to assess, coordinate and promote Federal research related to emergency preparedness for individuals with disabilities. Primary objectives of the Research Subcommittee include: assessing the state-of-the-art on emergency preparedness and disability, identifying research gaps; coordinating Federal emergency preparedness research activities; and soliciting public input on an as needed basis. This includes, but is not limited to, gathering input from the disability community and other public and private stakeholders, developing, maintaining and disseminating to the public a compendium of Federal emergency preparedness research, and creating a research agenda on emergency preparedness and individuals with disabilities.

Scope of Research Subcommittee

The Subcommittee is identifying Federal department and agency representatives vested with responsibilities associated with research on emergency preparedness and disabilities. It is working with these representatives to identify Federally-funded projects on emergency preparedness and disabilities. To date, participating Federal agencies and departments include:

- Department of Education;
- Department of Labor;
- U.S. Access Board;
- Department of Justice; Department of Transportation;
- Department of Agriculture;
- Department of Homeland Security;
- Department of Veterans Affairs;
- Department of Interior;
- Office of Personnel Management;
- Department of Health and Human Services (including the Agency for Healthcare Research and Quality, the Office on Disability, the Administration on Aging, the Centers for Disease Control, and the National Institute of Mental Health);
- Department of Commerce (including National Institute of Standards and Technology);
- The National Science Foundation; and
- The National Council on Disability.

The Research Subcommittee continues to broaden this partnership across the Federal Government in order to establish a comprehensive assessment of activities while still avoiding duplication of efforts.

Administration

The Research Subcommittee is chaired jointly by representatives from the NIDRR in the Department of Education (ED), and the ODEP in the DOL. The Research Subcommit-

¹¹ *Saving Lives: Including People with Disabilities in Emergency Planning*. National Council on Disability Web site. Available <http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm> (May, 2005).

tee operates as a Task Force under the Interagency Committee on Disability Research (ICDR), Interagency Subcommittee on the New Freedom Initiative (ISNFI). The Chair of the ICDR is Mr. Steven James Tingus, who also is the Director of NIDRR, located within ED's Office of Special Education and Rehabilitative Services (OSERS). The Assistant Secretary for OSERS, Mr. John H. Hager, represents ED on the Interagency Coordinating Council.

Projects Initiated

The Research Subcommittee is currently spearheading the following initiatives:

Assessing the State-of-the-Art in Research on Emergency Preparedness and Disability

The Subcommittee has launched a number of activities to assess the state-of-the-art in research on emergency preparedness and disability. An initial scan of several engineering, education, psychology, medicine and other databases yielded numerous "how to" guides, checklists, reviews of legislation, conference proceedings and catalogs of technologies useful for people with disabilities in emergency situations, but few research-specific articles.

Similarly, preliminary documentation from the Subcommittee's Federal partners suggests that little Federal support has been available for research specific to emergency preparedness and disability. Emergency preparedness has, for the most part, focused on the general population; attention to disability issues is recent. Below are some examples of Federal and Federally-funded research projects and conferences related to emergency preparedness for people with disabilities. Funding sources and grantee information are provided in footnotes.

Research Projects:

- **Disaster Planning, Mobility Impairment, and Best Practices:**
 - Determining whether areas that have experienced natural disasters include people with mobility impairments in their disaster plans and emergency response systems, identifying morbidity and mortality of persons with mobility impairments in disasters and

identifying emerging or best practice models for individual counties.¹²

- **Emergency Evacuation:**

- Developing comprehensive, easy-to-use safe evacuation education materials and training tools that include people with disabilities.¹³
- Developing standards to improve the ability of persons with disabilities to get out of buildings during mass evacuations triggered by health or safety emergency events.¹⁴

- **Self-Advocacy and Survival Skills:**

- Developing a Web-based software program that assists people who are deaf or hard of hearing in learning self-advocacy and survival skills for life threatening situations.¹⁵

- **Emergency Managers:**

- Studying emergency management officials at the State and local level in the United States to determine how they have incorporated the emergency needs of people with disabilities in their emergency plans.¹⁶

- **Directions for the Federal Government:**

- Providing an overview of steps the Federal Government should take to build a solid and resilient infrastructure that will enable the government to include the diverse populations of people with disabilities in emergency preparedness, disaster relief and homeland security programs. This infrastructure would incorporate access to technology, physical plants, programs and communications. It also would include procurement and emergency programs and services.¹⁷

- **Conferences:**

- Conducting a National Consensus Conference in 2003 focused on *Pediatric Preparedness for Disasters and Terrorism*. This conference included attention to children with disabilities, including: mental health needs and children with special health care needs. A follow-up consensus conference on Emergency Preparedness is planned for September 2005, with a dual focus:

¹² **Funding Source:** Centers for Disease Control and Prevention through the Association of Teachers of Preventative Medicine; **Grantee:** Research and Training Center on Independent Living, University of Kansas; **Project Name:** Nobody Left Behind: Disaster Preparedness for Persons with Mobility Impairments.

¹³ **Funding Source:** U.S. Department of Education, National Institute on Disability and Rehabilitation Research; **Grantee:** West Virginia University; **Project Name:** Project Safe EV-AC.

¹⁴ **Funding Source:** U.S. Department of Education, National Institute on Disability and Rehabilitation Research; **Grantee:** Utah State University Center for Persons with Disabilities; **Project Name:** Bottom-Up Modeling of Mass Pedestrian Flows: Implications for the Effective Egress of Individuals with Disabilities

¹⁵ **Funding Source:** U.S. Department of Education, National Institute on Disability and Rehabilitation Research; **Grantee:** Vcom3D, Inc; **Project Name:** Emergency Preparedness Training Software with Universal Access.

¹⁶ **Funding Source:** U.S. Department of Homeland Security; **Grantee:** National Organization on Disability; **Project Name:** Emergency Preparedness Survey.

¹⁷ **Funding Source:** National Council on Disability; **Grantee:** June Isaacson Kailes; **Project Name:** Saving Lives: Including People with Disabilities In Emergency Planning

pediatrics (including children with disabilities) and people with disabilities across the lifespan.¹⁸

- o Conducting a conference in 2004 on *Emergency Evacuation of People with Physical Disabilities from Buildings*.¹⁹

Surveying and Compiling Federal Research Activities

To ensure the continued and thorough investigation of Federal and Federally-funded research, the Research Subcommittee collaborated with DHS and the Interagency Coordinating Council's State, Local and Tribal Government Subcommittee to develop a survey focusing on emergency preparedness and disability.²⁰ The purpose of the survey is to develop a comprehensive compilation of programs, activities and initiatives of Federal departments and agencies that support safety and security for individuals with disabilities in emergency situations. This survey requests information related to funding (grants and contracts), training and outreach, and research. The Research Subcommittee developed the research-related questions. This survey will be sent first to Federal agencies and later to nonprofit entities and State, local and tribal governments.

Soliciting Public Input

The Research Subcommittee is committed to seeking input on research needs from public and private stakeholders (e.g., the disability community, first responders, and industry representatives) and has initiated a number of projects to further this goal. First, the Research Subcommittee has established a public input link on the ICDR Web site, which invites comment on research needs in the area of emergency preparedness and disability. Second, the Research Subcommittee is working with the Interagency Coordinating Council's Private Sector Coordination Group to identify methods of securing public input. Third, the Research Subcommittee has established a collaborative effort with Columbia University's National Center on Disaster Preparedness at Columbia University in New York. At the September 2005 Consensus Conference on Emergency Preparedness, the Research Subcommittee and the ICC will provide information on the activities of the ICC and at the same time will seek input from conference attendees to assess more fully the range of research questions and needs.

Future Goals

- Complete a comprehensive literature review and develop a discussion of research gaps.
- Create, maintain and update a list of Federal agency representatives who have responsibility for emergency preparedness research affecting people with disabilities.
- Create, maintain and update a listing of Federal research projects related to emergency preparedness and disability.
- Solicit input from the disability community and other public and private stakeholders regarding research gaps in the area of emergency preparedness and disability.
- Identify research needs in the area of emergency preparedness and disability.

Conclusion

There is a plethora of guides, checklists, tip sheets and plans related to emergency preparedness and disability, but a noticeable lack of empirical research to back up those guides, plans and practices. The nation's emergency preparedness efforts will be more effective in protecting the lives of approximately 54 million Americans with disabilities if they are based on solid research. It is critical to transition from suggestions and ideas to empirically-based research that provides evidence for what works. By doing this, people with disabilities, first responders, the health care industry and other stakeholders will receive the information they need to answer critical questions.

¹⁸ **Funding Source:** Agency for Healthcare Research and Quality; **Grantee:** Columbia University; **Project Name:** Emergency Preparedness for Special Populations. Proceedings from this conference indicate that current adult models and guidelines cannot be applied to disaster preparedness for children. Furthermore, a review of the literature in the area of pediatric preparedness yielded very little data. Conference proceedings indicate that this lack of data has resulted in policy statements that are based on a "best advice" approach rather than research findings.

¹⁹ This was an activity of the Federal Interagency Committee on Disability Research (ICDR). Formal recommendations from this conference are forthcoming, but cover areas such as: (a) building design, codes, and construction; (b) first responders; (c) the involvement of people with disabilities in emergency preparedness activities; (d) evacuation equipment and mobility devices; and (e) human factors and egress modeling (evacuation models that take into account human behavior).

²⁰ The Interagency Committee on Disability Research Web site. Available: <<http://www.icdr.us>> (April, 2005).

G. State, Local and Tribal Government Coordination

Summary of Subcommittee Objectives

The Interagency Council established the State, Local and Tribal Government Coordination (SLTGC) Subcommittee as a vehicle to implement the Executive Order's mandate that the Federal Government "encourage, including through the provision of technical assistance, as appropriate, consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments...in emergency preparedness planning" and "facilitates cooperation among Federal, State, local and tribal governments...in the implementation of emergency preparedness plans as they relate to individuals with disabilities."

Scope of SLTG Issues

When an emergency or a disaster strikes, State, local or tribal personnel are usually the first to respond. For example, during the 2002 sniper shootings in the Washington, D.C. metropolitan area, the 2003 wildfires in California, and the violent hurricanes that ravaged the State of Florida in 2004, local entities were the first to mobilize. Even the September 11, 2001 terrorist attacks that impacted the entire nation required the widespread response of State and local first responders and emergency management personnel. Unfortunately these incidents are representative of a much longer list, a fact that underscores the importance of comprehensive and accessible disaster and emergency mitigation, preparedness, response and recovery at the State, local and tribal levels.

Because State, local and tribal jurisdictions play such pivotal roles in responding to emergencies and disasters, the SLTGC Subcommittee is working to ensure that individuals with

disabilities, and their needs, are included in State, local and tribal governments emergency preparedness planning and response. The preamble of the U.S. Department of Justice, Civil Rights Division – Disability Rights Section guidance entitled *An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities* serves as a guiding principle for the work of the SLTGC Subcommittee. It states:

One of the most important roles of local government is to protect their citizenry from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility.²¹

Reinforcement of the legal obligation to make emergency preparedness planning and response programs accessible are integral to the outreach efforts of the SLTGC Subcommittee. Accessibility is required by the ADA that applies to State and local governments by Title II, and to private sector service providers and nonprofits by Title III. Various local laws, codes and ordinances may apply as well. The Rehabilitation Act of 1973 applies similar obligation to local and tribal governments, private sector service providers and nonprofit entities that are recipients of Federal financial assistance. While this obligation is not specifically articulated within the federal laws mentioned, after September 11, 2001, these laws have been interpreted to include emergency preparedness planning and response.²² Although this does not mean an absolute guarantee of safety to people with disabilities, what it does make clear is that:

²¹ An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities. (2004) Available: <<http://www.usdoj.gov/crt/ada/emergencyprep.htm>> (April, 2005). See also, Appendices 3.

²² *An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*. (2004). Available: <<http://www.usdoj.gov/crt/ada/emergencyprep.htm>> (April, 2005). See also, Katherine Savage, et al., vs. City Place Limited Partnership, et al., Civil No. 240306 (declaring that ADA requires places of public accommodation to consider people with disabilities in developing emergency evacuation plans).

[E]mergency plans must take into account all people in a community and that every individual should be afforded equal right to information and necessary awareness efforts to aid in planning one's own survival and that of others notwithstanding disabilities.²³

The SLTGC Subcommittee recognizes there is no "one size fits all" approach to ensuring that State, local and tribal communities' emergency preparedness and response plans appropriately support the safety and security of individuals with disabilities. This is due in part to the vast diversity that exists among them. The broad security needs of large urban areas such as New York City or the Washington, D.C., metropolitan area contrast those of rural and tribal communities, which have a very different set of needs. Furthermore, the disability community is not homogenous; needs vary based upon the particular disability as well as an individual's interaction with his or her environment. The SLTGC Subcommittee seeks to preserve and respect the authority, discretion, responsibility and flexibility of State, local and tribal authorities, those who are most familiar with their local homeland security needs, while also seeking to ensure planning and accountability for their constituencies with disabilities.

Against this backdrop, it is a priority of the SLTGC Subcommittee to align with the significant work already taking place within FEMA and the Office of State and Local Government Coordination and Preparedness (DHS/SLGCP) that are coordinating Federal efforts to help State and local governments and emergency responders better prepared for all types of hazards, including acts of terrorism.

Projects and Initiatives

The issues that the approximately 54 million Americans with disabilities face during an emergency cannot be adequately addressed and resolved if they are not initially addressed in Federal policies and programs establishing national approach to emergency planning and response. Therefore, the incorporation of information on issues specific to people with disabilities into far-reaching national emergency preparedness mandates is a critical first step towards firmly integrating this important aspect of emergency preparedness and response into the fabric and culture of emergency management.

National Response Plan²⁴ and National Incident Management Systems²⁵

The National Response Plan (NRP) and National Incident Management Systems (NIMS) provide the structure that weaves the capabilities and resources of all jurisdictions, disciplines and levels of government and the private sector into a cohesive, unified, coordinated and seamless national approach to emergency planning and response. These significant national emergency preparedness policies extend to preparedness planning and response by State and local entities. They will have a far-reaching and transformative impact on the nation's approach to managing domestic incidents. In fact, Homeland Security Presidential Directive (HSPD)-5 requires Federal departments and agencies to make adoption of the NIMS by State and local organizations a condition for Federal assistance (through grants, contracts and other activities) beginning in FY 2005.

The SLTGC Subcommittee is working to augment appropriate NIMS and NRP supporting documents such as procedures, standards, protocols and guidance with information pertaining to the needs of individuals with disabilities. Specific steps include initiating a collaborative dialogue with the FEMA, particularly the NIMS Integration Center (NIC) that is responsible for the implementation, oversight and strategic direction of NIMS and NRP. The Subcommittee will also develop "disability in emergency preparedness" technical assistance documents for incorporation into components of NIMS that are not yet fully developed.

National Preparedness Goal²⁶

On December 17, 2003, President Bush issued HSPD-8. The purpose of HSPD-8 is to establish policies to strengthen the preparedness of the United States against threats or actual terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal.

The SLTGC Subcommittee is engaged in collaborative dialogue with DHS/SLGCP. DHS/SLGCP is tasked to lead the HSPD-8 implementation. The National Preparedness Goal (NP Goal) is a significant element of HSPD-8. To the extent permitted by law, requirements in existing Federal programs will be realigned to support the NP Goal. This includes statewide strategies, first responder preparedness assistance, first responder equipment standards, acquisition, research

²³ Sutherland, D. & Davis, E. (2005). It's the Law: Preparedness and People with Disabilities. *International Association of Emergency Managers Bulletin*, 22(3), 13-14. Available: <<http://www.iaem.com/publications/Bulletin/documents/200503bulletin.pdf>> (May, 2005).

²⁴ *National Response Plan (NRP)*. (2004): Available: <<http://www.dhs.gov/dhspublic/interweb/assetlibrary/NRPbaseplan.pdf>> (April 2005).

²⁵ *National Incident Management System (NIMS)*. (2004) Available <<http://www.fema.gov/nims>> (May, 2005).

²⁶ *Interim National Preparedness Goal*. (2005) Available: <http://www.ojp.usdoj.gov/odp/docs/InterimNationalPreparednessGoal_03-31-05_1.pdf> (May, 2005).

and development efforts, a national training program, and a national exercise program, among other initiatives. Notably, to the extent permitted by law, State preparedness strategies will be required to support or be consistent with the NP Goal as a condition for receiving Federal preparedness funding beginning September 30, 2005.

The SLTGC Subcommittee is pursuing several initiatives in coordination with the DHS Office of Domestic Preparedness (ODP) and DHS/SLGCP. These offices are primarily responsible for coordination, information sharing, policy integration and advocacy. They are also responsible for providing training, funds for the purchase of equipment, support for the planning and execution of exercises, technical assistance and other support to assist States and local jurisdictions to prevent, plan for and respond to acts of terrorism and other incidents of national significance. Among these initiatives are:

- **Grant Guidance:** The SLTGC Subcommittee will develop disability criteria language for incorporation in future DHS/SLGCP grant guidance to State, territorial, tribal and local entities. The SLTGC Subcommittee hopes to incorporate the proposed disability criteria in DHS Homeland Security funding grant guidance, beginning with FY 2006.
- **Technical Assistance Materials:** Development of technical assistance materials for dissemination through DHS/SLGCP to the States' Homeland Security Advisors, State Emergency Managers and other key preparedness officials on the State, territorial, tribal and local levels. SLTGC Subcommittee will partner with ODP to provide technical assistance materials, fact sheets and other planning guidance on making community emergency preparedness and response programs accessible to people with disabilities. These technical assistance materials will be available through ODP's online Technical Assistance Program which provides direct assistance to State and local jurisdictions.²⁷
- **Information Bulletin:** The SLTGC Subcommittee will tap into ODP's Information Bulletin to remind State preparedness officials of their obligation to ensure that their emergency preparedness and response programs are accessible to people with disabilities. This Bulletin is regularly disseminated to State Administrative Agencies and contacts, urban area points of contact, ad hoc personnel who requested receipt of the information

bulletins, homeland security advisors and emergency management agencies in the individual States and DHS/SLGCP personnel.

- **State Strategic Plan:** The SLTGC Subcommittee will develop and provide recommendations to DHS/SLGCP and its State Preparedness Officers on the inclusion of issues relevant to individuals with disabilities, medical or other special needs in State strategic plans, a requirement for receiving State and Urban Area Security Initiative funding.
- **Emergency Preparedness Exercises:** The SLTGC Subcommittee is engaged in efforts geared toward integrating individuals with disabilities and the issues relevant to individuals with disabilities in times of emergencies into the planning and execution of emergency drills and exercises.

Results Achieved

Throughout the past year, the SLTGC Subcommittee has capitalized on several opportunities to increase awareness at the State, local and tribal levels with regard to emergency planning and response as they relate to people with disabilities. For example:

- Former Secretary Ridge wrote a letter²⁸ to State and Territorial Governors emphasizing their emergency preparedness responsibility to their constituents with disabilities and asking them to take several specific steps to ensure that their State and Territorial emergency preparedness plans are as comprehensive as possible with regards to the needs of their constituents with disabilities.²⁹
- In April 2005, the Subcommittee sought inclusion of individuals with disabilities as observers of the third Top Officials (TOPOFF 3) exercise sponsored by DHS. TOPOFF 3 was the most comprehensive terrorism exercise ever conducted in the United States. It was the first opportunity to evaluate the NRP and to exercise protocols of the NIMS. The Office for Civil Rights and Civil Liberties within DHS gathered feedback and comments from observers with disabilities then submitted those comments into the after action review process. A number of access issues were referred for remedial action. These initial steps have already produced several positive results. Notably, DHS/SLGCP

²⁷ Office of Domestic Preparedness HSPD-8 Overview Web site. Available: <<http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm>> (May 2005).

²⁸ See Appendix 2 for a copy of the letter to the Governors.

²⁹ ODP Technical Assistance Web site. Available: <<http://www.ojp.usdoj.gov/odp/ta.htm>> (May 2005).

has expressed commitment to a more proactive approach to integrating disability issues in future TOPOFF exercises and in the interim, in pilot exercises.

Future Goals

Develop Emergency Preparedness and Individuals with Disabilities Technical Assistance Documents

Given the diversity that exists across our nation's geographical regions and within the disability community, there is no "one size fits all" approach to ensuring that emergency preparedness plans are as comprehensive as possible with regard to the issues presented by individuals with disabilities. Therefore, a need exists for broad yet comprehensive guidance that is capable of being adapted to meet the needs of various communities.

Establish Grant Criteria

Develop emergency preparedness grant criteria stipulating that funding requests must include emergency preparedness for people with disabilities. The funding reports must include evidence of improvement in preparedness efforts as it relates to the disability community.

Collect Best Practice Examples

When SLTGC Subcommittee representatives attend conferences and communicate with State and local governments, one of their goals is to compile examples of existing activity in emergency planning for people with disabilities. "Best Practice" examples will be widely disseminated through various channels including the ICC Disability and Emergency Preparedness Resource Web site and the Emergency Preparedness NOW newsletter.

Survey Federally-funded Outreach and Research Activities

To obtain a comprehensive view of existing Federally-funded outreach and research activities supporting safety and security for individuals with disabilities in emergency and disaster situations, the Subcommittee will survey Federal departments and agencies. Knowledge of these activities is limited and there is also no central repository providing for easy access to such useful information. The Subcommittee will compile the information gathered from the survey into a central repository and make it available as a resource on the ICC Disability Preparedness Resource Web site.

Conference Participation

- Host an emergency preparedness conference for State homeland security advisors, State level emergency planners and leaders from disability consumer organizations. National leaders will recognize emergency managers who have made significant strides to include people with disabilities in their State emergency plans.

- Participate in and conduct workshops at national conferences such as the National Emergency Management Association and the International Association of Emergency Managers annual conferences that are foundational to emergency planners. As emergency managers increase their knowledgeable about issues specific to people with disabilities, and how those issues impact their response and recovery efforts, they will recognize the benefit of including people with disabilities in every step of planning.

Conclusion

The SLTGC Subcommittee recognizes that much of the nationwide emergency preparedness policies such as NIMS, NRP and the NP Goal are now well established. The Subcommittee nonetheless is committed to align the needs of Americans with disabilities into these efforts as it is a critical aspect of our nation's preparedness, as well as an expressed priority of President Bush, evidenced through his signing of Executive Order 13347. Positioning these critical issues in Federal policies having direct impact on State, tribal and local entities emergency preparedness and response activities is an important first step in setting the course for greater compliance and accountability.

H. Private Sector Coordination

Summary of Objectives

A critical principle of the Interagency Coordinating Council is that people with disabilities are not merely consumers in the emergency planning process. People with disabilities have ideas and alternative solutions to offer that can benefit all Americans. Therefore, it is essential to draw upon the expertise, as well as the “hands-on” knowledge, of the disability community in regards to issues, concerns and accommodations. The ICC supports this principle of consumer direction by maintaining an open dialogue with representatives from a cross-section of the disability community.

Scope of Private Sector Issues

The vast majority of people with disabilities interact with private sector entities on a daily basis. Like most Americans, people with disabilities work in private businesses, shop at neighborhood malls, enjoy themselves at movie theaters and cheer for their favorite teams at local sports arenas. However, through our dialogue with members of the disability community, it has become evident that there is a disconnect between people with disabilities and these various private entities when it comes to emergency preparedness. More often than not, these entities have overlooked people with disabilities in their planning and training.

Unfortunately, there is also a disconnect between people with disabilities and many private, nonprofit organizations that train citizens for emergency preparedness and/or provide assistance after an emergency has occurred.

People with disabilities must be empowered to obtain the information and resources necessary to protect themselves prior to, during and after an emergency. Equally important, consumer and advocacy organizations for people with disabilities should proactively undertake initiatives that link Federal, State, local and tribal emergency preparedness activities for their constituents.

Projects Initiated

The first project initiated by the Private Sector Coordination Committee was the formation of the National Citizen Corps Council Subcommittee on Individuals with Disabilities in Emergency Preparedness. This Subcommittee was formed as a partnership between the National Citizen Corps and the Office for Civil Rights and Civil Liberties, both within DHS.

Citizen Corps was launched in January 2002 by President Bush to harness the power of individuals to make communities safer, stronger and better prepared to respond to emergency situations through education, training and volunteer services. In just three years, over 1,500 State, county, local and tribal Citizen Corps Councils have been established. These councils bring together first responders and emergency managers with citizens to play active roles in homeland security.

The National Citizen Corps Council brings together national leaders from the various first responder disciplines, emergency management, volunteer and nonprofit organizations, government and the private sector to foster collaboration and support for State, tribal and local Citizen Corps Councils.

The National Citizen Corps Council Subcommittee on Individuals with Disabilities in Emergency Preparedness is a cross-disability Subcommittee which seeks to:

- Provide a forum for representatives of the disability community to exchange information and discuss mutual concerns regarding safety and security in situations involving natural or man-made emergencies and disasters.
- Promote the participation of members of the disability community in emergency preparedness training, exercises and volunteer service opportunities.
- Promote the discussion and exchange of information on issues, concerns and accommodations between

the disability community and the Federal Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, State, local and tribal governments, private organizations and individuals.

- Prioritize issues and concerns of individuals with disabilities regarding safety and security in situations involving natural or man-made emergencies and disasters, and determine the best methods for communicating these issues and concerns to relevant individuals and entities within the government and industry.

The National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness consists of representatives from a number of national disability consumer and advocacy organizations including:

- American Association of People with Disabilities
- American Association of the Deaf-Blind
- American Association of Mental Retardation
- Capitol Area ADAPT
- Deaf and Hard of Hearing Consumer Advocacy Network
- National Association of Protection and Advocacy Systems
- National Association of the Deaf
- National Council on Independent Living
- National Federation of the Blind
- National Mental Health Association
- National Organization on Disability
- National Spinal Cord Injury Association
- Paralyzed Veterans of America
- United Cerebral Palsy Association

The National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness has met three times since its inception and will continue to meet on a quarterly basis.

Results Achieved

The National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness has achieved the following results:

Dialogue and information exchange between disability organizations and the ICC:

- Representatives from the disability organizations involved in the National Citizen Corps Subcommittee attended a quarterly meeting of the ICC and presented the major challenges and concerns that their

constituencies face during disasters or emergencies. The Chairs of the ICC Subcommittees also attended a quarterly meeting of the National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness and provided an overview of their respective Subcommittee goals and objectives.

Sharing best practices:

- Mr. Tim Lovell, Executive Director of the Tulsa Project Impact Citizen Corps Council was invited by DHS to present to the National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness on the exemplary work of the Tulsa based Citizen Corps Council.

The Tulsa Citizen Corps Council (CCC) was created in 2002 and selected by the National Citizen Corps office as one of 10 communities profiled for “Best Practices.” Located in “tornado alley,” a region at one time also topping the list for flooding frequency, the Tulsa CCC is committed to making a difference in emergency preparedness and response for all Oklahoma citizens.

A number of the Tulsa Citizen Corps Council’s emergency preparedness initiatives were specifically implemented to benefit Tulsa citizens with disabilities. For example, one of their first projects was to make tornado-safe rooms and mass shelters wheelchair accessible. In another project, the Tulsa CCC partnered with the Tulsa Speech and Hearing Association (TSHA), to distribute National Oceanic and Atmospheric Administration (NOAA) Weather Radios designed with a flashing strobe light to schools with deaf students. These radios warn staff and students when severe weather is heading their way, increasing their lead time to find shelter. In addition, TSHA has a cadre of qualified sign language interpreters who are willing to respond in the event of a disaster.

The Safe and Secure Program is another program offered to the deaf community of Tulsa. Individuals who are deaf or hard of hearing have access, through TSHA, to classes ranging from Citizen CPR and Home Hazard Awareness to Family Disaster Preparedness and Bioterrorism Awareness.⁴⁰

- On April 25-29, 2005 the first all-Accessible Community Emergency Response Team (CERT) train-the-trainer pilot was conducted in Seattle, Washington. Under the leadership of Ms. Karen Frinell-Hanrahan, the traditional CERT training was revamped to be inclusive of people with diverse abilities. Successes

⁴⁰Tulsa Mayor’s Citizen Corps. Available: <<http://www.citizencorptulsa.org>> (June, 2005.)

included blind individuals serving as team leaders in the search and rescue exercise and individuals with mobility impairments partnering up with blind and deaf individuals to suppress fires. The process and outcomes of the program development were subsequently shared at the National CERT conference in Emmetsburg, Maryland. This improved curriculum is being directed through the DHS Office of Domestic Preparedness Training Division for approval and should be available by the end 2005.

Public Awareness

- A DHS representative working with FEMA presented an overview of the NIMS⁴¹ and the NRP⁴² to the National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness. This presentation served to enhance understanding of these important Federal emergency preparedness and response policies. Participants had the opportunity to ask questions, raise concerns and offer suggestions. Follow-up dialogue will continue as it is the intent of the Subcommittee to ensure that the ongoing rollout activities and implementation of these far-reaching national preparedness policies do not overlook the needs of the disability community
- At the invitation of DHS, Ms. Ana-Marie Jones, Executive Director of Collaborating Agencies Responding to Disasters (CARD), presented “Creating Partnership in Preparedness: Using the Incident Command System.”⁴³ This presentation afforded the National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness participants the opportunity to enhance their practical understanding of the role of the Incident Command System (ICS), a core component of NIMS, in emergency preparedness and response. This presentation also illustrated how the needs of individuals with disabilities can be integrated into the ICS.

Ms. Jones’ presentation provided participants practical illustrations on ways to keep preparedness alive in their communities and agencies, develop disaster plans and bridge gaps in awareness. The CARD approach to the incident command system is oriented towards the practical needs and available resources of community-based organizations. This approach has served to simplify and personalize the ICS concept to effectively empower and motivate individuals and

Our Mission

“In partnership with traditional disaster relief agencies, CARD prepares local community groups to participate in coordinated response and recovery efforts for vulnerable and underserved populations in Alameda County.”

organizations to take responsibility for the safety of their clients, consumers and constituents. The National Citizen Corps Subcommittee on Individuals with Disabilities in Emergency Preparedness representatives came away from the presentation with a practical understanding of the NIMS and ICS concepts as well as knowledge that can benefit the organizations and their constituencies.

Additional noteworthy achievements of the ICC Private Sector Coordination Subcommittee include:

Presentations on the Legal Aspects of Emergency Preparedness for Individuals with Disabilities:

- DHS FEMA Region IV Southeastern Regional Workshop for Historically Black Colleges and Universities (HBCUs), State and Local Communities: Working Together, Preparing for Future Disasters, Jacksonville, Florida
- National Hurricane Conference, New Orleans, Louisiana
- Conference on Emergency Preparedness for People with Disabilities, Arlington, Virginia

Community Education and Outreach Presentations - Individuals with Disabilities in Emergency Preparedness:

- Center for Community Safety and the Rehabilitation Counseling Program of Winston Salem University, North Carolina
- Commission for Individuals with Disabilities of Prince George’s County Department of Family Services, Prince George’s, Maryland
- Conference on Emergency Preparedness for People with Disabilities, Arlington, Virginia

⁴¹ *National Incident Management System (NIMS)*, 2004. Available: <<http://www.fema.gov/nims/>> (May, 2005).

⁴² *National Response Plan (NRP)*, 2004 Available: <<http://www.dhs.gov/interweb/assetlibrary/NRPbaseplan.pdf>> (May, 2005).

⁴³ Collaborating Agencies Responding to Disasters (CARD). Available: <<http://www.FirstVictims.org>> (June, 2005).

- National Citizen Corps Conference, Denver, Colorado
- Pennsylvania School for the Deaf, Philadelphia, Pennsylvania
- Florida School for the Deaf and Blind, St. Augustine, Florida
- Biennial Conference of the National Association of the Deaf, Kansas City, Missouri

Publications:

- Sutherland, D. and Davis, E. (2005, March). "It's the Law: Preparedness and People with Disabilities." International Association of Emergency Managers Bulletin (Vol. 22 No. 3, pp. 13-14).

Grants:

- On September 29, 2004, the DHS Office of Domestic Preparedness announced a \$1.5 million dollar grant award to Telecommunications for the Deaf, Inc. (TDI). The TDI project, Community Emergency Preparedness Information Network (or the CEPIN Project) involves TDI and four community service centers throughout the United States. TDI will work with these four centers in developing model emergency preparedness community education programs for deaf and hard of hearing consumers. The four centers that will participate in the CEPIN project with TDI are: Deaf Counseling and Advocacy Resource Agency (DCARA) – San Francisco, California; Developmental Evaluation and Adjustment Facilities, Inc. (DEAF) – Boston, Massachusetts; Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRC) – Fairfax, Virginia; and Communication Service for the Deaf (CSD) – Sioux Falls, South Dakota, using one of its centers in the Midwest.

Exercise:

- The Private Sector Coordination Subcommittee successfully promoted the inclusion of observers representing several disability consumer and advocacy organizations into the third Top Officials (TOPOFF 3) exercise sponsored by the DHS Office of State and Local Government Coordination and Preparedness. TOPOFF 3 was the most comprehensive terrorism exercise ever conducted in the United States. The exercise is designed to strengthen the nation's capacity to prevent, protect against, respond to and recover from terrorist attacks involving weapons of mass

destruction. TOPOFF 3 observers with disabilities provided comprehensive follow-up reports on their experiences, including recommendations for meaningful involvement in and accessibility to future TOPOFF exercises. The Private Sector Subcommittee is serving as a liaison to the DHS Office of State and Local Government Coordination and Preparedness to ensure that the issues and concerns which arose out of TOPOFF 3 are addressed and resolved.

Conference:

- From September 22-24, 2003, the National Capital Region (with the support of DHS and in partnership with the National Organization on Disability) held an extremely successful three-day conference on Emergency Preparedness for People with Disabilities in Arlington, Virginia. DHS Secretary Tom Ridge presented the keynote address. Closing remarks were delivered by Secretary Norman Mineta from the Department of Transportation and Michael Brown, Director of FEMA. There were over 400 participants in attendance. The conference brought together first responders, people with disabilities, service providers and government officials among others, providing an opportunity for a much needed exchange of experiences and practices intended to help regional leaders enhance emergency preparedness programs for people with disabilities.⁴⁴

Future Goals

- Identify resources and strategies to extend the current public information, education and training focus beyond disability consumer and advocacy organizations to include private businesses, public accommodations and volunteer organizations active in disasters such as the Salvation Army and the American Red Cross, among others. The goal will be to include these private entities in the ongoing collaborative dialogue to promote awareness and accountability for the safety and security of individuals with disabilities within their purview.
- Continue to promote promising community-based practices in emergency planning and preparedness for people with disabilities. The Subcommittee will make this information available to the widest possible audience.

⁴⁴ Virtual Binder from the Conference on Emergency Preparedness for People with Disabilities (2004). Available: <<http://www.nod.org>> (2005) Webcasts from the conference can also be viewed at: <<http://www.tvworldwide.com/events/NOD/player.cfm>>.

Conclusion

Through private sector partnerships, citizen education on emergency preparedness and encouragement of widespread involvement in emergency planning efforts, the national capacity to prevent, prepare for, respond to and recover from disasters and emergencies will be greatly strengthened. National programs such as Citizen Corps can serve as a catalyst for more inclusive local emergency preparedness planning when diverse members of the local communities, such as individuals with disabilities, actively participate in such programs. Anecdotal information indicates many communities are already engaged in improving the safety and security of their communities. Providing further venues for those activities, documenting successes and directing communities to resources will provide citizens with a model for success and simultaneously reveal where government intervention is most needed.

V. Recommendations

Executive Order 13347 directs the Interagency Coordinating Council to submit to the President recommendations for advancing the policy set forth in the Executive Order. It requires that the Council identify future actions that the executive departments and agencies can undertake to ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes and acts of terrorism.

A great deal of positive effort has been generated in the first year of the ICC, highlighting the need for coordination, funding, research, training and identification of effective practices in emergency preparedness for individuals with disabilities. The ICC, with its successful interagency collaborations, will continue its work to ensure that emergency preparedness planning incorporates the needs of individuals with disabilities. The ICC will also continue to facilitate cooperation among Federal, State, local and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.

These recommendations do not propose or assume fundamental changes in legislation, regulations or appropriations. The recommendations represents coordination-based solutions that the ICC believes will significantly strengthen our nation's ability to integrate people with disabilities into disaster and emergency mitigation, preparedness, response and recovery efforts.

Recommendation 1: Increase the rate of participation of people with disabilities in emergency planning. People with disabilities and organizations that represent them must participate as meaningful partners with Federal, State, local, and tribal government officials in the development and implementation of emergency plans. The alternative is the loss of invaluable insight and resources vital to meeting the needs and sometimes complex issues related to this large subset of our communities. Most importantly, a failure to identify and address these needs and issues can jeopardize the lives and safety of individuals with disabilities. The ICC is in a unique position to facilitate progress on this issue. In the upcoming year it will provide technical assistance and engage in outreach activities such as broad dissemination

of information on effective practices and dialogue among stakeholders at all levels.

Recommendation 2: Increase the rate of participation of people with disabilities in emergency preparedness, response and recovery drills and exercises. Drills and exercises are critical in determining whether the country as a whole, and States and localities are adequately prepared for man-made or natural disasters. They facilitate the process of measuring the effectiveness of existing plans by uncovering areas where improvements are necessary. The inclusion of people with disabilities as active participants in emergency drills and exercises as planners, implementers, participants and evaluators is therefore of vital importance. Specifically, inclusion of people with disabilities in these roles enables the collection of invaluable information about the effectiveness of plans (especially with regards to their needs), affords responders first-hand exposure to people with disabilities in disaster and emergency situations and tests theories about necessary services. The ICC will work with emergency planners and responders to increase the participation of people with disabilities in drills and exercises.

Recommendation 3: Direct homeland security funding to promote the full integration of people with disabilities in all aspects of emergency preparedness, response and recovery. There must be adequate funding to ensure that emergency planning includes people with disabilities. In the present environment, it is difficult for planners to find funds to meet their communities' needs for items ranging from evacuation devices to personal preparedness education materials. In January 2005, the Secretary of Homeland Security sent a letter to all Governors encouraging them to consider using a portion of their homeland security grants for such purposes. This effort should be replicated at the State, local and tribal levels to encourage the use of homeland security resources to achieve the goals of the Executive Order. To expedite the process, the ICC will develop a database of current funding streams devoted to emergency preparedness and people with disabilities.

Recommendation 4: Urge Federal building officials and managers to include the concerns of federal employees and visitors with disabilities in developing emergency plans and continuity of government plans. Section 1(a) of the President’s Executive Order 13347 calls for Federal agencies to “consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves.” The ICC is ideally positioned to facilitate changes to Federal policies and practices that are necessary to ensure full inclusion of the more than 120,000 Federal employees with disabilities in workplace emergency plans. The ICC composition includes the key Federal departments and agencies that have policy oversight for the Federal workplace. In addition, the overall composition of the ICC will ensure that coordinated and consistent guidance on the development of inclusive emergency plans is provided to executive departments and agencies throughout the Federal Government, including at the national, regional, and field levels. The ICC’s Workplace Template of Guidelines sets out comprehensive planning considerations that will serve as the framework for evaluation of policies, practices, and plans. As these competency-based planning principles are implemented by the Federal Government, it will afford the ICC opportunities to inform employers within the State, tribal, local, and private sectors about effective practices for the inclusion of individuals with disabilities in workplace emergency preparedness planning.

Recommendation 5: Ensure that during an emergency, Telecommunications Relay Services (TRS) personnel, Public Safety Answering Point (PSAP) personnel, and captioners can travel to and from their designated facilities to provide continuity of services for persons with hearing and speech disabilities. Telecommunications Relay Services (TRS) personnel, Public Safety Answering Point (PSAP) personnel, and captioners are critical to the disability community. Each provides an important communications link between people with hearing or speech disabilities and the remainder of the community. If they are not designated as essential personnel prior to an emergency, TRS and PSAP personnel and captioners may be restricted from traveling to or remaining at a particular location. Without trained personnel to provide these intermediate services, individuals with hearing or speech disabilities will be denied their rights to accessible communications and will not have access to public alert and warning information during and after an emergency. The ICC will work to ensure that these critical policy changes are implemented.

Recommendation 6: Integrate the needs of individuals with disabilities into the National Response Plan (NRP) and the National Incident Management System (NIMS). In order to fully integrate the needs of individuals with disabilities in the nation’s emergency preparedness and response strategies, the ICC recommends incorporation of disability access information into the NRP and NIMS. The NRP and NIMS provide the structures that weave together the capabilities and resources of the various jurisdictions and levels of government and the private sector into a cohesive, unified, coordinated and seamless national approach. The overall goal is to harmonize and integrate existing Federal domestic prevention, preparedness, response and recovery plans into a single all-hazards plan. These preparedness and response mandates provide the ideal venue for promoting awareness of the issues surrounding people with disabilities in emergency preparedness, response and recovery. The ICC will work to ensure that the NRP, the NIMS, and other similar documents take account of the disability community.

Recommendation 7: Coordinate evidence-based Federal research into the effectiveness of audio, visual and/or tactile protocols and technologies related to emergency preparedness, alerting, warning and response for individuals with disabilities. In order to ensure that all persons are alerted to and warned about disasters or emergencies, accessible technologies are indispensable. The ICC is uniquely positioned to accelerate research that guides the development and integration of appropriate technologies into the Nation’s emergency warning systems and practices. These technologies identified from research will guide contract procurement and technical assistance, and translate findings into guidelines. Findings will also result in information on promising new practices for alerting and warning individuals with disabilities.

Recommendation 8: Ensure comprehensive medical approaches that address the health care and medical needs of individuals with disabilities across the lifespan of an emergency event. In order to ensure that health care providers and emergency responders have the appropriate skills to provide life-sustaining care to individuals with disabilities for both pre-existing and incident-caused health needs, they must receive training. Effective competency-based instructional materials and training will increase positive outcomes for individuals with disabilities in times of emergency and over the duration of the recovery process. The ICC will work to ensure development of this type of instructional material and training.

VI. Conclusion

The integration of people with disabilities in all aspects of emergency management and planning is essential to the nation's mitigation, preparedness, response and recovery efforts. The needs and concerns of people with disabilities are often overlooked in these areas. Terrorist events, such as the September 11, 2001 attacks, and natural disasters, such as hurricanes, tornadoes and wildfires underscore the need for inclusive and accessible emergency planning and response.

As a result of the President's Executive Order and the creation of the Interagency Coordinating Council, Federal government departments and agencies, now more than ever before, are actively addressing these critical issues. This includes greater interagency coordination and collaboration with the purpose of ensuring that emergency preparedness and response plans appropriately support the safety and security of individuals with disabilities.

In this report the ICC has identified a variety of issues and

actions necessary to improve emergency planning and response for people with disabilities at the Federal, State, tribal and local levels in areas such as emergency communication, emergency transportation, emergency preparedness in the workplace, health and research. The report includes eight recommendations that represent coordination-based solutions that the ICC believes will significantly strengthen the nation's ability to integrate people with disabilities into disaster and emergency mitigation, preparedness, response and recovery efforts.

The ICC is committed to improving emergency preparedness and response for individuals with disabilities and looks forward to continuing its work in the upcoming year.

VII. Appendices

Appendix A: Text of Executive Order 13347

Federal Register/Vol. 69, No. 142/Monday, July 26, 2004/Presidential Documents

Individuals With Disabilities in Emergency Preparedness

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to strengthen emergency preparedness with respect to individuals with disabilities, it is hereby ordered as follows:

Section 1. Policy. To ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism, it shall be the policy of the United States that executive departments and agencies of the Federal Government (agencies):

(a) consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves;

(b) encourage, including through the provision of technical assistance, as appropriate, consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments and private organizations and individuals in emergency preparedness planning; and

(c) facilitate cooperation among Federal, State, local, and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.

Sec. 2. Establishment of Council. (a) There is hereby established, within the Department of Homeland Security for administrative purposes, the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (the "Council"). The Council shall consist exclusively of the following members or their designees:

(i) the heads of executive departments, the Administrator of the Environmental Protection Agency, the Administrator of General Services, the Director of the Office of Personnel Management, and the Commissioner of Social Security; and

(ii) any other agency head as the Secretary of Homeland Security may, with the concurrence of the agency head, designate.

(b) The Secretary of Homeland Security shall chair the Council, convene and preside at its meetings, determine its agenda, direct its work, and, as appropriate to particular subject matters, establish and direct subgroups of the Council, which shall consist exclusively of Council members.

(c) A member of the Council may designate, to perform the Council functions of the member, an employee of the member's department or agency who is either an officer of the United States appointed by the President, or a full-time employee serving in a position with pay equal to or greater than the minimum rate payable for GS-15 of the General Schedule.

Sec. 3. Functions of Council. (a) The Council shall:

(i) coordinate implementation by agencies of the policy set forth in section 1 of this order;

(ii) whenever the Council obtains in the performance of its functions information or advice from any individual who is not a full-time or permanent part-time Federal employee, obtain such information and advice only in a manner that seeks individual advice and does not involve collective judgment or consensus advice or deliberation; and

(iii) at the request of any agency head (or the agency head's designee under section 2(c) of this order) who is a member of the Council, unless the Secretary of Homeland Security declines the request, promptly review and provide advice, for the purpose of furthering the policy set forth in section 1, on a proposed action by that agency.

(b) The Council shall submit to the President each year beginning 1 year after the date of this order, through the Assistant to the President for Homeland Security, a report that describes:

- (i) the achievements of the Council in implementing the policy set forth in section 1;
- (ii) the best practices among Federal, State, local, and tribal governments and private organizations and individuals for emergency preparedness planning with respect to individuals with disabilities; and
- (iii) recommendations of the Council for advancing the policy set forth in section 1.

Sec. 4. General. (a) To the extent permitted by law:

- (i) agencies shall assist and provide information to the Council for the performance of its functions under this order; and

(ii) the Department of Homeland Security shall provide funding and administrative support for the Council.

(b) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative proposals.

(c) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, instrumentalities, or entities, its officers or employees, or any other person.

THE WHITE HOUSE,
July 22, 2004.

Appendix B: Former DHS Secretary Ridge's Letter of January 3rd, 2005 to State and Territorial Governors

January 3, 2005

The Honorable Robert Riley
Governor of Alabama
State Capitol
600 Dexter Avenue
Montgomery, Alabama 36130

Dear Governor Riley:

As you know, throughout the past two years the U.S. Department of Homeland Security has been working hard on many levels to better prepare our Nation for terrorist attacks, natural disasters and other emergencies. I know that you share my commitment to ensuring a more prepared America, and I have appreciated the opportunity to work closely with you on this critical issue.

I am writing to encourage you to consider an aspect of this issue that is a priority for President Bush and the Department of Homeland Security: incorporating the needs of Americans with disabilities in preparedness, response, and recovery efforts. While all Americans face difficulties during emergencies and disasters, these difficulties are often compounded for people with disabilities and their families. Legally and ethically, we are responsible to ensure that our fellow citizens with disabilities are as safe and secure in their communities as individuals without disabilities.

President Bush and I are deeply committed to integrating the disability community in all aspects of emergency preparedness, response, and recovery. In fact, President Bush marked the 14th anniversary of the landmark Americans with Disabilities Act in July 2004, by signing Executive Order 13347, "Individuals with Disabilities in Emergency Preparedness." We have already seen a great deal of momentum and activity at the Federal level in response to the President's direction.

To further our Nation's progress on this critical aspect of the preparedness, response, and recovery effort, I ask that you work with us in the following ways. First, I ask that you take steps to ensure that your State's existing emergency preparedness plans are as comprehensive as possible with regard to the issues facing individuals with disabilities. Encouraging individuals with disabilities to actively take part in the planning process, including in exercises, can be a significant asset to planners. We must work to ensure that emergency management personnel are properly trained with regard to preparing for, responding to, and recovering from emergencies as these situations relate to people with disabilities and to ensure that people with disabilities and their families take the initiative to prepare themselves.

Second, I ask that you take steps to ensure that emergency information and resources are available by accessible means and in accessible formats. Please consider, among other things, captioning and voice description of all broadcasts regarding emergencies and providing materials in accessible alternative formats when printed materials are made available to the public.

Third, I ask that you consider expending Federal homeland security dollars on initiatives that address and/or respond to the needs of individuals with disabilities for emergency preparedness, response, and recovery. Many of the challenges that we face in this arena will only be effectively resolved when substantial resources are applied to developing innovative solutions. I ask that you consider the use of funds in this area to be a priority.

Finally, many of you have already done extraordinary work in this area. I ask that you share your ideas and lessons learned with us, and we will endeavor to share your experiences with the widest possible audience. Please communicate directly with the chair of the Interagency Council on Emergency Preparedness and Individuals with Disabilities, Daniel W. Sutherland, the Department of Homeland Security's Officer for Civil Rights and Civil Liberties (civil.liberties@dhs.gov or 202-401-1474).

Throughout all of our work on these issues, we must keep in mind that people with disabilities are not passive consumers of help. Rather, people with disabilities have a great deal to offer all Americans because they bring a unique blend of energy, ideas, and determination to these issues. By addressing this specific population's needs, all Americans will benefit.

Thank you for your commitment to this issue.

Sincerely,

Tom Ridge

Appendix C: An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

One of the most important roles of local government is to protect their citizenry from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility. Making these programs accessible is also required by the Americans with Disabilities Act of 1990 (ADA).

Planning

If you are responsible for your community's emergency planning or response activities, you should involve people with disabilities in identifying needs and evaluating effective emergency management practices. Issues that have the greatest impact on people with disabilities include notification, evacuation, emergency transportation, sheltering, access to medical care and medications, access to their mobility devices or service animals while in transit or at shelters, and access to information.

In planning for emergency services, you should consider the needs of people who use mobility aids such as wheelchairs, scooters, walkers, canes or crutches, or people who have limited stamina. Plans also need to include people who use oxygen or respirators, people who are blind or who have low vision, people who are deaf or hard of hearing, people who have a cognitive disability, people with mental illness, and those with other types of disabilities.

Action Step:

Solicit and incorporate input from people with different types of disabilities (e.g. mobility, vision, hearing, cognitive and other disabilities) regarding all phases of your emergency management plan (preparation, notification, response, and clean up).

Notification

Many traditional emergency notification methods are not accessible to or usable by people with disabilities. People who are deaf or hard of hearing cannot hear radio, televi-

sion, sirens, or other audible alerts. Those who are blind or who have low vision may not be aware of visual cues, such as flashing lights. Warning methods should be developed to ensure that all citizens will have the information necessary to make sound decisions and take appropriate, responsible action. Often, using a combination of methods will be more effective than relying on one method alone. For instance, combining visual and audible alerts will reach a greater audience than either method would by itself.

Action Step:

Provide ways to inform people who are deaf or hard of hearing of an impending disaster if you use emergency warning systems such as sirens or other audible alerts. When the electric power supply is affected, it may be necessary to use several forms of notification. These might include the use of telephone calls, auto-dialed TTY (teletypewriter) messages, text messaging, e-mails, and even direct door-to-door contact with pre-registered individuals. Also, you should consider using open-captioning on local TV stations in addition to incorporating other innovative uses of technology into such procedures, as well as lower-tech options such as dispatching qualified sign language interpreters to assist in broadcasting emergency information provided to the media.

Evacuation

Individuals with disabilities will face a variety of challenges in evacuating, depending on the nature of the emergency. People with a mobility disability may need assistance leaving a building without a working elevator. Individuals who are blind or who have limited vision may no longer be able to independently use traditional orientation and navigation methods. An individual who is deaf may be trapped somewhere unable to communicate with anyone because the only communication device relies on voice. Procedures should be in place to ensure that people with disabilities can evacuate the physical area in a variety of conditions and with or without assistance.

Action Step:

Adopt policies to ensure that your community evacuation plans enable people with disabilities, including those who have mobility impairments, vision impairments, hearing impairments, cognitive disabilities, mental illness, or other disabilities, to safely self-evacuate or to be evacuated by others. Some communities are instituting voluntary, confidential registries of persons with disabilities who may need individualized evacuation assistance or notification. If you adopt or maintain such a registry, have procedures in place to ensure its voluntariness, guarantee confidentiality controls, and develop a process to update the registry. Also consider how best to publicize its availability. Whether or not a registry is used, your plan should address accessible transportation needs for people who use wheelchairs, scooters, or other mobility aids as well as people who are blind or who have low vision.

Both public and private transportation may be disrupted due to overcrowding, because of blocked streets and sidewalks, or because the system is not functioning at all. The movement of people during an evacuation is critical, but many people with disabilities cannot use traditional, inaccessible transportation.

Action Step:

Identify accessible modes of transportation that may be available to help evacuate people with disabilities during an emergency. For instance, some communities have used lift-equipped school or transit buses to evacuate people who use wheelchairs during floods.

Sheltering

When disasters occur, people are often provided safe refuge in temporary shelters. Some may be located in schools, office buildings, tents, or other areas. Historically, great attention has been paid to ensuring that those shelters are well stocked with basic necessities such as food, water, and blankets. But many of these shelters have not been accessible to people with disabilities. Individuals using a wheelchair or scooter have often been able somehow to get to the shelter, only to find no accessible entrance, accessible toilet, or accessible shelter area.

Action Step:

Survey your community's shelters for barriers to access for persons with disabilities. For instance, if you are considering incorporating a particular high school gymnasium into your sheltering plan, early in the process you should examine its parking, the path to the gymnasium, and the toilets serving the gymnasium to make sure they are accessible to people with

disabilities. If you find barriers to access, work with the facility's owner to try to get the barriers removed. If you are unable to do so, consider another nearby facility for your community sheltering needs.

Until all of your emergency shelters have accessible parking, exterior routes, entrances, interior routes to the shelter area, and toilet rooms serving the shelter area, identify and widely publicize to the public, including persons with disabilities and the organizations that serve them, the locations of the most accessible emergency shelters.

Shelter staff and volunteers are often trained in first aid or other areas critical to the delivery of emergency services, but many have little, if any, familiarity with the needs of people with disabilities. In some instances, people with disabilities have been turned away from shelters because of volunteers' lack of confidence regarding the shelter's ability to meet their needs. Generally, people with disabilities may not be segregated or told to go to "special" shelters designated for their use. They should ordinarily be allowed to attend the same shelters as their neighbors and coworkers.

Action Step:

Invite representatives of group homes and other people with disabilities to meet with you as part of your routine shelter planning. Discuss with them which shelters they would be more likely to use in the event of an emergency and what, if any, disability-related concerns they may have while sheltering. Develop site-specific instructions for your volunteers and staff to address these concerns.

Many shelters have a "no pets" policy and some mistakenly apply this policy to exclude service animals such as guide dogs for people who are blind, hearing dogs for people who are deaf, or dogs that pull wheelchairs or retrieve dropped objects. When people with disabilities who use service animals are told that their animals cannot enter the shelter, they are forced to choose between safety and abandoning a highly trained animal that accompanies them everywhere and allows them to function independently.

Action Step:

Adopt procedures to ensure that people with disabilities who use service animals are not separated from their service animals when sheltering during an emergency, even if pets are normally prohibited in shelters. While you cannot unnecessarily segregate persons who use service animals from others, you may consider the potential presence of persons who, for safety or health Reasons, should not be with certain types of animals.

Individuals whose disabilities require medications, such as certain types of insulin that require constant refrigeration, may find that many shelters do not provide refrigerators or ice-packed coolers. Individuals who use life support systems and other devices rely on electricity to function and stay alive and, in many cases, may not have access to a generator or other source of electricity within a shelter.

Action Step:

Ensure that a reasonable number of emergency shelters have back-up generators and a way to keep medications refrigerated (such as a refrigerator or a cooler with ice). These shelters should be made available on a priority basis to people whose disabilities require access to electricity and refrigeration, for example, for using life-sustaining medical devices, providing power to motorized wheelchairs, and preserving certain medications, such as insulin, that require refrigeration. The public should be routinely notified about the location of these shelters. In addition, if you choose to maintain a confidential registry of individuals needing transportation assistance, this registry could also record those who would be in need of particular medications. This will facilitate your planning priorities.

People who are deaf or hard of hearing may not have access to audible information routinely made available to people in the temporary shelters. Those who are blind or who have low vision will not be able to use printed notices, advisories, or other written information.

Action Step:

Adopt procedures to provide accessible communication for people who are deaf or hard of hearing and for people with severe speech disabilities. Train

staff on the basic procedures for providing accessible communication, including exchanging notes or posting written announcements to go with spoken announcements. Train staff to read printed information, upon request, to persons who are blind or who have low vision.

Returning Home

The needs of individuals with disabilities should be considered, too, when they leave a shelter or are otherwise allowed to return to their home. If a ramp has been destroyed, an individual with a mobility impairment will be unable to get into and out of the house. In case temporary housing is needed past the stay at the shelter, your emergency response plan could identify available physically accessible short-term housing, as well as housing with appropriate communication devices, such as TTY's, to ensure individuals with communication disabilities can communicate with family, friends, and medical professionals.

Action Step:

Identify temporary accessible housing (such as accessible hotel rooms within the community or in nearby communities) that could be used if people with disabilities cannot immediately return home after a disaster if, for instance, necessary accessible features such as ramps or electrical systems have been damaged.

If you contract with another entity, such as the American Red Cross or another local government, to provide your emergency preparedness plans and emergency response services, you should ensure that the other entity follows these steps on your behalf.

Appendix D: Glossary of Key Terms

Disaster – An occurrence of a natural catastrophe, technological accident, or human caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a “major disaster” is “any natural catastrophe [...] or, regardless of cause, any fire, flood or explosion, in any part o the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under [the] Act to supplement the efforts and available resources or States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.” (Source - FEMA, State and Local Guide (SLG 101): Guide for All-Hazard Emergency Operations Planning, 1996)

Emergency – Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, “any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety or to lesson or avert the threat of a catastrophe in any part of the United States.” (Source – NIMS, March 2004)

Mitigation – Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of or potential loss from hazards. Mitigation can include efforts to educate governments, businesses and the public on measures they can take to reduce loss and injury. (Source – NIMS, March 2004)

Preparedness - The existence of plans, procedures, policies, training, and equipment necessary at the Federal, State and local level to maximize the ability to prevent, respond to, and recover from major events. (Source – HSPD 8, December 2003)

Prevention - Activities undertaken by the first responder community during the early stages of an incident to reduce the likelihood or consequences of threatened or actual terrorist attacks. (Source – HSPD 8, December 2003)

Recovery – The development, coordination, and execution of service- and site-restoration plans for impacted communities and the reconstitution of government operations and services through individual, private-section, non governmental, public assistance programs that: identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents. (Source – NIMS, March 2004)

Response – Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting or disrupting illegal activity, and apprehending actual perpetrators, and bringing them to justice. (Source – NIMS, March 2004)



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