

### **“Universal Access” versus “Special Needs”**

In recent months, much attention has been focused on providing for the needs of persons with disabilities, older persons, the medically dependent or otherwise distinct population groups within our communities during disasters. The challenge of providing shelter for *all* members of the community has been a particular focus area for many emergency planners.

#### Special Needs Shelters

Past thinking in the field of emergency management has been that persons with disabilities and older persons were not good candidates for General Population shelters as these large, noisy and chaotic sites typically did not provide the level of privacy or order required to meet their physical and/or behavioral health needs. Some of the previously identified obstacles included space requirements; the need for specialized equipment; reliance on assistive devices, reliance on available power sources; privacy for personal care; presence of noise and confusion; and reliance on trained medical personnel. As a result of these concerns, many hurricane-prone states have adopted the strategy of creating a network of “Special Needs Shelters.” The concept involved in the creation of special needs sheltering is to establish an entirely new shelter network to serve certain populations within communities. These sites were designed to fully accommodate the medical and personal assistance needs that go beyond those reasonably anticipated to be found in a general population shelter. They were designed for fewer individuals, affording more privacy and a more controlled environment, and they were operated by medical professionals.

#### A Proposed New Sheltering Model: “Universal Access” Sheltering

“Universal Access” sheltering, as discussed in this planning guide, is based on a different approach. The concept of universal access sheltering requires that existing “community shelters” should strive to be accessible and usable by as many members of the community as safely and reasonably possible. Not only does this approach more accurately match the composition of our communities, it reduces the need for the development and maintenance of special needs shelters. The primary purpose of this document is to develop a more accommodating sheltering system for all citizens who live independently in their community.

*Universally accessible shelters are group or congregate public shelters which are planned, equipped and operated to meet the sheltering needs of a wide variety of community members, including most people with disabilities and older adults. The ultimate goal of universal access sheltering can very simply be stated as: “All community shelters in the state of Connecticut will be accessible and usable by any member of the community who normally lives independently.”*

In some cases, meeting this goal will not require an enormous effort. Simple solutions, such as those proposed in this guide, can usually be employed to meet the needs of your community. In other cases, significant community focus and commitment, pre-disaster, will be necessary before the personal care needs of persons with disabilities and elders can be addressed in every shelter site. ***In short, while universal access sheltering takes a little more time during the planning stage, it alleviates an enormous amount of work during the response and recovery stage of an event.***

Some of the factors that should be discussed at the community level include:

- Pre-identification of generator requirements;
- Just-in-time renovation of bathroom stall dividers (as time and resources allow);
- Pre-planning administrative flexibility to allow for sufficient floor space to accommodate equipment, family members or personal care assistants.

As mentioned above, universal access sheltering is intended to be a maturation of existing shelter systems. The intention is that your same local shelters, managed by the same personnel (Red Cross, municipal group, or other agency) simply provide the administrative and physical infrastructure to allow more of your citizens to benefit from your shelter network. What actually needs to be done, in terms of policy change, physical structure modification, etc. will be specific to each shelter facility in your town, and certainly there is wide variation on what it will take for each town in Connecticut to have universally accessible shelters.

The goal of this planning guidance is not to set deadlines or create unfunded mandates. It is simply to start community discussion and collaboration process, and provide some guidance so that every town may start on the path toward achieving the above referenced goal. Every step taken towards universally accessible shelters reduces some other emergency management concern.

#### Enhanced Support Shelters: Model Under Development

Municipalities should still continue to plan for those individuals who may require a level of care that goes beyond that of a universally accessible shelter. There are thousands who live at home because of the development of a robust home health care industry. In times of disaster, these care givers may not be available to their client(s). In that case, the care of these residents may need to take place at "enhanced support shelters", which may be co-located with universally accessible shelters. The concept of creating a model for the establishment of enhanced support shelters arose recently in Connecticut. It needs much more thought, care, and planning to develop and must be done in collaboration with state, regional and local partners.

#### **Overview**

Our concept of who we are, as a community, has evolved significantly over recent decades. Advances in technology and healthcare, advanced personal assistive devices, and building design have changed the complexion of our neighborhoods. Not only are Americans living longer, but we are spending less time in hospitals and institutional facilities, and more time at home, living independently. It must be recognized that the ability to do so is often dependant on the availability of family members or personal care providers. Concurrently, advances in communication have made our society more efficient in our personal lives, in our work lives, and in carrying out our day-to-day business. They have also made us precariously dependent on technology.

Emergency management leaders are charged with the difficult task of protecting individuals and families within their community, personal property, and critical infrastructure from the effects of a disaster. When it is not possible to prevent a disaster from disrupting our society, emergency

managers are charged with ensuring the rapid restoration of many services, including but not limited to:

- ❑ Utilities;
- ❑ Health care; and,
- ❑ Short term and long term housing.

On one hand, technology provides many opportunities for continuance of operations, decentralization of the workforce, and rapid economic recovery. On the other hand, the challenge of ensuring the essential infrastructure of technology: electricity, telephone access (both wire line and cells), and internet access is a daunting task.

*One area where the gap between the needs and expectations of today's communities and current emergency management efforts is in emergency sheltering.* In years past, the term "shelter" meant a brick and mortar structure robust enough to withstand catastrophic events (such as global atomic war) and provide basic sustenance for its inhabitants. However, this model does not account for:

- ❑ Modern communication and information needs;
- ❑ A growing number of people in our communities that cannot negotiate stairs;
- ❑ Persons who require assistive devices or service animals; and
- ❑ Those who require the help of others to perform activities of daily living.

In addition, this model no longer meets the expectations of the emergency management industry. For instance,

- The American Red Cross relies on communication from inside the shelter to outside the shelter for disaster welfare information. This is evidenced by "Safe and Well" registry <https://disastersafe.redcross.org/> and current Disaster Welfare Information policy.
- FEMA individual assistance programs require some form of communication be available to register for and update requests for individual assistance (<http://www.fema.gov/assistance/index.shtm>) including telephone, TTY, and/or internet capability.

### The "Universal Access" Model

As previously stated, universally accessible shelters are group or congregate public shelters which are developed by a committed group of citizens, working in collaboration with governmental entities and site owners/operators (local school districts, church boards, etc.) to:

- Commit the time and effort to Plan;
- Determine equipment needs and establish memorandums of understanding with medical supply companies to obtain equipment; and,
- Determine the need for generators in public buildings that will serve as mass care facilities;

With such a focused and collaborative effort, shelters may be staffed, equipped and operated to meet the sheltering needs of a wide variety of community members, including most people with disabilities and older adults. The long term goal in developing this model is to keep citizens with disabilities and older adults together with their support network (one or more family members, personal care assistants, and/or service animals) during an emergency when sheltering is needed.

The basic concept behind today's emergency shelter is three-fold:

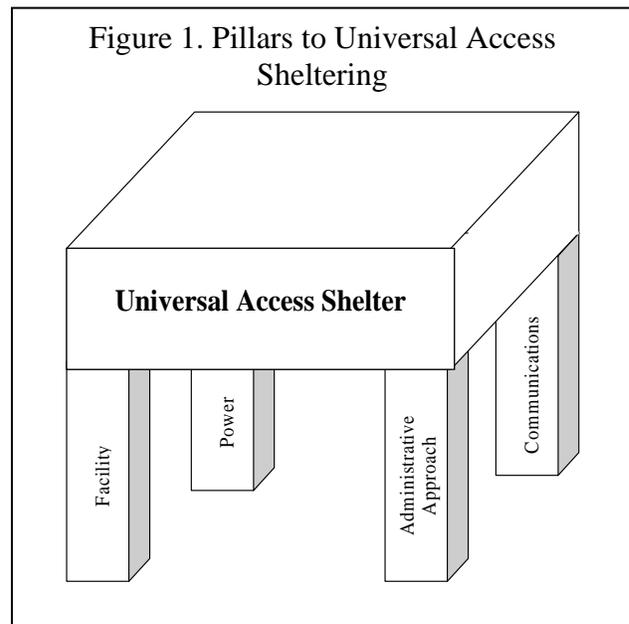
- ❑ The shelter should be a place where members of the community can seek safe harbor when their homes are threatened or when they cannot return to their homes immediately after a disaster.
- ❑ It should provide an environment where community members can facilitate their personal recovery, eventually enabling them to return to their homes;
- ❑ The location(s) have been identified and communicated to the community pre-disaster and give emergency management officials flexibility in opening as many shelters as needed to cope with the emergency at hand.<sup>1</sup>

*In the 21<sup>st</sup> century, a shelter that does not accommodate assistive devices, service animals, supporting caregivers, and is without power, telephone lines, internet access may be wholly unable to meet these basic functions.*

With that said, it should be noted that a shelter is a safety net. It is necessary for it to be safe, sanitary and a secure place for individuals and families to wait out a disaster and its immediate aftermath. Often the situation dictates that sites must be used that are not comfortable and do not support the elements and conveniences that we have come to know as a part of our daily life. Shelters are set up because the community is in or is anticipating a crisis. The reality of disaster demands that we first be safe, next be sanitary and secure, and then if possible, introduce a level of comfort.

Creating a sheltering system in Connecticut that meets the demands of our modern-day communities at first seems a daunting task.

While the relative sophistication of a shelter must be determined in response to each community's specific needs, the core to successfully creating "universally accessible" shelters lies in a common foundation. That foundation is composed of:



<sup>1</sup> Ultimately the determination of shelter sites in each community is contingent upon the dynamic nature of the situation at the time. For example, the site may be endangered by the disaster, may have been damaged, may be in a flood plain or in an evacuation zone, may have changed hands in ownership recently or may not be available because of current use or renovation.

- a reliable power source,
- an appropriate facility,
- an administrative approach that promotes flexible policies to meet individual needs (extra space for assistive devices; private areas to attend to personal needs); and,
- communications capabilities, including Signage that is accessible in pictures and Braille rather than just words, as well as telephone and internet capability.

Each of these building blocks supports the essential elements that make a shelter universally accessible. Importantly, it should be noted that “staffing” has not been included as a key pillar to creating a universal access shelter. The critical concept of universal access sheltering is that:

- Members of the community should be welcome at the shelter, where they will be able to function independently, just as they do at home, to the greatest extent that the emergency situation allows.

The critical difference between universal access sheltering and older shelter models is:

- Infrastructure and administrative orientation -- not staffing requirements.

### **The Right Facility**

Aside from issues related to communications and power supply, there is a need to re-evaluate the facilities currently designated as shelters. Many existing shelters are in buildings exempt, due to their age, from current building codes meant to ensure accessibility by the general population.

Shelter facilities should be re-assessed to determine their accessibility for all individuals within the community. After completing that assessment, local planners, in collaboration with key local leaders and disability advocates, need to determine whether modifications can be made to the existing facility or if a new site should be explored, as long as current local shelter capacity is not compromised.

Many existing shelters have already been surveyed by the Red Cross (ARC) based on ARC’s Form 6564, “Shelter Facility Survey.” This survey includes an assessment of accessibility features, but does not use this assessment to determine the ultimate decision to use or not use a particular facility as a shelter. The features assessed by the Shelter Survey Form represent a good starting point for determining the universal accessibility of a shelter, and the American Red Cross has recently issued new Shelter Facility Survey (February 2007) which speaks more specifically to ADA compliance issues. **In addition, a more detailed explanation of physical requirements is offered as an attachment to this document.** Emergency Management planners are encouraged to find creative, low-cost, and even “just-in-time” modifications that could be employed to create a more suitable shelter location within existing facilities.

Emergency management planners in cooperation with relevant community stakeholders are encouraged to assess the appropriateness of the “facility” from a broad enough perspective to

include features beyond the “brick and mortar” of the facility. Shelters require more than a building - -- signage, floor space, and cots are some examples of what constitutes a shelter “facility.”

Planners should work with local interest groups to determine whether signs are readable (based on language, size of text, color contrast, etc), floor space is adequate (taking into account personal assistive devices, need to have supporting caregivers in close proximity, etc.), and if processes (such as registration, accountability, etc) are able to be accomplished by all members of the community.

### **Adequate Communications**

In today's society telephone and internet communications are more of a necessity than a luxury. Telephone and internet access are critical not only for communication with relatives, but they are an essential part of recovery efforts for local governments, private industry, and community organizations. Health care providers and insurance companies also depend on the internet and telephones for customer contact and access to resources.

Those individuals who, in order to live independently in our communities, rely on a myriad of health care resources (in the form of either providers or equipment) and will be better able to manage their recovery and eventual return home if these communication resources are available from the shelter. Telecommunications equipment and internet access also allow connections to TTYs (Teletypewriter, or Telephone Typewriter), text messaging, video interpreter services, social services, and advocacy networks which can help meet communications requirements of persons with disabilities and older citizens.

Universally accessible shelters ideally would be equipped with phone banks as well as computers able to connect to the internet -- either hard-wired desktops or some wireless connectivity. This presents several challenges for the shelter planning process including:

- ❑ Assuring the reliability of telephone and internet connections;<sup>2</sup>
- ❑ Establishing priority restoration contracts; and
- ❑ Setting policies regarding use of these resources.

### **Adequate Power**

Every universally accessible shelter should be able to make the provision of power a priority. Aside from supporting the communications systems discussed above, a variety of other power-demanding appliances are reasonable to anticipate. Refrigeration certainly makes issues concerning food storage and mass feeding easier to address. Additionally, in today's community shelter, refrigeration space may be required by some community members for things such as:

- ❑ Medication storage (Insulin, for example);
- ❑ Special diets (if people provide their own and only need someplace to store it);

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<sup>2</sup> Telephone lines will only be useful when all external land lines and cell towers are not affected as a result of the disaster. Also, internet access will be integral to recovery efforts but may be a luxury during a disaster and in the direct aftermath.

- ❑ Or other necessary nutritional supplies.

Even those shelters that already have generators will have to perform a re-assessment of the generators' capability, taking into account the extra demand from charging or running a large range of equipment. The assessment should include the availability of extension cords and multiple outlet Ground Fault Indicator power supply boxes with surge protectors (done in consultation with your local fire marshal, local building inspector or town engineer.) Policy issues that need to be addressed include:

- ❑ Is there enough power for everyone, or only some?
- ❑ Is it reasonable to say people with "necessary" equipment (such as electric-powered wheel chairs) are the only ones with access to outlets?
- ❑ Alternatively, do shelters provide power to everyone who wants it (for charging cell phones or lap top computers) and if so, how?

### **Public Health Considerations**

To ensure safe havens for all dislocated residents it is important to plan and anticipate the range of support necessary and mobilize needed resources in advance of an emergency. Some non-medical considerations for sheltering general populations and persons with disabilities and/or older persons are as follows:

- ❑ Assistance with activities of daily living (i.e., dressing, transfers, toileting) and/or medication administration;
- ❑ Physical accessibility (i.e., structural modifications);
- ❑ Communications accessibility for people who are deaf, hard of hearing, and/or blind or visually disabled (i.e., sign language, large print visual instructions or signage);
- ❑ Information for low literacy (i.e., need written information and education materials appropriate for 4<sup>th</sup> to 6<sup>th</sup> grade level of reading skills);
- ❑ Language/Translation;
- ❑ Protection related to potential situations arising from group or congregate sheltering with people with history of convictions for crimes such as assault, molestation or sexual abuse and individuals with drug or alcohol addictions;
- ❑ Transportation; and,
- ❑ An inventory of first aid and medical supplies, including:
  - ❑ Adhesive tape and bandages in assorted sizes
  - ❑ Multiple sizes of diapers (for infants and adults)
  - ❑ Disposable under pads
  - ❑ Disposable thermometers
  - ❑ Gauze bandages
  - ❑ First aid handbook
  - ❑ Latex gloves
  - ❑ Non-prescription drugs
  - ❑ Saline eye drops

- Towels and wash cloths

## Universal Access Shelter Planning Initiative: Responsibilities

### Local

Each municipality should establish a shelter enhancement team made up of the local Emergency Management Director, relevant municipal departments, the local American Red Cross Chapter, and local disability and elderly advocacy groups or individuals who can speak to access-related issues. This group should work together and develop a realistic plan for establishing universally accessible sheltering within their community. The local group will assess its facilities and develop strategies for making each facility more accessible. It must be noted that making facilities more accessible requires permission to do so on the part of the owners/operators of those facilities. Local teams should prioritize needed improvements and work with the facility management to coordinate the improvement projects. Shelter enhancement teams could also be formed on a regional basis as part of the regional emergency planning process.

*A comprehensive network of universally accessible shelters within each municipality in the state cannot be created overnight. Local shelter enhancement teams should develop long-term strategies that incorporate the most critical improvements in the short term (ramps, signage, etc) and at the same time help identify longer lasting solutions.<sup>3</sup>*

For instance, an existing shelter in an older school building may be able to be modified with temporary ramps and signs. When the town begins planning for a new school some years in the future, the shelter enhancement team could be incorporated into the design process to help make the "new shelter" accessible.

### Regional

Regional planning efforts should focus on resolving issues related to coordinated opening, consolidating, and closing of shelters as a situation evolves. Pre-planning based on population assessments, including pre-identification both of people who are likely to require sheltering in a universally accessible shelter, and individuals who may require higher levels of skilled health care or direct services, should be combined with risk assessments in order to produce a plan that will allow for the timely establishment of shelters within a region. Planning should also address responsibility for cost of the shelters, both short and long term. Additionally, effort will need to be focused on emergency notification procedures, so that information regarding which shelters are open and universally accessible can effectively reach target populations during real-time emergencies.

### State

In order to assist local emergency managers and planners with shelter system enhancement, state agencies (governmental and non-governmental, such as DEMHS, DPH, ARC, and OPA) are committed to providing assistance with planning, site assessment, needs identification, and project

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<sup>3</sup> See FEMA Guidance #361 for additional construction guidelines related to emergency shelters.

coordination. Further, the state agencies listed above will work to inform other state agencies, the legislature, and policy makers of the need to provide support to local shelter enhancement projects. For example, since schools do not “require” generator power, generators are not eligible for funding through school construction funds. However, since many schools are also used as shelters (in some towns, as the only available shelter) effort could be made to encourage incorporation of emergency power sources during construction.

### **Facility Assessment and Enhancement**

The Office of Protection and Advocacy has developed a *Disaster Emergency Shelter Accessibility Checklist* which can be used as an assessment tool for emergency management directors and other shelter staff and volunteers. The checklist is not intended to assess whether a facility fully complies with all building codes or other legal requirements, or to serve as a substitute for formal inspections conducted by public health and safety officials.

Finally, an eight-page *Space and Layout Considerations* document has been developed to provide you with a visual guide on how to assess space and floor planning. It provides useful information on assessing the space needs that would be required to shelter persons with disabilities, their personal care assistants, service animals, and personal care equipment in a sheltering environment.

Once you have examined your existing shelters using the *Disaster Emergency Shelter Accessibility Checklist* and the *Space and Layout Considerations*, you may want to arrange for memoranda(s) of understanding with local medical supply companies or especially with companies that market used/previously owned medical equipment which they can provide access to in an emergency.