

Guide for Including People with Disabilities

In

Disaster Preparedness Planning

Developed by the Connecticut Developmental Disabilities Network
a collaborative project of:

The Connecticut Office of Protection and Advocacy for Persons with Disabilities
The Connecticut Council on Developmental Disabilities
The A.J. Papanikou Center for Excellence on Developmental Disabilities



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Introduction

This guide was developed from information and suggestions gathered at a December 6, 2005, forum on disaster preparedness for people with disabilities. The forum was sponsored by the Developmental Disabilities Network of Connecticut, a collaborative partnership between the Office of Protection and Advocacy for Persons with Disabilities, the Connecticut Council on Developmental Disabilities, and the University of Connecticut Center for Excellence in Developmental Disabilities. Focusing on “lessons learned” from recent natural disasters affecting states in the Gulf Coast region, the forum was attended by representatives from state and municipal preparedness planning agencies, relief and recovery organizations, first responders, health and human services agencies, and Connecticut’s diverse disability community.

This guide is intended to assist people involved in preparedness planning at the municipal and regional levels. However, it also contains information that will be useful to individuals with disabilities and families, particularly in the appendices. Appendix F also identifies some outstanding issues that need further development at the systems level in Connecticut.

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Major Themes

Four major themes emerged from the forum:

1. **Because the term “people with disabilities” covers such a broad range of human experience and individual circumstances, no single strategy for outreach, communications, evacuation, shelter or relief and recovery will work for everyone with a disability.** Planners, trainers and responders must be mindful of the needs of people with many different types of disabilities who are living and working in many different situations.
2. **The best way to ensure that preparedness plans are relevant for people with disabilities (and their families) is to involve them in planning, drills, training, site visits and feed-back.** Because the disability experience has so many variations, it is important to include people who live with and are knowledgeable about diverse disabilities.
3. Written plans and simulation drills are only part of the equation. Situational realities often demand flexibility and accommodation beyond what is envisioned in even the best emergency preparedness plans. **It is critically important to cultivate awareness of disability-related issues amongst government leaders, incident managers, responders and relief workers, and to develop networks with disability groups that can be called on for expertise and assistance in an emergency.**
4. **Just as entities responsible for planning and responding to emergencies need to learn more about disability issues, the disability community needs to learn more about, and seek involvement in general emergency preparedness efforts.** This can mean anything from signing up for training as a Red Cross volunteer to serving on planning committees to lobbying for the expansion of reverse 911 systems and improved accessibility in municipal sheltering plans. It also means learning about and taking responsibility for personal preparedness. **The motto adopted by disability rights activists is especially important to emergency preparedness: “Nothing about us without us”**

Establishing Contact: Outreach, Education and Identification

Taking Steps to Encourage Individual and Family Preparedness and Identification:

Identify resources and develop strategies for education and outreach geared specifically to individuals with disabilities and families.

- In some cases disability-specific materials and educational or promotional programs already exist and are being distributed through local hospitals, health departments and emergency services, or are available through disability organizations. In other cases, generic preparedness education efforts can be adapted to include disability-specific information such as that contained in the appendices of this guide. Before re-inventing the wheel, check to see if local health departments, area hospitals, or local fire and police departments have educational material or programs that can be presented or adapted to be particularly relevant for people with disabilities. The websites of many of the national disability groups listed in appendices of this guide are another source of free, downloadable brochures and fact sheets that can be copied and distributed along with generic preparedness material.
- Partnering (or brokering partnerships) with local or regional disability organizations will likely be the most effective strategy for reaching and educating groups of people with disabilities and their families about personal preparedness planning. Establishing contact with the leaders of these groups also helps develop a resource network that can be very useful in managing an emergency. Because many organizations focus on particular disabilities or issues (e.g. autism, multiple sclerosis, cerebral palsy, etc.), it is important to identify and reach to as many groups as possible. Good starting points would include municipal disability commissions, Independent Living Centers (see appendix), and Infoline (211).
- All material should be offered in alternative formats, and offers should be made to accommodate disability-related needs at educational presentations or planning sessions. Include a brief statement on printed booklets and brochures indicating that the material will be made available in alternative formats upon request, and identifying where to direct such requests. Ensure that announcements for presentations and training events invite people who need accommodations to ask for them, preferably ahead of time. People who request accommodations can indicate what format works best for them. Computer technology can help enormously. For standard printed documents,

alternative formats can include large print, Braille, audio recordings, computer discs and text-only versions of websites, etc. Large print versions of materials can usually be produced on photocopy machines or through conventional computer printers; electronic versions of text can be emailed or copied onto discs. Brailing may take longer to arrange.

- Accommodation at training events and presentations begins by ensuring the use of accessible facilities, and can also include providing sign language interpreters, ensuring that presenters verbally describe information projected from overhead or PowerPoint projectors, and ensuring that announcements of events invite people with particular needs to request specific accommodations sufficiently in advance to respond appropriately.

Outreach and education efforts concerning personal preparedness for people with disabilities should focus on the following:

Record Essential Personal Information in Easy-to-Grab Package

- Encourage completion of a disability-adapted version of “Vial of Life” forms available through local emergency services or other local/regional sources. If local hospitals or emergency services do not sponsor a specific local Vial of Life program, instructions for creating a generic “vial (or baggie) of life” can be downloaded from various websites. These “vials” can be kept in (or taped to the door of) home refrigerators. In either case, a disability-specific form that provides for supplemental information is recommended, as it will prompt people to include more detailed, relevant information. (see appendix A of this guide for example.) In addition to the medical and emergency contact information on typical “vial of life” forms, this form includes contact information for family members, friends, personal care assistants, in-home and other support providers; listing of medications, sensitivities and specific directions concerning the use of any medical supplies or procedures that are routinely needed. It also includes instructions regarding any individual lifting, positioning, communication or other personal care instructions. First responders are trained to look for a sign indicating that a “vial of life” container is in or taped to the door of a person’s refrigerator; keeping all this information together in one,

easily retrievable place ensures its ready availability if the person cannot speak, or needs to quickly leave in an emergency.

- Encourage emergency planning for families that have children with special health care needs. The Connecticut Department of Public Health sponsors an outreach and education initiative through various children's hospitals. This program is geared to family preparedness planning and development of a "passport" that captures important medical and care information about the needs of a particular child. Check with the State Department of Health, Children and Youth with Special Health Care Needs program for availability and contact information.
- Encourage providers of residential or day services (e.g. group homes, vocational rehabilitation programs) to prepare similar, easily portable individualized information packages for their residents/clients. The State Department of Mental Retardation has developed, and requires its licensed providers to utilize such a system; providers serving other populations should be informed about this initiative and encouraged to do the same.

Prepare For Both: Evacuation and “Sheltering in Place”

- Encourage preparation of a personal emergency kit and evacuation plan specifically geared to people with disabilities. The contents of such a kit will vary considerably depending on the person’s disability, needs for equipment and supplies, etc. (See appendix B for suggested contents of kit, including preparedness for service animals, and obtaining equipment that can possibly be of assistance in evacuating buildings.)
- Encourage preparation for “shelter in place” scenarios. Considerations include maintaining (in accessible locations) supplies of food, water, cool storage for perishable medication/health care supplies, extra medications, first aid kit, plans for receiving emergency communications and instructions in the event of loss of electric power and telephone service, instructions on setting environmental controls and, if appropriate to the person’s needs, installation of battery powered devices for operating controls, opening and closing windows and doors, etc. Depending on circumstances, plans should also include provision of a personally operable means of calling for help that does not depend on household electric power or telephone lines (e.g. walkie-talkies shared amongst neighbors, cell phone, battery powered “medic alert” help buttons, etc.)
- Encourage establishing a personal emergency support network - friends, relatives or aides who know where the person is, what he or she needs in the way of assistance, and who will agree to join with the person (or vice-versa) and assist them. An explicit understanding should be reached with these individuals before depending on such a network, and there should be sufficient redundancy and back-up built into such plans so that if circumstances prevent one person from reaching another, alternatives exist. People with psychiatric disabilities may wish to consider networking plans that include peer support options or connections through local social clubs and other organizations. FEMA’s publication on disaster preparedness for people with disabilities covers various aspects of personal planning, including establishment of personal emergency support networks. A recent report from the National Organization on Disability report points out that people need to make quite specific arrangements with those considered to be part of their “support network”, and are also encouraged to make back-up plans to contact organized support services. (see appendix for links to FEMA and NOD publications.)
- Make available materials on emergency preparedness planning for deaf and hard of hearing individuals. The Rochester, N.Y., Red Cross worked with representatives from the deaf community to develop a personal

planning guide specifically for deaf and hard of hearing people. (See appendix or go to www.rochesterredcross.com for free download) This guide is comprehensive, but its contents would need to be reviewed prior to replication and widespread distribution as individual municipalities or regions may have slightly different warning systems and instructions.

- Encourage personal/family rendezvous and communications planning in all materials that will be distributed specifically to people with disabilities. (Generic information on this topic is widely available and will be equally useful for people with or without disabilities.)

Encourage Self-Identification/Registration of Individuals Who May Require Assistance or Individualized Emergency Communications

Inform People About Pre-Registration Options

- Prepare and distribute information on systems for voluntary pre-registration of individuals needing individual notification and/or assistance in order to evacuate their homes and workplaces. Some towns and cities have recently launched their own self-identification programs. Ideally such systems should be capable of informing responders of a registered individual's communications and assistance needs, as well as indicating where to look for the person if not at their primary address (e.g. a neighbor's residence, work location, etc.) and who else should be contacted on the individual's behalf. To avoid unrealistic expectations, any limitations inherent in the system should be explained, as should procedures for keeping information up to date. Assurances that information will be kept secure and confidential will likely increase participation. However, the system should be capable of sharing information with responders from other jurisdictions who may be called into service.
- Where defined pre-registration programs do not exist, research municipal emergency agencies' protocols for identifying individuals with special needs and distribute/publicize relevant instructions.
- Include information on obtaining and completing 9-1-1 Special Needs Forms. (Submission of completed form to SBC/ATT will result in special needs information appearing for dispatchers who receive 9-1-1 *wireline* calls from individual phone numbers that are pre-registered. Forms may be obtained from the webpage of the Office of Statewide Emergency Telecommunications on the Department of Public Safety's website.) Also include information on how to sign-up to receive E-Alerts from DEMHS.

Note on outreach/education methods: Outreach and education efforts can be facilitated by development and distribution of comprehensive planning packages for individuals (and families) who have disabilities. Such packages should minimally list local emergency contact information and directions related to any particular local conditions (e.g. warning signals, locations to avoid, voluntary pre-registration program, etc.) They could also include checklists and other materials from the appendices of this guide. However, methods of distribution are critically important. Media campaigns will help raise awareness, and group presentations to disability organizations can reach to people actively involved in disability issues. However, to minimize the effects of cultural and communication barriers, the most effective strategies involve person to person, even door-to-door outreach strategies developed and implemented on the local level. This could be done in conjunction with staff and volunteers from municipal disability commissions, emergency services and/or public health departments and local disability groups and agencies, perhaps working in conjunction with volunteers from community service organizations.

II. Ensure Inclusive Local and Regional Planning

Note: In developing inclusive disaster response plans, it is important to be mindful of several things:

1. Although the term “disability” may bring to mind a particular image, it actually refers to a very broad spectrum of human experience. **Because it applies to individuals with many different types and levels of physical, cognitive, sensory and mental limitations, preparedness planning for people with disabilities must consider a wide variety of needs and issues .**
2. **People who live with disabilities are generally the best source of expertise on what does and does not work for them.** In addition, disability organizations are a tremendous resource, both for planning purposes and in the event of an actual emergency. Including community members with personal disability experience and representatives from disability organizations in planning, training exercises, and in accessibility surveys of facilities will help test assumptions and greatly improve overall preparedness. It also can help establish working relationships that serve everyone’s interests in times of need.
3. In addition to considering the needs of adults with disabilities, **it is important that planners also become familiar with the needs of families** raising children with disabilities and families with adult members who have disabilities.
4. While many people with disabilities receive residential and other supports in congregate settings like nursing homes, or in defined residential and vocational support programs like group homes and supported employment programs, most

live independently or with family members, and many are employed in typical workplaces. **Preparedness plans need to anticipate both the needs of people who live in residential human service programs and the needs of “unaffiliated” individuals who live and work in typical community environments.**

5. Many people with disabilities and families raising children with disabilities expend tremendous amounts of time and energy simply to maintain their places in the community. Some have waited for long period and invested considerable resources to acquire expensive, customized equipment upon which they depend. In addition, many people depend on friends, family members, service animals, individually employed aides, and peer support networks to help meet their daily needs. **For a person who has struggled to maintain personal independence, losing essential equipment or being separated from service animals and personal support networks can have devastating, life altering consequences. So can being sent to a nursing home or other health care facility. Planners, responders, disaster services managers and incident commanders need to understand these realities as they make plans and decisions.**

With these factors in mind, the following steps are recommended:

Reach Out to Local Disability Groups and Service Providers

Ensure that representatives from local disability groups are involved in municipal and regional preparedness planning and training, and that they are invited to assist with assessing the accessibility of facilities, transportation plans and plans for communicating with the public.

- Many disability organizations are focused on particular disabilities (e.g. ARCs, Autism Spectrum Disorders Support Groups, Local Mental Health Authorities and social clubs, MS Society, Spinal Cord Injury Association, Connecticut Association for the Deaf, Federation for the Blind, etc.). Websites of statewide umbrella groups (e.g. ARC-CT, NAMI-CT, Connecticut Mental Health Association, Easter Seals Connecticut, UCP, etc.) have links to local chapters and related organizations. It may be necessary to contact several organizations in order to ensure sufficient cross-disability representation for planning and training purposes.
- Some cross-disability advocacy groups (e.g. Independent Living Centers and municipal commissions on disability) may have diverse membership and sufficient cross-disability experience to offer useful assistance and

expertise in planning efforts, and to assist with training of responders. (See appendix for list of Independent Living Centers.)

- Each municipality should have a designated ADA coordinator who is responsible for ensuring compliance with ADA requirements that apply to local governmental policies, services and facilities. In the absence of a municipal disability commission or active, local disability advocacy groups, this individual may be able to identify knowledgeable representatives from the local community.

Inventory Resources and Needs Associated with Local and Regional Providers of Health Care and Human Services.

- Identify and contact local and/or regional human service and health care agencies that provide in-home supports or case management services for people with physical, cognitive and mental health disabilities. 211/Infoline website (www.infoline.org) maintains listings of these agencies and can identify them by municipality or zip code searches. Look especially for “home health care”, “medical transportation”, and “rehabilitation/habilitation” services. In addition, websites of non-profit provider trade organizations also list members who provide services in specific localities. (E.G. Connecticut Association of Rehabilitation Facilities; Connecticut Community Providers Association; Connecticut Home Care Association, ARC-CT, etc.)
- Various state agencies also license or contract with service providers. (Depts. of Public Health, Mental Retardation, Mental Health and Social Services, and Education.) Their regional offices should be able to provide lists of agencies that could be surveyed to determine whether they have specific resources or are aware of populations with particular needs.
- Many of these local agencies have trained staff, accessible vehicles, stored supplies, etc., and they know the identities and needs of people they serve. Representatives from these agencies should be involved in local and regional planning, both to support maximum continuity of their services to their existing clients, and to develop plans to appropriately utilize their resources in evacuation/shelter scenarios. While they would need to obtain specific permission in order to share personal information about clients for planning purposes, these organizations should be able to identify general needs of their clients, share their own disaster-response plans and list their own assets (e.g. trained staff, accessible vehicles, stored supplies, expertise that could be useful in “special needs” shelters in the event of a prolonged event).
- Agencies identified may be of assistance in distributing information to clients and families. In addition, their resources - particularly their trained staff - may be useful in the event of a generalized emergency. However, it is

important to remember that providing for the families of direct care and health care workers (e.g. allowing them to safely evacuate or otherwise provide for their own families) is often critically important to keeping them on the job.

Identify and contact local organizations that operate residential support programs (group homes, residential treatment programs, supported housing, supported living/apartment programs) and vocational programs (e.g. vocational training, job coaching, work crews, competitive employment placements) within the specific locality/region.

- These service providers may or may not be licensed or contracted through state service systems to serve particular populations. Their locations and contact information can be obtained from the Infoline website and the websites of the state-wide agencies and organizations listed above.
- Residential and vocational providers may or may not be required to have their own emergency response/disaster preparedness plans. Where they do have their own plans, these should be reviewed to ensure compatibility with municipal/regional plans, and to ensure they do not assume the availability of resources that others are also counting on. Even if these organizations have no preparedness plans of their own, they can help identify locations where people who may need considerable assistance are living and/or working.
- Many of these organizations also have inventories of supplies and equipment, trained staff, connections with clinicians, expertise managing the needs of people with significant disabilities, accessible vans and experienced drivers. As with workers for in-home agencies, plans should allow employees of these organizations to bring/include their own families.

Contact Local Mental Health Authority (LMHAs) and independently operated social clubs for people with psychiatric disabilities. (See DMHAS website, click menu for “find services in your area” www.DMHAS.state.ct.us/findingservices.htm) Depending on location, the local LMHA may be a non-profit organization operating under a DMHAS contract, or a State-operated component of DMHAS. Social clubs and peer support programs may or may not be affiliated with LMHAs.

- LMHAs provide clinical and case management support services to people with psychiatric disabilities living in their catchment areas. Many sponsor social clubs, “warm lines” and drop-in centers that serve people with mental illness and related issues. In some locations there are independent agencies that also provide similar supportive programs.

- Staff from these organizations has experience supporting people who live independently while pursuing recovery from mental illness and/or addictions. While many of these people do not live in structured residential programs, they may require frequent contact with case managers, clinicians, peer supporters, etc. Because of their consumer orientation and voluntary nature, the social clubs and warm lines associated with LMHAs are generally viewed positively by mental health consumers who may have had experiences that leave them reluctant to trust “officials”.
- These organizations may be able to assist with consumer education, and to contact people and distribute warning information and instructions in the event an emergency is developing.
- They may also be able to provide supportive counseling in evacuation shelters, or even over the phone support in prolonged “shelter-in-place” scenarios.

III. Communications Strategies

Ensure that Governmental Disaster/Emergency Services Agencies Develop Accessible Communications Strategies:

Plan to publicly communicate warnings, evacuation orders and other emergency instructions in multiple accessible formats.

- Communications strategies intended to reach specific disability populations should not rely on only one, disability-specific form of media to make announcements, provide updates, etc. For instance, people who are deaf and who do not have cable TV (or who sustain an interruption in service) cannot benefit from CT-N’s captioned coverage of official announcements. Similarly, while many blind and print handicapped people listen to news broadcasts on CRIS radio, not everyone has the special radio receiver required, and, currently, those sets will not operate in the event of a power failure. Where ever possible, public information strategies should also involve ensuring that conventional broadcast media is made as accessible as possible.
- All announcements, warnings and instructions that will be broadcast should be drafted with awareness that many people with cognitive impairments (e.g. some brain injuries, learning disabilities, mental retardation, etc.) need clear, concrete information about the nature of any risks, specific areas affected and what steps to take.
- Televised announcements should be captioned and/or interpreted for people who are deaf or hard of hearing. TV news broadcasts by studio “anchors” are

often read from a teleprompter script, which readily lends itself to captioning. However, “remote” reports of news conferences, announcements and interviews from mobile studios, or over-the-phone interviews are usually not captioned. Therefore, when making announcements or holding news conferences when captioning is not available, a qualified sign language interpreter should be included in any TV camera views of speakers. Sometimes, arrangements can also be made for the text of brief announcements to be shown on screen. Technology is rapidly developing in this area, so this issue should be frequently revisited.

- If any diagrams, pictures, graphics or maps are displayed at news conferences, these should be described for the benefit of blind and visually impaired people who are listening.
- Public meetings to answer community concerns, explain contingency plans, or solicit input should be interpreted by qualified sign language interpreters and, if possible, captioned by “real time” CART at meetings. The Commission on the Deaf and Hearing Impaired (a State agency) can arrange interpreter services and explain how to contact other resources.
- Announcements sent via e-alert/email or posted on web pages should be formatted to be easily read by “screen readers” (software that reads text out loud through a voice synthesizer) for people who have visual impairments. (E.G. post “text only” versions of all pages and releases; use graphics and text boxes sparingly, particularly at the top of the page, as they may prevent a screen reader from locating the text. All essential graphics should be described in text. Interactive “buttons” or links that require operators to navigate by using a mouse render a web page inaccessible. Organizations such as “Bobby” set standards for accessible web page design can provide useful guidance on accessibility.
- Ensure that pre-printed literature (e.g. registration forms, health and safety information) is available in large print and, where feasible, in electronic formats that can be emailed or distributed on DVDs/CDs.
- Where “Reverse 911” technology is available, ensure it can send text messages to people who have registered as using TTYs.
- Consider dispatching “notifiers” to knock on doors of persons known to need personal notification and guidance. Loudspeaker announcements from vehicles may not be heard by deaf or hard of hearing people.

IV. Evacuation Planning

Ensure that plans are developed and evaluated for safe, effective evacuation of particular locations and areas by people with all types of disabilities.

For people with mobility disabilities:

- Ensure that health care facilities, institutions and large, multi-story buildings are inspected to ensure that evacuation plans, periodic drills, and equipment and devices function correctly and comply with requirements. Facility evacuation plans should be viewed both for individual adequacy and to ensure that plans developed by different facilities will not conflict or overwhelm resources. (E.G. that if long term care facilities have contracted for accessible evacuation transportation, they are not all planning to use the same contractor, or if they are, that the contractor has sufficient vehicles to meet all needs.)
- Ensure that responsible agencies inspect plans and participate in practice drills for evacuating buildings that serve the public. Be sure they include final checks on waiting areas, conference rooms, rest rooms, and other public spaces where people may need assistance evacuating.
- Do any individual or building evacuation plans involve the use of “evacuation chairs” or other assistive devices? If so, are locations of chairs/rescue equipment known to appropriate personnel, and are they trained in their use?
- Do plans identify locations where people with environmental sensitivities and/or respiratory difficulties can obtain temporary shelter from elements identified?
- Do evacuation plans list and include provisions for essential equipment that needs to accompany individuals (e.g. supplemental oxygen, food preparation/feeding equipment, suctioning devices, portable respirators, etc.)

For people with cognitive disabilities:

- Ensure that plans are in place to assist individuals who need personal direction and safeguarding, or who need help contacting family or support agencies.
- Ensure that evacuation drills take place with sufficient frequency to ensure that participants with cognitive disabilities know what signals to respond to and where to go.

For people with sensory disabilities;

- Ensure that alarm systems are equipped with both visual and auditory signals.
- Establish methods to personally notify people who are deaf or who have hearing impairments regarding evacuation warnings. (E.G. reverse 911 calling systems utilizing TTYs; personal notification; vibrating pagers.)
- Ensure that plans been explained and drills conducted such that individuals who have visual impairments can independently find their way to exits and safe rallying points.

For people who need to bring personal care assistants, service animals, assistive equipment, supplies, or other supports:

- Ensure that responders are trained on importance of allowing individuals with disabilities to bring personal care assistants, service animals and mobility, communications and medical devices with them.
- Establish clear policies (standing general orders, SOPs, etc.) that reflect awareness of necessity of allowing people with disabilities to be accompanied by aides (and their family members), service animals and assistive equipment along with the individual. **The rule should be that if a person says it is important for them to bring particular people, animals or equipment with them, they should be allowed to do so unless granting the request would likely result in imminent harm to the person or others.**

Pay special attention to policies and practices to be instituted at rallying/triage/debarkation points.

- Communication of instructions and other information needs to be accessible for people with cognitive or sensory impairments (e.g. deaf and hard of hearing people, people who are blind or visually impaired). This means that evacuation personnel need to look for and assist people who need assistance reading signs, hearing instructions, filling out forms, etc.
- Attention should be paid to identifying and accommodating and/or quickly re-evacuate people who are especially sensitive to environmental conditions (e.g. temperature extremes, air quality).
- Provisions should be made to assure safe handling of mobility, communications and other assistive equipment.
- Triage decisions should be informed by an understanding that there is a difference between living with a disability on the one hand, and being ill and needing to be transported to a health care facility on the other. **People with disabilities should not be routinely transported to health care facilities simply because they have disabilities.**

Identify sources of accessible transportation and establish deployment plans:

- Vans and buses vary as to the number of individuals they can accommodate and the types of lifts, ramps and wheelchair securing apparatus they employ. The process of inventorying these vehicles should identify overall occupant capacity and whether there are any limitations regarding the size or type of wheel chairs or other equipment they can safely transport.
- Operators need to be trained in the safe operation of lifts, ramps, tie downs and other mechanical devices and in safety issues.
- Many people with disabilities routinely use public para-transit systems operated by transit districts (Dial-a-Ride, ADA Transit) and may call on such services for transportation during an emergency. If these services are discontinued or redirected during the emergency, provision should be made for capturing and appropriately forwarding these requests to emergency services or transportation coordinators, and for informing the person requesting the services of their unavailability.
- If a central dispatch system is employed to handle general requests for evacuation transportation, develop a short, standardized list of questions to

help identify whether and what type of accessible transportation (or other assistance) is needed to respond to a particular request. If plans call for use of personnel and vehicles from different sources, protocols should be established for coordinating between the needs of facilities and needs of individuals scattered at different locations in the affected areas.

V. Shelter Planning:

Review municipal and regional shelter plans to ensure that the needs of people with disabilities are provided for. It is especially important that municipalities review ADA non-discrimination requirements if they plan to contract with non-profit shelter operators that explicitly state they will not accept people with disabilities who need assistance from others. Merely planning to transport such individuals who are not otherwise ill or injured to health care institutions (e.g. hospitals and nursing homes), or even to remote “special needs shelters” may violate rights secured under Title II of the ADA.

For extended “shelter-in-place” scenarios, plans should incorporate provisions to check on, and, if necessary get personal care assistance to people who need it.

- During a prolonged emergency incident, individuals who pre-register with emergency services can be contacted by phone or, if necessary and possible, by personal visit to ascertain current needs.
- Plans should call for linkages with home health agencies and residential supervision/support programs so that these programs can inform incident managers of known needs of their clients, and of personnel and other resources they have available to assist. Similar linkages can be established with mental health agency “warm lines” or peer support groups.
- Plans should include means of communicating instructions regarding how people who are sheltering in place should make requests for assistance.

All congregate shelters should be assessed for physical accessibility and suitability to accommodate people with disabilities:

- Basic physical accessibility of facilities should be assessed by trained, knowledgeable surveyors, preferably including people who require and use accessible features. People who use wheelchairs and other mobility devices should be able to enter and leave safely and independently, use bathroom

facilities (including showering/bathing), and have internal access to essential features (e.g. food service, administrative and communications areas, sleeping areas, first aid stations, emergency exits, etc.) The assessment should also look for situations that are potentially unsafe for individuals with visual and mobility impairments, or unhealthy for people with sensitivities to environmental conditions (e.g. moldy areas, excessively hot or cold conditions, etc.)

- Accessibility assessments may also identify temporary accessibility improvement possibilities (such as having the shelter operator provide portable ramps, TTY phone equipment, portable screens in bathroom or changing areas).
- Assessment should include the accessibility of internal communications and warning systems (closed circuit TV bulletins, bulletin boards, signage, public address systems, fire alarm system, etc.)
- Interior space should also be assessed for its suitability for accommodating needs commonly associated with disabilities. For example, is there space to erect a small pavilion tent to afford privacy for diaper changing, intermittent catheterization, etc.? Will electric service/back-up generators supply sufficient power to operate battery chargers? Is there a quiet, relatively sheltered area where a family with a child who has autism can adjust?

Review agreements with shelter operators and their administrative policies to ensure practices do not discriminate on the basis of disability.

- Shelter operators' policies on accommodation should be reviewed to ensure that managers have the flexibility, and are affirmatively directed to reasonably modify rules and practices in response to identified needs of individuals with disabilities.
- Administrative policies should affirmatively include provisions for disability agencies to visit and assist individuals with disabilities.
- Agreements between shelter operators and municipalities should be reviewed by municipal authorities in conjunction with their attorneys to ensure conformance with requirements that apply to towns and cities under Title II of the ADA and Section 504 of the Rehabilitation Act.

Review procedures for registration and orientation to ensure that they are accessible and identify relevant needs and issues.

- Registration forms and initial informational material should be available in different formats (large print, read out loud by shelter staff or recorded on audio

tape.) Assistance in completion of registration process should be offered and provided to people needing it.

- Procedures should be listed for obtaining sign-language interpreters.
- All material should encourage reporting/self-identification of specific needs.

Review plans and agreements to ensure that:

- Provisions have been made for liaison relationships and communications with human service agencies;
- Provision has been made for re-evacuation and for obtaining assistance in medical emergencies;
- Counseling and other mental health services will be made available;
- Provisions have been made for obtaining prescription medications, including psychiatric medications. This may necessitate visits with licensed clinicians, contact with community providers (if possible) and arrangements for filling and delivery of prescriptions;
- In large, congregate shelters, provision has been made for respite and environmental accommodations for families attending to children with significant behavioral disabilities or other intensive care needs;
- Provisions have been made for refrigeration/cooling for medication and nutritional supplies;
- Sufficient electrical generating capacity exists for charging batteries used in power wheelchairs and other equipment.

Appendices

Appendix A. Disability-Specific Supplement to “Vial of Life” form

Disability Specific Disaster Information Inventory

This inventory is designed to be used with the free vial of life program form located at www.vialoflife.com Please complete that form first, then answer these questions and put both in a highly visible, plainly labeled jar or baggie in your refrigerator or taped to the refrigerator door. Emergency responders are trained to look for “Vial of Life” information. Keep duplicate copies of these forms in your emergency evacuation kit. Review the forms periodically to make sure they list current medications and requirements.

What is your primary medical diagnoses? For example, Cerebral Palsy, Muscular Dystrophy

Do you have any secondary diagnose(s) that emergency personnel need to be aware of such as epilepsy, diabetes, asthma, etc.?

Yes No If yes, please explain

Do you utilize Personal Assistance? Yes No In the event that you do, please enter the following information.

Activity (Dressing, Bathing etc.)	Time Normally Started	Is there any adaptive equipment or technique you

Do you have a disability-specific doctor or hospital? Yes No if yes, who is your doctor and where does he/she have hospital privileges?

Do you have anyone in your life that helps you make choices? Yes No if yes, what is this person's name, address and telephone number? Is this person your Personal Care Assistant, parent or other relative? Please enter this information below

Name	Address	Phone Number	Who is this Person?

Do you require an accessible shelter? Yes No

Do you require Assistive technology and/or Medical Equipment? Yes No If yes, please indicate what you use, where it is in your home, and if it requires electricity.

Name of Equipment	Location in Home	Electricity needed?

Once you get to a shelter or hospital, will you need a sign language interpreter or other aide to help you communicate? Yes No if yes, please list

Do you have a Service Animal? (Do not include pets here as they may be unable to come with you)

Yes No Please write their name and species, i.e. Dog, Cat, Bird or Monkey.

Is there any medication that you currently take that would be life-threatening to you if you did not have access to it temporarily?

Name of Medication	Purpose	Dosage	Frequency

If you were unable to quickly return to your own home, would you prefer to stay in a community shelter or a health care institution: Community Shelter Institution

What features do you currently have in your home or apartment that you would need wherever you lived after the disaster? (Check all that apply) Surehands or Equivalent
 Grab Bars Ramp Environmental Control Unit Other (Please Specify Below)

Is there anything else that you would need in the shelter or after the disaster that is not covered here?

Yes No if yes, please specify below.

Date Prepared: _____

Dates Reviewed:

Appendix B. EMERGENCY KIT

The following is a list of things you should consider putting into a Personal Emergency Supply Kit for yourself or for a person you assist:

- a supply of medications and/or nutritional needs (Note: recommendations on quantity vary from having enough for five days to three weeks.) Perish-ability, refrigeration needs, and insurance authorization factors will need to be explored with your doctor and pharmacist. If refrigeration is an issue, small insulated containers with frozen cold packs can be used to keep medications cool for several days. Tie the cooler to the outside of your kit to remind you to retrieve your refrigerated meds and ice packs. Medications should be kept in original containers with original labels. Be aware of expiration dates and rotate medications and nutritional supplies that are set-aside for your emergency kit. Be sure to include any auto-injectors (e.g. Epipen), over-the-counter medications and externally applied ointment or lotions you rely on);
- a supply of whatever disposable medical equipment you use (e.g. catheters, dressings, wipes, tape, trach and stoma supplies, disinfectant, etc.)
- extra batteries for hearing aids and other assistive devices;
- small, frequently needed spare parts, cables, cleaning solution and instructions for disassembly, reassembly and recharging of any special technology (e.g. computer-assisted communications boards, power wheelchairs, medical equipment);
- a folder or envelope with photocopies of equipment service contracts or other vendor contact information;
- a brief description of personal needs, communications preferences and care instructions (may duplicate Appendix “A” disability-specific vial of life contents);
- contact lists of people and agencies who know you and your needs;
- sufficient information from medical records to indicate history, preferred providers, prescription dosages and other treatments for medical problems;
- eligibility information (e.g. client “case” numbers, insurance and managed care information, Social Security award letters, copies of eligibility or entitlement documents, etc.).
- emergency rain gear (e.g. compact, emergency use poncho or space blanket).
- Several bottles of water and a small quantity of ready-to-eat food.

These items should be securely packed in a back pack or similar durable bag or package that you (or the person you are assisting) can readily carry or attach to mobility equipment. Keep it handy and “ready to go”. Consider keeping kits both in your home and wherever you work or frequently spend time. If you have a vehicle, it is also a good idea to keep a kit in the trunk. (But, avoid including temperature-sensitive items.)

If there are other items that you (or the individual you are concerned with) need(s) to use on a daily basis (e.g. power wheelchair battery charger; supplemental oxygen, suctioning device, j-tube nutritional supplies, etc.), these should be described on a reminder checklist that is attached to the outside of the kit. The idea is to think about and list what you will need before an emergency strikes, so that you won’t have to try to remember things amidst the stress and confusion of an actual event.

Depending on living and work environments and personal needs, people with mobility disabilities may also wish to consider obtaining devices like “evacuation chairs”, folding wheelchairs, and other easily transported mobility enhancing equipment.

If you have a service animal, it is important to develop an emergency kit for him or her as well as for yourself. Emergency kits for service animals should contain some food, bottled water, and any medicines or other supplies needed by the animal, as well as records of vaccinations and a summary of the animal’s health care history. Plans for emergency veterinary services are being developed in Connecticut; stay alert to pre-registration opportunities.

Appendix C. SUGGESTED SHELTER IN PLACE OUTLINE

During an emergency, you may receive instructions from local or state officials to “shelter in place” - to remain in your home or workplace rather than to evacuate to another location. Such instructions are given when those responsible for public safety determine that evacuation is either unnecessary or more likely to expose people to risk than simply staying put.

Depending on the nature of the emergency, sheltering in place is often the best possible option. However, if a general evacuation order is issued by responsible officials, individuals should not simply decide, on their own, to “shelter in place”. (Remaining in an area that is subject to an evacuation order may expose you to serious risk.)

Preparing to successfully shelter in place during an emergency requires preparation and planning. This is especially so if you depend on others for assistance with daily living, or if you are a caregiver for someone who needs such assistance. The following outline helps you think about how you will get around within your space, control your environment, tend to your needs, organize and store things you will need so that they will be accessible to you, and how you will communicate with others.

If, after reviewing your situation, you determine that you would have difficulty meeting your own needs (or the needs of someone you care for) during a “shelter in place” emergency, you will need to develop specific plans for obtaining assistance. You can discuss your options with family members, friends, provider agencies that help support you, and with your local emergency services departments. The keys are: 1) to identify your needs to responders; 2) to make concrete, realistic plans with people who will help you; and, 3) to do these things before an emergency develops.

SHELTER IN PLACE PREPARATION OUTLINE

A. Assess your environment and your needs

1. Think about the location of your home and workplace, the nature of your neighborhood, community and region. Consider the following questions:
 - Are there particular hazards or features of your area about which you may need to take specific precautions or which may impact how soon assistance can reach you? (E.G. are you located in a remote or difficult to reach location, near a nuclear power generating station, hazardous storage or industrial site, flood-prone rivers or coastal area, etc.)
 - What type of emergency warning systems exist in your locality, and specifically how would you be notified in the event of a general alert or emergency? (If you believe conventional warning systems would be inadequate for your needs, make

alternative arrangements with your landlord or employer and/or local emergency services department.)

- How remote is your home or workplace from neighbors, family members and other sources of assistance? If you live or work with others, will they be available and able to assist you with your needs in a “shelter in place” situation?
 - What type of utility services supply your home or workplace, and what is the local history of maintaining service during periods of extreme weather or other emergencies (e.g. hurricanes, major snow and ice storms, floods, power black/brown outs, etc.) Lengthy interruptions in electrical service may prevent re-charging of battery powered wheelchairs and other assistive devices, and can cause storage problems for refrigerated food and medicine. If heating, ventilation and air conditioning systems shut down for a prolonged period, inside temperature and air quality may become unhealthy, especially for individuals with environmental sensitivities. Cable and phone lines may also be affected, limiting contact with the outside world and access to news and emergency warnings. Home and building security systems that depend on phone lines to call for assistance may also be affected. (Ask the security company - some personal “emergency call buttons” that are linked to home security systems may depend on phone systems.) You should consider how loss of any of these utility services will affect you, and develop contingency plans (e.g. going to warmer or cooler location within your building, maintaining a supply of bottled water and non-perishable food items, keeping an extra wheelchair battery connected to a trickle charger; acquiring a battery-operated TV/Radio and a cell phone).
 - What type of emergency services exist in your area, and how can you communicate with them? (E.G. how far away is the nearest fire and police stations? If telephone service is interrupted, are there other ways to summon assistance? Have you registered with emergency service providers so they know where you are and what type of assistance you may need in the event of an emergency?)
2. Familiarize yourself with structural and mechanical features of your dwelling and/or workplace, limitations on communications systems you rely on, and how to operate the controls for utility and building systems.
- At home, you may need to be able to safely shut off (and, in some cases, turn on) utility services, or to describe to others how to do so. *Warning: if you have had to shut off your supply of natural or bottled gas, do not try to turn it back on yourself. Call a qualified technician.*

- Depending on the source of your drinking water (e.g. municipal water supply or local well) you may receive different instructions concerning precautions for bathing, cooking and drinking. Know the source of water coming into your home and be alert to any warnings about possible contamination.
- Depending on the type of threat, you may need to be able to close or shut down ventilation systems, to close (or open) windows, or reduce heat or air conditioning in certain areas of your home. In the event of prolonged sub-freezing temperatures, you may also need to drain water pipes and hot water heating systems in your home, or arrange for others to do so.
- If your plan includes use of a portable electrical generator or portable cooking equipment, make sure that fuel is safely stored outdoors, away from sources of ignition, and that it is not poured or handled on flammable surfaces. Do not operate this equipment indoors or anywhere where heat or sparks could cause a fire, or where exhaust fumes could accumulate. Do not attempt to connect portable electrical generators to home wiring. If you are considering use of a portable generator, find out whether the current it produces could damage any sensitive electronic equipment you depend on. Never burn charcoal or operate gasoline powered equipment indoors.
- Periodically test any alarm systems or other devices installed in your home that warn of smoke, hazardous gasses, carbon monoxide or severe weather. Replace batteries on a regular schedule.
- Be aware of which areas of your home or workplace are most protected and which are most exposed in the event of severe weather and flying debris, blast damage, chemical or radiological contamination. Make a plan for getting to “safe areas”; if you cannot access a safe area (often a basement or masonry-walled first floor room) consult with your landlord, employer or local emergency department for assistance in developing an individual plan.
- If you have specialized environmental controls (e.g. voice-operated or computer controlled thermostats, light switches, etc.) or power assisted door and/or window openers, learn how to manually override them or be prepared to give instructions to others. (Also consider installation of battery powered back-up units for door and window openers.)
- If telephone service in your area is susceptible to interruptions during periods of severe weather, you may wish to consider acquiring a cell phone - preferably one with a GPS chip that can help responders locate you. However, if you have pre-registered (identified your particular needs) with the 9-1-1 system, and if you call for help from a cell phone you should be aware that the 9-1-1 operators will not automatically see your pre-registered information. (Pre-registering with 9-1-1 systems can save valuable time and help ensure that responders already know of

your needs and how to get to you if you call for assistance. However, the current system only works if called from a land line telephone.)

3. If you receive services through a home health agency or a human service provider organization, ask about the organization's emergency preparedness plans, and, specifically what (if any) provisions they have made for you. Ask about particulars:
 - How will the agency contact you?
 - How will they be able to get to you in an emergency?
 - Under what circumstances will you be asked to make decisions about staying or leaving your home?
 - How will you be able to contact the organization in the event of an emergency?
4. If you make private arrangements for personal care (e.g. hire your own personnel care assistants or rely on family members, neighbors or friends) discuss making concrete, realistic plans regarding your support. Think about and discuss:
 - How will people contact you and how will you contact them if phone service is interrupted?
 - Will people commit to being with you during an emergency?
 - What barriers (e.g. distance, family obligations, transportation shut downs, etc.) could prevent someone you rely on from getting to you?
 - Should you have a "Plan B" for requesting assistance through an organization or provider agency?

B. Assemble supplies and store them in safe accessible locations.

The contents of an emergency evacuation kit (as described in the previous appendix section) will also prove useful if you are required to shelter in place. However, if you will have difficulty independently opening or removing items from such a kit, you may need to find a place to separately store these items where they will be safe, and where you can access them. At a minimum you should maintain and, if appropriate, rotate extra quantities of:

- personal care and medical supplies that you regularly use (e.g. dressings, catheters, diabetic supplies, disinfectant solutions, supplemental oxygen, etc.)
- medications, including prescription drugs, epi-pens or other auto-injectors, inhalers and over the counter medications
- sun screen, insect repellent, skin lotions and topical ointments
- water-less hand cleaner/sanitizer or disposable wipes
- nutritional supplements or specialized dietary needs
- bottled water
- Disposable plastic garbage bags

- First Aid kit
- Extra batteries for flashlights and portable radio/television
- Non-perishable, easily opened and prepared food.
- Change of underwear and socks
- Comfortable shoes
- Seasonably appropriate outerwear, including rain gear and hat
- Extra blankets or a sleeping bag

If you have a service animal, you should have extra supplies for him or her. Be sure to include extra food and water, medication and veterinary contact information.

C. Plan for what to do after the emergency has passed:

1. Assess the extent of any damage in your immediate environment. Recognize and avoid hazards (e.g. broken glass, downed electric wires, flooded streets, etc.) Do not remain in a building that has sustained significant structural damage.
2. If electric power has failed, you may not be able to cook or rely on refrigerators or other appliances (e.g. electric can openers, dishwashers, well pumps, electric door openers, fans and air conditioners, battery chargers, etc.). Municipal water supplies may also be interrupted, as may services such as trash collection, snow removal, phone and cable. To help compensate for such eventualities, it may be helpful to have certain additional equipment and supplies on hand. These include:
 - An insulated cooler or ice chest. (If ice is available through local distribution centers, medication and food that require refrigeration can be kept cool.)
 - Plastic jugs for collecting water for bathing and flushing.
 - Plastic tarpaulin(s), robe/line and heavy tape to cover and secure exposed equipment and/or furnishings.
 - Extra covered garbage can(s)
 - A safe means of illumination, cooking and heat. (Be extremely careful with any source of flame or combustion. Fire is always a danger: flammable vapors can explode, and fumes from heaters, generators and cooking devices can be fatal.)
 - A small quantity of cash. (Banks and ATM machines may be closed following an emergency.)
3. Make a plan for communicating with family members, friends, and service providers after the emergency has passed. If possible, pre-arrange contact with someone in a distant location as well as those in your immediate vicinity. (That way your family members and friends will be more likely to be able to check on your status, even if they cannot reach you directly.) If you have to relocate after an emergency has passed, it is important that you notify others of your whereabouts.

Appendix D. ADDITIONAL RESOURCES

Resource list for materials and information.

Disaster Planning Organizations & Government Agencies

Agency: American Red Cross

Document Name: Disaster Preparedness for People with Disabilities

Website: <http://www.redcross.org/services/disaster/beprepared/disability.pdf>

Other ways to get it: Contact your local Red Cross

Agency: FEMA

Document Name: Disaster Preparedness for People with Disabilities

Website: <http://www.fema.gov/library/disprepf.shtm>

Other ways to get it: To order free FEMA publications directly,
call 1-800-480-2520

Agency: Homeland Security: U.S. Department of Homeland Security

Document Name: Disability Preparedness - Personal Preparedness Planning

Website: http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0665.xml

Agency: U.S. Department of Justice: Civil Rights Division

Document Name: An ADA Guide of Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

Website: <http://www.ada.gov/emergencyprep.htm>

Other ways to get it: Contact the ADA Information Hotline at 1-800-514-0301 (Voice) or 1-800-514-0383 (TDD).

Disability Related Organizations

Agency: The Center for Disability Issues and the Health Professions, Western University of Health Sciences

Document Name: Emergency Evacuation Preparedness: Taking Responsibility for Your Safety

Website: <http://www.cdihp.org>

Agency: Disability Central

Document Name: Protecting Your Service Dog In An Emergency

Website:

http://www.disabilitycentral.com/activteen/magazine/doc_stein/docs_dispatch.htm

Agency: Disability Preparedness Center

Document Name: Emergency Preparedness At Home for People with Disabilities

Website: www.disabilitypreparedness.org

Other ways to get it: Phone (202) 338-7158 x201 - Fax (202) 338-7216.

Agency: IAADP: International Association of Assistance Dog Partners

Document Name: Emergency and Disaster Relief and Preparedness for People with Disabilities Partnered with Assistance Dogs

Website: <http://www.iaadp.org/disaster.html>

Other ways to get it: Contact IAADP at 38691 Filly Drive, Sterling Heights, MI 48310 - (586) 826-3938. Relay calls welcomed.

Agency: National Council on Disability

Document Name: Saving Lives: Including People with Disabilities in Emergency Planning

Website: <http://www.ncd.gov>

Other ways to get it: Contact the National Council on Disability at (202) 272-2004 phone - (202) 272-2074 TTY.

Agency: National Organization on Disability

Document Name: Prepare Yourself: Disaster Readiness Tips For People with Disabilities

Website: <http://www.nod.org>

(National Organization on Disability has a number of publications, including "Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners and Responders", and reports on workplace preparedness and on a Special Needs Assessment for Katerina Evacuees. Other ways to get it: Contact N.O.D.'s Emergency Preparedness Initiative at (202) 293-5960 or epi@nod.org.

Agency: PrepareNow.org

Document Name: Facts Sheets on Disaster Preparedness for People With Disabilities

Website: <http://www.preparenow.org/prepare.html>

Other ways to get it: Contact the Independent Living Resource Center San Francisco 70 10th Street, San Francisco, CA 94103 - 415-863-0581, TTY 415-863-1367, FAX 415-863-1290.

Additional Information for Emergency Managers, Planners and First Responders

Agency: Center for Development and Disability

Document Name: Tips for First Responders

Ways to get it: Contact the Center for Development and Disability at (505) 272-2990 or acahill@salud.unm.edu

Agency: Deaf and Hard of Hearing Consumer Advocacy Network

Document Name: Emergency Preparedness and Emergency Communication Access

Website: <http://www.nad.org>

Agency: FEMA: U.S. Department of Homeland Security

Document Name: Assisting People with Disabilities in a Disaster

Website: <http://www.fema.gov/rrr/assistf.shtm>

Other ways to get it: Order FEMA publications directly, call 1-800-480-2520.

Agency: Homeland Security: U.S. Department of Homeland Security

Document Name: Disability Preparedness - Emergency Managers, Responders, Service & Care Providers

Website: http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0687.xml

Agency: National Organization on Disability

Document Name: EPI Guide for Emergency Managers, Planners & Responders Revised Edition

Website: <http://www.nod.org>

Other ways to get it: Contact N.O.D.'s Emergency Preparedness Initiative at (202) 293-5960 or epi@nod.org

Appendix E. INDEPENDENT LIVING CENTERS

There are five of these in Connecticut, each covering a distinct geographic region.
They are:

Disability Resource Center of Fairfield County

Anthony LaCava, Executive
Director
80 Ferry Boulevard
Stratford, CT 06615
(203) 378-6977 (V);
(203) 378-3248 (TDD)
web site: www.drcfc.org
e-mail: info@drcfc.org

Center for Disability Rights

Marc Gallucci, Executive Director
764A Campbell Avenue
West Haven, CT 06516
(203) 934-7077 (V)
(203) 934-7079 (TDD)
web site:
www.centerfordisabilityrights.org
e-mail: cdr7077@aol.com

Independence Unlimited

Candace Low, Executive Director
151 New Park Avenue - Suite D
Hartford, CT 06106
(860) 523-5021 (V)
(860) 529-0436 (TDD)
e-mail: indunl@aol.com

Disabilities Network of Eastern Connecticut

Carolyn Newcombe,
Executive Director
238 West Town Street
Norwich, CT 06360
(860) 823-1898 (V/TDD)
web site: www.disability-dnec.org
e-mail: dnec@snet.net

Independence Northwest

Eileen, Horndt, Executive Director
1183 New Haven Road-Suite 200
Naugatuck, CT 06770
(203) 729-3299 (V)
(203) 729-1281 (TDD)
e-mail: indnw@aol.com

ILCs provide information, training, peer support, advocacy and other types of assistance to people with disabilities who are trying to live independently in communities. They will generally have good information on how to effectively communicate with people with various kinds of disabilities (e.g, people who are blind or deaf, people who use communications technology, etc.). They usually have staff members and volunteers who are knowledgeable about accessibility issues, and may be able to identify people who can assist with accessibility surveys and at training events.

Appendix F.

An ADA Guide for Local Governments,
U.S. Department of Justice, Civil Rights Division

U.S. Department of Justice
Civil Rights Division
Disability Rights Section



I. An ADA Guide for Local Governments

II. 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, television, 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

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 G. ISSUES NEEDING RESOLUTION

Systems development issues in Connecticut as identified by participants in the December 6, 2005, "Lessons Learned" forum:

1. Electronic storage and accessibility of health care records. (Some participants who were familiar with U.S. Armed Forces and Veteran's Administration health care advocated a similar electronic storage and retrieval system that people with disabilities could opt into. After action reviews indicate that the VA system worked especially well for Katrina evacuees.)
2. Alternative availability of entitlement and health insurance eligibility information. (E.G. Multiple storage sites and access points.)
3. Co-location of special needs shelters and ordinary shelters. There was considerable concern about policies of shelter operators that preclude their use by people with disabilities who may need assistance or accommodation. Governmental entities should be aware of their responsibilities under the ADA, and that plans that call for merely transporting people with disabilities who are not otherwise ill or injured to health care settings, as opposed to shelters, are potentially discriminatory.
4. Continued development of E 9-1-1 systems to include location of callers using wireless phones, and to allow direct electronic registration.
5. Formal inclusion of disability perspective at state planning and operational levels.
6. Establishing a statewide training and clearing house for disability preparedness information.
7. Availability of captioned news/announcements through commercial broadcasts; linkage of CT-N captioning system used at operations center to commercial broadcast coverage.
8. Battery operated CRIS radio receivers.
9. Statewide emergency veterinary system for service animals.
10. Development of disability specific guidelines for relief and recovery agencies.