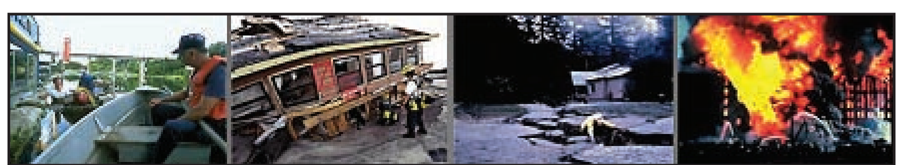
Access to Readiness Coalition



Southern California Wildfires After Action Report

September 2008

by

June Isaacson Kailes

Required citation:

Kailes, J. 2008. Southern California Wildfires After Action Report, prepared in partnership with the Access to Readiness Coalition, The California Foundation for Independent Living Centers, and The Center for Disability Issues and the Health Professions at Western University of Health Sciences.

Permission is granted to copy and distribute this material provided that:

1. Proper copyright notice and citation (above) is attached to each copy;
2. No alterations are made to the contents of the document;
3. The document is not sold for profit; and
4. The Center for Disability Issues and the Health Professions or the Access to Readiness Coaliton is notified of such use. Please contact jik@pacbell.net or go to www.access2readiness.org for contact information.

Southern California Wildfires After Action Report

By June Isaacson Kailes, Associate Director
Center for Disability Issues and the Health Professions at Western University of Health Sciences, Pomona, California
Phone 310-821-7080 Fax 310-827-0269
jik@pacbell.net www.cdihp.org

This report is available at www.access2readiness.org or www.jik.com/disaster.html

Acknowledgements

This report was made possible, in part through generous support from:

- Administration on Developmental Disabilities
- California Consumer Protection Foundation's Community Collaborative Fund
- California Department of Public Health, Office on Disability and Health
- Pacific Gas and Electric Company

The opinions expressed are those of the author and the California Foundation of Independent Living Centers (CFILC). They do not necessarily represent those of the funders.

Individuals chosen for their diverse perspectives and technical expertise reviewed this report in draft form. The author thanks these individuals for their candid and critical comments that assisted in making this report as accurate as possible.

- Stephanie A. Biedermann, Arthur Liman Fellowship Attorney, Disability Rights Advocates, Berkeley
- Sarah W. Blackstone, President, Augmentative Communication Inc., Monterey
- Phyllis Dinse, Coalition Organizer, California Foundation for Independent Living Centers, Sacramento
- Alexandra Enders, Senior Research Associate / Policy Analyst, Rural Institute on Disabilities,

University of Montana, Missoula, MT

- Judy Harkins, Gallaudet University, Washington, DC
- Teresa Favuzzi, Executive Director, California Foundation for Independent Living Centers, Sacramento
- Debbie Fulmer, Department of Homeland Security, Office for Civil Rights and Civil Liberties, Washington, DC
- Brenda Premo, Center for Disability Issues and the Health Professions at Western University of Health Sciences, Pomona
- Richard Ray, Department on Disability, Disability Access and Services, Los Angeles
- Bill Vogel, Chief of the Management and Staff Service Branch, California Department of Social Services, Sacramento

Photographers: Leon Stevens, June Kailes, Robert Kailes

Designed by: Kay Pegram, Kaymar Communications, kaypegram@aol.com

Printed by: Sierra Office Supply & Printing, www.sierrabg.com

Dedication

This report is dedicated to the many people with disabilities and activity limitations who lost their independence or their lives because information transfer and the lessons learned and documented over the last 30 years, are not yet uniformly applied.

Table of Contents

Acknowledgments 3

Dedication 5

1. Executive Summary 9

2. Definition and Acronyms 13

3. Introduction 24

3.1 Purpose 24

3.2 The Event 25

3.3 Methods 26

4. Cross Cutting Issues 28

4.1. Narrow Definitions of Disability Do Not Work In Disaster Planning and Response 28

4.2. Moving Emergency Planning from "Special Needs" to "Functional Needs" 32

4.3. Grants and Funding 40

4.4. Emergency Registries 43

5. Communication Access 47

5.1. People Who are Deaf, Deaf-Blind, and Hard of Hearing 48

5.2. Mass Notification Systems for Evacuation 50

5.3. TV Broadcast 51

5.4. Emergency Warning Systems 54

"I got a phone call from a woman who was using a power chair who was given literally seconds to get evacuated out of her home. The policeman came . . . telling her to get out. There was no way for her to get out, no transportation. They grabbed a neighbor, picked her up, put her in the back of a car and took her to the high school. When she got to the high school… she was left in the back seat (of the car), nobody wanted to be responsible."

5.5. Public Safety Answering Points (PSAPs) 59

5.6. Communication Access at Shelters and Assistance 62

6. Mass Care and Shelter 68

6.1. ADA Requirements 69

6.2. Medications, Durable Medical Equipment and Consumable Medical Supplies 72

6.3. Health Advisories 75

6.4. Compensate In-Home Supportive Services Homecare Workers for Services 76

6.5. Functional Assessment and Service Teams Evacuation and Transportation . .77

7. Evacuation and Transportation 85

8. Nongovernmental Organizations Role of Provider and Advocacy Organizations in Disaster Response .90

8.1. Disability Emergency Briefing Team 92

8.2. Priority Emergency Client Contact List . .95

8.3. Timeliness of Hot Washes 96

8.4. Mitigation Assistance Programs 97

9. Long Term Care Facilities 99

10. Training and Exercise Programs 101

10.1. Exercises 105

10.2. Individual and Family Emergency Preparedness Training and Materials 107

11. Summary of Recommendations 110

12. About the Sponsors and the Author 135

12.1. The California Foundation for Independent Living Centers 135

12.2 Center for Disability Issues and the Health Professions 135

12.3. The Author 136

13. References 138

14. Attachments 144

14.1. Key Informants 144

14.2. Sample: Emergency Notification: Register Your Cell Phone and E-Mail Address 146

14.3. Review of Civil Rights Laws for People with Disabilities 147

Join Access to Readiness Coalition Form 152

1. Executive Summary

This After Action Report (AAR) highlights many disaster response and recovery areas of specific and significant concern to the diverse disabilities communities in California. It documents the experiences of people with disabilities and individuals with access and functional needs. The areas covered include:

- cross cutting issues,
- communication access,
- mass care and shelter,
- evacuation and transportation,
- role nongovernmental provider and advocacy organizations in disaster response,
- long term care facilities,
- training and exercise programs.

Many of the local government AARs are silent on these issues or only vaguely mention them.

This AAR offers 71 specific recommendations for strengthening and improving preparedness, response actions and recovery efforts that are inclusive of people with disabilities and activity limitations. Many of the recommendations reinforce a variety of continuing emergency concerns that existed before the 2007 fires and continues today.

Information for this AAR was collected through: key informant interviews, stories collected via California Foundation for Independent Living Centers' Access to Readiness Coalition review of hundreds of e-mails generated during and after the fires by NGOs staff and government employees who worked as responders, review of public hearing testimony, review of prior California disaster reports focused on how people with disabilities fared, and review of presentations and discussions from forums focused on the fires.

The intended audience includes the state, regional and local governments policy makers and emergency planners, non government organizations), long term care facilities and older adults and disability advocates.

Major cross cutting issues discussed include:

- Most disaster response systems are designed for people who can: walk, run, see, drive, read, hear, speak and quickly understand and respond to instructions and alerts.
- Narrow definitions of disability do not work in disaster planning and response because there are large segments of the population that have functional needs.
- The term "special needs" does not work because it does not provide guidance to operationalize needed planning tasks. A better way to think about the needs of people with disabilities and activity limitations is to use an orientation that considers major **functional needs**: communication, medical, maintaining functional independence, supervision, and transportation.

- Preparing to accommodate people with functional needs often translates into emergency response systems being better equipped to serve diverse and sometimes vulnerable groups.
- Good practice involves networking, building and strengthening relationships that foster ongoing communication, coordination, cooperation and collaboration between at risk communities and emergency managers.
- Involving **qualified** representatives from these communities helps planners understand and think through issues from disability, functional needs and aging perspectives and can help prevent making mistakes.
- Separate "special needs population" planning and separate "special needs population" annexes are not effective. Segregating and isolating the needs of significant numbers of the population does not make sense. It is inefficient with regard to budgeting, procurement and resource allocation. Planning is not a two stage process comprised of "the critical plan" and then "the special plan." Separate planning often means the planning is never is done.
- If the value that everyone should be included is not infused into planning, then not everyone will be included.
- Except for the Office of Emergency Services Office of Access and Functional Needs, the state devotes few fiscal resources to identifying and addressing barriers to help ensure the safety of all people, regardless of their functional needs.
- State and local government emergency policy

makers should allocate a percentage of annual funding to strengthen and improve preparedness, response actions and recovery efforts that include people with functional needs.

For more information regarding the words and acronyms that are **bolded** in this report refer to section **2. Definition and Acronyms**.

2. Definitions and Acronyms

AAR - After Action Report.

Accessible - having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

ADA - Americans with Disabilities Act - Signed into law July 26, 1990, a civil rights legislation intended to make American society more accessible to people with disabilities. It contains five titles: Employment, Public Service, Public Accommodations, Telecommunications, and Miscellaneous, which includes prohibitions on threats, coercion, retaliation, etc. against people with disabilities.

ADAAG - Americans with Disabilities Act Architectural Guidelines.

ARC - American Red Cross.

ASL - American Sign Language - A visual/gestural, non-written language with its own unique syntax and grammar based on hand shapes, body movements and facial expressions.

A2R - Access to Readiness Coalition - organized and supported by **CFILC**, is a network of disability-focused organizations and allies that are committed to strengthening California's emergency planning,

response and recovery to meet the needs of people with disabilities and functional limitations. A2R achieves this through public policy advocacy, community education and collaboration on the local, state, and national levels.

CATE - California Assistive Technology Exchange - An assistive technology device reutilization program, similar to Craig's List or eBay that is a database of items available for donation or sale between two parties. This information assists people in locating usable durable medical equipment (DME) until they can replace their more customized equipment.

CDC - Centers for Disease Control.

CDSS - California Department of Social Services.

CERT - Community Emergency Response Team Program - Educates people about disaster preparedness for hazards that may affect their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during training exercises, members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. Members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

CFILC - California Foundation for Independent Living Centers - A statewide disability advocacy organization made up of Independent Living Centers across California, whose mission is to

advocate for barrier-free access and equal opportunity for people with disabilities to participate in community life.

CMS - Consumable medical supplies - Includes, but is not limited to, catheters, ostomy supplies, gloves, bandages, and padding. These supplies are usually disposable and cannot withstand repeated use by more than one individual.

DME - Durable medical equipment - Includes, but is not limited to, wheelchairs (multiple types), canes, white canes, walkers, shower chairs, toilet chairs, raised toilet seats, oxygen equipment, nebulizer tubing and machines, and speech generating devices.

ENS - Emergency Notification System - A system that sends alerts and warnings that affect lives and property. The system can make mass contacts via technology and non-technology audibly and visually.

EOC - Emergency Operation Center.

FAST - Functional Assessment and Service Teams - Trained nongovernmental organizations (NGOs) and government workers ready to respond to and deploy to disaster areas to work in shelters, temporary housing and other disaster recovery centers. Team members have in depth knowledge of the populations they serve, their cultures, and support service systems including housing, resources, benefit programs, and disaster aid programs.

FCC - Federal Communications Commission.

FEMA - Federal Emergency Management

Administration.

Functional Needs Populations (formerly Special Needs Population) - Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

Functionally equivalent - Equal to the same information, goods and services received by people without disabilities.

Hot Wash - Performance discussions and evaluations after a training exercise or emergency that identifies strengths and weaknesses of the response to a given event. It is should guide future response direction in order to avoid repeating errors made in the past. The process usually includes all the parties that participated in the exercise or response activities.

IHSS - In-Home Supportive Services.

Incident - An occurrence or event, natural or human caused, that requires a response to protect life or property. Incidents, for example, can include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes,

hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

IM - Instant messaging - Unlike email instant messaging software, this allows people to 'talk' in real time by typing and receiving messages. It is a text-based computer conference over the Internet between two or more people who must be online at the same time. When someone sends an IM, the receivers are notified almost instantly that they have a message.

IP - Internet Protocol (IP) Relay - The caller uses a computer to access a relay provider's website. Communication Assistants (CA) relay conversations back and forth between the computer user and the hearing individual(s). A deaf or hard of hearing user can also request Voice Carry Over (VCO) with IP Relay. Callers provide the CA with their phone numbers. The CA calls that number and then conferences the hearing individual into the call.

IP Relay Service is a call center service similar to Voice Relay Services (VRS), which provides a third party communication relay between Internet texting users (mobile or stationary) and voice telephone users.

Local Government - A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a

local government; an Indian tribe or authorized tribal entity, a rural community, unincorporated town or village, or other public entity.

Long term care facilities - A diverse group of: licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living, group homes, intermediate care facilities, senior housing, etc .

NGO - Nongovernmental Organization - An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government and may receive government funding. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations community-based organizations such as the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency. They represent a vast array of human and social service organizations.

Mutual Aid and Assistance Agreement - A written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term

deployment of emergency support prior to, during, and/or after an incident.

OES - The Governor's Office of Emergency Services.

People with disabilities and activity limitations - Individuals who have one or more functional limitations such as reduced or no ability to see, walk, speak, hear, breathe, learn, understand information, respond quickly, and manipulate and/or reach controls. This large population has a variety of visual, hearing, mobility, cognitive, emotional and psychiatric limitations and includes people of all ages. Their sometimes overlapping functional needs include maintaining independence, communication, transportation, supervision, and medical care.

PSAP - Public Safety Answering Point - A physical location where 911 emergency telephone calls are received and then routed to the proper emergency services.

Qualified Interpreter - An individual who interprets effectively, accurately, and impartially, both receptively and expressively, between American Sign Language and spoken English. Preferably has certification from the Registry of Interpreters for the Deaf.

Qualified people with disabilities - (Those who, in terms of recruiting people for advising, planning, staffing and contracting work):

- Identify as people with disabilities and / or activity limitations,
- Have a user's perspective,

- Have personal experience with disability and disability advocacy,
- Can speak broadly on disability issues as opposed to only addressing their own needs,
- Are knowledgeable about cross-disability access issues (hearing, vision, mobility, speech, and cognitive limitations),
- Are knowledgeable about a variety of physical, communication, and program access issues.

Qualified people should:

- Be connected to and involved with segments of national, state or local constituencies of the disability community, such as active involvement in broad-based disability organizations (of and for blind, deaf, hard of hearing, learning disability, developmental disability, independent living, multiple chemical sensitivities, etc).
- Have in place and use communication arteries to facilitate two-way communication with the segments of the disability community they are representing.

In addition, other types of experience may be needed. For example, qualified advisors, trainers, contractors and consultants with disabilities may need to have:

- Disaster-related technical expertise.
- Advocacy experience, management experience, and training skills. [23]

REOC - Regional Emergency Operation Center.

SEMS - Standardized Emergency Management System.

SOC - State Operation Center.

SMS - Short Message Service - A communications protocol allowing the interchange of short text messages between mobile telephone devices. The SMS technology has facilitated the development and growth of text messaging.

Speech-to-Speech Relay Service - A form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities, including those who use speech generating devices, who have difficulty being understood on the phone. CAs are trained individuals familiar with many different speech patterns and language recognition skills. The CA makes the call and repeats the words exactly.

TRS - Telecommunications Relay Services - A telephone service that uses operators, called communications assistants (CAs), to facilitate telephone calls between people with hearing and speech disabilities and other individuals. TRS providers-generally telephone companies-are compensated for the costs of providing TRS from either a state or a federal fund. There is no cost to the user.

VCO - Voice Carry Over - Allows people who are deaf or hard-of-hearing users to use their voices to speak directly to hearing people and to receive responses in text from the Telecommunications Relay Services (TRS) communications assistants (CAs).

VI - Video Interpreter is the third party in a relayed call for Video Relay Services (VRS) using sign language interpreting and/or signed or oral

transliteration. A VI can also facilitate a VCO call.

VR - Video Relay - A form of Telecommunications Relay Service that enables people who are deaf, are hard of hearing, or have speech disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. The caller uses a videophone or webcam with a computer and a broadband connection to access a video relay service call center staffed with sign language and/or oral interpreters and transliterators. Since typing on a keyboard is not necessary, video relay enables the hearing and deaf parties to communicate naturally using sign language and/or speech reading. Video users who choose to do so may also request Voice Carry Over (VCO), using a nearby landline or wireless phone to speak directly to the other party. Such a request makes the telephone number available to the CA who can then pass it on to the PSAP. With VCO in use, the telecommunicator will hear the caller's voice and not the voice of the Video Interpreter (VI). Depending on the VRS provider and the equipment the caller uses, the caller may be able to type to the VI in order to clarify numbers, spelling or other significant information.

VRI - Videophone Remote Interpreting - An interactive video teleconferencing system that utilizes a sign language interpreter at a call center to interpret between sign language users and non-sign language users through video-conferencing equipment. This differs from VRS in that the hearing and deaf parties can be present in the same room. Additionally, VRI is not regulated or

reimbursable by the FCC and costs are incurred by the party hiring the VRI service.

VRS - Video Relay Service - A service provided by common carriers and other vendors that provides third party communication relay between video telephone users using Internet connections with videophone or webcam and voice telephone users. Such services are located in call centers around the country.

Wireless IP Relay - The caller uses a handheld wireless device such as a text pager (i.e. BlackBerry, Sidekick, etc.) with web browser to connect to a relay provider. (VCO is possible with wireless IP Relay if a landline phone with conference call capability is nearby, making location information available to the CA who can pass it along verbally to the telecommunicator. When VCO is used, the telecommunicator will hear the caller's voice and not the voice of the CA.)

3. Introduction

In California our next emergency never seems far away. The threats are always present. For example, while completing this report (spring and summer of 2008), California has over 1500 fires burning and the world seems to be experiencing an onslaught of extreme events and mega-catastrophes in the form of fires, floods and earthquakes.

3.1 Purpose

This **After Action Report (AAR)** highlights many disaster response and recovery areas of specific and significant concern to the diverse disabilities communities in California. Many of the local government AAR reports are silent on these issues or only vaguely mention them. This AAR offers specific recommendations for strengthening and improving preparedness, response actions and recovery efforts that are inclusive of people with disabilities and activity limitations. The intended audience includes the state, regional and local governments, policy makers and emergency planners, **non government organizations (NGO)**, long term care facilities and older adults and disability advocates.

"Planners cannot foresee every outcome, and incident managers cannot anticipate every scenario. While disasters have a language of their own and no plan guarantees success, inadequate plans are proven contributors to failure."

U.S. Department of Homeland Security [29]

Some of the recommendations are new. Other recommendations reinforce a variety of continuing emergency concerns that existed before the 2007 fires. These concerns are documented in previous reports written by California's and other disability communities. [5, 6, 10, 11, 13, 15, 19, 20, 25, 26, 27] The number of previous reports emphasizes that lessons documented are not lessons learned until they are uniformly applied to disaster planning and response.

This report does not represent a comprehensive review of all response systems. For example, beyond the scope of this report is the troubling, and unresolved question of what to do when the communication infrastructure is not intact. Many of the recommendations in this report require a working communication network.

3.2 The Event

In October 2007, California experienced 15 wildfires that caused the largest evacuation in California history, with over 20,000 people taking refuge in more than 50 emergency shelters, there were approximately half a million people evacuated. California's fires seem to keep getting bigger and each new report states that this was the biggest one!

Table 1. Comparison of the 2007 Fires with the 2003 Fires

	2007 Fires	2003 Fires
Dates of **SOC** Operations	10/21-11/4/07	10/21-11/5/05
Incident Period	10/21/07-3/31/08	10/21/03-3/31/04
Total Fire Incidents	24 in seven counties	14 in five counties
Counties Involved	Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura	Los Angeles, Riverside, San Bernardino, San Diego and Ventura
Total Acres Burned	522,398	739,597
Human Fatalities	10	24
Human Injuries	139	246
Structures Destroyed	292	4,836
Residences Destroyed	2,233	3,631
Number of Persons Sheltered	22,195	unknown
Number of Shelters	54	unknown
Number of Persons Evacuated	324,500 Approx	unknown

3.3 Methods

This report documents the experiences of people with disabilities and individuals with access and **functional needs**. Information was collected through:

- Key informant interviews conducted in a semi-structured fashion, allowing interviewees to respond conversationally to open-ended questions. Interviews were 10 to 45 minutes in length and conducted by phone and in person from November 2007 through June 2008. (See 14. Attachments - 14.1 Key Informants)
- Stories collected via **California Foundation for**

Independent Living Centers' (CFILC) Access to Readiness Coalition (A2R) 800 hotline and website collection provided stories relayed by people working in the shelters (a number of disability organizations sent staff to shelters to assist with assessing and meeting essential needs of people with disabilities).

- Review of hundreds of emails generated during and after the fires by NGOs staff and government employees who worked as responders in various settings.
- Review of documentation from public hearing testimony.
- Review of prior California disaster reports focused on how people with disabilities fared. [6, 7, 8, 9, 12, 13, 15, 19, 20]
- Review of American Red Cross (ARC) documents regarding services for individuals with disabilities.
- Discussions and presentations from:
    - CFILC and Center for Disability Issues and the Health Professions, Access to Readiness Coalition Summit, January 11, 2008.
    - Emergency Planning and Preparedness Forum: Including People with Disabilities Sponsored by City of San Diego Disability Services Program, Area Board XIII on Developmental Disabilities and Access to Independence, January 23, 2008.
    - California Department of Developmental Services, Emergency Preparedness Hot Wash. 2008. Sacramento, April 29, 2007.

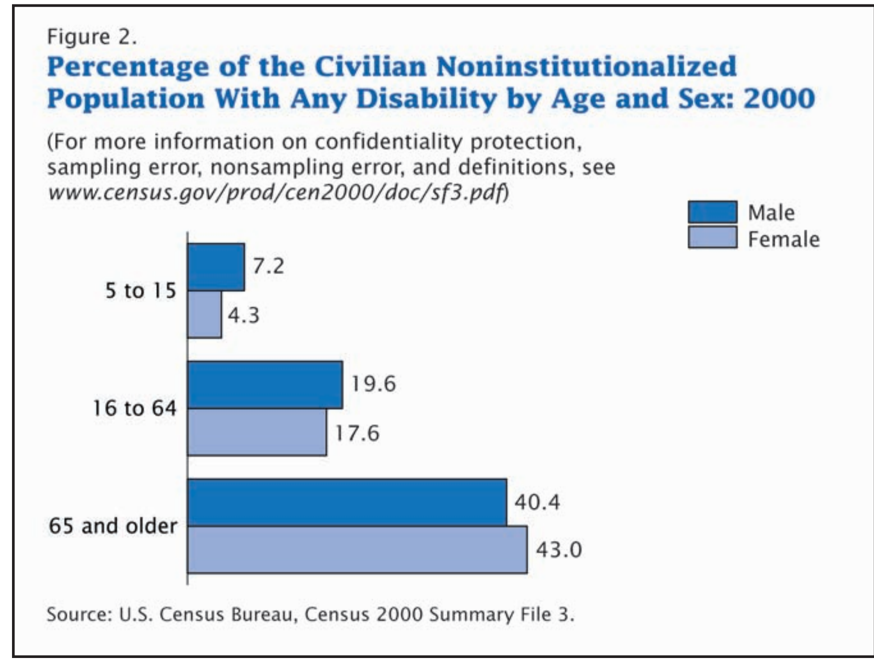
4. Cross Cutting Issues

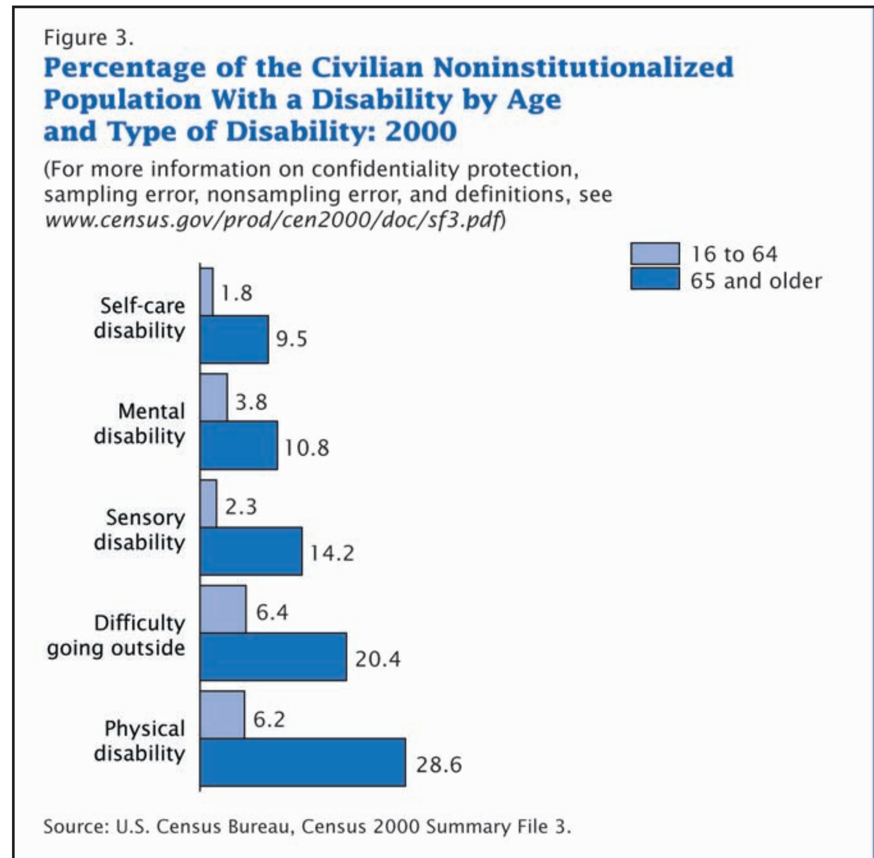
Most disaster response systems are designed for people who can: walk, run, see, drive, read, hear, speak and quickly understand and respond to instructions and alerts.

4.1 Narrow Definitions of Disability Do Not Work in Disaster Planning and Response

It is common for emergency planners to be unclear regarding who is included in the “people with disabilities and activity limitations.” Some planners, for example, when asked who makes up the special need populations, respond narrowly: “people with mobility disabilities,” “deaf people,” “blind people,” and “hospital patients.”

Many people need assistance, including those who do and those who do not identify as having a disability or activity limitation. Many need assistance, but have conditions that are not apparent. Others have obvious disabilities and limitations but do not need assistance. Activity limitation can be temporary resulting from, but not limited to, surgery, accidents and injuries (sprains, broken bones), pregnancy, etc. as well as permanent conditions. Some activity limitations result from the disaster itself, and leave individuals more





vulnerable. [22]

The challenge is that most disaster response systems are designed for people who can: walk, run, see, drive, read, hear, speak and quickly understand and respond to instructions and alerts. Preparing to accommodate people with disabilities (diverse **functional needs**) often translates into being better equipped to serve diverse and sometimes vulnerable groups. Many people cannot safely or comfortably use standard response and recovery services, information or equipment. If the value that everyone should be included is not infused into planning, then not everyone will be included.

There are many more people who have disabilities and activity imitations than is commonly recognized. Traditional narrow definitions of disability do not work. Therefore, a function based orientation should be integrated into disaster planning and response.

When the Federal Emergency Management Administration's (**FEMA**) and the Centers for Disease Control's (**CDC**) definitions of people with special needs are used, people with limited or no English proficiency, older people, minority groups, children, people with serious mental illness, people without vehicles, people with specific dietary needs

and, pregnant women are also included.

This adds up to 50 percent of the population when the most typical groups of "special needs" populations: people with disabilities, serious mental illness, people who do not speak English or do not speak English well, people 65 years old and over and children, age 15 and under, are counted. By adding the entire institutionalized population, about 4 million people (Census 2000, Summary File 1, Table PCT16) the percentage of individuals in the special needs category increases to 51.44%. See Table 2 below for detail. [22]

Table 2. Percent of Americans with "Special Needs"

Population Category	Total	% of U.S. total population (281,421,906)
Children, age 15 and under	64,272,779	22.84
Elderly, age 65 and over	34,991,753	12.43
Speak English "not well", age 18-64	5,703,904	2.03
Speak English "not at all", age 18-64	2,575,154	0.92
Noninstitutionalized population with a disability, age 16-64	33,153,211	11.78
Total special needs population	140,696,801	49.99

Data Source. U.S. Census Bureau, Census 2000 Summary File 1: table P2, total population; table PCT12, total population sex by age. Summary File 3: table P19, age by language spoken at home by ability to speak English for the population 5 years and over and table P42, sex by age by disability status for the civilian noninstitutionalized population age 5 years and over.

Some emergency managers question, "Why focus on such a small, insignificant group, when there are so many other priorities?" People with disabilities and activity limitations should not be thought of as the unfortunate SPECIAL few. Functional limitations are common characteristics of the human experience. This is a very large group!

Some emergency managers question, “Why focus on such a small, insignificant group, when there are so many other priorities?” Given the size of the populations, people with disabilities and activity limitations should not be thought of as the unfortunate special few. Functional limitations are common characteristics of the human experience. This is a very large group!

Many of these groups have little in common beyond the fact that their margin of resiliency may be narrower and their vulnerability may be higher when compared to people without disabilities and activity limitations and that they are often left out of programs, services and emergency planning. [19, 26]

Accommodating this large group often translates into being better equipped to serve all people. Disasters and terrorism instantly escalate the number of people with new disabilities and functional limitations. [22]

While these population categories add up to 50%, not everyone in these categories is likely to be effected in every emergency. Depending on the type of event, the time it occurs, its duration, and the length of pre-event notice, different groups will be affected. For example, an event with no notice that occurs during the middle of a school day will leave many more children away from home and more vulnerable than they would be if the event happened when they were home with their parents. People over 65 are not always at risk, some may actually be leading and/or playing active roles in the response and management effort. The same is true of people with disabilities.

Depending on functional needs, and availability of regular support systems, many will need no assistance. Individuals who are immersed in a community where they do not need to speak English, will rely on friends and neighbors who can translate emergency messages to address their communication needs. However, again depending on the event, some subgroups, functionally defined, may need to be considered as a whole. For example, in the event of potential toxic exposures, all pregnant women will be vulnerable, whether or not they speak English or have a disability. A midday event that triggers a large-scale evacuation will place individuals who rode public transit to their job that day in a "transportation disadvantaged" situation. Even though they may have a car at home or parked in a commuter parking lot, functionally, they are "carless" to respond to the event.

Even if all people in all categories that make up this 50% demographic are affected by an event, it does not necessarily mean that they all need assistance during any or all phases of response and recovery. However, unless planners use a function based approach to assess and address unmet needs, there is no way to know which individuals will need additional consideration, and which will cope adequately on their own.

4.2 Moving Emergency Planning from "Special Needs" to "Functional Needs"

Many lessons document, reinforce and underscore

Many of these groups have little in common beyond the fact that their margin of resiliency is narrower and their vulnerability is higher when compared to people without disabilities and activity limitations and that they are often left out of programs, services and emergency planning.

that it is long past time to disaggregate the term "special need populations." The term "special needs" does not work because it does not provide guidance to operationalize needed planning tasks. A better way to think about the needs of people with disabilities and activity limitations is to use a function based orientation that considers major functional needs: communication, medical, maintaining functional independence, supervision, and transportation. Although everyone has functional needs, the consequences of people with disabilities and activity limitations not receiving needed support, can be much more severe and much less forgiving. [19, 22]

Experience with disaster should raise the bar by incorporating learning, but this often has not been the case with **functional needs** issues. People continue to lose their health, independence and sometimes their lives because information transfer and lessons documented over the last 30 years have not been sufficiently learned and applied.

Disaster preparation and emergency response processes, procedures, and systems can be made more effective for people with disabilities, as well as for the population as a whole. An essential element of building appropriate levels of capacity, specific planning, and response success is to move beyond focus on special needs. A functional based approach is a more accurate and flexible planning and response framework. It is a framework based on essential, sometimes overlapping, functional needs: communication, medical, maintaining functional independence, supervision, and transportation. A function-based definition reflects

the capabilities of the individual, not the condition or label. [22]

Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; or who are non-English speaking; or who are transportation disadvantaged.

This definition seeks to establish a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., children, the elderly, transportation disadvantaged). The definition focuses on the following function-based aspects:

Maintaining Independence – Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. This support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

Communication – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to

hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

Transportation – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

Supervision – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

Medical Care – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These

individuals require support of trained medical professionals. [22]

Separate "special needs population" planning
and separate "special needs population" annexes
are not effective. Segregating and isolating the
needs of significant numbers of the population does
not make sense. It is inefficient with regard to
budgeting, procurement and resource allocation.
Planning is not a two stage process comprised of
"the critical plan" and then "the special plan."
Separate planning often means planning is never is
done.

Separate "special needs population" planning and separate "special needs population" annexes are not effective. Segregating and isolating the needs of significant numbers of the population does not make sense. It is inefficient with regard to budgeting, procurement and resource allocation. Planning is not a two stage process comprised of "the critical plan" and then "the special plan." Separate planning often means planning is never is done.

People with disabilities and activity limitations
are diverse and should not be sidelined or
compartmentalized into a *special needs* box. The
current general population is one that is diverse,
aging, and focused on maintaining independence
as long as possible. The popularity of living
situations that provide an "as needed" level of care
in the least restrictive manner is becoming the
norm. Consideration must be given to people who
may be able to function independently under
normal situations, but who may need assistance in
an emergency. [17]

Special implies difference and isolation and that
the individuals needs are different from others.
Among disability advocates, the *special* label is
often used for segregated programs. Programs and
services continue to miss the mark when people
are seen and served as people having *special
needs* instead of people who are a part of every
segment of the general population. As long as
disability and other special needs groups are
viewed as unique or special, the system's existing

inefficiencies will continue. [22]

Recommendation

1. State and local government emergency planners **should use a "functional needs" framework.** Using a more effective, accurate and flexible framework built on an essential functional based orientation addresses the needs of more people, more efficiently and effectively in ways that:

    - build appropriate levels of capacity for disaster preparation, emergency response processes, procedures and systems;
    - adopt guidelines and protocols for appropriate resource management;
    - strengthen service delivery and training;
    - prevent health complications and reduce institutionalization and the inappropriate use of scarce, expensive and intensive emergency medical services;
    - allow disaster services to incorporate the value that everyone should have the chance to survive;
    - translate documented lessons into knowledge and application; and
    - improve overall response successes.

Many underestimate the advanced planning and coordination time needed to make the transition to a function based approach that is necessary to

effectively integrate and accommodate people with disabilities and activity limitations. Good practice involves networking, building and strengthening relationships that foster ongoing communication, coordination, cooperation and collaboration between disability communities and emergency managers. Involving **qualified** representatives from these communities helps planners understand and think through issues from disability, functional needs and aging perspectives and can help prevent making mistakes.

Qualified representatives, include those who, in terms of recruiting people for advising, planning, staffing and contracting work:

- Identify as people with disabilities and / or activity limitations;
- Have a user's perspective;
- Have personal experience with disability and disability advocacy;
- Can speak broadly on disability issues as opposed to only addressing their own needs;
- Are knowledgeable about cross-disability access issues (hearing, vision, mobility, speech, and cognitive limitations);
- Are knowledgeable about a variety of physical, communication, and program access issues.

Qualified people should:

- Be connected to and involved with segments of national, state or local constituencies of the disability community, such as active involvement in broad-based disability organizations (of and

for blind, deaf, hard of hearing, learning disability, developmental disability, independent living, multiple chemical sensitivities, etc).

- Have in place and use communication arteries to facilitate two-way communication with the segments of the disability community they are representing.

In addition, other types of experience may be needed. For example, qualified advisors, trainers, contractors and consultants with disabilities may need to have:

- Disaster-related technical expertise.
- Advocacy experience, management experience, and training skills. [28]

SB 1451 sponsored by Senator Christine Kehoe (D-San Diego) and developed with input from the California Council for the Blind, and other disability community groups, requires The Governor's Office of Emergency Services (**OES**) to integrate members of the diverse disability community into all pertinent Standardized Emergency Management Systems (**SEMS**) committees. This enables **qualified** individuals with disabilities, through this state level planning to address communication, evacuation/transportation, shelter and recovery issues.

Recommendations

2. As the state emergency planners transition from the **SEMS** planning committee structure to a structure that reflects the state's revised emergency functions (in the

soon to be updated State Emergency Plan) the state should **continue to ensure input and integration of diverse qualified disability representatives in these new planning committees.**

3. **State emergency planners should develop and offer guidance to local government regarding how to actively recruit qualified people with a variety of disabilities (i.e., mobility, vision, hearing, cognitive, psychiatric, and other disabilities), and how to involve organizations with expertise on disability issues in all phases of emergency management planning.**

4.3 Grants and Funding

In 2007, Senator Kehoe introduced SB 426, sponsored by the California Foundation for Independent Living Centers (CFILC), intended to create the position of Deputy Director for Access and Functional Needs Coordination within the **OES**. Although the bill did not pass the legislative process, it did emphasize the importance of this office. [22] CFILC's Access to Readiness Coalition continued its advocacy efforts immediately following the wildfires and as a result, in early 2008 the **OES** Director established the Office of Access and Functional Needs.

This office is identifying and addressing barriers to help ensure the safety of all individuals regardless of their functional needs. This office will

oversee and ensure adequate planning that incorporates the diverse needs of people with disabilities and functional limitations in all preparedness, response, recovery, and mitigation activities. This includes minimizing adverse impacts by building capacity so that emergency programs and services are accessible to, accommodate and are inclusive of these populations.

Recommendation

4. The state should **make the Office of Access and Functional Needs permanent and the lead position equivalent to a deputy director / assistant secretary.** This office must have the authority, responsibility and resources to carry out its critical objectives.

Except for the Office of Access and Functional Needs, the state devotes few fiscal resources to identifying and addressing barriers to help ensure the safety of all people, regardless of their functional needs.

Recommendations

5. State and local government emergency policy makers should **allocate a percentage of annual funding for the purpose on strengthening and improving preparedness, response actions and recovery efforts that include of people**

with disabilities and activity limitations. This AAR provides specific recommendations for critical projects to fund.

6. State and local government emergency policy makers and planners should **integrate into emergency grants and contracts proposal selection criteria (rating score criteria) specific indicators for evaluating proposals that include people with disabilities and activity limitations.** For example, as appropriate to the proposal's focus, these indicators should specifically detail and show evidence of how applicants will include function based service issues and physical, communication, and program access, such as:

   - Meeting the communication, evacuation, transportation, physical access, and health needs of diverse functional needs populations,
   - Contracting with and employing qualified people with disabilities and activity limitations,
   - Forming partnerships among first responders, emergency planners and organizations representing diverse functional needs populations, to ensure accurate training information and development of usable services and response,
   - Appointing **qualified** representatives from

Many object to the inherent registry bias that most people with disabilities are easy to locate because they are "homebound." That is, registries do not acknowledge that this diverse population, just like everyone else, works, volunteers, plays, prays, shops, eats and travels.

diverse functional needs populations to emergency planning efforts as staff, advisors, trainers, contractors, and consultants,

- Promoting Community Emergency Response Teams (CERT) that recruit and accommodate people with disabilities and activity limitations.

4.4 Emergency Registries

Emergency registries, as used in this AAR, refer to government efforts to collect information about people with disabilities for use by emergency and/or health and human service personnel. This information consists of a database of individuals who voluntarily sign up and meet the eligibility requirements for receiving emergency response services based on a need. Although some registries exist in San Diego, they were not used during the 2007 fires. There are documented reports from California regarding serious problems in keeping registries current as well as easily and quickly retrieving the data and responding when needed. [12]

California emergency responders commenting on the use of registries stated:

> "The act of creating a registry does not increase response capacity, but focusing on integrating community stakeholders in response does."
>
> "Lists are only as good as the public being able to provide information or wanting to provide information. The lists are also very time

There is scarce and piecemeal research on registries and how to operationalize and sustain them. There is a lack of guidance regarding accepted good practice when entities are contemplating creating and maintaining a registry. The research is silent with regard to acknowledging the ongoing significant time and labor costs and there is little documentation regarding successful outcomes.

consuming and require a large amount of staff time to maintain."

"There is also a public expectation that being on a "registry" means that the appropriate response will occur - during disasters there are usually not enough resources to respond to each registered person." [11]

Some emergency planners mistakenly view disability-focused registries as relatively easy and simple solutions. However, this is not the case, registries have diverse and complex elements that include funding, administration, focus, recruitment of potential users, enrollment, disclaimers, education efforts, data management (information collected, privacy, refreshing-maintenance, storage and retrieval), and response force commitments.

Unfortunately, there is scarce and piecemeal research on registries and how to operationalize and sustain them. There is a lack of guidance regarding accepted good practice when entities are contemplating creating and maintaining a registry. The research is silent with regard to acknowledging the ongoing significant time and labor costs and there is little documentation regarding successful outcomes. [24]

Acceptance of the use of these registries by the populations they are intended to assist varies from appreciation to grave concern and condemnation. Some disability advocates state it is "a lot about us without us," meaning the intended users are not included in the planning for or managing the effort. Some question the rigor applied to the critical effort of keeping data current and accurate given the

short self-life and perishable nature of registry data. Many object to the inherent registry bias that most people with disabilities are easy to locate because they are "homebound." That is, registries do not acknowledge that this diverse population, just like everyone else, works, volunteers, plays, prays, shops, eats and travels.

Some claim registries are inadequate approaches authorized by emergency managers who do not comprehend the complexity of disability-related emergency services. Some worry that registries give people a false sense of security, even when they come with educational efforts and very clear disclaimers. Some complain that registries are often undertaken as a "reflex response" and a misguided and "easy planning fix" to the disability "problem." Some question what happens to the many who do not register. Do only people who register get preferential service and what about visitors? [24]

California's Emergency Services Act promises to develop model guidelines for local government agencies and community-based organizations planning to develop a disaster registry, but to date these guidelines do not exist. [10]

Recommendations

7. State and local government emergency planners should **proceed cautiously and carefully with regard to endorsing the use of emergency registries** for people with disabilities and activity limitations.

8. State emergency planners should **review existing registry requirements in the California Emergency Services Act and develop realistic recommendations** that lead to integrating disability-focused services and qualified representatives into emergency planning and management systems.

5. Communication Access

Individuals who may need more time than average to evacuate and take other action for safety are often the last group of people to receive emergency information.

For more information regarding the words and acronyms that are **bolded**, refer to section **2. Definition and Acronyms**.

Reports from the community included:

- People with hearing loss could not hear the evacuation announcements or vehicle sirens from patrol cars.
- People with vision loss could not see police and fire-rescue vehicle and helicopter lights.
- **TTY** numbers were not consistently provided by state and local government and the media when providing information on evacuation centers and local assistance centers.

Most people who have limitations that interfere with receiving and effectively responding to information are self-sufficient, when they receive information in ways they can understand and use. Limitations of seeing, hearing, speaking, understanding, cognition or intellectual abilities and limited language proficiency prevent significant numbers of people from receiving and understanding emergency alerts, information, signage, and directions on television and radio.

Access to emergency warnings and information is important for the general population as well as for people with disabilities. There are widespread

concerns about safety due to natural and person-generated disasters. Individuals who may need more time than average to evacuate and take other action for safety are often the last group of people to receive emergency information. People with disabilities need to receive messages at the same time as the people without disabilities. It is critical that people who have limitations of seeing, hearing, understanding, cognition or intellectual abilities and limited language proficiency receive information that is functionally equivalent (that is, equal to the same information received by people without disabilities) in order to prepare before, during, and after a disaster.

Clear communication is a cornerstone of successful planning and response. Access to emergency public warnings, as well as preparedness and mitigation information and materials, must include people who only receive their information orally or visually, and people who need and use alternative formats (Braille, large print, disks, graphics/symbols, and audio) to access information.

Clear communication is a cornerstone of successful planning and response. Access to emergency public warnings, as well as preparedness and mitigation information and materials, must include people who only receive their information orally or visually, and people who need and use alternative formats (Braille, large print, disks, graphics/ symbols, and audio) to access information.

5.1 People Who are Deaf, Deaf-Blind, and Hard of Hearing

According to the United States Department of Justice (DOJ), there are 28 million Americans with some degree of hearing loss. These individuals are concerned with their safety due to their limited access to emergency warning announcements delivered audibly via TV, radio, and telephones.

Today's expanding technologies give people

many options for communication methods. People who are deaf, deaf-blind, hard of hearing and individuals with speech disabilities are taking advantage of these options and rapidly migrating from traditional use of land line phones to more advanced telecommunications methods, for peer-to-peer communications via wire line and wireless.

`There must be multiple and redundant means of conveying timely information. A range of options makes it possible for people to choose the method that best meets their communication preferences. Once limited to the use of **TTYs** or amplified handsets, these newer methods include wireless devices, videophones/video cams, computers, and messaging technologies including email, **short message service (SMS)**, and **instant messaging (IM)**. This range of options makes it possible for each user to choose the equipment most responsive to their communication preferences. By utilizing these devices and connecting with IP Relay, Wireless Relay, **IM Relay Service** and **Video Relay Service (VRS)**, individuals can experience telephone communication more functionally equivalent to that enjoyed by people who can hear and speak. [26]

Many members of the deaf and hard of hearing community do not realize that many emergency warning systems do not have a **TTY** communication system in place should they need to make contact or be contacted regarding an emergency. While some people who are Deaf and hard of hearing use a **TTY** at home, others rely on newer technologies such as a handheld device for e-mail, Internet protocol telecommunications relay and videophone

services. **TTYs** are large and not as mobile or convenient. Newer devices provide more freedom to move around and communicate like never before. As a result, wireless text communication is a core communication tool in the deaf community.

Recommendations

9. State and local government emergency planners should increase access to emergency information by **incorporating redundant communication methods** that provide understandable, usable, and timely information to the community.

5.2 Mass Notification Systems for Evacuation

Recommendations

10. State and local government emergency planners should **train people providing door-to-door notification that, in addition to loudspeakers, used in emergency evacuation announcements they should also include picture/symbol signs (pictograms).**

This benefits people with: limited English proficiency, hearing loss, limited speech, speech and/or abilities, very young children, and anyone under severe stress or with cognitive or intellectual

disabilities.

Nongovernmental organization (NGO) preparation should include development of distribution lists in advance of events to send information to land line phone, cell, desk, pager, BlackBerry and fax numbers. NGOs can also assist with tailoring audience-appropriate messages to the differing needs of populations, e.g.... messages geared to low-level reading ability, with simple, clear and direct language. [3]

Recommendations

11. State and local government emergency planners should **create redundancy of public warnings by utilizing NGOs as partners who have connections to specific populations to assist in public warnings, alerts and notification.**
12. State agencies and local governments should consistently **provide TTY numbers for information on evacuation centers and local assistance centers**.

5.3 TV Broadcast

Reports from individuals with hearing loss included:

- Lack of captioning, including captioning on internet videos, prevented people who are deaf and hard of hearing from understanding the danger, resulting in heightened anxiety and confusion while they watched disturbing television scenes.

Sign language interpreter at a televised press conference. (photo: San Diego County After Action Report)

- Scrolling text and crawl messages sometimes blocked captions, making it difficult to read captioned information. They also forced the picture to be smaller which sometimes eliminated the real-time interpreter from view.
- Live interpreters often did not accompany the reporters. [JK1] Press conferences and television interviews did not always include **qualified sign language interpreters** and captioning.

Reports from individuals with vision loss included:

- Flashing news updates on TV often did not include voiced reports.
- Emergency scrolling text information including phone numbers were often not read aloud ("call the number on your screen"). Logic suggests that people could switch to radios for this information. This may not work in some rural communities because some radio stations run automated broadcasts in the evenings and weekends. In addition, some rural communities only have access to statewide information rather than local information.

Just as a combination of captioning and sign language interpreting makes communication accessible for a broad range of people who are deaf and hard of hearing, verbal announcements of phone numbers and other text on TV make information more accessible to low vision and blind individuals.

Federal Communications Commission (FCC) rules state that for people who are deaf or hard of hearing, emergency information that is provided in

the audio portion of the programming must be provided using closed captioning or other methods of visual presentation, such as open captioning, crawls, or scrolls that appear on the screen. Emergency information provided by these means should not block any closed captioning, and closed captioning should not block any emergency information provided by crawls, scrolls, or other visual means. This rule regarding access to emergency information for persons with hearing disabilities became effective on August 29, 2000. [16]

The same information must be accessible to persons who are blind or have low vision. Specifically, emergency information provided in the video portion of a regularly scheduled newscast or a newscast that interrupts regular programming must be made accessible. This requires the oral description of emergency information in the main audio, such as open video description. If the emergency information provided in the video portion of programming is not a regularly scheduled newscast or a newscast that interrupts regular programming (e.g., the programmer provides the emergency information through “crawling” or “scrolling” during regular programming), this information must be accompanied by an aural tone. This tone alerts people with vision disabilities that the video programming distributor is providing emergency information, and alerts such persons to tune to another source, such as a radio, for more information [JK3]. This rule regarding access to emergency information for persons with vision disabilities became effective February 2, 2001. [16]

Recommendations

13. State and local government emergency planners should ensure **announcements by government officials on television should include qualified sign language interpreters and have captions** to ensure that people who are deaf and hard of hearing are able to access the information.
14. State emergency planners should develop **guidance issued before, and immediately in times of disasters, to all broadcasters, reminding them of their obligation to comply with FCC rules**. This guidance should be developed in partnership with **qualified** members of the blind, deaf and hard of hearing communities.
15. Because of a significant shortage of **qualified sign language interpreters**, state and local government emergency planners should **establish memoranda of understanding and mutual aid agreements with video remote interpreting services from diverse in-state and out-of-state areas.**

5.4 Emergency Warning Systems

Reports from the community included:

- The San Diego Deaf community reported that emergency notification systems did not reach them. Some emergency notification systems do not automatically convert the message to text

when a **TTY** machine is detected. Instead, the system hangs up on the **TTY** machine and calls back to deliver the text message. The problem is some **TTY** machines take a few minutes to reset themselves. Thus, it may be three to four minutes before the text message comes through, thereby jeopardizing the safety of the recipient.

- Some complained that there is a limit to the number of characters that can be used (e.g., 225 to 250 characters) for a **TTY** message. This number of characters may be insufficient to communicate emergency messages. Specifically, these systems tend to send longer voice messages to traditional land line phone users. Thus, people who are deaf or hard-of-hearing often receive more abbreviated emergency information than the hearing community.

Recommendation

16. State emergency planners should finalize the **system to broadcast messages to wireless communication devices in California communities, and continue development of other high-tech notification systems**. This includes **The Governor's Office of Emergency Services (OES)** charge under AB 2231 to convene a working group to assess existing and future technologies available in the public and private sectors for the expansion of transmission of emergency alerts to the public through a public-private partnership.

Reverse 9-1-1 proved to be an effective method of notification, However, many questions remain as to how effectively this reached and worked with the deaf and hard of hearing communities.

While local government emergency notification systems are capable of communicating with non-traditional devices, a large majority of cities and counties are not utilizing the capabilities often because they have not collected the necessary data. For the most part, there has been little outreach targeted specifically to the deaf and hard of hearing communities. San Diego jurisdictions use two warning system:

1. "21st Technology Universal Communications System" (also called Alert San Diego). This system is web based and could reach cell, pager and BlackBerry numbers if the citizen or business had registered them.
2. The "Reverse 911" system utilizes LAN line phones. [26]

Recommendations

17. State and local government emergency planners should **provide guidance to public safety and private sector agencies that send emergency alert notifications to the public.** This guidance should reinforce that emergency notification programs:
    - Need to offer functionally equivalent services to all populations.
    - Need to allow the receiver the option to

have the message repeated.

- Have **TTY** capabilities, including being able to auto detect **TTYs** and send the appropriate messages. That is, automatic dialing-announcing devices need the capacity to call **TTYs**.
- Need to conduct aggressive outreach and education using accessible formats to deaf and hard of hearing communities to notify them of the need to register their **TTY** numbers so that they will receive all emergency notifications. The databases require regular updating and should include wireless numbers (until the systems "auto detect" capabilities are proven to work effectively).
- Need specific contract language that details the significant penalties for systems not compatible with **TTYs**.
- Need to test **TTY** compatibility with a mix of **TTY** and non **TTY** users to insure the ability to accurately auto detect **TTYs** and send the appropriate message.
- Involve participation of **qualified** stakeholders to help the State stay abreast of emerging technology and plan for future adoption and integration into emergency warning systems.
- Need multiple options with built in redundancy for broad awareness. This means using multiple formats for emergency notification systems, because

emergency e-mail and wireless network alerts are helpful but information can be spotty and truncated.

In our highly mobile world local government needs to communicate with people where they live, work and play. (See 14. Attachments - 14.2 Sample: Emergency Notification: Register Your Cell Phone and E-Mail Address)

Recommendations

18. State and local government emergency planners should **devote significant resources (until they can automatically obtain wireless device numbers) to aggressively sustain and maintain outreach of emergency warning notification to potential users. They need to urge people to register their wireless devices** (cell phones, and email addresses) for emergency notifications

19. State and local government emergency planners should urge the **emergency notifications vendors to enable communication with a variety of devices:**
    - **TTY** (text telephone)
    - Videophones
    - E-mail
    - Text pager
    - Speech generating devices

- Text message and **Short Message Service (SMS)**
- Weather Alert Radio
- Highway electronic variable message board
- Fax machines
- Sign Language Interpreter via video e-mail
- American Sign Language version of complex text information on websites
- Other new technologies

5.5 Public Safety Answering Points (PSAPs)

A public safety answering point **(PSAP)** is a physical location where 911 emergency telephone calls are received and then routed to the proper emergency services. New wireless and **IP-based** communications devices are creating challenges for **PSAPs**. The current 9-1-1 system was never intended to receive calls and data from these new and emerging technologies. The nation's 9-1-1 systems are in need of overhaul. A Next Generation 9-1-1 (NG9-1-1) system must be created to identify the location of all individuals on wireless systems in order to provide access to timely and effective assistance at all times. Along with a technological overhaul of the system come significant regulatory and policy issues that must be addressed federally. [18]

PSAPs cannot be contacted by new forms of telecommunications, such as email, **instant messaging** and IP-based forms of relay services including **VRS**. The gap between the technology supported by policy and the technologies currently used by people who are deaf or hard of hearing and people with speech disabilities is a serious problem that is difficult to solve.

However, the FCC has just issued a rule, effective in 2009, that will result in telephone numbers being provided to IP relay service users. Many already have telephone numbers associated with wireless relay providers. The new rule focuses on 911 access and the ability for 911 to call back easily. These numbers need to be integrated into telephone emergency notification systems so that telephone notification can reach people through the relay services.
http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-08-151A1.doc

As already mentioned, the use of traditional land line telephones and text telephones among people who are deaf or hard of hearing and people with speech disabilities has declined. New IP-based technologies that provide mobility, efficient communication and accommodation of individual communication needs cannot call 9-1-1. Only the analog technologies, for many a last resort, method of communications, remain available to these populations. [18]

Cell phones can be used with **TTYs** for calling 9-1-1, and location information and coverage is equal to that for voice customers. However, the **TTY** is quite large and bulky compared to wireless

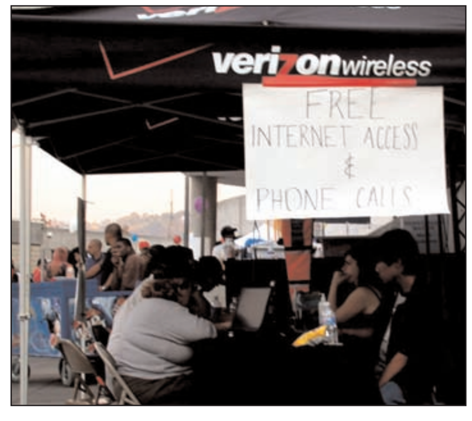
devices and is rarely used with cell phones today. The wireless industry has not built **TTY** functionality completely into wireless handsets that have keyboards and screens (such as a BlackBerry™, Sidekick™, and Treo™). This capability would permit such devices to produce TTY calls to 911 complete with location information comparable to what hearing/voice users have. [18]

People who are deaf, deaf-blind, hard of hearing, blind and low vision, and individuals with speech disabilities require the same information as everyone else so they can be more prepared before, during and after a disaster. It is critical to have several options for emergency communication systems accessible visually through text, graphics, or other means of communication. These newer wireless and Internet-based telecommunication devices are effective for day-to-day relayed telephone conversations, so people who are deaf or hard of hearing want to be able to use them for emergency calling, while maintaining **TTY** access as an option. Consequently, there is a need to develop proven, uniform operational guidelines and recommendations for:

- Caller to relay service interaction
- Relay service to **PSAP** interaction
- Caller to relay service to **PSAP** interaction

A rapidly growing number of consumers including people who are deaf, deaf-blind, hard of hearing, or those who have a speech disability have discontinued land line telephone service entirely and rely exclusively on **VRS** and/or **IP Relay** services for emergency communications.

Accessible telephone and communication equipment and email access was not available in some shelters. Telephones were not within reach range of wheelchair users (Orange Show).



Accessible telephone and communication equipment and email access were available at some shelters (Del Mar)

Implementing an effective emergency communication system must be addressed. Many of these problems must be dealt with at the federal level. However, a number of mitigating measures can be undertaken now in California.

Recommendation

20. State emergency planners will need to **stay current on the federal standards development work in 9-1-1**. In addition to the immediate goal of enabling users of **VRS** and **IP Relay** Services to access the appropriate **PSAP**, the long-term goal is to provide a NG9-1-1 environment where the users of videophones, wireless devices, and/or the internet can access to 9-1-1 **PSAPs** directly without requiring a relay service as an intermediary.

5.6 Communication Access at Shelters and Assistance Centers

Reports from individuals regarding communication access issues included:

- Telephones were not within reach of wheelchair users (Orange Show).

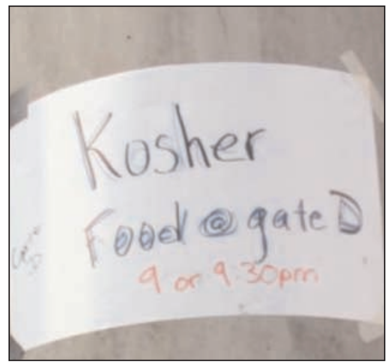
Accessible telephone and communication equipment and email access were available at some shelters (Del Mar)

Television with captions on

Variety of text based English signage (Orange Show)

Text based English signage: Medical Needs 1A Door 5 (QualCom)

- **TTYs** were not available.
- The availability of qualified sign language interpreters was inconsistent and not available at all in shelters. "During the fires there was a chronic lack of translators, which hindered the ability to evacuate and/or provide other emergency services. Translation services help many people stay informed and in turn remain calm, seek additional assistance, and feel cared for." [14]
- Televisions, available to the public in shelters, often did not have open captioning on.
- Signage (regarding information such as locations of food, water, first aid and other assistance) was often solely text based English rendering them unusable for people who have limitations of seeing, understanding, cognition or intellectual abilities and limited language proficiency.



Left: Kosher Food at Gate d 9-9:30 PM. Right: Medical Mobile Unit Outside Gate A (left arrow) Free (QualCom)

Recommendations

21. State and local government emergency planners should **offer guidance regarding**

communication access in shelters and assistance centers that includes: turning captions on for all televisions used by the public, and using understandable signage (using visually dependent, rather than language dependent signs i.e. symbols in addition to or in place of text) to assist many people who have limitations of seeing, hearing, understanding, cognition or intellectual abilities and limited language proficiency.

- **Qualified sign language interpreters** (or **video remote interpreting**) need to be available at designated times under pre-established memoranda of understanding and mutual aid agreements.
- When phone service is available and language interpreters are not available, consider using phone-based and **Telecommunications Relay Services (TRS)** for those with hearing loss or speech disabilities, and over the phone.

10 - 11 AM

Non-text signage: SIGN LANGUAGE INTERPRETATION SERVICE 10-11 AM

Non-text sample signage: left to right top - First Aid, Elevator: left to right bottom - Restrooms, Food

Non-text sample signage: medical assistance

Non-text sample signage: top left - Information, bottom left - no smoking, right - no cell phones

Non-text sample signage: left to right - accessible - parking, access entrance, accessible restrooms

Combined text and non-text directional signage

interpretation services for people who do not speak English.

- When emergency telephone trailers or communication equipment are made available, telephones need to be accessible to wheelchair users and **TTY** users.

- Contents of verbal announcements should be posted in specified shelter areas as well as in languages used by a significant percentage of the population.

The 2-1-1 Call Centers, Disaster Assistance Centers, and Local Assistance Centers do, did and will continue to play significant roles in providing critical emergency information, resources and benefit applications.

Recommendations

22. The **2-1-1 Call Centers, Disaster Assistance Centers, and Local Assistance Centers should maintain robust disability-specific service information**. They should insure that they can communicate with people who have limitations of seeing, speaking, hearing, understanding, cognition or intellectual abilities and limited language proficiency.

23. State and local government emergency planners should **ensure equal access by utilizing procedures that allow people to**

apply in different ways and offer reasonable modifications to application procedures when people with disabilities need them.

Information and application procedures should not limit access by people with disabilities. For example, programs that require people to apply by telephone may exclude people who are deaf or hard of hearing or have difficulty understanding spoken language. Inaccessible web-based application procedures and printed application forms may exclude people who are blind or have low vision or have difficulty reading text. Programs that require in-person applications may exclude people who, because of their disabilities, are unable to get there.

Recommendations

24. State and local government emergency planners should **offer information about social services and other benefit programs available in formats people with communication disabilities can understand and use**.

25. When people are instructed to check a website, state and local government emergency planners need to **insure that (1) the link to website is activated, and (2) the data on the website is compliant with requirements under Section 508 of the Rehabilitation Act** of 1973, which can be

found at http://www.access-board.gov/508.htm. Additionally, in September 2002, Senate Bill 105 was enacted to amend Section 11135 of Government Code to read "state governmental entities, in developing, procuring, maintaining, or using electronic or information technology, either indirectly or through the use of state funds by other entities, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973. The State has developed recommendations for ensuring websites are accessible, found at http://www.cio.ca.gov/Government/governance/workinggroups/iouca.html.

26. State and local government emergency planners need to **insure that web sites used in emergencies can handle the increased user traffic**. This applies to everyone, but is especially important for people who are deaf or hard of hearing.

6. Mass Care and Shelter

Portable restrooms and showers lacked access

In contrast to prior disaster-related reports there were no reports of people with disabilities including those using service animals being denied access to shelters. [12] People did report:

- some shelters were fairly accessible, while others had significant barriers,
- problems with accessible building entrances, restrooms, and showers,
- lack of directional signage to accessible features and elements,
- lack of accessible cots,
- trouble accessing meals, medications, **durable medical equipment (DME)** and **consumable medical supplies (CMS)** for evacuees in motels,
- lack of options for specific dietary needs (i.e. people unable to chew, diabetics, etc),
- problems with assistance in refrigerating medications,
- difficulty replacing essential medications, **(DME)** and **(CMS)**,
- lack of shelter personnel responsible for coordination of services to evacuees with disabilities, which led to confusion and unmet needs, and

- individuals with experience in addressing essential functional needs of people with disabilities and activity limitations were not permitted access to some shelters.

6.1 ADA Requirements

Shelter operators include government, **the American Red Cross (ARC)** and/or **nongovernmental organizations (NGOs)**. Regardless of who operates a shelter, the **Americans with Disabilities Act of 1990 (ADA)** generally requires shelters to conduct operations in ways that offer people with disabilities the same benefits (e.g., safety, comfort, food, medical care, the support of family and friends) provided to people without disabilities.

Sheltering programs are critical to ensuring the safety of people with disabilities in emergencies and disasters. ADA requirements for sheltering are detailed in two Department of Justice technical assistance documents for state and local governments. These documents provide operators guidance in planning to meet the needs of people with disabilities in shelters. [31]

State and local government emergency planners should insure that **shelters are accessible to people with disabilities**. Making emergency sheltering programs accessible is generally required ADA. Accessible features need to be part of emergency shelters.

Recommendations

27. State and local government emergency policy makers need to **insert access standards in state law defining requirements for sheltering people with disabilities and activity limitations**.

28. State and local government emergency planners should provide guidance to local governments to **make sure that all shelter facilities identified for use are accessible**. Shelters surveys should identify barriers to people with disabilities, including wheelchairs or scooters users or those who have difficulty walking, people who are deaf or hard of hearing and people who are blind or have low vision. This guidance should include use of the Department of Justice's Quick-Check Survey and the ADA Checklist for Emergency Shelters. [32]

These Department of Justice tools assist state and local officials and operators of emergency shelters in determining whether a facility being considered for use as an emergency shelter is accessible and if not, whether modifications are needed to remove barriers or whether relocation to another accessible facility is necessary. The Quick-Check Survey provides guidance on whether a facility has certain basic accessible features, and the detailed ADA Checklist for Emergency Shelters provides specific information on barriers to accessibility.

Recommendations

29. State and local government emergency planners responsible for sheltering must ensure that: where multiple single user portable toilet or bathing units are clustered at a single location, no more than 5 percent of the toilet units and bathing units at each cluster shall be accessible; and for single user portable toilet or bathing units clustered at a single location, at least five percent but no less than one toilet unit or bathing unit needs to be accessible. [2] This access is also important for children and older people.
30. State and local government emergency planners should provide guidance to local governments rega**rding model contract language requiring contractors to provide accessible portable restrooms and showers**. [2]
31. State emergency planners should **provide guidance to local governments regarding the importance of continual vigilance when shelters are in use to ensure, walkways and other features are clear of obstacles** such as cords, boxes, trash, etc. For example, advise the media to not string cables across walkways unless they have proper materials to prevent them from becoming barriers for wheelchair or scooter users as well as tripping hazards for all people.

Some people with disabilities sheltered in hotels, due to better accessibility, had difficulty obtaining meals, essential medications, DME and CMS.

Recommendation

32. State emergency planners should provide guidance to local government regarding providing meals or meal vouchers, essential medications, **DME** and **CMS** for evacuees in motels.

6.2 Medications, Durable Medical Equipment and Consumable Medical Supplies

Significant numbers of people rely of essential medications, **CMS** and **DME**. There are many reasons why they cannot access their own during an emergency. Planning should incorporate how people can quickly replace essential medications (for heart conditions, high blood pressure, seizures, asthma, diabetes, etc.), wheelchairs, walkers, scooters, canes, crutches, oxygen equipment, nebulizer tubing and machines, and catheters, ostomy supplies, etc. This will ensure that more people maintain their health, safety and independence and have fewer unmet needs.

Speed is often critical in obtaining these essential items. Flexibility regarding purchasing such replacement items is important. The requirement to comply with **Standardized Emergency Management System (SEMS)** was a

barrier in obtaining necessary resources, for evacuees with disabilities. Requests for these items were sometimes, denied, delayed, or ignored at the **Regional Emergency Operation Center (REOC)** and the **State Operation Center (SOC)**.

Recommendations

33. State and local government emergency planners should **ensure a speedy mechanism and flexibility of the SEMS process to meet the requests for medications, DME and CMS.**
34. **Training for shelter managers should reinforce the importance of quickly communicating and following up on requests for medications, DME and CMS to the local Emergency Operation Center EOC and REOC**.
35. **Shelter managers should designate a coordinator for functional needs** services.
36. The local EOC should **designate a coordinator for functional needs** services.

After Katrina, **ARC** announced that it prepositioned items to improve shelter accessibility for individuals with mobility limitations in warehouses across the country. Items included 8,000 cots (designed for easier transfer from a wheelchair 32” W x 84” L x 18” H), commode chairs, and shower stools. These items could not be located during the fires. It turned out the items were all warehoused in the Gulf States region. [33]

Sample of a cot which is easier to access for people with mobility limitations and has a higher weight capacities (450 pounds and above).

Recommendations

37. State emergency planners should **stockpile and/ or create effective delivery systems (including establishing memoranda of understanding with suppliers) to shelters and assistance centers, for accessible cots and essential medications, DME and CMS.**

Initially medical staff would not accept responsibility for refrigerating an evacuee's medications.They later were convinced to do so.

Recommendation

38. State emergency planners should offer guidance to local government and shelter operators regarding the importance of incorporating policies regarding the **refrigeration and replacement of essential medications**.

Individuals experienced a problem when they tried to replace their prescriptions. They could not replace their medications if they had already filled their prescription within the last 30 days.

Many people are limited to a 30-day supply of medication due to payment (Medicare/Medicaid, private insurance) restrictions. This policy makes it difficult to impossible for people to follow the important advice of maintaining seven-day

emergency supply of essential medications (medication that cannot be interrupted without serious consequences) during any disruption in the ability to get prescriptions refills. This problematic emergency-related insurance policy, although acknowledged for decades, remains unresolved.

Recommendation

39. State health policy makers should work toward developing a **policy that would allow people to maintain a seven-day emergency supply of essential medications** and, if needed, be prepared to provide immediately essential medication refills during any disruption in the ability to get prescriptions refills.

6.3 Health Advisories

The state should provide stronger and quicker guidance regarding what protective measures those with and without respiratory conditions should take. For example sometimes it is contraindicated to use N-95 masks on some individuals who are in long-term care facilities.

Public information and perception about facemasks is inconsistent and confusing. People wearing simple paper or dust masks often believe they are protected from smoke; this is not true. These masks give wearers a false sense of security, and can put their respiratory health at risk. [6, 15]

Recommendation

40. State and local government public health officials, in partnership with health-focused NGOs should **compile health information specific to the types of disasters common in California**. These documents can then easily be revised if necessary, and quickly disseminated as needed.

6.4 Compensate In-Home Supportive Services Homecare Workers for Services

In order to maintain independence some individuals with disabilities need non-medical personal assistance with feeding, transferring, dressing, and toileting. These individuals with disabilities ordinarily live and work in the community and receive these services through county sponsored In-Home Supportive Services (IHSS), pay for the service privately, or receive assistance from neighbors, friends, and family, in their community.

Recommendation

41. State and local government emergency policy makers should work with the federal, state and county agencies responsible for the Medicaid Waiver Program to **revise regulations to allow eligible IHSS recipients to receive care, and non-IHSS eligible people to receive emergency care in shelters and hotels/motels.**

6.5 Functional Assessment and Service Teams (FAST)

Emergency planners and responders need help with the very specific and sometimes complex needs of people with disabilities and activity limitations. Well-intentioned emergency medical and public service personnel cannot adequately address these complex and additional needs without (1) a deep and thorough understanding of the values of independent living and self-determination, (2) service options and resources, and (3) clarity about the human and civil rights of people with disabilities.

During the October 2007 Southern California wild fires, the model for **Functional Assessment and Service Teams (FAST)**, an element of the new disability specific plan elements from the **California Department of Social Services (CDSS)** was spontaneously tested and proved to be effective.[1] [19]

Some individuals with experience in addressing essential functional needs of people with disabilities and activity limitations were not permitted access to

---

[1] June Kailes is actually the originator of the FAST and "functional needs" concepts. Originally proposed by Kailes in 2006 these approaches were vetted and accepted by emergency managers and disability advocates involved in the development of United States Department of Homeland Security's working group on Functional and Medical Support Sheltering Target Capabilities List http://www.disabilitypreparedness.gov/bulletins/oct_06.htm and CDSS' "People with disabilities and the Elderly Sheltering Plan." Developed in coordination with other state departments to be used in conjunction with the CDSS Mass Care and Shelter Plan.

FAST members meeting with shelter manager (Orange Show)

FAST members planning their time and problem solving (Orange Show)

shelters. When NGO staff volunteered to help evacuees with disabilities and activity limitations asked, NGO staff were first told that there were no disability related needs or issues in a shelter. The staff disregarded what they were told and entered the shelter. When the staff talked with the shelter residents, they found unidentified needs. Eventually their assistance was appreciated and they were permitted to assist evacuees with disabilities and activity limitations.

During the fires the FAST were able to minimize adverse impacts, by providing quick assistance with disability specific service problem-solving, such as helping people obtain access to communication and information in formats they could understand, recruiting personal assistance services, and replacing essential DME, CMS and medications. FAST members were also instrumental in negotiating quick accessibility fixes such as procuring accessible showers and toilets.

FAST are government employees and NGO (personnel ready to respond and deploy to disaster areas to work in shelters. Team members have in depth knowledge of the populations they serve, their cultures, and support service systems including housing, benefit programs, disaster aid programs and a variety of other resources.

FAST skill sets come from years of working with these diverse communities. FAST members have combined experience in vision and hearing loss, physical disabilities, mental health disabilities, developmental and other cognitive disabilities, aging, substance abuse, and nursing.

Due to the advocacy of FAST and a shelter manager, union volunteers built ramps to the accessible portable showers and restrooms (Orange Show).

FAST identify and meet essential needs so people can maintain their independence. FAST support “at risk individuals” through screening and supporting independence needs which prevents deterioration, enabling people to maintain health, and mobility, and successfully manage in mass shelters and other temporary housing options.

The City of San Diego’s AAR states, “Special needs were identified at Qualcomm outside of the established medical facility, such as evacuees with dietary or mobilization restrictions in the parking lot and other areas of the stadium. Their recommendation included “volunteers should constantly monitor the care and shelter facility in an effort to maintain situational awareness of persons with special needs.” [13] Some older evacuees and people with disabilities and activity limitations, without friends or family, are unable to advocate for help. They may stay on their cots, unnoticed with essential needs going unmet, while volunteers and staff attend to the needs of people able to ask for what they need. FAST use their seasoned and keenly trained eyes and ears to locate people who may need help but do not ask for help.

FAST are being operationalized by CDSS’ People with Disabilities and Elderly (PWD/E) Shelter Annex to be used with the Mass Care and Shelter Plan in large-scale, multi-county, interregional emergencies and disasters. FAST are force multipliers that can extend the reach of emergency managers in response and recovery capacity. The concept is also being developed in ten California counties: Alameda, Los Angeles, Sacramento, San Diego, San Joaquin, Santa Clara,

Due to the advocacy of FAST and a shelter manager, union volunteers built ramps to the accessible portable showers and restrooms (Orange Show).

Santa Cruz, San Francisco, Ventura and Yolo and in several other states.

The objectives are to maximize assistance, extend resources as far as possible and prevent unnecessary overloading of scarce medical resources. Traditional government emergency responders are not equipped to deal with essential functional needs of many groups. FAST are not first responders, but next responders. They can be key players and force multipliers who extend the reach of emergency managers through response capacity. FAST can offer effective, efficient and rapid response to help minimize health problem, injuries and deaths. FAST:

- Conduct assessments and triage (to provide assistance based on severity of need, in place of a random “first found/first served” approach) to determine level of functioning, and health, and whether support can be provided so that an individual could be safely accommodated by general population shelter services. FAST distinguish between people who only need assistance in maintaining their health, medical and psychiatric stability, and mobility, from those who need medical help which exceeds the capacity of the general population shelter. These individuals are connected with appropriate resources, when possible.
- Identify and track needs (including mapping of shelters in order to locate people needing ongoing services and follow up) so people can maintain their health, safety and functional independence by receiving assistance.

- Based on results of functional assessment, assist in providing essential medications, DME, CMS, etc.
- Work side by side with shelter personnel to assist in meeting essential functional needs.
- Prevent inappropriate institutionalization or hospitalizations, FAST interventions can prevent the threat to some individuals with significant disabilities, who live and work in the community, of being forced unnecessarily into nursing home because of lack of other options. In the past, some of these individuals have spent months trying to then leave these institutions and regain their independent living status.
- Assist shelter and other emergency personnel in making quick access fixes such as installing temporary ramps.

Portable ramps and directional signage to access features

Improving restroom access by removing a narrow door and providing a curtain

Evacuee seeking assistance from FAST member in obtaining temporary use of a loaner wheelchair due to difficulty negotiating long distances in shelters

- Designate specific times of the day and places when interpreters will be available to communicate information.
- Assist with transition back to community living by delivery of services and service coordination such as:
  - helping locate and settle into appropriate housing (temporary and permanent),
  - acquiring necessities such as clothing and household supplies,
  - securing long-term health and mental health services as needed, and
  - re-establishing or accessing public benefits and services.

FAST have unique credible connections and trust with people they support. For example, some evacuees at shelters would only identify their needs to people they trusted, felt comfortable with and sometimes to people who just looked like them (i.e. a wheelchair user or a person using sign language.)

Recommendations

42. State and local government emergency planners must be prepared to **shelter people with disabilities who are able to remain in the general population shelters, with or without support**.
43. State and local government emergency planners should move forward in **adopting, funding and operationalizing FAST and**

ensure that FAST become a standard sheltering service.

44. **FAST training should include understanding how to follow up on requests for medications, DME and CMS through shelter managers**.

Nationally ARC in partnership with the Department of Health and Human Services, developed a shelter intake form that includes a series of questions for shelter workers in general shelters to ask incoming evacuees . The intent is to enable shelter managers to identify individuals with disabilities and determine whether the shelter can meet the individual's needs.

Although ARC distributed the form to its chapters along with guidance, there was no report that the form was used during the fires. ARC officials said that procedural changes like this take time to fully implement in chapters. Others reported the form was not used because it takes too long to complete. CDSS is in process of adapting this form to make it shorter and thus more usable by FAST and shelter personnel.

Recommendations

45. State and local government emergency planners should **adopt a uniform and usable functional needs assessment form**.

46. State emergency planners should expedite

the process of using **California Medical Volunteers to establish a new consistent process of cataloging skills, checking backgrounds, registering, and issuing identification badges** that will allow FAST to access places within a controlled area, and verify their emergency responder credentials. The goal is to insure the adequacy and quality of those who will provide assistance. These efforts will need to expand to recognize the value of and include human service professionals (many of who have no state license) in addition to licensed health care providers.

7. Evacuation and Transportation

Individuals reported:

- Difficulty getting accessible transportation to and from shelters and assistance centers.
- "Everybody left the mountain, all of the children and people and elderly were left up in the mountain ... and then the evacuation order came and nobody could go up and get any of the folks." [9]
- "I got a phone call from a woman who was using a power chair who was given literally seconds to get evacuated out of her home. The policeman came with a hand on his gun telling her to get out. There was no way for her to get out, no transportation. They grabbed a neighbor, picked her up, put her in the back of a car and took her to the high school. When she got to the high school... she was left in the back seat, nobody wanted to be responsible. That "l" word of liability came into play and nobody wanted to do anything for her...luckily someone knew about the .... (Independent living center)." [9]

Some people with disabilities need accessible transportation. Emergency plans must identify methods and providers of access transportation (i.e., lift-equipped vehicles) available to help evacuate people with disabilities. Some people with disabilities and activity limitations will be able to

reach mass evacuation pick-up locations independently, while others may be unable to leave their homes without assistance. Evacuation and emergency transportation plans must address these evacuation-related needs of people with disabilities including the need to transport mobility aids, such as wheelchairs or scooters, oxygen tanks or other medical equipment, and service animals. [31]

Significant numbers of people do not have access to evacuation transportation because they cannot drive due to disability, age, poverty, addictions and legal restrictions, or they just do not own a car. When planning incorporates resources for accessible transportation, then more people get their evacuation and transportation needs met and there are fewer unmet needs! Transportation and evacuation planning that includes and accommodates people with mobility disabilities and limitations are critical.

Del Mar Shelter 10/07

Memoranda of understanding with the County of San Diego and paratransit providers were in process but not yet complete. In good faith, these providers showed up anyway to transport congregate facility residents. (Del Mar)

Recommendations

47. State emergency planners should provide **local government transportation and evacuation planning guidance** that includes:

    - identifying transportation providers that have the capacity to move people with disabilities and activity limitations from schools, medical facilities, neighborhoods, congregate care facilities, such as but not limited to:

- Fixed-route buses
- ADA mandated Paratransit Systems
- Dial-a-Rides
- Disability and senior transportation service providers
- NGO transportation providers (i.e. United Cerebral Palsey, regional and developmental centers and their vendors, adult day health care, senior centers, etc)
    - Area Agencies on Aging
    - Regional Center vendors
- Taxi systems
- Non-medical emergency vans / ambulances
- School district transportation systems
- Airport car rentals, shuttle buses/ vans
- Health care center vendors

- evaluating the type of transportation vehicles needed (taxi, van, bus, medical) and potential destinations
- using databases of vehicles, and drivers, including backup drivers (i.e. the National Guard)
- projecting response time (during and after non-operational hours)
- evacuating people from areas not covered by public transit

- completing in advance (preferred) as well as planning for just-in-time (inevitable) memoranda of understanding and mutual aid agreement to facilitate reimbursement (including neighboring jurisdictions)
- treating transit vehicles as emergency vehicles for purposes of evacuation so they can access emergency zones when roads are closed to non-emergency vehicles
- escorting transit vehicles through danger areas, when needed
- creating policies and procedures to address methods of requesting, prioritizing (when demand for vehicles during a major disaster will often exceed supply) and scheduling emergency trips, fares waivers etc.
- coordinating to ensure that accessible vehicles are not over-obligated (double or triple booked) during an incident (that is addressing the common issue of multiple entities depending on the same few transit providers (especially true for long term care facilities which are a diverse group of: licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living facilities, group homes, intermediate care facilities)
- mapping clusters of congregate care facilities, and community areas where high levels of paratransit trips occur

- training for drivers certification programs (including an adequate number of backup drivers)
- including transit providers in drills and emergency exercises

48. State emergency planners should **identify and disseminate model emergency transportation and evacuation practices** to local government.
49. State and local government emergency policy makers should **develop standards for integrating accessible transportation providers into local governments' evacuation plans**.
50. State and local government emergency policy makers should develop contract language that **mandates the use of vehicles purchased with government funds in emergencies**. Operators of accessible vehicles (equipped with ramps and lifts) must plan, cooperate and coordinate with emergency management agencies.
51. Federal, state and local government emergency policy makers should **require public transit agencies to participate in and be reimbursed for evacuation response through memoranda of understanding and mutual aid agreements**.

8. Nongovernmental Organizations: Role of Provider and Advocacy Organizations in Disaster Response

Nongovernmental Organizations (NGO)s, like other private and public sector organizations need to sustain ongoing and long-term preparedness efforts in order to reduce the disturbing and repeat cycles that often occur after major disasters. These cycles consist of the outrage, a short lasting burst of advocacy from the disability community/ advocates, followed by the renewed vigilance of government after an event, all of which melts away as time passes. Other funding priorities become more compelling and the inevitable and pervasive fog of complacency and denial settles back into place.

NGOs need to keep all hazard emergency preparedness on the radar screen for the long-term by continuing to maintain and strengthen emergency preparedness literacy and competencies, values, practices, policies and advocacy.

Recommendations

(See section **10. Training and Exercise Programs** for additional NGO training recommendations)

52. State and local government emergency policy makers should **integrate disaster preparedness funding incentives into Nongovernmental Organizations (NGO)s' government funding contracts**, to encourage sustained participation in emergency-related activities, such as, but not limited to establishing, practicing and updating their disaster plans, working with the people they support in preparedness and response activities, and participating in state and local government planning.

53. NGO membership organizations must **advocate for state emergency planning funds that would allow them to engage in ongoing planning efforts** and to strengthen their significant roles in preparedness, response and recovery.

54. NGOs should **urge and support selected staff, including staff with disabilities and activity limitations, to complete Community Emergency Response Team (CERT) training**.

55. NGOs need to **negotiate mutual aid agreements with local governments** in order to define expectations, provide accountability, and receive reimbursement for their services.

56. State emergency planners should offer **guidance to local government and NGOs focused on "how to" instructions and technical assistance for negotiating and completing mutual aid agreements**.

Disability, senior and health care provider service and advocacy organizations did and can play a critical role in assisting emergency agencies in responding to disasters. NGOs working in partnership with state disaster authorities can contribute to planning and responding.

NGO personnel along with state employees were present (making **Functional Assistance and Service Teams (FAST)** a reality) at shelters and local assistance centers. FAST consisted of Orange County, San Diego and San Bernadino Independent Living Centers, Public Authority of San Bernardino and San Diego County, and FEMA's - National Disability Coordinator and the California Departmentof Social Services and Department of Rehabilitation.

8.1 Disability Emergency Briefing Team

An effective, but phone-dependent, tool employed, probably for the first time in the history of California disability-related disaster response, was the establishment of a Disability Emergency Briefing Team. This team consisted primarily of staff from the:

- California Foundation for Independent Living Centers Access to Readiness Coalition,
- Alliance for Technology Access Assistive Technology Network,
- Disability Rights Advocates,
- Protection & Advocacy Inc.,

- Access to Independence, San Diego,
- Rolling Start Inc. San Bernadino,
- Public Authority of San Bernardino County, In Home Support Services,
- County of San Diego In Home Support Services Public Authority, and
- FEMA's National Disability Coordinator (who is responsible for integrating disability issues into federal emergency planning and preparedness efforts).

The content of these daily calls determined where and what individuals had essential unmet needs. This group, including some FAST members, who helped to mobilize and facilitate response from local disability service community providers. The focus of these calls was problem solving regarding meeting essential unmet needs that ranged from replacing a service animal's dog harness (stolen at a shelter), to replacing left-behind, lost or damaged **consumable medical supplies (CMS)** and **durable medical equipment (DME)** wheelchairs, canes, walkers, shower chairs and raised toilet seats.

Recommendations

57. Disability and aging state membership organizations and coalitions should continue to **strengthen and develop the "Disability Emergency Briefing Team"** communication network and include broader representation from senior, developmental disability, deaf, hard of hearing, low vision,

blind, and behavioral health, and mental health provider networks.

58. Disability and aging organizations should also **register with The Governor's Office of Emergency Services' (OES) Office for Access and Functional Needs "Community Network Database" kept at the California State Warning Center. This is a list of state associations and NGOs, who can quickly assist in locating resources for those individuals with disabilities and older adults impacted by a disaster**.

Many service providers serving older adults and people with disabilities and activity limitations lost power or had to evacuate making it difficult to impossible to reach them because the state membership organizations often did not have emergency contact information. Other service organizations scrambled to prepare response-related web pages. The California Assistive Technology Exchange (CATE) would have benefitted from having ready-to-use web pages. CATE is an assistive technology reutilization program similar to a Craig's List or eBay model. It is a database of items available for donation or sale between two parties. This information can assist people in locating usable DME until they can replace their more customized equipment. This service was promoted during and after the fires, but it could have been more effective if the emergency templates had been in place. Other provider

organizations struggled to create fund raising web pages, as well as accounting policies and procedures, to raise funds to assist survivors with disabilities who were most in need of recovery assistance unavailable from other resources.

Recommendation

59. In **order to mobilize members quickly, NGO provider organizations need to**:
    - **maintain current emergency contact information**, which includes home, fax, email, and wireless, contact information;
    - **create ready-for-use password protected web pages to be of assistance in mobilization and communication of the "Disability Emergency Briefing Team" as well as other responder networks**;
    - **create ready-to-use template phone messages, email and web pages** that can quickly be customized with response information and resources, and then widely disseminated, as well as used for fundraising.

8.2 Priority Emergency Client Contact List

NGOs sometimes appear to be at a loss regarding what to do first (before, during and after an emergency) and how best to check-in on the people they serve.

Recommendation

60. NGOs should consider **developing a "priority emergency consumer/client contact list"** i.e., a list of people they work with who are the most vulnerable. For example, this may include, those who rely on life sustaining equipment, have a weak or non-existent support system and/or have no way to evacuate their home without major support.

The NGO could ask people, they are considering for their priority emergency client contact list, if they would consent to being on this list. The NGO would have to explain clearly and carefully that this process does not constitute a promise or a guarantee that the individual would be contacted and assisted after an event. Placement on such a list should also entail the NGO working with these individuals to help them strengthen their emergency planning including trying to help them strengthen their support network.

8.3 Timeliness of Hot Washes

A hot wash consists of "after-action" discussions and evaluations of an organization's or multiple organizations performance following an exercise, training session, or major event. The purpose of a hot wash is to identify strengths and weaknesses of the response to a given event, which should guide future response direction to avoid repeating errors made in the past.

Recommendation

61. NGOs should **conduct a hot wash as soon as possible after an event**. The lessons should be recorded and used to adjust revise response plans and procedures.

8.4 Mitigation Assistance Programs

Mitigation includes ongoing efforts that can lessen the impact disasters have on people and property. Mitigation includes long-term activities designed to reduce the effects of unavoidable disaster (for example, vegetation clearance in high fire danger areas or building restrictions in potential flood zones).

People with disabilities and activity limitations sometimes do not have the resources or support systems to undertake mitigation activities such as:

- strengthening roofs;
- installing fire-resistant shingles;
- installing shatter-resistant window film;
- clearing brush to create a defensible fire-safe perimeter- removing fire-prone dry plant material from gutters and around residences and other buildings, or trimming tree limbs that overhang roofs to avoid roof damage during wind storms;
- clearing streams;
- bolting bookshelves to walls;
- installing backflow valves (special valves that prevent toilet overflows when the household

sewer is infiltrated with floodwater); and

- placing a fuse box higher on a wall in a flood-prone area.

Recommendation

62. State and local government emergency policy makers should insure that **mitigation assistance programs are available to low income groups throughout the state**.

9. Long Term Care Facilities

For purposes of this report long term care facilities refers a diverse group of: licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living, group homes, intermediate care facilities, senior housing, etc. Many of these facilities have no or weak emergency plans. [6]

Some facilities reported:

- difficulty with having adequate numbers of staff to accompany and remain with residents who were evacuated to shelters and to “like” facilities,” and
- difficulty getting adequate transportation resources to evacuate their residents.

Recommendations

63. State and local government emergency policy makers should provide **guidance regarding how often plans are reviewed and establish minimum guidelines for emergency plans that include clear performance measures and benchmarks for preparedness**.

64. State **departments responsible for licensing should carefully audit long term care facilities for the specificity of their**

emergency plans related to, but not limited to:

- evaluating the ability to accept additional residents;
- developing and regularly updating memoranda of understanding with multiple “like” facilities of variable distances away (within 10 miles, 20 miles, neighboring city, and state) who have the space for (often using unconventional spaces like common areas and dining rooms) and agree to accept their residents in times of emergency;
- assessing realistically the numbers of staff who will remain and or return to work after a disaster; and
- completing transportation provider agreements for evacuations.

65. **State departments that license long term care facilities should provide leadership in identifying discrepancies between state and federal requirements and reconciling them** for consistent interpretations. For example, the federal and state requirements regarding the numbers and types of drills are different.

10. Training and Exercise Programs

In emergency exercises, replace the use of people wearing T-shirts reading "Deaf Person," "Blind Person and "Wheelchair User" with people with real disabilities.

With the exception of one “special needs” course, in a cursory review of the training offerings of the California Office of Homeland Security Training and Exercise Division (responsible for the State’s Training and Exercise Program, including first responder and agency training and exercises related to terrorism, weapons of mass destruction, and manmade or natural catastrophes), there appears to be little integration of functional needs content.

Tools and techniques are needed to help staff understand and apply systematic thought regarding what it takes for their programs and services to be accessible and inclusive of people with disabilities and activity limitations. For example:

1. Infusing functional needs specific content into a variety of trainings, so the subject is not considered “special.”
2. Integrating disability specific content in new and updated training modules, courses, and workshops. [2]
3. In addition to 1 and 2 above, but not in place of, developing additional disability specific content courses.

Recommendations ✔

66. State emergency planners should integrate into and update new and existing training/classes to **increase the number of emergency managers and first responders with disability and functional needs related core competencies**, by infusing disability specific content into a variety of trainings, so the subject is not considered "special."

67. State emergency planners should provide disability and functional needs related information and technical assistance services by:

    - offering technical assistance via phone, in person, and online;
    - creating technical expert panels that managers, supervisors, employees, contractors and grantees can contact;
    - collecting, disseminating, promoting and supporting the replication of exemplary emergency planning, preparedness, response, recovery and mitigation activities related to people with functional limitations;
    - organizing a cadre of trainers who are **qualified** people with and without disabilities; and
    - creating and maintaining web-based resources to include:
        - materials on the legal obligation to

comply with the Americans with Disabilities Act in planning for, operating and managing shelters and other disaster response services.

Nongovernmental organizations (NGOs) need training and guidance materials focused on emergency planning that include clear performance measures and benchmarks for preparedness. For example, training regarding planning should include how to:

- provide a quick summary, at-a-glance text or graphic overview of how to activate plans;
- cross reference emergency policies and procedures located elsewhere in the organization's documentation, that are not integrated into the core emergency plan;
- provide individual and family preparedness training;
- develop testing, drill, revising and training protocols;
- realistically assessing the number of staff who will be available to work after a disaster during nontraditional work hours and/or on weekends;
- protect essential records and Information Technology;
- develop staff call-back systems;
- provide options for key staff, other than the use of telephones, to communicate following an emergency;

- establish, update and maintain advanced working relationships and agreements and memoranda of understanding, before emergencies with the nearest police and fire departments, local government, accessible transportation providers, health facilities, suppliers and vendors, etc.;
- prepare and analyze lessons learned in after action reports and adjust/or revise plans and procedures as necessary;
- establish and regularly update cooperative agreements for mutual aid for:
  - sharing of resources with “like-service organizations” that include multiple like facilities of variable distances away (within 10 miles, 20 miles, neighboring city, and state) for:
    - food, water, sheltering;
    - alternative temporary work location;
    - accessible transportation; and
- exercise and use the plan in actual operations and table top exercises.

Recommendation

68. State emergency policy makers should fund the development of NGO-focused emergency plan training and guidance materials (including model processes, policies and procedures) that will endure and are easy to update. Training and technical assistance should focus on

improving and increasing emergency preparedness literacy and competencies. (Also, see section 8. Nongovernmental Organizations Role of Provider and Advocacy Organizations in Disaster Response)

10.1 Exercises

In emergency exercises replace the common use of people wearing T-shirts reading “Deaf Person,” “Blind Person, and “Wheelchair User,” with people with real functional needs. Integrating disability-specific scenarios and real people with disabilities and activity limitations as participants in emergency exercise appears to be sporadic and haphazard. Seeking and using input from people with a variety of disabilities and organizations with expertise in functional needs issues will help emergency planners better meet the needs of people with disabilities in all phases of emergency management.

To include people with disabilities and activity limitations exercise organizers need to attend to event details, such as, but not limited to:

- event locations need to be on public transportation routes;
  - coordination with Paratransit or similar service when event is not located on public transportation route
- reimbursement for transportation expenses when requested;

- disseminating event information in accessible formats (alternative formats (braille, large print, disks, audio);
- avoid scheduling events in the early morning hours and on weekends:
  - for those who use public transportation or paratransit, this often requires one to two hours of travel time which may mean leaving home as early as 5 am
  - many bus lines have limited schedules on weekends
  - for those who use personal assistants (PA)s, the early start time and weekend schedule means scheduling the PA for additional hours at their own expense, or the PA may not be available on weekends or willing to travel at such an early hour to assist their client
- provide sign language interpreters for people who are deaf; and
- accommodate people with conditions that affect stamina and endurance or with conditions that require frequent monitoring, medication, treatment etc. [5].

Recommendation

69. State emergency planners should provide **guidance regarding integrating into tabletops, training exercises, and drills: disability-specific scenarios, real people with disabilities and activity limitations, attending event access details, disability-**

specific injects and scenarios, and disability specific elements in after action exercise evaluations.

10.2 Individual and Family Emergency Preparedness Training and Materials

People with disabilities and activity limitations need quality emergency preparedness information and advice that is real, specific and useful. These materials must also recognize the diversity of disabilities and activity limitations, and that one size does not fit all. Such customized and relevant materials for people with disabilities and activity limitations are hard to find.

General emergency preparedness information is critical for everyone including people with disabilities and activity limitations. However, sometimes these resources have to be supplemented with more specific information for people with hearing, vision, mobility, speech, and cognition limitations. Advice for the general population is not always equally applicable for some people with disabilities and activity limitations. For example, many wheelchair users cannot take cover under tables and desks. This advice is common regarding how to respond immediately to an earthquake.

Attention to the depth and details of the diversity of the disability experience and user perspective adds a level of reality and credibility. Attention to detail is a needed survival skill when living with disability and activity limitations. This attention to

detail can be absent when materials are produced for and about, instead of with and by, people with disabilities and activity limitations. When qualified users are not involved in the development of these materials the information can sometimes be vague, incomplete, impractical and naïve.

Emergency preparedness information must be easily available. This means that in addition to using disability diverse dissemination channels such as NGOs serving people with disabilities and activity limitations, the information must also be obtainable through the same channels as other general preparedness materials are distributed. The material must be specific, useful and available in accessible and usable formats (e.g., Braille, large print, disk, audio) and language (appropriate for Non-English speakers and people who have difficulty reading).

Many people with disabilities and activity limitations do not receive information through disability specific human services agencies because they have no need to seek support from these organizations or they may not know about them and for a variety of reasons, do not identify as a person with a disability or activity limitation.

Recommendations

70. State and local government emergency planners, in partnership with **qualified** people with disabilities and activity limitations, should **review existing preparedness training and publications offered and integrate disability and**

functional need content, where appropriate.

- Integrate new and updated disability-related and functional limitation specific training content into general preparedness training and materials that include **how and where people can access more customized disability and functional needs specific materials**, and
- Ensure these materials are **available in understandable and usable formats** (i.e., Braille, large print, disks, audio, pictures, accessible web sites, plan language, and other languages in addition to English).

71. State and local government emergency planners should **establish fellowship programs** to build disaster expertise among **qualified people with disabilities and activity limitations** who are interested in careers in emergency management.

11. Summary of Recommendations

Regarding the lessons documented: the words are easy to write, the steps are easy to list, doing, making it real, and sustaining it, is hard! The challenge is attending to the detail!

Disaster means more needs, than resources! So using scare resources effectively is important. The more inclusive the planning for people with functional needs, the fewer the unmet needs. Planning involves putting the resources, time and detail behind the concepts. The following is a summary of all the recommendations in this report. For more information regarding the words and acronyms that are **bolded**, refer to section **2. Definition and Acronyms**.

4. Cross Cutting Issues

4.2 Moving Emergency Planning from “Special Needs” to “Functional Needs”

1. State and local government emergency planners should use a **“functional needs”** framework. Using a more effective, accurate and flexible framework built on an essential functional based orientation addresses the needs of more people, more efficiently and effectively in ways that:
    - build appropriate levels of capacity for disaster preparation, emergency response processes, procedures and systems;
    - adopt guidelines and protocols for appropriate resource management;

- strengthen service delivery and training;
- prevent health complications and reduce institutionalization and the inappropriate use of scarce, expensive and intensive emergency medical services;
- allow disaster services to incorporate the value that everyone should have the chance to survive;
- translate documented lessons into knowledge and application; and
- improve overall response successes.

2. As the state emergency planners transition from the **SEMS** planning committee structure to a structure that reflects the state's revised emergency functions (in the soon to be updated State Emergency Plan) the state should continue to ensure input and integration of diverse **qualified** disability representatives in these new planning committees.
3. State emergency planners should develop and offer guidance to local government regarding how to actively recruit qualified people with a variety of disabilities (i.e., mobility, vision, hearing, cognitive, psychiatric, and other disabilities), and how to involve organizations with expertise on disability issues in all phases of emergency management planning.

4.3 Grants and Funding

4. The state should make the Office of Access and Functional Needs permanent and the lead

position equivalent to a deputy director / assistant secretary. This office must have the authority, responsibility and resources to carry out its critical objectives.

5. State and local government emergency policy makers should allocate a percentage of annual funding for the purpose on strengthening and improving preparedness, response actions and recovery efforts that include of people with disabilities and activity limitations. This **AAR** provides specific recommendations for critical projects to fund.

6. State and local government emergency policy makers and planners should integrate into emergency grants and contracts proposal selection criteria (rating score criteria) specific indicators for evaluating proposals that include people with disabilities and activity limitations. For example, as appropriate to the proposal's focus, these indicators should specifically detail and show evidence of how applicants will include function based service issues and physical, communication, and program access, such as:

   - Meeting the communication, evacuation, transportation, physical access, and health needs of diverse functional needs populations,
   - Contracting with and employing qualified people with disabilities and activity limitations,
   - Forming partnerships among first responders, emergency planners and organizations representing diverse functional needs

populations, to ensure accurate training information and development of usable services and response,

- Appointing **qualified** representatives from diverse functional needs populations to emergency planning efforts as staff, advisors, trainers, contractors, and consultants,
- Promoting Community Emergency Response Teams (CERT) that recruit and accommodate people with disabilities and activity limitations.

4.4 Emergency Registries

7. State and local government emergency planners should proceed cautiously and carefully with regard to endorsing the use of emergency registries for people with disabilities and activity limitations.
8. State emergency planners should review existing registry requirements in the California Emergency Services Act and develop realistic recommendations that lead to integrating disability-focused services and qualified representatives into emergency planning and management systems.

5. Communication Access

5.1 People who are Deaf, Deaf-Blind, and Hard of Hearing

9. State and local government emergency planners should increase access to emergency information by incorporating redundant

communication methods that provide understandable, usable, and timely information to the community.

5.2 Mass Notification Systems for Evacuation

10. State and local government emergency planners should train people providing door-to-door notification that, in addition to loudspeakers, used in emergency evacuation announcements they should also include picture/symbol signs (pictograms).
11. State and local government emergency planners should create redundancy of public warnings by utilizing NGOs as partners who have connections to specific populations to assist in public warnings, alerts and notification.
12. State agencies and local governments should consistently provide TTY numbers for information on evacuation centers and local assistance centers.

5.3 TV Broadcast

13. State and local government emergency planners should insure announcements by government officials on television should include **qualified sign language interpreters** and have captions to ensure that people who are deaf and hard of hearing are able to access the information.
14. State emergency planners should develop

guidance to be issued before, and immediately in times of disasters, to all broadcasters, reminding them of their obligation to comply with FCC rules. This guidance should be developed in partnership with **qualified** members of the blind, deaf and hard of hearing communities.

15. Because of a significant shortage of **qualified sign language interpreters**, state and local government emergency planners should establish memoranda of understanding and mutual aid agreements with **video remote interpreting** services from diverse in-state and out-of-state areas.

5.4 Emergency Warning Systems

16. State emergency planners should finalize the system to broadcast messages to wireless communication devices in California communities, and continue development of other high-tech notification systems. This includes **OES** charge under AB 2231 to convene a working group to assess existing and future technologies available in the public and private sectors for the expansion of transmission of emergency alerts to the public through a public-private partnership.
17. State and local government emergency planners should provide guidance to public safety and private sector agencies that send emergency alert notifications to the public. This guidance should reinforce that emergency notification programs:

- Need to offer functionally equivalent services to all populations.
- Need to allow the receiver the option to have the message repeated.
- Have **TTY** capabilities, including being able to auto detect **TTYs** and send the appropriate messages. That is, automatic dialing-announcing devices need the capacity to call **TTYs**.
- Need to conduct aggressive outreach and education using accessible formats to deaf and hard of hearing communities to notify them of the need to register their **TTY** numbers so that they will receive all emergency notifications. The databases require regular updating and should include wireless numbers (until the systems "auto detect" capabilities are proven to work effectively).
- Need specific contract language that details the significant penalties for systems not compatible with **TTYs**.
- Need to test **TTY** compatibility with a mix of **TTY** and non **TTY** users to insure the ability to accurately auto detect **TTYs** and send the appropriate message.
- Involve participation of **qualified** stakeholders to help the State stay abreast of emerging technology and plan for future adoption and integration into emergency warning systems.
- Need multiple options with built in

redundancy for broad awareness. This means using multiple formats for emergency notification systems, because emergency e-mail and wireless network alerts are helpful but information can be spotty and truncated.

18. State and local government emergency planners should devote significant resources (until they can automatically obtain wireless device numbers) to aggressively sustain and maintain outreach of emergency warning notification to potential users. They need to urge people to register their wireless devices (cell phones, and email addresses) for emergency notifications.

19. State and local government emergency planners should urge the emergency notifications vendors to enable communication with a variety of devices:

    - **TTY** (text telephone)
    - Videophones
    - E-mail
    - Text pager
    - Speech generating devices
    - Text message and **Short Message Service (SMS)**
    - Weather Alert Radio
    - Highway electronic variable message board
    - Fax machines
    - Sign Language Interpreter via video e-mail
    - American Sign Language version of

complex text information on websites

- Other new technologies

5.5 Public Safety Answering Points (PSAPs)

20. State emergency planners will need to stay current on the federal standards development work in 9-1-1. In addition to the immediate goal of enabling users of **VRS** and **IP Relay** Services to access the appropriate **PSAP**, the long-term goal is to provide a NG9-1-1 environment where the users of videophones, wireless devices, and/or the internet can access to 9-1-1 **PSAPs** directly without requiring a relay service as an intermediary.

5.6 Communication Access at Shelters and Assistance Centers

21. State and local government emergency planners should offer guidance regarding communication access in shelters and assistance centers that includes: turning captions on for all televisions used by the public, and using understandable signage (using visually dependent, rather than language dependent signs i.e. symbols in addition to or in place of text) to assist many people who have limitations of seeing, hearing, understanding, cognition or intellectual abilities and limited language proficiency.
    - **Qualified sign language interpreters** (or **video remote interpreting**) need to be available at designated times under pre-

established memoranda of understanding and mutual aid agreements.

- When phone service is available and language interpreters are not available, consider using phone-based and **Telecommunications Relay Services (TRS)** for those with hearing loss or speech disabilities, and over the phone interpretation services for people who do not speak English.
- When emergency telephone trailers or communication equipment are made available, telephones need to be accessible to wheelchair users and **TTY** users.
- Contents of verbal announcements should be posted in specified shelter areas as well as in languages used by a significant percentage of the population.

22. The 2-1-1 Call Centers, Disaster Assistance Centers, and Local Assistance Centers should maintain robust disability-specific service information. They should insure that they can communicate with people who have limitations of seeing, speaking, hearing, understanding, cognition or intellectual abilities and limited language proficiency.
23. State and local government emergency planners should ensure equal access by utilizing procedures that allow people to apply in different ways and offer reasonable modifications to application procedures when people with disabilities need them.
24. State and local government emergency

planners should offer information about social services and other benefit programs available in formats people with communication disabilities can understand and use.

25. When people are instructed to check a website, state and local government emergency planners need to insure that (1) the link to website is activated, and (2) the data on the website are compliant with requirements under Section 508 of the Rehabilitation Act of 1973, which can be found at http://www.access-board.gov/508.htm. Additionally, in September 2002, Senate Bill 105 was enacted to amend Section 11135 of Government Code to read "state governmental entities, in developing, procuring, maintaining, or using electronic or information technology, either indirectly or through the use of state funds by other entities, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973. The State has developed recommendations for ensuring websites are accessible, found at http://www.cio.ca.gov/Government/governance/workinggroups/iouca.html.

26. State and local government emergency planners need to insure that web sites used in emergencies can handle the increased user traffic. This applies to everyone, but is especially important for people who are deaf or hard of hearing.

6. Mass Care and Shelter

6.1 ADA Requirements

27. State and local government emergency policy makers need to insert access standards in state law defining requirements for sheltering people with disabilities and activity limitations.

28. State and local government emergency planners should provide guidance to local governments to make sure that all shelter facilities identified for use are accessible. Shelters surveys should identify barriers to people with disabilities, including wheelchairs or scooters users or those who have difficulty walking, people who are deaf or hard of hearing and people who are blind or have low vision. This guidance should include use of the Department of Justice's Quick-Check Survey and the ADA Checklist for Emergency Shelters.

29. State and local government emergency planners responsible for sheltering must ensure that: where multiple single user portable toilet or bathing units are clustered at a single location, **at least** 5 percent of the toilet units and bathing units at each cluster shall be accessible; and for single user portable toilet or bathing units clustered at a single location, at least five percent but no less than one toilet unit or bathing unit needs to be accessible. This access is also important for children and older people.

30. State and local government emergency planners should provide guidance to local

governments regarding model contract language requiring contractors to provide accessible portable restrooms and showers.

31. State emergency planners should provide guidance to local governments regarding the importance of continual vigilance when shelters are in use to ensure, walkways and other features are clear of obstacles such as cords, boxes, trash, etc. For example, advise the media to not string cables across walkways unless they have proper materials to prevent them from becoming barriers for wheelchair or scooter users as well as tripping hazards for all people.
32. State emergency planners should provide guidance to local government regarding providing meals or meal vouchers, essential medications, **DME** and **CMS** for evacuees in motels.

6.2 Medications, Durable Medical Equipment (DME) and Consumable Medical Supplies CMS)

33. State and local government emergency planners should ensure a speedy mechanism and flexibility of the SEMS process to meet the requests for medications, **DME** and **CMS**.
34. Training for shelter managers should reinforce the importance of quickly communicating and following up on requests for medications, **DME** and **CMS** to the local Emergency Operation Center EOC and REOC.
35. Shelter managers should designate a

coordinator for **functional needs** services.

36. The local EOC should designate a coordinator for **functional needs** services.
37. State emergency planners should stockpile and/ or create effective delivery systems (including establishing memoranda of understanding with suppliers) to shelters and assistance centers, for accessible cots and essential medications, **DME** and **CMS**.
38. State emergency planners should offer guidance to local government and shelter operators regarding the importance of incorporating policies regarding the refrigeration and replacement of essential medications.
39. State health policy makers should work toward developing a policy that would allow people to maintain a seven-day emergency supply of essential medications and, if needed, be prepared to provide immediately essential medication refills during any disruption in the ability to get prescriptions refills.

6.3 Health Advisories

40. State and local government public health officials, in partnership with health-focused NGOs should compile health information specific to the types of disasters common in California. These documents can then easily be revised if necessary, and quickly disseminated as needed.

6.4 Compensate In-Home Supportive Services Homecare Workers for Services

41. State and local government emergency policy makers should work with the federal, state and county agencies responsible for the Medicaid Waiver Program to revise regulations to allow eligible IHSS recipients to receive care, and non-IHSS eligible people to receive emergency care in shelters and hotels/motels.

6.5 Functional Assessment and Service Teams (FAST)

42. State and local government emergency planners must be prepared to shelter people with disabilities who are able to remain in the general population shelters, with or without support.
43. State and local government emergency planners should move forward in adopting, funding and operationalizing ***FAST*** and ensure that FAST become a standard sheltering service.
44. FAST training should include understanding how to follow up on requests for medications, DME and CMS through shelter managers.
45. State and local government emergency planners should adopt a uniform and usable functional needs assessment form.
46. State emergency planners should expedite the process of using California Medical Volunteers to establish a new consistent process of cataloging skills, checking backgrounds,

registering, and issuing identification badges that will allow FAST to access places within a controlled area, and verify their emergency responder credentials. The goal is to insure the adequacy and quality of those who will provide assistance. These efforts will need to expand to recognize the value of and include human service professionals (many of who have no state license) in addition to licensed health care providers.

7. Evacuation and Transportation

47. State emergency planners should provide local government transportation and evacuation planning guidance that includes:

    - identifying transportation providers that have the capacity to move people with disabilities and activity limitations from schools, medical facilities, neighborhoods, congregate care facilities, such as but not limited to:

      - Fixed-route buses
      - ADA mandated Paratransit Systems
      - Dial-a-Rides
      - Disability and senior transportation service providers
      - NGO transportation providers (i.e. United Cerebral Palsey, regional and developmental centers and their vendors, adult day health care, senior centers, etc)
        - Area Agencies on Aging

- Regional Center vendors

- Taxi systems
- Non-medical emergency vans / ambulances
- School district transportation systems
- Airport car rentals, shuttle buses/ vans
- Health care center vendors

- evaluating the type of transportation vehicles needed (taxi, van, bus, medical) and potential destinations
- using databases of vehicles, and drivers, including backup drivers (i.e. the National Guard)
- projecting response time (during and after non-operational hours)
- evacuating people from areas not covered by public transit
- completing in advance (preferred) as well as planning for just-in-time (inevitable) memoranda of understanding and mutual aid agreement to facilitate reimbursement (including neighboring jurisdictions)
- treating transit vehicles as emergency vehicles for purposes of evacuation so they can access emergency zones when roads are closed to non-emergency vehicles
- escorting transit vehicles through danger areas, when needed
- creating policies and procedures to address methods of requesting, prioritizing (when

demand for vehicles during a major disaster will often exceed supply) and scheduling emergency trips, fares waivers etc.

- coordinating to ensure that accessible vehicles are not over-obligated (double or triple booked) during an incident (that is addressing the common issue of multiple entities depending on the same few transit providers (especially true for long term care facilities which are a diverse group of: licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living facilities, group homes, intermediate care facilities)
- mapping clusters of congregate care facilities, and community areas where high levels of paratransit trips occur
- training for drivers certification programs (including an adequate number of backup drivers)
- including transit providers in drills and emergency exercises

48. State emergency planners should identify and disseminate model emergency transportation and evacuation practices to local government.
49. State and local government emergency policy makers should develop standards for integrating accessible transportation providers into local governments' evacuation plans.
50. State and local government emergency policy makers should develop contract language that mandates the use of vehicles purchased with

government funds in emergencies. Operators of accessible vehicles (equipped with ramps and lifts) must plan, cooperate and coordinate with emergency management agencies.

51. Federal, state and local government emergency policy makers should require public transit agencies to participate in and be reimbursed for evacuation response through memoranda of understanding and mutual aid agreements.

8. Nongovernmental Organizations Role of Provider and Advocacy Organizations in Disaster Response

52. State and local government emergency policy makers should integrate disaster preparedness funding incentives into **Nongovernmental Organizations (NGO)**s' government funding contracts, to encourage sustained participation in emergency-related activities, such as, but not limited to establishing, practicing and updating their disaster plans, working with the people they support in preparedness and response activities, and participating in state and local government planning.

53. NGO membership organizations must advocate for state emergency planning funds that would allow them to engage in ongoing planning efforts and to strengthen their significant roles in preparedness, response and recovery.

54. NGOs should urge and support selected staff,

including staff with disabilities and activity limitations, to complete Community Emergency Response Team (CERT) training.

55. NGOs need to negotiate mutual aid agreements with local governments in order to define expectations, provide accountability, and receive reimbursement for their services.

56. State emergency planners should offer guidance to local government and NGOs focused on “how to” instructions and technical assistance for negotiating and completing mutual aid agreements.

8.1 Disability Emergency Briefing Team

57. Disability and aging state membership organizations and coalitions should continue to strengthen and develop the “Disability Emergency Briefing Team” communication network and include broader representation from senior, developmental disability, deaf, hard of hearing, low vision, blind, and behavioral health, and mental health provider networks.

58. Disability and aging organizations should also register with The Governor’s Office of Emergency Services’ (OES) Office for Access and Functional Needs “Community Network Database” kept at the California State Warning Center. This is a list of state associations and NGOs, who can quickly assist in locating resources for those individuals with disabilities and older adults impacted by a disaster.

59. In order to mobilize members quickly, NGO provider organizations need to:

    - maintain current emergency contact information, which includes home, fax, email, and wireless, contact information;
    - create ready-for-use password protected web pages to be of assistance in mobilization and communication of the "Disability Emergency Briefing Team" as well as other responder networks;
    - create ready-to-use template phone messages, email and web pages that can quickly be customized with response information and resources, and then widely disseminated, as well as used for fundraising.

8.2 Priority Emergency Client Contact List

60. NGOs should consider developing a "priority emergency consumer/client contact list" i.e., a list of people they work with who are the most vulnerable. For example, this may include, those who rely on life sustaining equipment, have a weak or non-existent support system and/or have no way to evacuate their home without major support.

8.3 Timeliness of Hot Washes

61. NGOs should conduct a hot wash as soon as possible after an event. The lessons should be recorded and used to adjust / revise response

plans and procedures.

8.4 Mitigation Assistance Programs

62. State and local government emergency policy makers should insure that mitigation assistance programs are available to low income groups throughout the state.

9. Long Term Care Facilities

63. State and local government emergency policy makers should provide guidance regarding how often plans are reviewed and establish minimum guidelines for emergency plans that include clear performance measures and benchmarks for preparedness.
64. State departments responsible for licensing should carefully audit long term care facilities for the specificity of their emergency plans related to, but not limited to:
    - evaluating the ability to accept additional residents;
    - developing and regularly updating memoranda of understanding with multiple “like” facilities of variable distances away (within 10 miles, 20 miles, neighboring city, and state) who have the space for (often using unconventional spaces like common areas and dining rooms) and agree to accept their residents in times of emergency;

- assessing realistically the numbers of staff who will remain and or return to work after a disaster; and
- completing transportation provider agreements for evacuations.

65. State departments that license long term care facilities should provide leadership in identifying discrepancies between state and federal requirements and reconciling them for consistent interpretations. For example, the federal and state requirements regarding the numbers and types of drills are different.

10. Training and Exercise Programs

66. State emergency planners should integrate into and update new and existing training/classes **to increase the number of emergency managers and first responders with disability and functional needs related core competencies**, by infusing disability specific content into a variety of trainings, so the subject is not considered "special."
67. State emergency planners should provide disability and functional needs related information and technical assistance services by:
    - offering technical assistance via phone, in person, and online;
    - creating technical expert panels that managers, supervisors, employees,

contractors and grantees can contact;

- collecting, disseminating, promoting and supporting the replication of exemplary emergency planning, preparedness, response, recovery and mitigation activities related to people with functional limitations;
- organizing a cadre of trainers who are **qualified** people with and without disabilities; and
- creating and maintaining web-based resources to include:
  - materials on the legal obligation to comply with the Americans with Disabilities Act in planning for, operating and managing shelters and other disaster response services.

68. State emergency policy makers should fund the development of NGO-focused emergency plan training and guidance materials (including model processes, policies and procedures) that will endure and are easy to update. Training and technical assistance should focus on improving and increasing emergency preparedness literacy and competencies. (Also, see section 8. Nongovernmental Organizations Role of Provider and Advocacy Organizations in Disaster Response)

10.1 Exercises

69. State emergency planners should provide guidance regarding integrating into tabletops, training exercises, and drills: disability-specific

scenarios, real people with disabilities and activity limitations, attending event access details, disability-specific injects and scenarios, and disability specific elements in after-action exercise evaluations.

10.2 Individual and Family Emergency Preparedness Training and Materials

70. State and local government emergency planners, in partnership with **qualified** people with disabilities and activity limitations, should review existing preparedness training and publications offered and integrate disability and functional need content, where appropriate.

    - Integrate new and update disability-related and functional limitation specific training content into general preparedness training and materials that includes how and where people can access more customized disability and functional needs specific materials, and
    - Ensure, these materials are available in understandable and usable formats (i.e. braille, large print, disks, audio, pictures, accessible web sites, plan language, and other languages in addition to English).

71. State and local government emergency planners should establish fellowship programs to build disaster expertise among **qualified people with disabilities and activity limitations** who are interested in careers in emergency management.

12. About the Sponsors and the Author

12.1 California Foundation for Independent Living Centers

California Foundation for Independent Living Centers (CFILC) is a statewide, non-profit advocacy organization made up of more than two-dozen Independent Living Centers. Incorporated in 1982, our mission is to advocate for barrier-free access and equal opportunity for people with disabilities. To learn more about **CFILC** visit www.cfilc.org.

The Access to Readiness Coalition (A2R), organized and supported by **CFILC**, is a network of disability-focused organizations and allies that are committed to strengthening California's emergency planning, response and recovery to meet the needs of people with disabilities and functional limitations. A2R achieves this through public policy advocacy, community education and collaboration on the local, state, and national levels. To learn more about A2R, visit www.access2readiness.kintera.org.

12.2 Center for Disability Issues and the Health Professions

The Center for Disability Issues and the Health Professions (CDIHP), at Western University of Health Sciences in Pomona, California, works to enhance health professions education, and to

improve access for people with disabilities to health, health education, health care services and emergency services. To learn more about CDIHP visit www.cdihp.org

12.3 About the Author

June Isaacson Kailes operates a Disability Policy Consulting practice and is the Associate Director of the Center for Disability Issues and the Health Professions Western University of Health Sciences in Pomona, California. June, since the early 1980s, is one of just a handful of people with disabilities who focuses a portion of her time on disability and aging related emergency issues. She works on emergency issues nationally and internationally, with community-based organizations and with emergency professionals. Her work as a writer, trainer, researcher, policy analyst and advocate is widely known and respected.

June is currently working with two California departments: Social Services on a "*People with Disabilities and the Elderly Sheltering Plan*" and Developmental Disabilities on an *Emergency Preparedness Needs Analysis*. She recently co-chaired The United States Department of Homeland Security's working group on Functional and Medical Support Sheltering Target Capabilities List.

June has published extensively on emergency issues related to people with disabilities and activity limitations. Several of her emergency preparedness publications include:

- *Emergency Preparedness: Taking Responsibility*

For Your Safety - Tips for People with Activity Limitations and Disabilities, written for and distributed by Los Angeles County, Office of Emergency Management, Emergency Survival Program,

- *Living and Lasting on Shaky Ground: An Earthquake Preparedness Guide for People with Disabilities*, distributed by California Office of Emergency Safety,
- *Creating a Disaster - Resistant Infrastructure for People at Risk Including People with Disabilities* (published and used in several countries),
- *Emergency Evacuation Preparedness: Taking Responsibility for Your Safety: A Guide for People with Disabilities and Other Activity Limitations*, available at http://www.cdihp.org/evacuationpdf.htm.

She has held many offices on the boards of the National Council of Independent Living and CFILC and served as the Executive Director of the Westside Center for Independent Living in Los Angeles. President Clinton appointed June to the United States Access Board where she served eight years. To learn more about June, visit www.jik.com.

13. References

1. ADA Accessibility Guidelines for Buildings and Facilities, Section 4.1.2 (6), http://www.access-board.gov/ada-aba/final.htm#pgfId-1010419, last accessed 07/14/08
2. ADA and ABA Accessibility Guidelines for Buildings and Facilities, Section 213.2 Exception 3, http://www.access-board.gov/ada-aba/final.htm#pgfId-1007285, last accessed 07/14/08
3. Association of State and Territorial Health Officials. 2008. At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments, June 2008, http://www.astho.org/pubs/ASTHO_ARPP_Guidance_June3008.pdf last accessed 07/27/08
4. Augmentative and Alternative Communication Rehabilitation Engineering and Research Center. 2008. Disaster Preparedness Tips for Emergency Management Personnel: Communication Access for People with Limited Speech, http://www.aac-.rerc.com/index.php?option=com_content&task=view&id=150 , last accessed 07/31/08
5. Bennett, C. 2008. Inclusion of PWD in Emergency Preparedness and Evacuation Exercises, Sacramento County Disability

Compliance Office, e-mail communication 7/24/08

6. California Association of Health Facilities. 2007. Report: Lessons Learned from the Southern California Fires of October 2007

7. California Department of Developmental Services, Emergency Preparedness Hot Wash. 2008. Sacramento, 4/29/07

8. California Department of Rehabilitation. 1997. Disaster Preparedness for Persons with Disabilities Improving California's Response, http://www.oes.ca.gov/Operational/OESHome.nsf/PrintView/66952778A6D2FA7C88256CEF006A8967, last accessed 07/13/08

9. California Foundation for Independent Living Centers and Center for Disability Issues and the Health Professions. 2008. Access to Readiness Coalition Summit, 1/11/08, http://www.kintera.org/site/c.hpIQKWOzFqG/b.2087377/k.D20/Disability_Summit_on_Emergency_Preparedness.htm, last accessed 07/13/08

10. California Governor's Office of Emergency Services. 2006. California Emergency Services Act, California Disaster Assistance Act & Emergency Compacts, http://www.oes.ca, last accessed 03/25/07

11. California Governor's Office of Emergency Services, Office for Access and Functional Needs. 2008. Report on California Registries, May 2008

12. California State Independent Living Council. 2004. The Impact of 2003 Wildfires on People

with Disabilities, April 1, 2004, http://www.eadassociates.com/resources.html, last accessed 07/9/08

13. City of San Diego. 2008. After Action Report, October 2007 Wildfires, City of San Diego Response, http://www.hfncenter.org/cms/SDWildfireAAR , last accessed 07/13/08

14. County of San Diego. 2007. Firestorms After Action Report, http://www.co.san-diego.ca.us/oes/disaster_preparedness/oes_jl_wildland_fire.html , last accessed 07/13/08

15. Emergency Planning and Preparedness Forum: Including People with Disabilities. 2008. Sponsored by City of San Diego Disability Services Program , Area Board XIII on Developmental Disabilities and Access to Independence , January 23, 2008, Balboa Park Club

16. Federal Communications Commission. 2004. FCC Reminds Video Programming Distributors They Must Make Emergency Information Accessible To Persons with Hearing or Vision Disabilities, FCC Press Release May 28, 2004

17. Federal Emergency Management Agency and Department of Homeland Security, Office for Civil Rights and Civil Liberties. 2008. Comprehensive Preparedness Guide (CPG) 30, Interim Emergency Management Planning Guide for Special Needs Populations

18. Harkin J. & Strauss, K. 2008. Access To Emergency Number Services, Assistive technology, Vol. 20, NO.1, Spring 2008 p.13-25.

19. Kailes, J. 2006. Serving and Protecting All by Applying Lessons Learned - Including People with Disabilities and Seniors in Disaster Services, Center for Disability Issues and the Health Professions at Western University of Health Sciences, Pomona, California, and California Foundation for Independent Living Centers, http://www.cfilc.org/site/c.ghKRI0PDIoE/b.1545243/k.97B8/Disaster_Preparedness_Serving__ProtectingbrPeople_with_Disabilities.htm, last accessed 07/13/08

20. Kailes, J. 2007. Access and Functional Services Coordinator, California Governor's Office of Emergency Service, Proposed Deputy Director Position, Version 3-04/29/07, www.jik.com/disaster.html, last accessed 07/13/08

21. Kailes, J. 2007. Be Real, Specific and Current: Emergency Preparedness Information for People with Disabilities and Activity Limitations Version 1.4, jik@pacbell.net (publication in process)

22. Kailes, J. & Enders, A. 2007. A function-based framework for emergency management and planning. JDPS, 2007. 17: p. 230-237. www.jik.com/disaster.html, last accessed 07/9/08

23. Kailes, J. 2008. Why and How to Include People with Disabilities in Your Emergency Planning Process? V2 Kailes-Publications, http://www.jik.com/disaster-new.html, last accessed 07/9/08

24. Kailes, J. 2008. Emergency Registries - An Effective Tool or False Promise for People with Disabilities and Functional Limitations. Version 2.0, jik@pacbell.net (publication in process)

25. National Council on Disability. 2008. Quarterly Meeting: People with Disabilities and Emergency Management, Quarterly Meeting Report, January 29, 2008, New Orleans, LA. http://www.ncd.gov/newsroom/publications/2008/Proceedings_Monograph.html last accessed 07/12/08

26. National Emergency Number Association (NENA). 2008. Operations Accessibility Committee (NENA) Notification Systems for the OID, January 14, 2008 DRAFT

27. National Organization on Disability. 2005. Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project, http://www.nod.org/Resources/PDFs/katrina_snake_report.pdf , last accessed 07/13/08

28. San Diego Regional Center. 2007. Report On October 2007 Wildfire Emergency, Prepared on 11/7/07 (unpublished)

29. U.S. Department of Homeland Security. 2006, National Plan Review Phase 2, https://www.dhs.gov/xlibrary/assets/Prep_NationwidePlanReview.pdf , last accessed 07/13/08

30. U.S. Department of Justice. 2006. An ADA Guide for Local Governments - Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities, last update 8/2006,

http://www.usdoj.gov/crt/ada/emergencyprep.htm, last accessed 09/12/07

31. U.S. Department of Justice. 2007. ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters, 7/2007, http://www.ada.gov/pcatoolkit/chap7shelterprog.htm, last accessed 09/12/07

32. U.S. Department of Justice. 2007. ADA Checklist for Emergency Shelters, 7/2007, http://www.ada.gov./shleterck.htm, last accessed 09/12/07

33. U. S. Government Accountability Office. 2008. NATIONAL DISASTER RESPONSE, FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors, February 2008, GAO-08-369. http://www.gao.gov/new.items/d08369.pdf, last accessed 07/13/08

14. Attachments

14.1 Key Informants

Georgianna Armstrong, Office of Emergency Services Manager, Kern County Fire Department, Bakersfield

Jennifer Weiser Bezoza, Senior Staff Attorney, Disability Rights Advocates, Berkeley

Stephanie Biedermann, Arthur Liman Fellow, Disability Rights Advocates, Berkeley

Marcia Brooks, Project Director,The Carl and Ruth Shapiro Family National Center for Accessible Media at WGBH, Boston, MA

Cindy Daniel, FEMA, National Disability Coordinator, Washington, DC

Richard A. Devylder, Special Advisor to the Director Office on Access and Functional Needs Governor's Office of Emergency Services, Sacramento

Teresa Favuzzi, Executive Director, California Foundation for Independent Living Centers, Sacramento

Louis Frick, Executive Director, Access to Independence, San Diego

Judy Harkins, Director, Technology Access Program, Gallaudet University, Washington, DC

Angela M. Kaufman, Project Coordinator, City of

Los Angeles Department on Disability

Mary-Lee Kimber , Staff Attorney, Disability Rights Advocates, Berkeley

Helen Lopez, Executive Director, IHSS Public Authority, San Bernardino

Susan Madison, City of San Diego Disability Services Coordinator, Mayor's Office of Ethics and Integrity

Shannon McCroskey, Outreach/Resource Specialist, Rolling Start, Inc. San Bernardino

Jocelyn Montgomery, Director of Clinical Affairs, California Association of Health Facilities, Sacramento

Carolyn Moussa, Cal Volunteers, Sacramento

Andrew Mudryk. Director of Litigation, Southern California, Protection & Advocacy, Inc., San Diego

Stasia Place, Emergency Services Coordinator, City of San Diego

Richard Ray, Department on Disability, Disability Access and Services Los Angeles

Trevor Riggens, Director, Mass Care, American Red Cross, Washington, DC

Marcie Roth, Executive Director/CEO, National Spinal Cord Injury Association, Bethesda, MD

Bernie Smith, Bioterrorism & Emergency Preparedness Program, Madera

Martin Sweeney, AT Network, Los Angeles

Katherine Weed, Staff Attorney, Disability Rights Advocates, Berkeley

14.2 Sample: Emergency Notification: Register Your Cell Phone and E-Mail Address

Sent: Monday, October 29, 2007 10:02 AM
To: HHSA-DL, AIS
Subject: More about Emergency Notification via Cell Phone

EMERGENCY NOTIFICATION: REGISTER YOUR CELL PHONE AND E-MAIL ADDRESS

Residents who live in San Diego County , which includes all 18 cities and the unincorporated areas of the County, are encouraged to register their cell phones and e-mail addresses for emergency notifications by visiting http://www.alertsandiego.org within the next few days. Possible moderate to strong Santa Ana winds are forecast for next weekend.

Once e-mail addresses and cell phone numbers are registered, it will take up to 24 hours for that information to be updated into *AlertSanDiego*, the County of San Diego mass notification system that is commonly referred to Reverse 911.

AlertSanDiego will provide emergency alerts to your cell phone and e-mail address including evacuation notices. This is in addition to the land line calls received by those who have land line phones.

Residents are able to register multiple cell phone numbers and e-mail addresses by reopening the Web page. Residents without computers may

access this Web site from one of the County libraries. There is no charge to use the computers at County libraries.

If a City resident has registered a cell phone number with the *City* of San Diego Reverse 9-1-1 system that information is automatically shared with the *County* cell phone registry. To register an e-mail address computer users must register with the *County* system.

Please note that while the County Mass Notification System is considered effective and efficient, you should not wait or rely exclusively on a call for evacuation directives. If you think you are in danger, you should evacuate immediately. If you are directed to evacuate by emergency personnel, you should follow their direction.

Denise G. Nelesen, LCSW
Communications Manager,
Aging & Independence Services
County of San Diego, (858) 505-6474

14.3 Review of Civil Rights Laws for People with Disabilities

From: National Emergency Number Association (NENA) Operations Accessibility Committee (NENA) Notification Systems for the Deaf, Deaf-Blind and Hard of Hearing OID, January 14, 2008 DRAFT

The Rehabilitation Act of 1973

A) *Section 504* - this law requires for federal government and any agency that receives federal funding to provide accommodations to people with disabilities

B) *Section 508 of the Rehab Act as Amended in 1998*: www.section508.gov.

Applies to federal government procurement processes. All federal agencies and agencies that receive federal funding must procure electronic information and information technology products and services that are accessible to people with disabilities. This applies to agencies acquiring electronic devices such as copiers, telephones, web services, they must be accessible.

American with Disabilities Act (ADA)

A) *Americans with Disabilities Act* (1990) - this law includes regulations for **five** different titles that include requirements for facilities, building alterations and construction, airports, transportation, housing, employment, emergency preparedness. The requirements include alarms, detectable warnings, rescue assistance, emergency egress and others (U.S. Architectural and Transportation Barriers Compliance Board, 1998). **Examples include but are not limited to services provided by emergency management agencies, fire departments, mass care shelters, mall security, private security forces at shopping malls, sport arenas, universities and the provisions of reasonable accommodations during planning meetings.**

(www.ada.gov/emergencyprep.htm) .

B) *Americans with Disabilities Act, Title II* (1990)- this states that all state and local government should not discriminate against people with disabilities in their services, programs and activities.

C) *Americans with Disabilities Act, Title III* (1990) - this states the private sector should prohibit discrimination in their programs, services and other activities.

Telecommunication Act of 1996

Section 255 of the Telecom Act of 1996: http://www.fcc.gov/cgb/dro/section255.html

Applies to the telecommunication industry. Telecom manufacturers and service providers must make their products and services accessible to people with disabilities where readily achievable. They must also have people with disabilities involved in the planning stages for new products and services.

Federal Communication Commission (FCC)

Accessibility of Emergency Video Programming to Persons with Hearing Disabilities - Federal Communications Commission (FCC) (2003) requires TV broadcasters to display visual information when they provide emergency information to the public. This states that the station is not required to caption everything on TV, but to use judgment to caption certain information that would affect the lives and safety of people.

http://www.fcc.gov/cgb/consumerfacts/emergencyvideo.html.

Executive Order 13347, signed by President George W. Bush on July 26, 2004

http://a257.g.akamaitech.net/7/257/2422/06jun20041800/edocket.access.gpo.gov/2004/pdf/04-17150.pdf This order ensures that the Federal Government supports safety and security for individuals with disabilities in their communities and work environments. The Interagency Coordinating Council on Emergency

Preparedness and Individuals with Disabilities was created by this order to ensure Federal departments work together in addressing eight major issues;

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

JOIN

the

Access to Readiness

Coalition

The Access to Readiness Coalition is a network of disability organizations and allies that are committed to strengthening California's emergency planning, response and recovery to meet the needs of people with disabilities and functional limitations.

We achieve this through public policy advocacy, community education and collaboration on the local, state, and national levels.

For more information, please visit our website at:
www.access2readiness.org

Sponsored by:

REGISTRATION TO JOIN THE *ACCESS TO READINESS* COALITION

*** = Required information**

***First Name:** ______________________ **Middle Initial:** ______

***Last Name:** ______________________

Job Title: ______________________

Company Name: ______________________

***Address Line One:** ______________________

Address Line Two: ______________________

***City:** ____________ ***State:** ____________ ***Zip Code:** ____________

County: ______________________

***Email:** ______________________

Email 2: ______________________

Preferred email format: ❑ **HTML** ❑ **Plain text**

Phone: ______________________

Business Phone: ______________________

Fax: ______________________

Cell Phone: ______________________

Access to Readiness Coalition
1029 J Street, Suite 120
Sacramento, CA 95814

Or join online at:
www.access2readiness.org

(916) 325-1690 V
(916) 325-1695 TDD
(916) 325-1699 Fax

Join Access 2 Readiness Coalition as: ❑ A Member ❑ A Partner

The Coalition is a voluntary organization that is open to all non-profit disability, senior and allied organizations in California. There are two categories of participation in the Coalition: **Members** and **Partners**.

Members are California non-governmental non-profit organizations. Members support cross-organizational planning and representative decision-making through a communication network of teleconferencing, listserv, internet exchanges, as well as an annual statewide summit. Member organizations may vote in Coalition meetings and may select voting representatives to the Coalition's governing body – the Core Council.

Partners are governmental health agencies and health-related organizations, such as professional or trade associations and emergency resource agencies. Partners are non-voting members who may participate through a communication network of teleconferencing, listserv, internet exchanges as well as an annual statewide summit. Partners may participate in meetings and serve on Coalition committees and work groups.

Knowing is not enough; we must apply.
Willing is not enough; we must do.

- Goethe

Disasters are always inclusive; response and recovery are not, unless we plan for it!

- June Isaacson Kailes

Lead On! Lead On!

- Justin Dart Jr.

Access to Readiness Coalition

The Access to Readiness Coalition is a network of disability organizations and allies that are committed to strengthening California's emergency planning, response, recovery to meet the needs of people with disabilities and functional limitations. We achieve this through public policy advocacy, community education and collaboration on the local, state and national levels.

For More Information Contact:

c/o CFILC, 1029 J Street Suite 120, Sacramento CA 95814
(916) 325-1690 V (916) 325-1695 TTY (916) 325-1699 Fax

www.access2readiness.org