

# **Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery**

**By**

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This checklist is for emergency planners and managers who have responsibility for developing, maintaining, testing, and revising emergency plans. It is designed to help:

- Evaluate current capacity of critical elements that integrate people with disabilities and others with access and functional needs into emergency planning, response, and recovery.
  - Identify areas needing attention
  - Set priorities
  - Assess progress
- Develop inclusive emergency plans, policies, processes, protocols, training, and exercise programs appropriate to their operating environment.
- To identify progress and determine which elements have been implemented by periodically updating this checklist. The results can be used to identify areas that need improvement.

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## ACRONYMS

ADA – Americans with Disabilities Act

ARC - American Red Cross

CERT – Citizen Emergency Response Team

CMS-- Consumable Medical Supplies

DME-- Durable Medical Equipment

EOC -- Emergency Operations Center

FAST- Functional Assessment Service Team

FCC - Federal Communications Commission

FEMA - Federal Emergency Management Agency

LTCF- Long Term Care Facility

MAA - Mutual Aid Agreement

MOU - Memorandum of Understanding

PAS - Personal Assistance Services

TTY - Teletypewriter

VRI - Videophone Remote Interpreting

## DEFINITIONS

**Americans with Disabilities Act (ADA)** 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.

**Community Emergency Response Team (CERT) 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.

**Community partners** involves engagement with and leveraging organizations that have routine, direct ties to local communities such as: schools, ethnic centers, civic, social and fraternal, neighborhood associations, community-based and faith-based organizations, private industry, trade associations, and businesses. These are the organizations that provide many supports and services in their communities. These organizations should continue to be a provider of such services during and/or a following a disaster. Whole community planning is a community-oriented approach to emergency planning, response, and recovery that acknowledges a government-centric approach to disaster management will not be enough to meet the challenges of a catastrophic incident.

Local collective action “of and by” as well as “for and about” individuals who live in local areas, becomes the leading edge protection. It is all about “doing better together” through effectiveness, efficiencies, utilizing promising experiences and practices, networking, building, and strengthening and maintaining relationships that foster sustained inclusion, partnerships, collaboration, connections, communication, coordination, and cooperation with the whole community (regardless of age, background, demographics, economics, abilities, or functional need).

**Consumable Medical Supplies (CMS)** includes, but is not limited to, catheters, ostomy supplies, gloves, bandages, and padding. These supplies are usually disposable and used by one person.

**Durable Medical Equipment (DME)** 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.

**Functional Assessment Service Teams (FAST)** Trained nongovernmental organizations (NGOs) and government workers ready to respond to and deploy to disaster areas to work in shelters, temporary housing (such as hotels), 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.

**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, safety, support, and health care. Individuals in need of additional response assistance may include those who have disabilities; who live in the community or long term care facilities; 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.

**Long Term Care Facilities** includes licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living facilities, group homes, and intermediate care facilities.

**Personal Assistant Services** (also referred to as PAS, personal attendant services, personal care services or attendant care services) are people who assist those with a physical, hearing, seeing, mental, or learning disability. This includes a range of activities of Daily Living Activities (feeding, dressing, toileting, transferring, dressing, etc.)

These services can be provided to people of all ages. They are generally classified into two categories: (1) Informal (unpaid) services provided by family members, friends, and neighbors, and (2) formal services paid either directly out-of-pocket, by public payers, private insurance, or other sources.

**People with disabilities are** a protected class; protected from discrimination as defined by federal civil rights laws such as ADA and other state civil rights protections that detail the right to equal participation to enjoy and use services. Civil rights definitions protect a broad group of people who meet specific criteria for participation in the class.

**People with disabilities and other access and functional needs** is used in this document with the intent to include the broadest group of people who benefit from physical, communication, and program access. This includes people who have functional needs who may or may not meet the definitions of civil rights laws or some of the other 60 plus diverse and sometimes conflicting definitions of disability.

**Videophone Remote Interpreting (VRI)** is an interactive video teleconferencing system. VRI uses 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 Video Relay Service (VRS) in that the hearing and deaf parties can be present in the same room. Additionally, VRI is not regulated or reimbursable by the Federal Communications Commission and costs are incurred by the party hiring the VRI service.

**Key**

**S = SUFFICIENT**

- completely addressed
- formal mechanisms

**PS = PARTIALLY SUFFICIENT**

- partially addressed
- informally addressed
- under development
- being updated

**NS = NOT SUFFICIENT**

- not addressed
- may be addressed in other policies and procedures, but there is no evidence that this element is addressed

**PP = PROMISING PRACTICE**

- potential good practices or models they may benefit other jurisdictions

**?= UNSURE**

- Need to find out

**NA = NOT APPLICABLE**

- Does not apply

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
<b>Planning Cross Cutting Issues</b>							
<b>Access and Functional Needs Position</b>							
1. Designate an Access and Functional Needs position that reports directly to the Emergency Services Director.							
2. Has the authority, responsibility, and resources to integrate the diverse needs of people with disabilities and others with access and functional needs in all planning, response, recovery, and mitigation processes.							
3. Serves as the chief liaison to government programs, community partners supporting people with disabilities, and others with access and functional needs.							
4. Coordinates with the Joint Information Center so information is accessible.							
5. Works with each department/division to establish an access & functional needs liaison to assist with plan revisions, additions, and training.							
6. Individual has understanding and knowledge of:							
6.1. Legal compliance issues * See Reference: Legal Issues							
6.2. Diverse functional needs populations (people with vision and hearing loss, physical disabilities, mental health disabilities, developmental and other cognitive disabilities, behavioral health issues, and issues affecting older adults)							
6.3. Cross-disability access issues (hearing, vision, mobility, speech, and cognitive limitations)							
6.4. Support service systems (housing, benefit programs, disaster aid programs, and various other resources)							
6.5. Should serve in a permanent position within Emergency Operations Center (EOC)							
6.6. This includes <u>trained back-up positions</u> for a primary and secondary coordinator							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
Responsibilities include:							
6.7. <u>Advise entire EOC</u> (versus individual sections, groups, or units)							
7. Incorporate a “functional needs” framework for an effective, accurate, and flexible approach to integrating access and functional needs into emergency planning, response, and recovery. * See Reference: Moving Beyond Special Needs: A Function Based Framework for Emergency Management and Planning.							
8. Conduct periodic national scans for new information, national guidance, training resources, opportunities, and model practices about integrating access and functional needs into emergency planning, response, and recovery.							
9. An updated matrix document exists and is updated every XX months/years, The Matrix details all revisions to emergency plans, (master plan, annexes, departments plans, and other essential planning documents)							
10. All plan elements that delegate critical emergency responsibilities to third parties are monitored and updated every XX months/years for specific details and resources.							
<b>Community Partnerships - (Also see Communication and Mass Notification Systems- Community Partners # 24)</b>							
11. Involve qualified representatives from disability communities “of and by” as well as “for and about,” in the development, review, practice, and update process (advocates, disability and older adults’ service organizations, and local government service programs). * See Reference: Why and How to Include People with Disabilities in Your Emergency Planning Process?							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
12. Have mechanisms in place to coordinate, expand, deepen, strengthen, maximize, and sustain community partners – talents, skills, communications, connections, and capacities that maximize access to resources and leverage the development of additional resources							
12.1. Support network, building, strengthening and maintaining relationships that foster sustained ongoing communication, coordination, cooperation and collaboration with and among disability communities' advocates, service organizations, and emergency managers							
12.2. Meet and discuss expertise, skill sets, capabilities, resources, collaborative management, and response and reimbursement agreements							
12.3. Where applicable, define and detail FAST expectations, accountability, response, request procedures, and reimbursement. * See Reference: Functional Assessment Service Teams							
12.4. MOUs are in place that detail responsibilities							
13. Fund community partners so they can offer: ** See Reference: Grant Applications							
13.1. Mitigation assistance to the groups they support							
13.2. Communication assistance (See Communication and Mass Notification Systems- Community Partners # 24)							
13.3. Individual preparedness education and training (See Training and Exercise Programs -Training and Exercise Programs # 7-12)							
14. Integrate into all appropriate project applications access and functional needs elements that are specific and inclusive of such elements as:							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
14.1. Meeting the communication, evacuation, transportation, physical access, and health needs of diverse people with disabilities and others with access and functional needs							
14.2. Contracting with and employing qualified people with disabilities and others with access and functional needs							
14.3. Forming partnerships with organizations representing diverse populations, to ensure accurate training content and development of usable services and response							
14.4. Recruiting and including qualified representatives of organizations from diverse access and functional needs populations to participate in emergency planning efforts as staff, advisors, trainers, contractors, and consultants							
14.5. Community Emergency Response Teams (CERT) that recruit and accommodate access and functional needs							
14.6. Updating training by integrating access and functional needs content							
14.7. Stockpiling DME, CMS							
<b>Communication and Mass Notification Systems</b>							
<b>General Principles</b>							
1. People with disabilities and others with access and functional needs are given information that is comparable (functionally equivalent) in content and detail to info the general public receives. All information needs to be understandable and timely.							
2. Prior to and during disasters, written guidance is distributed to local broadcast stations outlining their obligation to comply with FCC regulations. * See Reference: Federal Communications Commission							
3. Provide captioning and other methods of visual presentation for all emergency information given in audio format.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
4. Targeting a specific audience – Messages intended for people with disabilities and others with access and functional needs should specifically say so. Start the message with WHO the message is directed to, followed by instructions. For instance, “If you have a respiratory condition, stay inside the house and leave your air conditioner/heater on,” etc.							
5. Appropriate terminology using “people” first and disability-related neutral language, such as: people with disabilities, wheelchair users (versus people confined to wheelchairs), accessible: shelters, restrooms, parking, entrances (versus handicapped restrooms, etc.)* See Reference: Language Is More than a Trivial Concern! Reference: Moving Beyond Special Needs: A Function Based Framework for Emergency Management and Planning.							
6. Use easy to understand messages – (third grade reading level):							
6.1. Increase the use of easy-to-understand pictures in addition to, or instead of, text. Information and signs that are only in print assumes people are able to read, see, and understand text and the language they are written in							
6.2. Media releases encourage people to share emergency information with their neighbors, friends, and colleagues, especially those who may have difficulty receiving and/or understanding the information							
7. Contact Information - Information voice lines to call should include the number for a staffed TTY line, email, and texting contact.							
8. Visual announcement (TV, internet, etc.)							
8.1. Announcements by government officials include qualified sign language interpreters							
8.2. Captions are used in videos and TV broadcasts							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
9. MOUs and MAAs exist for Video Remote Interpreting (VRI) services from diverse in-area and out-of area vendors for communication.							
10. Use redundancy for public warnings and information.							
10.1. Announce it							
10.2. Caption it							
10.3. Picture it							
10.4. E-mail it							
10.5. Relay it							
10.6. Text it							
10.7. Post it							
10.8. Interpret it (language & sign)							
10.9. Repeat it frequently							
<b>Early Warning Notification Systems</b>							
11. Are accessible and capable of reaching people with disabilities and others with access and functional needs. Product features include disseminate messages via:							
11.1. Directly connect with teletypewriters (TTYs).							
11.2. Landline							
11.3. Cellular							
11.4. Fax machines							
11.5. Highway electronic variable signs							
11.6. Text message and Short Message Service (SMS)							
11.7. Weather Alert Radio							
11.8. Message board							
11.9. Text pager							
11.10. E-mail							
11.11. Video messages (using American Sign Language) to video-enabled wireless devices and e-mail							
11.12. Relay messages in the major languages							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
11.13. Allow for creation of unlimited number of groups and subgroups							
11.14. Deliver live voice messages or text-to-speech							
11.15. Allow receivers to have the message repeated							
11.16. Provide an accessible means for people to follow up with questions via live operator or alternate phone /email							
11.17. American Sign Language version of complex text information on websites							
12. Contain up-to-date constituent phone and e-mail data							
12.1. Devote resources to sustain and maintain outreach of emergency warning notification to potential users that urge people to register all their devices							
12.2. Register phone numbers including cell phones and additional landlines, SMS addresses, e-mail, and fax addresses via a website							
12.3. Designate specific functionality (TTY, fax, etc.), method of notification preference, and specific events registrants wish to be notified about							
<b>Emergency Alert Systems (EAS) and Press Conference</b>							
13. Broadcasters must ensure accessibility to emergency messages for people with hearing, sight, and cognitive disabilities. Oral messages must:							
13.1. Use on-screen captions							
13.2. Broadcaster MOUs are in place for the immediate provision of captioning during emergencies							
13.3. Use scroll and crawl messages that do not interfere with captioning							
14. Provide on-screen sign language interpretation for the entire message, including cuts to public officials close-up shots, field reporters, and B-roll footage.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
14.1. MOUs are in place for sign language interpreting services							
15. Include audio described scrolled messages (visual information shown for all telephone numbers, e-mail addresses, street closures, school closures, shelter locations, etc.). Messages must also be announced for those who cannot read.							
16. Use information that is easy to understand (a 3rd grade reading level improves communication among people with learning, understanding, and intellectual disabilities).							
17. Test system regularly.							
18. Include participation and feedback from deaf/hard of hearing, deaf-blind, blind/low vision people and those who have cognitive disabilities.							
<b>Websites</b>							
19. Access is built in by following 508 and W3C guidelines. * See Reference: Web site Access							
19.1. When internet sites (ex. Real Player) broadcast news, the spoken information is captioned							
20. Links are activated before people are instructed to check websites.							
21. Include emergency preparedness information for people with disabilities and others with access and functional needs.							
<b>Community partners</b>							
22. Involve qualified people with disabilities and others with access and functional needs with:							
22.1. Expertise and advocacy backgrounds as part of the decision-making process to determine the most appropriate communication methods and procedures (include people who are deaf/hard of hearing, deaf-blind and blind/low vision) * See							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
Reference: Why and How to Include People with Disabilities in Your Emergency Planning Process?							
23. Involve participation of qualified stakeholders to help stay abreast of emerging technology and plan for future adoption and integration into emergency warning systems.							
24. Assist with and regularly test:							
24.1. Public warnings, alerts, and notifications by tailoring audience-appropriate messages to the needs of specific populations with simple, clear, and direct language (messages geared to low-level reading ability and non-English and limited English speaking populations, people with seeing, hearing, understanding, and remembering limitations).							
24.2. Redundancy of public warnings, alerts and notifications							
24.3. Developing distribution lists before events to send information to land lines, cell phones, pagers, and faxes							
24.4. Accessibility and usability of web sites by involving users with a variety of disabilities * See Reference: Web site Access							
24.5. Providing recovery information and services							
<b>Shelters, 211 Call Centers, and Assistance Centers</b>							
25. Have the tools to communicate with people who have seeing, speaking, hearing, understanding, cognition, intellectual, and language ability limitations.							
26. Turn on captions on all televisions used by the public.							
27. Use understandable signage with symbols and text.							
28. Use easy to understand messages (third grade reading level):							
28.1. Use of easy-to-understand pictures in addition to, or instead of, text. (Information and signs that are only in print assumes people are able to read, see, and understand text and the language they are written in)							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
28.2. In media releases encourage people to share emergency information with their neighbors, friends and colleagues, especially those who may have difficulty receiving and/or understanding the information							
29. Have disability-specific service information.							
<b>Preparedness Information</b>							
30. (See Training and Exercise Programs -Individual and Family Emergency Preparedness Training and Materials # 7-12) * See Reference: Individual Emergency Preparedness for People with Disabilities, Their Families and Support Networks							
<b>Sheltering and Mass Care</b>							
1. MOUs are in place and updated every XX months / years with ARC and others responsible for sheltering and feeding populations.							
1.1. MOUs detail responsibilities for sheltering / feeding people with access and functional needs.* See References: FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters; ADA Compliance – Department of Justice							
2. Shelter people with access and functional needs who are able to remain in the general population shelters, with or without support.							
2.1. Development of personal assistance services (PAS) resources and agreements for children and adults who require PAS to maintain their usual level of independence in a general population shelter							
3. Lists of potential shelter sites (including medical shelters) have been evaluated for ADA accessibility using the U.S. Department of Justice, Civil Rights Division Disability Rights Section’s ADA Checklist for Emergency Shelters * See Reference: ADA Compliance – Department of Justice							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
4. Shelter facilities identified for use are accessible to people with access and functional needs.							
5. Identify, create, and finalize agreements with vendors and services suppliers, including DME, CMS, accessible cots, shower chairs, commode chairs, and accessible portable restrooms and showers.							
6. Determine which items need to be stockpiled and which need "just in time delivery":							
6.1. Essential medications							
6.2. Durable medical equipment							
6.2.1. Walkers							
6.2.2. Walking canes							
6.2.3. White canes							
6.2.4. Wheelchairs – multiple types							
6.2.5. Shower chairs							
6.2.7. Toilet chairs							
6.2.8. Raised toilet seats							
6.3. Consumable medical supplies							
6.4. Power back-up supply							
6.5. Accessible cots							
6.6. Portable ramps							
6.7. Magnifiers							
6.8. TTYs							
6.9. Interpreter boards							
6.10. Wireless laptop capacity for VRI, email, etc.							
7. Create a delivery systems to shelters and assistance centers (including establishing MOUs with suppliers)							
7.1. Partner for assistance with pre-designated community Partners							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
8. Shelter managers designate a coordinator for functional needs services to oversee: * See reference: Functional Needs Focused Care and Shelter Checklist							
8.1. Layout / Set Up							
8.1.1. Bathrooms							
8.1.2. Signs							
8.1.3. Power							
8.1.4. Access (drop off areas, parking, bathroom, routes)							
8.1.5. Sleeping areas							
8.1.6. Privacy areas							
8.2. Registration / Assessment							
8.2.1. Line management							
8.2.2. Priority access							
8.2.3. Initial Intake Assessment Tool							
8.3. Independence and health issues							
8.4. Check for barriers frequently							
8.5. Communication access							
8.5.1. Multiple methods							
8.5.1.1. Announce it							
8.5.1.2. Caption it							
8.5.1.3. Picture it							
8.5.1.4. E-mail it							
8.5.1.5. Relay it							
8.5.1.6. Text it							
8.5.1.7. Post it							
8.5.1.8. Interpret it (language & sign)							
8.5.1.9. Repeat it frequently							
9. Training for shelter managers stresses importance of quickly communicating and following up on requests for medications, DME, and CMS.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
<b>Medical Shelters</b>							
10. Reserve these scarce resources for people with acute medical needs.							
11. Most people with disabilities and others with access and functional needs (some with and some without support) can manage in general population shelters unless health care professional attention is needed for managing acute unstable, terminal, or contagious health conditions that require observation and ongoing treatment.							
<b>Sheltering in Place</b>							
12. Plans are in place with law enforcement and other service providers to allow continued delivery of services, including:							
12.1. Home health aides/visiting nurse services/personal attendants							
12.2. Meals on wheels							
12.3. Proxy pick up of supplies, food, medications, etc.							
<b>Evacuation and Transportation</b> Adapted and expanded with permission from Access & Functional Needs Evacuation Planning Toolkit							
1. Likely evacuation events identified and analyzed.							
2. Evacuation assets identified and inventoried.							
2.1. Transportation asset inventory is complete and updated every XX months / years including providers with capacity to evacuate people with disabilities and others with access and functional needs from facilities (i.e. schools, medical facilities, neighborhoods, and congregate care facilities) to include transit and non-traditional fleets such as:							
2.1.1. Fixed-route buses							
2.1.2. ADA mandated paratransit systems							
2.1.3. Dial-a-Rides							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
2.1.4. Disability and senior transportation service providers							
2.1.5. Taxi systems							
2.1.6. Non-medical emergency vans / ambulances							
2.1.7. School district transportation systems							
2.1.8. Airport car rentals, shuttle buses / vans							
2.1.9. Healthcare center vendors							
2.2. Transit assets are typed by passenger capacity:							
2.2.1. Secure wheelchair locations							
2.2.2. Fuel type							
2.2.3. Fuel range							
2.2.4. Vehicle turning radius							
2.2.5. Space for individuals' essential DME							
2.3. Contract language mandates the emergency use of access vehicles purchased with government funds							
3. Plans include evacuating areas of the community not covered by public transit.							
4. Plans include method(s) for communication between service providers and evacuees.							
5. Procedures for scheduling emergency trips include fare waivers.							
6. Pre-warning event plans are in place so accessible vehicles and drivers are pre-positioned and immediately available to first responders during evacuations.							
7. Plans include authorizing transit vehicles to act as emergency vehicles in evacuations.							
7.1. How vehicles will access emergency zones when roads are closed to non-emergency vehicles							
7.2. Emergency vehicle identification systems							
7.3. Escort of transit vehicles through danger areas							
8. Procedures to request and prioritize vehicle needs when demand in a major disaster exceeds supply.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
9. Thresholds and protocol for evacuation orders clearly defined.							
10. Time estimates exist for executing moderate- and large-scale evacuation.							
11. Plans project response time both during and after non-operational hours.							
12. Established to mission task evacuation (transit) resources.							
13. Timetable for mobilization of transportation resources once tasked.							
14. Protocol for how to prioritize resources when demand exceeds availability.							
15. Evacuation emergency operation plans (EOP) account for needs of people with access and functional needs.							
16. Evacuation EOPs created w/input from people with access and functional needs.							
17. Jurisdiction clearly defines evacuation responsibilities:							
17.1. Governing entity							
17.2. Executive							
17.3. Office of emergency services							
17.4. Sheriff							
17.5. Airport							
17.6. Animal care and regulation							
17.7. Fire services							
17.8. Health and human services							
17.9. Public information officer							
17.10. Public works							
17.11. Social services							
18. Local evacuation responsibilities:							
18.1. Air quality agency							
18.2. Paratransit agency							
18.3. Transit agency							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
18.4. Water resources agency							
19. Non-governmental organizations evacuation responsibilities clearly defined.							
20. Faith-based organizations evacuation responsibilities clearly defined.							
21. Responsibility assigned for evacuation of:							
21.1. People with disabilities from schools							
21.2. Medical facilities							
21.3. Elderly from congregate housing							
21.4. Incarceration facilities							
22. Plan for service animals in transit equipment.							
23. Plan for comfort animals (pets) in transit equipment.							
24. Plan for mobility devices and durable medical devices on transit equipment.							
<b>Long Term Care Facilities (LTCFs)</b>							
25. Coordinate accessible vehicles so they are not over-obligated during an incident (double or triple booked). There is a common issue of multiple entities depending on the same few transit providers. This is especially true of LTCF.							
26. Mapping of LTCFs include, but not limited to:							
26.1. Retirement communities							
26.2. Licensed care facilities							
26.3. Congregate facilities							
26.4. Residential facilities							
26.5. Nursing homes							
26.6. Assisted living facilities							
26.7. Group homes							
26.8. Intermediate care facilities.							
27. Plans do not assume LTCFs have adequate emergency plan just because they are required by state licensing regulations.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
28. Meet with LTCFs to discuss specificity of their emergency plans including interface with assumed/presumed reliance on jurisdiction's resources i.e. evacuation and transportation.							
28.1. Promote clear understanding of roles, responsibilities, and opportunities for collaboration and partnerships with LTCFs							
28.2. Offer emergency planning assistance with review of:							
28.2.1. Any dangerous overlaps and unrealistic expectations (accessible vehicles being over-obligated because of contractual agreements during an incident)							
28.2.2. Protocol for criteria to evacuate is identified: adequate number of medical personnel to assist, type of transportation vehicles needed, potential destinations and return of individuals							
28.2.3. Advance warning plans							
28.2.4. Realistic numbers of LTCF staff who will remain and/or return to work after a disaster							
28.2.5. Identification of "like" facilities within variable distances for relocation shelters. These locations can be unconventional spaces like common areas and dining rooms							
28.2.6. Which shelters may accept LTCF residents in an emergency							
28.2.7. Procedures and policies for the communication of relevant medical information during evacuation and sheltering, including medications, DME, and CMS needs.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
29. Establish procedures and training about assisting LTCF residents in general population shelters; for example, LTCF staff shall remain available via telephone to communicate specific daily needs when staff are unable to accompany residents to general population shelters.							
30. Early evacuation triggers are in place when pre-warning allows.							
31. Current database(s) exist that could be used during evacuation alert notification.							
<b>Training</b>							
32. Evacuation EOPs coordinated with:							
32.1. Transit							
32.2. Paratransit							
32.3. School transit							
32.4. Taxi, shuttle, private bus							
32.5. Elderly/disabled service providers							
32.6. 211.							
33. Essential staff trained on evacuation plan.							
34. Train personnel to carry with them and use picture and symbol signs (pictograms), pen and paper, in addition to loudspeakers when making door-to-door emergency evacuation announcements. This increases the chances of communicating with people with limited English proficiency, hearing loss and limited speech, as well as very young children, people under severe stress, and those with cognitive or intellectual disabilities.							
<b>Training and Exercise Programs</b>							
<b>Tabletops, Exercises, and Drills</b>							
1. Actively recruit people with disabilities and others with access and functional needs to participate.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
1.1. Avoid people without disabilities playing the role of people with disabilities and others with access and functional needs							
2. Integrate access and functional needs specific content (injects and scenarios) into:							
2.1. TTX							
2.2. Exercises							
2.3. Documentation - Outcomes - successes and failures are integrated into:							
2.3.1. Hot washes							
2.3.2. After action reports * See Reference: Southern California Wildfires After Action Report							
2.3.3. Product improvement work plans and project updates							
<b>Training</b>							
3. Access and functional needs content is integrated into new and updated training so subject is not considered “special.”							
4. Emergency managers, planners, and first responders are required to attain core competencies in integrating access and functional needs into emergency planning, response, and recovery which include:							
4.1. Complying with federal law, such as the Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA) along with federal civil rights laws, such as ADA, which mandate integration and equal opportunity for people with disabilities							
4.2. Understanding concepts of accessibility and nondiscrimination and how they apply to emergency services							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
5. Recruit and support community partner organizations inclusive of people with disabilities and others with access and functional needs to complete Community Emergency Response Team (CERT) training.							
6. Educate community partners in development of emergency plans including:							
6.1. Contracting with subject matter experts to help provide training to community partners and LTCF							
6.2. Establish fellowship programs to build disaster expertise among qualified people with disabilities and others with access and functional needs interested in careers in emergency services							
<b>Individual and Family Emergency Preparedness Training and Materials</b> *See Reference: Individual Emergency Preparedness for People with Disabilities, Their Families and Support Networks							
7. Review existing preparedness education and training materials for accurate, clear, realistic, and helpful access and functional needs content with partners who are qualified people with disabilities and others with access and functional needs.							
8. Integrate functional needs specific content into general preparedness content.							
9. Use materials that includes how and where people can access additional customized and specific materials for people with disabilities and others with access and functional needs.							
10. Provide materials in understandable and usable formats, such as Braille, large print, disks, audio, pictures, accessible web sites, and other languages in addition to English.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
11. Disseminate emergency preparedness information using the same methods used for all emergency preparedness information.							
12. Recruit and accommodate people with disabilities and others with access and functional needs for CERT.							
<b>Recovery</b>							
<b>Access and Functional Needs Position</b>							
1. Has the authority, responsibility, and resources to take the lead in integrating the diverse needs of people with disabilities and others with access and functional needs into the short- and long-term recovery efforts which include:							
1.1. Coordinate ongoing work group comprised of government and community partners to coordinate and collaborate in the delivery of recovery services							
1.2. Community partners provide follow-along service coordination (case management) such as independent living centers, developmental disability, aging, family services, etc. Partners should focus on issues like replacing DME, repairing or rebuilding damaged access housing elements (temporary and permanent independent living options, i.e., ramps, grab bars, bathrooms fixtures, etc.)							
1.3. Reinforce FEMA's Individual Assistance grants can be used for non-traditional, but allowable items such as: automatic door openers, equipment; modifications (wheelchairs, scooters, battery chargers, hearing aids, computers, kitchen / bathroom access alterations, widening doorways, ramps, etc.)							
<b>Local Assistance Centers and Disaster Recovery Centers:</b>							
2. Accessible as required under the Americans with Disabilities Act Architectural Guidelines (ADAAG) & any state access building code requirements stronger than the ADAAG.							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
3. Are located near public transportation (i.e. fixed-route bus, light rail).							
4. Make reasonable modification when necessary for people with disabilities and others with access and functional needs.							
4.1. Offer multiple methods to complete assistance application procedures that allow everyone equal access (line management, phone, web site, home visits, etc.) Information and application procedures should not limit access. For example:							
4.1.1. Programs requiring telephone application may exclude people who are deaf or hard of hearing or have difficulty understanding spoken language							
4.1.2. Web-based application procedures and printed application forms may exclude people who are blind, have low vision, or have difficulty reading							
4.1.3. People unable to commute to these centers are not excluded or disadvantaged							
5. Offer information that specifically addresses diverse access and functional needs.							
6. Offer information in formats easily understood by people with communication disabilities.							
6.1. Materials and forms are available in alternate formats including:							
6.2. Large print							
6.3. Braille							
6.4. CD							
6.5. Electronic							
6.6. Audio							
7. Offer sign language and language interpreters.							
8. Disseminate service descriptions using multiple communication arteries (radio, TV, internet, fact sheets, posters, etc.)							

Element	S	PS	NS	?	NA	PP	Comments & follow up questions
9. Prioritize restoration of essential services that integrate the needs of people with disabilities and others with access and functional needs, such as restoration of power, debris removal, accessible paths of travel, mass transit, health services, etc.							
10. Protocol is in place that allows personal assistant services (PAS) providers through security check points for people with disabilities and others with access and functional needs.							
11. Plans exist to identify and obtain accessible temporary and permanent housing stock.							

## Resources

**ADA Compliance** – Department of Justice, ADA website  
<http://www.ada.gov/>

**[ADA Guidelines on Sheltering for Mass Care](#)**

**[ADA Guide for Local Governments - Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#)**

**[ADA Best Practices Tool Kit for State and Local Governments](#)**  
(Chapter 7)

**[Service Animals](#)** – Department of Justice July 2011 revised guidance on the term “service animal” and the service animal provisions in the Department’s revised regulations.

### Evacuation

**[Access & Functional Needs Evacuation Planning Toolkit DVD](#)** information to support counties in the evacuation and transportation needs their citizens during an emergency. Provides tools such as a gap analysis checklist.

**[FEMA Guidance on Planning for Integration of Functional Needs Support Services](#)**

(FNSS) in General Population Shelters (provides sample lists of durable medical equipment and consumable medical supplies to assist emergency managers in their planning and preparation efforts to build capacity to meet obligations to individuals with disabilities.

### Federal Communications Commission

[Rules and fact sheets](#) for emergency communication:  
[Accessibility of Programming Providing Emergency Information](#)  
[Accessibility of Emergency Video Programming Factsheet](#)

**[Functional Assessment Service Teams](#)**

## [Functional Needs Focused Care and Shelter Checklist](#)

### **Funding**

Integrating Disability Access and Functional Needs Efforts [FEMA Grant Programs Directorate Information Bulletin No. 361](#)

## [Individual Emergency Preparedness for People with Disabilities, Their Families and Support Networks](#)

## [Language Is More than a Trivial Concern!](#)

## [Legal Issues](#)

### **Moving Beyond Special Needs**

A Function Based Framework for Emergency Management and Planning [PDF](#), [Microsoft Word](#).

**Southern California Wildfires After Action Report** Formats: [PDF](#), [Text](#)

### **Web site Access**

[Section 508](#) of the Rehabilitation Act requires access to electronic and information technology procured by Federal agencies.

[Web Accessibility Initiative](#) (WAI) Web provides strategies, guidelines, resources to make the Web accessible to people with disabilities

### **Whole Community Planning**

A “Whole Community” Approach to Emergency Management, Format: [Microsoft Word](#).

**Policy Challenges in Supporting Community Resilience** by Robert Bach, Robert Doran, Laura Gibb, David Kaufman, and Kathy Settle - Presented initially at the London Workshop of the Multinational Community Resilience Policy Group, November 4-5, 2010. The Group is co-chaired by David Kaufman, Federal Emergency Management Association, Department of Homeland Security, United States, and Kathy Settle, Civil Contingencies Secretariat, Cabinet Office, United Kingdom. Formats: [PDF](#)

## [Why and How to Include People with Disabilities in Your Emergency Planning Process?](#)