Integrating Individuals with Access and Functional Needs in Exercises Toolkit for North Carolina Emergency Managers

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Guidance for Integrating People with Disabilities in Exercises

Edition 1, 2015

Written for North Carolina Emergency Management
By June Isaacson Kailes, Disability Policy Consultant


Do this
Disaster Exercise
Disaster Exercise
CAUTION
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Artist: Karin Melberg Schwier


Not this
Disaster Exercise
Disaster Exercise
DEAF
BLIND
WHEEL CHAIR USER
WALKER
OLD
CRUTCHES
INTELLECTUAL DISABILITY
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This guidance is for a broad audience including emergency professionals across settings and sectors, government, education, business, and nonprofit.

People with disabilities and others with access and functional needs[1] are a diverse and large part of every community. Combined, these individuals can represent over 50 percent of your population and include people with disabilities, including individuals with mobility, health maintenance, sensory, mental health, cognitive and intellectual disabilities , people who do not speak English or do not speak English well, children ages 15 and under, people 65 years old and over, and the entire institutionalized population, among others. These are people who may need additional, targeted response assistance to

1. maintain their health, safety and independence in an emergency
2. receive, understand and act on emergency messages
3. evacuate during an emergency.(Kailes & Enders, 2007)[2]

[1] "People with disabilities" refers to a protected class; protected from discrimination as defined by federal civil rights laws such as the Americans with Disabilities Act and other state and federal civil rights laws that detail protections and 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 a class of people.

The more inclusive term "people with disabilities and others with access and functional needs" includes an even larger segment of people, estimated to be up to 50% of the population! (people of ALL ages with vision and hearing loss, physical disabilities, mental health disabilities, developmental, intellectual and other cognitive disabilities, behavioral health issues, people with learning, understanding, remembering, reading, and speaking and mobility limitations, and people from diverse cultures; who have limited English or do not speak or read English, and those who are transportation disadvantaged).

[2] Kailes, J. and Enders, A. (2007) *Moving Beyond "Special Needs" A function-based framework for emergency management and planning,* JDPS, 2007. 17: p. 230-237.

The term exercise is used throughout this document to refer to a variety of exercise types: walkthroughs, workshops and orientation seminars, tabletop, functional and full-scale. [3] Proper exercise practice includes providing realistic representations of the diversity within the community by:

- Correcting systemic misconceptions and inaccurate assumptions by integrating real people and real injects to foster real experiences, real learning and reduce reinforcing of counterproductive approaches to outdated, old model, old school, special needs practices
- Recruiting real people with disabilities and others with access and functional needs to participate in exercises is important. The guidance to recruit "actors" is sometimes mistakenly interpreted as using people without disabilities to simulate diverse functional needs by wearing T-shirts or signs reading "deaf person," "blind person", and "wheelchair user," "very old," and "confused"
- Including access and functional needs exercise content fosters integration and inclusion so the subject is not considered "special," but key elements of business as usual in every community
- Enabling emergency professionals to practice building and strengthening core competencies in integrating access and functional needs into emergency planning, response, and recovery
- Educating emergency preparedness professionals about how to make sure their practices and policies are in compliance with laws such as Stafford Act, the Post-

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[3] Types of meetings and exercises:

Walkthroughs, workshops and orientation seminars are basic training designed to familiarize individuals with emergency response, business continuity and crisis communications plans and their roles and responsibilities as defined in the plans.

Tabletop exercises are discussion-based sessions where participants meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency situation. A facilitator guides participants through a discussion of one or more scenarios. The duration of a tabletop exercise depends on the audience, the topic being exercised and the exercise objectives. Many tabletop exercises can be conducted in a few hours.

Functional exercises allow personnel to validate plans and readiness by performing their duties in a simulated operational environment. Activities for a functional exercise are scenario-driven, such as a specific hazard scenario (storm, fire, flood, earthquake, nuclear power plant community evacuation, etc.). Functional exercises are designed to exercise specific team members, procedures and resources (e.g. communications, warning, notifications and equipment set-up).

Full-scale exercise is as close to the real thing as possible. It is a lengthy exercise which takes place on location using, as much as possible, the equipment and personnel that would be called upon in a real event. Full-scale exercises are conducted by public agencies

Katrina Emergency Management Reform Act (PKEMRA), the Rehabilitation Act and the Americans with Disabilities Act (ADA)

- Understanding the barriers and disproportionate impact experienced by people with disabilities and others with access and functional needs and applying tactics and resources to reduce or eliminate these barriers and increase the margin of resilience across the whole community
- Strengthening response and recovery efficiencies and effectiveness
- Expanding universal accessibility and optimizing limited resources
- Getting important feedback about what worked, did not work and needs work

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- Alexandra Enders. FEMA Reservist
- Marcie Roth, Director, Office of Disability Integration and Coordination, Department of Homeland Security/FEMA

The next section is for emergency management professionals and is a modified Homeland Security Exercise and Evaluation Program template

Exercise Planning Tasks	Include People with Disabilities & Others with Access & Other Functional Needs	Responsible Party	Contact Information	Suggested Timeline	Date Completed	Remarks
I. Design and Development						
Foundation						
Review exercise program guidance, including: • Elected and appointed officials' intent and guidance • Multi-year Training and Exercise Plan (TEP) • Existing plans and procedures • Risk, threat, and hazard assessments • Relevant AARs/IPs • Grant or cooperative agreement requirements	See Note F for examples of real-life issues that Individuals with Developmental and Disabilities have experienced.	[Exercise Program Manager]		[Prior to design of exercise concepts and objectives. 6-8 months before exercise]		
Exercise Planning Team and Events						
Identify elected and appointed officials and representatives from the sponsor organization for potential Exercise Planning Team membership	See Note A			[5-7 months before exercise]		
Identify participating organizations for potential Exercise Planning Team membership	See Note A			[5-7 months before exercise]		

Officially stand up Exercise Planning Team with Exercise Planning Team Leader and section chiefs, as appropriate	Assign a point of contact (POC) staff person who is responsible for recruitment and overseeing planning and implementation of accessibility and accommodations (tasks covered in the remainder of this checklist).			[5-7 months before exercise]		
Develop exercise budget	• On request, consider offering **assistance with costs** of transportation, personal assistants, and support people. You may be drawing from participants that have the time but not the resources and who are transportation and economically disadvantaged. • Budget for interpreters, cart, materials in alternate formats, etc.			[5-7 months before exercise]		
Schedule first planning meeting (Concept & Objectives (C&O) or Initial Planning Meeting (IPM) as needed)				[5-7 months before exercise]		
Identify/review topics or issues to be covered during the first planning meeting (C&O or IPM as needed)				[3-4 weeks before C&O Meeting or IPM]		
Planning Meetings						
Concepts and Objectives (C&O) Meeting (optional)				[Prior to or concurrent with IPM. 5-7 months before exercise]		

Coordinate meeting logistics, prepare and send invitations and read-ahead packets	See Note C			[2-3 weeks before C&O Meeting]		
Develop draft exercise scope, objectives, and aligned core capabilities				During C&O		
Identify/confirm exercise planning team				During C&O		
Develop and distribute meeting minutes				[No later than (NLT) 1 week after C&O Meeting]		
Initial Planning Meeting (IPM)				[5-7 months before exercise]		
Coordinate meeting logistics, prepare and send invitations and read-ahead packets				[2-3 weeks before IPM]		

Identify exercise design and development elements and begin development of exercise documentation • Scope, objectives, and core capabilities • Evaluation requirements (capability targets and critical tasks) • Scenario threat/hazard • Participants and extent of play • Exercise staffing requirements • Exercise logistics (date, location, including breakout locations or specific exercise play sites, if needed)	Determine what disability-related injects will be integrated including those that may have significant impact for people with disabilities (See Note E) • Determine the desired diversity of functional needs to be represented (hearing, seeing, mobility, speech, remembering, understanding, and reading) • Determine the number of participants needed (See Note D)			During IPM		
Assign responsibilities and due dates for tasks and determine date for next planning meeting				During IPM		
Develop and distribute meeting minutes				[NLT 1 week after IPM]		
Midterm Planning Meeting (MPM) (as needed)				[3 months before exercise]		
Coordinate meeting logistics, prepare and send invitations and read-ahead packets	See Note C			[2-3 weeks before MPM]		
Review and refine all exercise materials, documents, and tasks				During MPM		
Assign responsibilities and due dates for tasks, and determine date for next planning conference				During MPM		

Develop and distribute meeting minutes				[NLT 1 week after MPM]		
Master Scenario Events List (MSEL) Meeting (if necessary)				[2 months before exercise]		
Coordinate meeting logistics, prepare and send invitations and read-ahead packets	See Note C			[2-3 weeks before MSEL Meeting]		
Review and develop MSEL injects	See Note E			During MSEL Meeting		
Final Planning Meeting (FPM)				[6 weeks before exercise]		
Coordinate meeting logistics, prepare and send invitations and read-ahead packets	See Note C			[2-3 weeks before exercise]		
Facilitate meeting				During FPM		
Review and approve all exercise documents				During FPM		
Finalize exercise staffing (including facilitators/controllers, evaluators, and support staff)				During FPM		

Confirm all exercise logistical elements (including exercise site(s), equipment, and schedule)				During FPM		
Assign responsibilities and due dates for tasks				During FPM		
Develop and distribute meeting minutes				[NLT 1 week after FPM]		
Documentation						
Develop Situation Manual (SitMan) or Exercise Plan (ExPlan)	See Note C					
Develop Facilitator's Guide or C/E Handbook	See Note C					
Develop exercise evaluation packets (including Exercise Evaluation Guides [EEGs])	See Note C					
Develop multimedia exercise presentation	See Note C					
Develop MSEL (as needed)	See Note C and E					
Develop Participant Feedback Forms	See Note C					
Exercise Site Areas						
Designate media/observer area	See Note B					
Designate registration area						
Designate parking area						
Media/Public Information						
Develop media policy						
Develop Press Release and/or Public Announcements as needed	See Note C					
Logistics						

Identify exercise venue	See Note B					
Arrange for use of exercise venue (reserve room/use of facility)						
Arrange for participant parking at venue						
Arrange for audio/visual equipment (e.g., microphones, screens, projectors)						
Arrange for exercise supplies (e.g., pens, markers, flipcharts)						
Develop mailing lists (players, facilitators, Exercise Planning Team)						
Develop ID badges, name/table tents, and sign-in sheets						
Arrange for restrooms						
Develop signage	Directional signage should be inclusive of text and pictures for those who do not read					
Exercise Staffing						
Determine exercise staff requirements						
Select and train exercise staff						
II. Conduct						
Exercise Play Preparation						
Distribute exercise documentation				[1 week before exercise]		
Set up exercise site(s) (including Simulation and/or Control Cells, as needed)				[1 day before exercise]		

Present pre-exercise Elected and Appointed Official Briefing (as needed)				As requested		
Conduct pre-exercise briefings: • C/E Briefing and/or Evaluator Training • Actor Briefing (as needed) • Player Briefing • Observer Briefing (as needed)	Provide confirmed participants with an understanding of their exercise roles including: • what to expect, what will happen when • purpose of exercise i.e. to test systems, processes, procedures, procedures, that is the exercise is not a personal test of the participant's skills • background information and explanation of technical terms and issue areas that may be unfamiliar Accommodations (communication, dietary, financial assistance, transportation) Ask about required needs for each participant (See Note B) and oversee the delivery of requested accommodations.			[NLT 1 day before exercise (C/E Briefing), or before START EX]		
Exercise Conduct						
Facilitate/Control exercise play				During Exercise		
Collect data				During Exercise		
Wrap-Up Activities						
Conduct post-exercise player Hot Wash	Provide all participants with opportunities to give feedback and discuss observations and areas of concern A post exercise survey could serve as an additional method of collecting feedback, but it should not replace including participants in live discussion.			Immediately following ENDEX		

Conduct C/E Debrief				Immediately following ENDEX and Hot Wash		
III. Evaluation						
After-Action Report (AAR)						
Complete and submit all EEGs				Immediately following exercise		
Develop draft AAR				[NLT 30 days after exercise]		
Distribute draft AAR to participating organizations' policy and decision makers for review	Distribute draft AAR to all participants for comments.			[NLT 30 days after exercise]		
IV. Improvement Planning						
After-Action Meeting						
Schedule meeting	See Note B			Immediately following exercise		

Coordinate meeting logistics, prepare and send invitations and read-ahead packets				[2-3 weeks before AAM]		
Receive feedback on Draft AAR, make any revisions, and develop draft list of corrective actions				[1 week before AAM]		
Conduct AAM to reach consensus on AAR content and revise/gain consensus on corrective actions				[NLT than 45 days after exercise]		
Finalize AAR/IP				[NLT 1 week after AAM]		
Distribute final AAR/IP	Close the “feedback loop” by informing participants of the steps being taken to address identified issues.			[NLT 1 week after AAM]		
Continuous Improvement						
Share lessons learned, best practices, and successes identified in AAR/IP				Ongoing		
Implement corrective actions				Ongoing		
Track AAR/IP implementation				Ongoing		

Notes

Note A

- Include people with disabilities and disability organizations.
- Use community partners to assist with recruiting (If you need help determining where to recruit participants, ask disability service and advocacy organizations or NCEM Human Services.)
- Involve organizations that are led by as well as staffed by people with disabilities and others with access and functional needs, as well as organizations that are for and about these groups (for example, people who are blind, deaf, hard of hearing, older adults, don't speak English, have learning disabilities, autism.)

Note B

Location:

- More people can get to the event, in urban areas, when it is on or very near public transportation stops.
- Ensure **physical access**: includes accessible paths from public transportation drop off points and parking (curb cuts, ramps) rest rooms, meeting facilities etc. Use a checklist to determine exercise site accessibility. (See Resource # 2 below)

Timing: Consider these issues:

- For those who use public transportation or para transit, this often requires one to two hours of travel time which may mean leaving their home very early. Check to be sure that these services operate within the timeframes needed for individuals who depend on them for roundtrip rides.

- for those who use personal assistants (PA)s, an early start time and a weekend schedule means scheduling their PA for additional hours at the participant's expense, and the PA may not be available on weekends or willing to travel at an early hour to assist his or her employer

Note C

Ensure **communication access**

- Discussion and written materials are in plain language, avoiding emergency professionals jargon such as released, controllers, evaluators, hot wash, After Action Reports, table tops.
- When recruiting participants include notice that informs them that:
    - Upon request print material to be used is offered in alternative formats, such as: audio, large print, electronic text/CD/flash drive or Braille; Sign Language Interpreters, Communication Access Real-Time Transcription (CART), Assistive Listening Devices, or other auxiliary aids and/or services may be provided upon request.
    - Make sure you are clear with participants that to ensure availability, you are advised to make your request at least 72 hours prior to the event. Due to difficulties in securing Sign Language Interpreters, five or more business days' notice is strongly recommended. For additional information, please contact your local county DSS office.[4]
    - These accommodations need not be available or offered during the portion of, for example, a full scale EXERCISE if not having that accommodation would most accurately match the reality of the event. The accommodations would need to be available before (and during if the exercise is started and stopped during play) and after the exercise for providing instructions and orientation as well as during the evaluation portion the event (hot washes, etc.).

[4] Planning Accessible Events, last accessed 11.22.14, http://www.jik.com/PlanAcsEvents.html

Note D

Player Recruitment

- The guidance to recruit “actors” is sometimes mistakenly interpreted as using person without disabilities to simulate diverse functional needs by wearing T-shirts reading “deaf person,” “blind person”, and “wheelchair user,” “unable to speak,” “very old,” “confused.” Is it important to recruit real people with disabilities and others with functional needs to participate in exercises?
- Use plain language
- Use variety of recruiting methods. The most common include, but are not limited to:
    - Personal, one-on-one contact with prospective participants and referral sources results in higher turnout (such as phone calls, participation community forums and fairs, etc.).
    - Less effective and not recommended is relying ONLY on less personalized outreach efforts such as:
        - Invitation letters
        - Website, newsletter and flyer advertisements
        - Email
        - Public Service Announcements via local TV, radio and print media
- Keep a list of participants interested in participating in future exercises.
- Encourage personal assistants, support people and facilitators to attend and participate with participants
- Be clear with potential participants what is involved by anticipating exercise conditions that might affect the ability to participate such as:
    - Time required: Number of hours
    - Is attendance for the entire time required?
    - Air quality: exposure to dust, smoke, etc.)
    - Prolonged time in the sun, cold weather, wind, etc.
    - Lying on the floor or ground for up to 2 hours, etc.
    - Will food and water be provided?
- Don't exempt people with disabilities from regular drills and exercises. Some people, for example some wheelchair users may not wish to take unnecessary risk during a fire drill where they need to transfer into and out of an evacuation device. This wish should be honored. However in place of an actual transfer these individuals should be involved in talking through what the transfer process would entail and anticipate help that would be needed, as well as any safe guards to practice.

Note E

Examples of few inject ideas that are scalable and can be customized to your situation are provided below:

Planning:

A woman recruited for an exercise was turned away when she arrived and was told when she arrived "we can't use you because you are deaf."

Two Deaf women left the exercise early because the interpreter used was not qualified and were unfamiliar with the terms being used.

Three wheelchair users left the exercise early: one left because he wasn't aware that he would need to be in the sun for three hours, and for all there were no accessible restrooms available.

Transportation and evacuation:

Six facilities (two 100-bed nursing homes, three large group homes with a total of 15 wheelchair users, and one large residential independent living facility with 12 wheelchair users and four scooter users) need immediate transportation evacuation assistance. All these facilities had an agreement with the same contractor for emergency transportation. However, the contractor could not respond because they were already busy serving another large residential independent living facility.

Safety and wellness checks:

A bad storm, lasting over seven days has resulted in over 2 million people sheltering in place. Many roads are not useable by standard vehicles. CPODS (commodity distribution points) for food and water have opened. Many calls are coming in from those who are unable to get to the CPODs or who will need assistance carrying supplies back to their home. Others have run out of their medications; need a source of power for their disability-related equipment such as mobility devices. Some require power for their life-sustaining devices such as suction equipment and ventilators. Others need transportation to their dialysis, chemotherapy or infusion therapy appointments.

Communication access:

The County is receiving many complaint calls from the deaf community that the emergency TV coverage is not captioned on two of the three local stations, nor is the emergency alerts. And some of the County's emergency press conferences have not included a sign language interpreter while for others the interpreter is clearly standing next to the speaker but only the tips of fingers are visible in the camera shot.

Registries and evacuation:

The County has a voluntary emergency registry for people with disabilities. A large chemical spill has caused the need for a wide scale evacuation of an area with 250,000 people. 500 people are listed on this registry. Calls for assistance have been received from 49 people on the registries and an additional 135 people have called for evacuation assistance that is not on the registry.

Shelters:

Ten people with intellectual disabilities have been dropped off at a shelter by para transit service because of lack of ability to return them today to their home.

Wide spread sudden power outages are causing many calls to 211 from people dependent on life-sustaining devices. Callers want to know, what to do? Which shelters are close to these callers that are accessible to wheelchair users and have power they can use? Some callers also need evacuation assistance.

The County has to open ten shelters quickly. How will the County determine which of the 40 available shelters they have to choose from are physically accessible?

Many people with a variety of disabilities are entering 20 large shelters. What process is in place to identify, track and deliver critical requested health and safety assistance?

Five individuals in a shelter need personal assistant services for help with dressing, toileting and eating.

A deaf couple and 2 deaf men arrive at the shelter along with 100 other individuals who have lost their homes in the mobile home park fire.

- All 4 individuals sign to each other but do not seem to understand written notes.

- The intake process cannot be completed.

You are not able and to understand the speech of a man who is a wheelchair user and wants to enter the shelter. He is alone and he is unable to write notes.

A well-dressed, polite, socially appropriate, older woman appears at the shelter. She speaks clearly but seems very confused.

A middle-age man is outside the shelter and appears to be talking to himself in a loud and angry voice. He is scaring some people.

A police officer arrives at a shelter with a woman who is obese, in the back of his patrol car.

- He, with help, had to quickly evacuate her from her burning home.
- She cannot walk.
- Her power wheelchair was left behind.
- He has to quickly get back to the burning area and she needs help getting out of the car.
- Later it was determined that the woman cannot sleep on a standard cot. Three resource requests were sent to the EOC. There has been no response.

A local assistance center is open, and the county has arranged round-trip transportation for shelter residents who need to learn about and apply for assistance. The transportation is not accessible.

An elderly man walks into the shelter supporting his wife. She was discharged from the hospital three days ago after surgery. She has an open wound, a drain, and an IV. She had been seen by home health worker twice a day.

A woman entering the shelter for the first time states she has a highly contagious condition for which she is being treated.

- She is not sick but should not be around other people.
- She lost her home in the fire.

Three people appear to be drunk. They want to enter the shelter. Their speech is slurred and they are having trouble walking.

A family of six has been in the shelter for two days. On the second day, their ten-year-old, starts screaming uncontrollably, while lying on the floor pounding his fists. Other shelter residents are upset and complaining, and they are concerned that the child may be ill or being abused.

Disaster assistance center:

A couple, who are both legally blind, used public transportation to get to the disaster assistance center. They are asking for assistance with using the center's services.

The County's 211 line is receiving many requests for disability specific information. What is the process for connecting these callers to community partners and services when needed?

Note F

Reports from individuals

- Disability affecting seeing, hearing, speaking, understanding, cognition or intellectual abilities and limited language proficiency prevented significant numbers of people from receiving and understanding emergency alerts, information, signage, and directions on television and radio.
- Disability-specific assistance information from Helplines (2-1-1, 311, operators) regarding locations of accessible shelters and transportation was not available.

TV Broadcast

Reports from individuals with hearing loss:

- Lack of captioning, including captioning on internet videos, prevented people who are deaf or hard of hearing from understanding the danger, resulting in heightened anxiety and confusion while they watched disturbing television scenes.
- 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. Press conferences and television interviews did not always include qualified sign language interpreters and captioning.

Emergency Warning Systems

- 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.

Shelters

Reports:

- Some shelters were fairly accessible, while others had significant barriers, such as lack of:
  - accessible building entrances, restrooms, and showers;
  - directional signage to accessible features and elements;
  - access to communication supports that shelter personnel can use to help people with communication difficulties to understand (the situation, shelter rules, etc.) as well as express themselves (ask and answer questions, etc.)
  - options for filling dietary needs (i.e. people unable to chew or who have swallowing difficulties, people needing low salt, sugar diets, etc.);
  - cots that are higher and wider than standard cots and have a greater weight capacity;
  - assistance in refrigerating medications; and
  - shelter personnel responsible for coordination of services to evacuees with disabilities, which led to confusion and unmet essential needs.
- Some people with disabilities in shelters, as well as those sheltered in hotels because of their specific accessibility needs, had difficulty replacing:
  - essential medications (for heart conditions, high blood pressure, seizures, asthma, diabetes, etc.);
  - durable medical equipment (communication devices, wheelchairs, walkers, scooters, canes, crutches, oxygen equipment, nebulizers, tubing and machines); and
  - consumable medical supplies (catheters, padding, ostomy supplies, etc.)
- Requests for these items were sometimes denied, delayed or ignored.
- Individuals, NGOs, and businesses with experience in addressing essential access and functional needs of people with disabilities were not permitted access to many shelters.

Evacuation and Transportation

Reports from people with disabilities and people with access and functional needs and community organizations:

- Difficulty getting accessible transportation to and from shelters and assistance centers.

- "Everybody left the mountain, except older adults who were left up in the mountain … and then the evacuation order came, and nobody could go up and get any of the folks."

- Congregate care facilities relied on the same transportation resource to help their clients evacuate. This did not work well, as their chosen transportation providers were sometimes double or triple booked. Sometimes these assets were commandeered by the county.

- People who had difficulty evacuating included not only people who use wheelchairs or walkers, but individuals with limited endurance due to a variety of temporary or permanent conditions, such as individuals with cardiac or respiratory conditions, especially when exacerbated by smoke inhalation; individuals with mental health or cognitive disabilities; individuals with vision and hearing loss and individuals with communication/language difficulties secondary to speech and language disabilities and limited English issues.

- The county arranged for round trip transportation for shelter residents who needed to return to their home to retrieve personal items, to visit disaster assistance centers to learn about and apply for assistance, and to go to work or daycare centers. The transportation was not accessible.

Recovery

- Community based organizations, businesses and government sometimes offered duplicate services, while other service needs were not addressed.

Resources

1. ADA Checklist for Emergency Shelters, U.S. Department of Justice, 2007

2. The Checklist for Readily Achievable Barrier Removal based on the 2010 ADA standards,

3. Effectively Including People with Disabilities in Policy and Advisory Groups (Edition 2, 2012)

4. FEMA Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters (PDF, TXT) 2010

5. Hospitality: Planning Accessible Meetings articles, http://www.adahospitality.org/content/Planning-Accessible-Meetings

Exercise Participant Request Checklist

This checklist was designed to help in the participant request process. To get the appropriate type and number of participants it is important to be clear and to share as much information with the agency/organization you are making the request to. This ensures you get exactly who you need for your exercise and helps set expectations from the start.

- ☐ Indicate the specific type of person with a disability and others with access and functional needs[5] you want to be included in the exercise.
- ☐ Indicate the number of persons with access and functional needs you want to participate in the exercise.
- ☐ Give the location where the exercise will be held.
- ☐ If held in a building, indicate where the accessible entrance is.
- ☐ Note available accessible parking and/or closest accessible parking.
- ☐ Give the date and timeframe of the exercise. State the time you want participants to arrive, the time the exercise will begin and end, and any scheduled break times.
- ☐ You may be asked about transportation to and from the exercise location. Provide relevant details (nearest bus stop or agency provided transportation).
- ☐ Does the participant(s) need supervision due to their access and function needs? If so, ensure that participant(s) will have someone with them on the day of the exercise.
- ☐ If using individuals from the deaf, deaf-blind, and hard of hearing community ask if they have an interpreter(s) available to come with them or if the exercise team needs to provide interpreter(s) on the day of the exercise.
- ☐ Give brief description of the exercise scenario.
- ☐ Give a description on what the participant will be doing during the exercise.

[5] The term "people with disabilities and others with access and functional needs" includes people of ALL ages with vision and hearing loss, physical disabilities, mental health disabilities, developmental, intellectual and other cognitive disabilities, behavioral health issues, people with learning, understanding, remembering, reading, and speaking and mobility limitations, and people from diverse cultures; who have limited English or do not speak or read English, and those who are transportation disadvantaged.

☐ Describe what the participant should expect before, during, and after the exercise (registration, briefings, exercise conditions, exercise rules, hot wash, etc.).

☐ If you are providing lunch on the day of the exercise be sure to indicate this and request food allergies/dietary needs of participants once agency/organization identifies participants.

So you are going to an Exercise: An Exercise Actor's Guide

Exercise Name:

Exercise Location Address: *[Include parking instructions and where accessible parking is, if needed]*

If transportation is being provided, pick-up location: *[Include information on where participant will be picked-up to be brought to the exercise location, if transportation is being provided to participant by agency/organization]*

Exercise Actor Meeting Area: *[specific place or landmark at location in addition to physical address]*

Time Actors Will Arrive:

Exercise Timeline: *[general timeline of when briefings occur, when exercise play starts, when exercise play concludes, etc.]*

What Actors should bring with them: *[example: water, phone, wear old clothing, etc.]*

What Actors should expect: *[example: will be given fake injuries via prosthetics, will go through decontamination process involving water, may have to stay at assigned play area for long duration as exercise play will evolve slowly, possible hospital transportation, that exercise may seem chaotic, ect.]*

Safety Messages: *[List what to do if they have a real-world emergency during exercise play, warn of extreme weather conditions (extreme heat/cold) and what to do, etc.]*

How to play your Role: *[Instructions on what you want the actors to do or not do. Examples: Do not overact, do not get in way of players, do not ab lib, follow instructions given during briefing, etc.]*

Actor Point of Contact for Issues on Day of Exercise: *[Name and number of poc that will specifically handle actor issues/questions before and during exercise play on day of exercise]*

Recommended forms to be included in this guide:

- **Emergency Point of Contact form** for the participant's emergency point of contact.
- **Hold Harmless form**
- **Photo Release Waiver**

These forms should be filled out by the participant and brought back on the day of the exercise or sent back via email (please include an email address for participants to send forms to if providing this option) before the exercise is to take place.

A Microsoft Word version of this document is available upon request. Please contact Wendy Pulley at wendy.pulley@ncdps.gov

Resource Guide

This resource guide is a starting point in finding individuals with access and functional needs to participate in your exercises and connecting you to valuable information resources on the subject.

NC Independent Living Centers (CILs, also referred to as SILCs)

Centers for Independent Living are community-based, cross-disability, non-profit organizations that are designed and operated by people with disabilities. CILs are unique in that they operate according to a strict philosophy of consumer control, wherein people with all types of disabilities directly govern and staff the organization.

http://ncsilc.org/centers/

You can also reach out directly to the NC Statewide Independent Living Council at (919) 835-3636.

North Carolina Council on Developmental Disabilities

The purpose of the Council is to promote self-determination, independence, productivity and integration and included in all parts community life for people with disabilities.

http://nccdd.org/

800-357-6916

Info@nccdd.org

Regional Centers for the Deaf and Hard of Hearing (NC DHHS – Services for the Deaf and the Hard of Hearing)

http://www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing

Division of the Services for the Blind District Offices (NC DHHS – Services for the Blind)

http://www.ncdhhs.gov/divisions/dsb/district-offices

Area Agencies on Aging (NC DHHS – Aging and Adult Services)

http://www.ncdhhs.gov/assistance/adult-services/area-agencies-on-aging

NC DHHS - Division of Mental Health, Developmental Disabilities, and Substance Abuse

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The most up-to-date version of this resource guide will be available through our SharePoint page at:

https://sp1.ncem.org/sites/DDGrant/SitePages/Home.aspx

If you have any questions about the material in this toolkit or need further assistance in obtaining information or finding individuals with access and functional needs for your exercises please feel free to contact:

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IAEM-NEMA Joint Task Force

Quick Reference Glossary of Terminology for Emergency Management Whole Community Planning Efforts

Revised August 6, 2015

IAEM-NEMA Joint Task Force 2014 Quick Reference Glossary of Terminology for Emergency Management Whole Community Planning Efforts

Overview Statement:

Recent events have served to highlight the importance of planning for and with people with disabilities and others with access and functional needs (PWD/AFN) to better prepare for, respond to, and recover from, disasters.

This Reference Glossary of Terminology is the product of a joint initiative between representatives of state and local emergency management to provide a road map for inclusive emergency planning to be used by emergency management practitioners. The goal of this Glossary is to provide in one easy to use document the appropriate and current terminology as plans, procedures, and protocols are drafted to include language pertaining to people with disabilities and others with access and functional needs.

The Glossary is a chart with the following column headings: acronym, terminology, definition, and source. This providers the user the ability to understand the meaning and, therefore, how best to use any given term in full or by its acronym in writing. And the source listing enables the user to further explore appropriate and related materials from a vetted authoritative location.

This Glossary resides on both the IAEM and NEMA websites where this document and other resources and information is housed.

Recognizing the significance of disability and access and functional needs planning, the National Emergency Management Association and International Association of Emergency Managers identified this work as a joint priority.

Executive Summary:

Planning for and with people with disabilities and others with access and functional needs (PWD/AFN) is an important component in the development and execution of emergency management plans, policies and procedures. To do so accurately includes using the currently accepted terminology and appropriate definitions in written format as well as spoken communication.

This Glossary will assist emergency manager practitioners to easily and quickly select and use with confidence the appropriate terms and understand the definitions as sourced by vetted authorities. This will ensure consistency and accuracy. This Glossary is intended to be used as a

guidance document and is not mandatory; while comprehensive it is not all inclusive and will continue to evolve overtime; not all items will be applicable to all jurisdictions and some items will not be in depth enough for others. Each jurisdiction should add to this Glossary locally used terms in consultation with your many stakeholders to truly reflect your community.

This document was developed by the IAEM Access and Inclusion Caucus (formerly Special Needs Caucus) with review by the Joint IAEM-NEMA Disability, Access & Functional Needs Task Force.

Special thanks to all IAEM Access and Inclusion Caucus Members who participated in the development of this guidance document.

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IAEM-NEMA Joint Task Force 2014 Quick Reference Glossary of Terminology for Emergency Management Whole Community Planning Efforts

	ACRONYM /TERM	TERMINOLOGY	DEFINITION	SOURCE
1.	**Access**	Access	The term "access" means those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them	DOJ
2.	**AD/AT**	Assistive Device/Assistive Technology	Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities	DOJ
3.	**ADA Act of 1990**	Americans with Disabilities Act of 1990	The ADA is one of America's most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life -- to enjoy employment opportunities, to purchase goods and services, and to participate in State and local government programs and services. Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin – and Section 504 of the Rehabilitation Act of 1973, ADA is an "equal opportunity" law for people with disabilities	DOJ
4.	**ADL**	Activity of Daily Life/Living	Basic personal activities of daily living (bathing, eating, dressing, mobility, toileting, etc.)	DHHS
5.	**AFN/PAFN/ DAFN**	Access and Functional Needs/Person with Access and Functional Needs, Disability	Refers to a person's needs before, during and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care, may also refer to modifications to programs, facilities, procedures and services Acronym should not be used to describe people	FEMA CAL OES
6.	**AL**	Assisted Living	Residential care services that includes some assistance with ADL's (Activities of Daily Living) but does not include nursing services such as administration of medication	DHHS

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
7.	**ASL**	American Sign Language/ Sign Language	American Sign Language (ASL) is a visual language. With signing, the brain processes linguistic information through the eyes. The shape, placement, and movement of the hands, as well as facial expressions and body movements, all play important parts in conveying information. Sign language is not a universal language -- each country has its own sign language, and regions have dialects, much like the many languages spoken all over the world. Like any spoken language, ASL is a language with its own unique rules of grammar and syntax. Like all languages, ASL is a living language that grows and changes over time	NAD
8.	**Blind**	Blind	A person with vision loss, person with low or no functional vision	FEMA
9.	**Braille**	Braille	Braille is a series of raised dots that can be read with the fingers by people who are blind or whose eyesight is not sufficient for reading printed material. Braille is not a language. Rather, it is a code by which languages may be written and read	American Foundation Blind (AFB)
10.	**CC**	Closed Captioning	A service for persons with hearing disabilities that translates television program dialog into written words on the television screen	FCC
11.	**CERT**	CERT	The Community Emergency Response Team (CERT) Program educates individuals in disaster preparedness at the community level to support professional emergency responders	FEMA
12.	**CILs**	Centers for Independent Living	Community based, non-residential organizations that help create opportunities for, and eliminate discrimination against people with disabilities	FEMA
13.	**CMIST**	5 functional planning areas	Five functional areas to address in planning (from FAST Training); Communication, Maintaining Health, Independence, Safety, support and self-determination and Transportation	FAST, FEMA E/L0197
14.	**CMS/ DME**	Consumable Medical Supplies or Durable Medical Equipment	Medical supplies that are necessary for the person with a disability, CMS refers to those items that are a onetime use (medication, diapers, bandages, etc.)	FEMA
16.	**Cognitive Disability**	Cognitive disability	Deterioration or loss of intellectual capacity which may require support, assistance, may require limited to full supervision, may impact short or long term memory, orientation or reasoning	DHHS
17.	**DD**	Developmental Disability	A severe, chronic disability attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the age of 22, is likely to continue indefinitely, results in substantial functional limitations in three or more major life activities Acronym should not be used to describe people.	DHHS

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
18.	**Dementia**	Dementia	Term which describes a group of diseases (including Alzheimer's) which are characterized by memory loss and other deficits in mental functioning	DHHS
19.	**DME**	Durable Medical Equipment	Equipment such as hospital beds, wheel chairs, ventilator, oxygen system, home dialysis, prosthetics used at home. Also called home medical equipment	DHHS
20.	**Disabled/ Disability**	Disabled, Disability (Individual with)	A physical or mental impairment substantially limiting one or more major life activities. See ADA Amendment Act www.ada.gov/pubs/ada.htm	ADA FEMA
21.	**Emergency**	Emergency	As identified by the Stafford Act "any occasion or instance for which, in the determination of the President, Federal Assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of United States."	FEMA
22.	**EOP**	Emergency Operations Plan	An all hazards Plan which defines the scope of preparedness, response and recovery efforts for a given jurisdiction to include roles and responsibilities, establishing lines of authority for responding to a wide variety of potential hazards	FEMA
23.	**Emergency Shelter**	Emergency Shelter	Facilities used solely for out-of-home placement on a short-term basis during periods or sudden emergency, pending formulation or long-term solutions. Often referred to as Mass Care Shelter or General Population Shelter	DHHS
24.	**ESF & ESF6**	Emergency Support Functions and ESF 6	A grouping of government and certain private sector capabilities into an organizational structure to provide support, resources and services. There are 15 ESF's	FEMA NRP
25.	**FEMA**	Federal Emergency Management Agency	The Federal Agency that is committed to preparing individuals and strengthening communities before, during and after disasters happen	FEMA
26.	**FEMA ODIC**	FEMA ODIC	FEMA Office of Disability Integration and Coordination, an office that provides guidance and technical assistance to achieve equal access to physical, program and effective communication and reasonable modifications inclusive of the whole community during the planning, response, recovery, and mitigation phases of emergencies	FEMA ODIC
27.	**FMLA**	Family Medical Leave Act	A 1993 federal law requiring employers with more than 50 employees to provide eligible workers up to 12 weeks of unpaid leave for birth, adoptions, foster care, and illnesses of employees and their families	DHHS
28.	**FN/AFN**	Functional Needs/Access and Functional Needs	A person who may require physical, program or effective communication access and may have additional needs before, during or after an incident in functional areas, including but not limited to: independence, communication, transportation and health maintenance. Acronym should not be used to describe people	FEMA
29.	**FNSS**	Functional Needs Support Services	Services enabling persons with disabilities to maintain their usual level of independence in a general emergency shelter	FEMA

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
30.	**FAST**	Functional Assessment Service Team	Trained government employees, nonprofit organizations and volunteers who will assist people with disabilities in an emergency shelter	FEMA
31.	**Handicapped**	Handicapped	Old and offensive terminology – Preferred terminology either Person with a disability or Access and Functional Needs	DHHS
32.	**Hearing impairments**	Hearing Loss	Complete or partial loss of ability to hear caused by a variety of conditions acquired before birth or at any time throughout one's life hearing loss may partially or completely prevents the receipt of sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with this degree of hearing loss may use a hearing aid to amplify sounds. If the hearing loss is severe, the person may not be able to distinguish any sounds	DO-IT
33.	**Hospice**	Hospice	Program which provides palliative & supportive care for terminally ill patients and their families.	DHHS
34.	**ILC/CIL**	Independent Living Center, Center for Independent Living	Centers for Independent Living are community-based, cross-disability, non-profit organizations that are designed and operated by people with disabilities. CILs are unique in that they operate according to a strict philosophy of consumer control, wherein people with all types of disabilities directly govern and staff the organization	NCIL
35.	**ILF**	Independent Living Facility	A program in which services are not included as part of the rent, although services may be available on site and may be purchased by residents	DHHS
36.	**Impairment**	Impairment	A physiological disorder or condition, affecting one or more body systems	ADA
37.	**Intellectual Disability**	Intellectual Disability	Replaces the offensive term "mental retardation". The terms "mental retardation" and "mentally retarded" were legally stripped from federal health, education, and labor policy in 2010. Intellectual Disability is characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18	AAIDD
38.	**IPAWS**	Integrated Public Alert & Warning System	An alert system designed to give the President ability to deliver messages to the American people. Alerts are delivered directly from cell tower to cell phone through a one way broadcast	FEMA
39.	**LTCF**	Long Term Care Facility	Institutional Care facility providing a range of medical and social services designed to care for people who have disabilities or chronic care needs.	DHHS
40.	**Learning Disability**	Learning Disability	A learning disability is a neurological condition that interferes with an individual's ability to store, process, or produce information. Learning disabilities can affect one's ability to read, write, speak, spell, compute math, reason and also affect an individual's attention, memory, coordination, social skills and emotional maturity	LDA Learning Disabilities Association

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
41.	**MLA**	Major Life Activities	Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working	ADA
42.	**Major Disaster**	Major Disaster	Any natural catastrophe (including hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snow storm, drought), or, regardless of cause, fire, flood, explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this chapter to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby	Stafford Act
43	**Mental Illness**	Mental Illness	A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life	NAMI, Nat'l Alliance on Mental Illness
44.	**NRF**	National Response Framework	The National Response Framework (NRF), updated in 2013, provides context for how the whole community works together and how response efforts relate to other parts of national preparedness. It is one of the five documents in a suite of National Planning Frameworks. Each Framework covers one preparedness mission area: Prevention, Protection, Mitigation, Response or Recovery. The Response Framework covers the capabilities necessary to save lives protect property and the environment and meet basic human needs after an incident has occurred. Response activities take place immediately before, during or the first few days after a major or catastrophic disaster	FEMA
45.	**Olmstead Decision**	Olmstead Decision	1999 Supreme Court Decision that requires states to administer services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities	DOJ
46.	**PA/PAS/PCA**	Personal Assistance Services	A person and or service to assist a person with disability with ADL (activities of daily life) (bathing, toileting, eating, etc.), Personal Assistant also known as a caregiver or custodial care	FEMA DHHS
47.	**PWD**	Person With a Disability Individual with a disability	A person who has a physical or mental impairment that substantially limits one or more major life activities of such individual or a record of such impairment or is regarded as having such impairment. FEMA Says "Use person first then the disability "(i.e.: Person who is deaf or hard of hearing) Avoid old terminology such as special needs, handicapped, impaired, challenged Acronym should not be used to describe people	ADA FEMA

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
48.	**Reasonable Accommodation**	Reasonable Accommodation	Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities	ADA
49.	**Reasonable Modifications**	Reasonable Modifications	A public accommodation shall make reasonable modifications in policies, practices, or procedures, when the modifications are necessary to afford goods, services, facilities, privileges, advantages, or accommodations to individuals with disabilities, unless the public accommodation can demonstrate that making the modifications would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations	ADA
50.	**Registry**	Registry	A database containing personally identifying and medical information about individuals who may require assistance in the event of a disaster, some jurisdictions have to varying degrees	FEMA
51.	**Rehabilitation Act Sections**	Section 501 503, 504, 508 of the Rehabilitation Act of 1973	The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in title I of the Americans with Disabilities Act. Section 501 requires affirmative action and non-discrimination in employment by Federal agencies of the executive branch. Section 503 requires affirmative action and prohibits employment discrimination by Federal government contractors and subcontractors with contracts of more than $10,000. Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service. Each Federal agency has its own set of section 504 regulations that apply to its own programs. Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public	DOJ

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
52.	**Respite Care**	Respite Care	Service in which trained professionals or volunteers come into the home or invite individuals into their home to provide short term care for an older person or a child or adult with a disability to allow caregivers time away from their caregiving role	DHHS
53.	**Screen Reader**	Screen Reader	A screen reader is a software application that attempts to identify and interpret what is being displayed on a screen. This interpretation is then re-presented to the user with text-to-speech, sound icons, or a Braille output device. often used by people who are blind, with low vision or with learning disabilities	AT ACT
54.	**Sensory Disability**	Sensory Disability	Sensory disabilities can involve any of the five senses, but generally refers to a disability related to hearing, vision, or both hearing and vision	DO-IT
55.	**Service Animals**	Service Animals	ADA Defines Service Animals as "dogs that are individually trained to do work or perform tasks for people with disabilities." This definition does not affect or limit the broader definition of "assistance animal" under the Fair Housing Act or the broader definition of "service animal" under the Air Carrier Access Act. Some State and local laws also define service animal more broadly than the ADA does. http://www.ada.gov/service_animals_2010.htm and US Department of Transportation at http://adainformation.org/blog/no-change-us-dot-ada-regulations-service-animals-and-mobility-devices	ADA US DOT HUD
56.	**SLI/CDI**	Sign Language Interpreter, Certified Deaf Interpreter	A person who has been trained to use a system of conventional symbols or gestures made with the hands and body to facilitate communication between people who are deaf or are hard-of-hearing and people who are hearing and not conversant in sign language. Sign language interpreters either interpret, which means working between English and American Sign Language or they transliterate, which is working between spoken English and a form of a signed language that uses a more English-based word order. Some interpreters specialize in oral interpreting for deaf or hard of hearing persons who lip-read instead of sign. Other specialties include tactile signing, which is interpreting for persons who are blind as well as deaf by conveying signs into a person's hands; cued speech; and signing exact English. A Certified Deaf Interpreter (CDI) is an individual who is deaf or hard of hearing and has been certified by the Registry of Interpreters for the Deaf as an interpreter. The CDI may have specialized training and/or experience knowledge and understanding of deafness, the deaf community, and/or Deaf culture.	RID

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
57.	**SN/SNP**	Special Needs/Special Needs Populations	Old and offensive terminology relating to people who have special needs or disabilities. *-Preferred terminology is People with Disabilities and others with access and functional needs*	FEMA
58.	**SNC**	Skilled Nursing Care	Daily nursing and rehabilitative care performed only, by or under the supervision of, skilled medical personnel	DHHS
59.	**SNF**	Skilled Nursing Facility	Facility that is usually certified by Medicare to provide 24 hour nursing care and rehabilitation services in addition to other medical services. Also called nursing home	
60.	**TDD, TTY, TRS**	Telecommunications Devices and Relay Service	A free service that enables persons with TTYs, individuals who use sign language and people who have speech disabilities to use telephone services by having a third party transmit and translate the call	FCC
61.	**Title 1**	Title 1 of the ADA	One of five tittles of the ADA which pertains to Employment	ADA
62.	**Title II**	Title II of the ADA	One of five titles of the ADA which pertains to State and Local Government	ADA
63.	**Title III**	Title III of the ADA	One of five titles of the ADA which pertains to Public Accommodations(private entities)	ADA
64.	**Title III Services**	Title III Services **(this is Title III of the Older Americans Act, not ADA)**	Services provided to individuals age 60 and older, funded under Title III Older Americans Act including meals delivered, supportive services, transportation, legal advice and more	DHHS
65.	**Title IV**	Title IV of the ADA	One of five titles of the ADA which pertains to Telecommunications	ADA
66.	**Title V**	Title V of the ADA	One of five titles of the ADA which pertains to miscellaneous provisions	ADA
67.	**Title XIX, XVIII & XX Services**	Title XIX, XVIII & XX Services	XIX =Federal/State funded program medical assistance to low-income individuals, now called Medicaid XVIII – Health insurance program for persons over 65 and persons with disabilities, now called Medicare XX= grants to States for social services , now called Social Services Block Grants	DHHS
68.	**Qualifying Condition**	Qualifying Condition	The specific conditions for which the individual qualifies as chronically ill. This could include dependency in the required number of ADL's, cognitive impairment or both	DHHS
69.	**Undue Burden**	Undue Burden	Undue burden means significant difficulty or expense. In determining whether an action would result in an undue burden, factors considered include, nature and cost, overall financial resources and more, see www.ada.gov/reachingout/12factors.html	ADA
70.	**Undue Hardship**	Undue Hardship	Defined as an "action requiring significant difficulty or expense" when considered in light of a number of factors. These factors include the nature and cost of the accommodation in relation to the size, resources, nature, and structure of the employer's operation, see https://adata.org/faq/what-considered-undue-hardship-reasonable-accommodation	ADA

	ACRONYM	TERMINOLOGY	DEFINITION	SOURCE
71.	**VRS**	Video Relay Service	Form of Telecommunications Relay Services that enables people who are deaf, hard of hearing, or have speech disabilities and who may or may not use ASL (American Sign Language) to communicate with voice telephone users through video equipment, rather than through typed text	FEMA
72.	**Whole Community**	Whole Community Planning	A focus on enabling the participation in national preparedness activities of a wider range of players from the private and nonprofit sectors, including nongovernmental organizations and the general public, in conjunction with the participation of federal, state, tribal and local government partners in order to foster better coordination and working relationships. Whole community may be used interchangeably with "all-of-Nation." " Participation of the whole community requires equal access to preparedness activities and programs without discrimination and consistent and active engagement and involvement in all aspects of planning. Individual and community preparedness is fundamental to success. By providing the necessary accommodations for participation, the whole community can to contribute to and benefit from national preparedness	FEMA