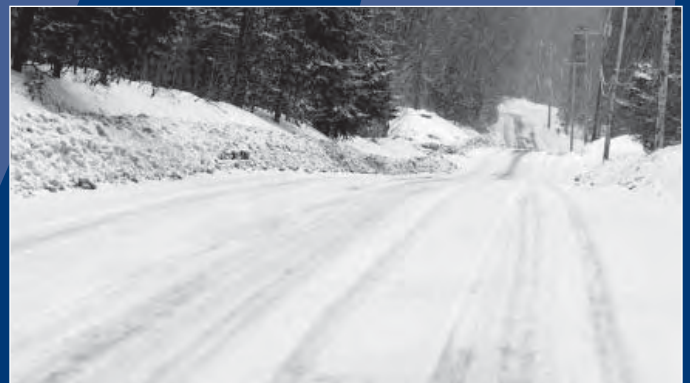

A Guide for Including People with Disabilities in Disaster Preparedness Planning



Guide for Including People with Disabilities in Disaster Preparedness Planning

This guide is primarily intended to assist people involved in preparedness planning at the municipal and regional levels. It also contains information that will be useful to individuals with disabilities and families in the appendices. Appendix D also identifies some critical issues that need further development at the systems level in Connecticut. Comments and suggestions are welcome, and may be addressed to the University Center for Excellence in Developmental Disabilities.

**Developed by the
Connecticut Developmental Disabilities Network
a partnership of:**



Connecticut Council on
Developmental Disabilities



The University of Connecticut
A.J. Pappanikou Center for Excellence
In Developmental Disabilities
Education, Research and Service



Office of Protection & Advocacy
for Persons with Disabilities

With special thanks to our speakers from the December 6th, 2005 forum:

Marcie Roth, National Spinal Cord Injury Association

Mario Bruno, American Red Cross, Charter Oak Chapter

Stephen Thal, Capitol Region Emergency Planning Committee

Therese Nadeau, University of Connecticut Center on Disabilities

Norma Gyle, Connecticut Department of Public Health

James Thomas, Connecticut Department
of Emergency Management & Homeland Security

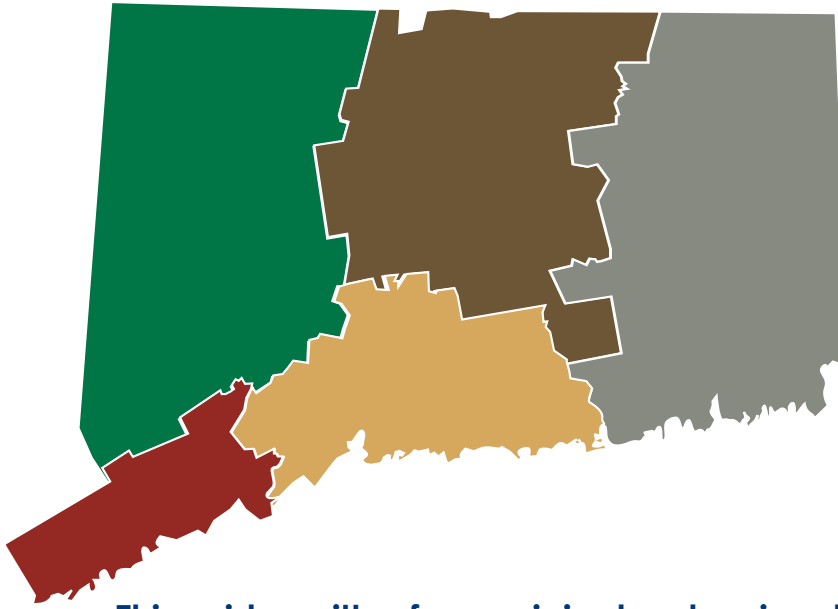
Sandee Winchell, Louisiana Council on Developmental Disabilities

This guide can be made available in alternative formats upon request.

Address specific requests to: the University Center for Excellence in
Developmental Disabilities at 1.860.679.1500 (v) or 860.679.1502 (TTY)

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This guide, written for municipal and regional planners, reflects information, concerns and recommendations that emerged at the day long forum on December 6, 2005, on “Lessons Learned” from recent large-scale disasters that affected states along the Gulf Coast. At the forum, individuals connected with the disability communities in those states presented a compelling picture of both widespread ignorance of disability issues among those responsible for disaster planning and response, and a tragic lack of preparedness on the part of people with disabilities and the human service infrastructure. Discussions among forum participants focused on sharing information about Connecticut’s system for planning and responding to large scale emergencies, and on ways to make sure the needs of people with disabilities are met.

Elizabeth is in her thirties. She has a Master’s degree in human services and works full time, advocating for people with disabilities. Elizabeth owns a home near the downtown area of her community. Elizabeth uses a power wheelchair as the result of a significant disability and has a service dog. On a daily basis, she needs assistance with most activities of daily living; she has personal assistants who drive her van and assist with personal hygiene, dressing, eating, and transferring. Elizabeth has been concerned about how she would handle an emergency. She is worried that despite planning, her needs may not be met in a time of disaster.

Pete is 24 years old and just moved from his parents’ home into his first apartment. He lives about 15 miles from his family’s home and a few blocks away from Elizabeth, whom he has not met. Pete works in retail at a local shop and takes the bus to work every day. Pete has an intellectual disability (mental retardation), and is living independently with the support of the Department of Mental Retardation and his family and friends. Pete has a successful routine at home and at work, but has difficulty responding to new or stressful situations without support. Pete completed a disaster plan with his case manager earlier this year, but admits that he is unsure what steps he would need to take in a disaster.

Introduction

People with Disabilities Need to be Part of Disaster Planning

As the day progressed, a number of themes emerged: the necessity of accommodating assistive devices and personal support networks in evacuation and sheltering scenarios; the importance of knowing where people live and work; the fact that there was no “one size fits all” solution; and the need to ensure an array of communications, transportation, housing and relief strategies to meet a variety of individual needs and circumstances. Perhaps the most important lesson learned, however, involved the critical need for networking and collaborative planning between people with disabilities and planners, responders and government leaders. This guide is written to facilitate that process.

Our goal is to provide for people with disabilities at the same level of safety afforded to all, and to have people with disabilities involved in the process to plan, advocate, and take charge for themselves.

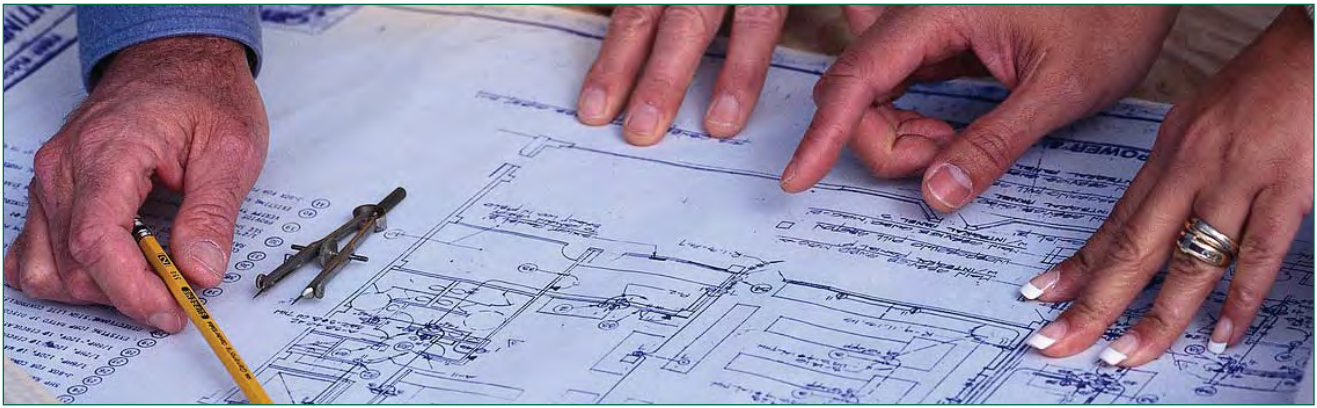
*Stephen Thal,
Capitol Region Emergency Planning Council*

Who Are “People with Disabilities”?

The term “people with disabilities” covers a broad spectrum of human experience and individual circumstances. So many different types, levels and combinations of physical, cognitive, sensory and mental conditions fall under the general umbrella of “disability” that the term, by itself, gives little useful information about the specific needs of any particular individual to whom it is applied. It is important that emergency services personnel, relief workers, incident managers and government leaders cultivate an understanding of the diverse identities and needs of people with disabilities. No single strategy for outreach, planning, communication, evacuation, or shelter will work for everyone. Planners, trainers, and responders must be mindful of the wide variety of needs and issues for people with disabilities.

The key concerns that emerged in the December 6 forum on “Lessons Learned” have been organized into the following chapters of this manual. These chapters are:

- 1. Outreach: Identification and Education**
- 2. Planning with the Disability Community**
- 3. Communication Strategies**
- 4. Evacuation**
- 5. Shelter**



Key Questions for Planners

1. How will you reach out to people with a variety of disabilities in your community?

Including people with disabilities starts by developing effective outreach strategies. Individuals, families and provider agencies need to be identified, educated and encouraged to prepare their own plans. Municipal and regional planners need to listen to people explain their needs, network with disability groups, and develop relevant preparedness plans. Both the disability world and the emergency preparedness world need to learn each other's language. To encourage collaboration and competent emergency responses, planners must make conscious efforts to communicate in formats that are accessible to people with a variety of communication styles and needs, and to hold meetings in accessible locations.

2. How will you ensure that people with disabilities have a voice in community preparedness planning?

The best way to ensure that community preparedness plans are relevant for people with disabilities and their families is to involve them in planning, drills, training, site visits and feedback. Inviting participation can mean anything from encouraging people with disabilities to volunteer for Red Cross training to including disability groups in discussions about expansion of reverse 9-1-1 systems. People with disabilities, family members, advocacy groups and provider organizations can also help evaluate the accessibility of facilities, vehicles, and communications. The motto adopted by disability rights activists is especially important to emergency preparedness: "Nothing about us without us."

3. What do you need to know in order to meet the needs of people with disabilities during an emergency?

Experience teaches that while planning is critically important, it is only part of the equation. Situational realities often demand flexibility and accommodation beyond what is envisioned in even the best emergency plans. This means that leaders and responders must be trained and well informed about a variety of disability issues, and that networks with disability groups must be established (and working) prior to an actual emergency. One of the benefits of energetic outreach and networking efforts will be positive working relationships with disability groups that can lend expertise in training responders, and help meet unexpected resource needs during an emergency.

4. How will you evacuate everyone?

Planners need to anticipate logistics and communications needs for both evacuation and “shelter in place” scenarios. Detailed, redundant communication strategies are critically important, especially to people who have communications disabilities (e.g. people who are deaf and hard of hearing, people with certain cognitive disabilities), and to people who live independently with assistance. Similarly, transportation planning needs to anticipate and accommodate the needs of people who depend on assistive devices for mobility and communications, service animals, or the help of family members, friends, or directly-employed aides.

5. In an emergency, is there a place for everyone?

To the maximum extent possible, shelter and support plans should include people with disabilities along with others in their community. In most cases, accommodating people with disabilities requires relatively small, simple modifications to policies and physical environments: providing a portable ramp, ensuring that announcements are affirmatively communicated to deaf and hard of hearing people; allowing aides and family members to evacuate and shelter along with a person. People with disabilities should not be routinely routed to health care environments or separated from essential equipment and other personal supports (e.g. service animals, friends, aides, family). Doing either greatly increases vulnerability and trauma, and may condemn a person to a lengthy, unnecessary period of institutionalization.

Chapter One

Outreach: Identification & Education

How to Encourage Personal Preparedness and Self Identification

In this chapter, you will learn how to:

- ✓ Find the Audience
- ✓ Educate the Audience
 - Accessibility
 - The Message
 - Encourage Personal Preparedness
 - Encourage Self-Identification
- ✓ Prepare Educational Material

Identification and education outreach efforts begin by targeting the audience and tailoring essential information to its specific needs. Because the disability community is so diverse, effective outreach requires multiple approaches. This chapter suggests a number of outreach and education strategies geared toward encouraging self-identification and personal planning. It also identifies resources that can be readily accessed or adapted for particular audiences.



Pete is new in town and has not quite located all the community services he will need. He is still receiving services from the same regional DMR case manager. However, his emergency plan that he completed a few months ago has not been updated since his move. He saw a story on the evening news about the coming hurricane season and immediately left a panicked message for his case manager asking for help. The next day, Pete asked his direct support staff what he should do about disasters when she arrived at his apartment. They sat down together and discussed his concerns, then called his case manager together.

·What resources are available, accessible, and specific to Pete's town and region?

·Should he contact someone in his town government?

·Should he make a disaster kit? What should be included in the kit?

Find the Audience

People with disabilities live and work in a wide variety of locations throughout Connecticut. Many live completely independently and are involved in typical community activities. Others receive fairly intensive services or rely on family members to assist with daily needs. Yet others live in group homes, designated housing complexes or other residential programs. Locating and educating people living in such diverse circumstances can present significant challenges, particularly for those from cultural and linguistic minorities, or if disability-related communications barriers are a factor (e.g. for people who are deaf, blind, cognitively impaired, etc.).



Media campaigns, presentations before community organizations, information booths at health fairs, and direct mailings can all help raise awareness among people with disabilities, provided material is relevant and presented in accessible formats. Targeted person-to-person outreach strategies are also quite effective. This may mean conducting door-to-door campaigns in areas where demographic information suggests high concentrations of people with disabilities (e.g. senior/disabled housing complexes), or where language barriers or geographic isolation are known to pose barriers.

Partnering with local or regional disability organizations will likely prove to be a very effective strategy for reaching and educating individuals with disabilities and their families. Disability organizations are usually able to reach constituent members, send out mailings, etc., and have credibility with the people they serve or represent. Establishing contact with leaders of these groups has two additional benefits:

- 1) They can advise on how best to make the message accessible to the target audience;**
- 2) The leaders can become a resource network that can prove very useful in managing an actual emergency.**

Many organizations focus on particular disabilities or issues (e.g. autism, multiple sclerosis, cerebral palsy, promoting employment or independent living, etc.). It is therefore very important to identify and reach out to as many groups as possible. Good starting points for finding these organizations would include municipal disability commissions, Independent Living Centers (see Appendix C), and Infoline (2-1-1).

Educate the Audience

Accessibility

One helpful educational strategy is to develop and distribute personal planning packets specifically geared to the needs of people with disabilities. These packets can include generic instructions about preparedness as well as checklists and disability-specific planning information. (See Appendix A for examples.) Packets should also contain information about local emergency services, municipal pre-registration programs, particular local or regional warning systems and hazards, evacuation plans and procedures, and where to turn for instructions in the event of an emergency.

Accessibility Considerations

- ✓ **alternate formats**
 - ✓ **physical accessibility**
 - ✓ **complexity of language used**
 - ✓ **auditory descriptions of visual aids**
 - ✓ **sign language interpreters**
 - ✓ **Communication Access Realtime Translation (CART)**
-



All material should be provided in alternate formats, and all disability-related needs should be accommodated at educational presentations or planning sessions. A brief statement on printed booklets and brochures should be included to indicate that the material can be made available in alternative formats and how to make such requests. Announcements for presentations and training events should invite people who need accommodations to ask for them, preferably ahead of time. People who request accommodations can indicate what format works best for them. Computer technology can help enormously. For standard printed documents, alternative formats can include large print, Braille, audio recordings, computer discs and text-only versions of web sites, etc. Large print versions of materials can usually be produced on photocopy machines or through conventional computer printers; electronic versions of text can be emailed or copied onto discs. Braille may take somewhat longer to arrange, but results in relatively permanent documents that can be easily referred to in an emergency without the need for functioning electronic equipment.

Accommodation at training events and presentations begins by ensuring the use of accessible facilities. It can also include providing sign language interpreters, ensuring that presenters verbally describe information projected from overhead or PowerPoint projectors, and other disability specific formats.

It's going to be up to that local emergency preparedness director to know who is in his or her community and where they are located. Everything starts at the local level, and it ends at that local level.

*Commissioner James Thomas,
Connecticut Department of Emergency
Management & Homeland Security*

The Message

Educational messages should be aimed at encouraging personal preparedness planning and self-identification of assistance needs.

Encourage Personal Preparedness

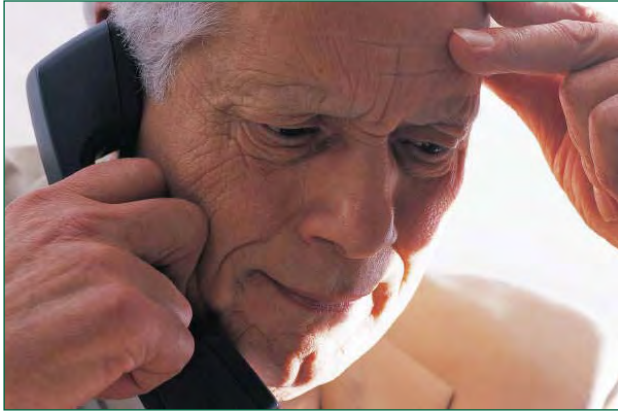
Like everyone else living in Connecticut communities, people with disabilities should be encouraged to prepare for both evacuation and for sheltering in place. However, depending on the individual's needs, a preparedness plan for a person with disabilities may need to include provisions for support networks, adaptive equipment, service animals, effective communications, accessible transportation and other individual needs. An emergency support network can consist of friends, relatives, or aides who know where the person is, what assistance he or she needs, and who will join with the person to assist them in seeking shelter or when sheltering in place. If a person's plan depends on assistance from others, it is essential that those others fully understand and commit to their role, and that the individual also establish backup plans as a safeguard against unforeseen contingencies. Some support network members may not be able to reach the person with a disability, so alternatives must be in place. People with psychiatric disabilities might also consider including in their plan peer support options or connections through local social clubs or other organizations.

Personal plans should also include communications and rendezvous components - ways for the person with a disability to reconnect with family members, friends, and other supports after the immediate emergency has passed.



Encourage Self-Identification

Prepare and distribute information on voluntary pre-registration of individuals who will need assistance during an emergency. Those who need individual notification and/or assistance in order to evacuate their homes and workplaces can register with planners in advance. Some towns and cities have recently launched their own self-identification programs. Ideally such systems should inform responders of a registered individual's communications and assistance needs, as well as indicating where to look for the person if not at their primary address and who else should be contacted on the individual's behalf.



Explain system limitations and procedures for keeping information up to date.

Assurances that information will be kept secure and confidential will likely increase participation. However, the system should be capable of sharing information with responders from other jurisdictions who may be called into service. Where defined pre-registration programs do not exist, research municipal emergency agencies' protocols for identifying individuals with special needs and distribute or publicize relevant instructions.

Include information on obtaining and completing 9-1-1 Special Needs Forms.

Once a completed form is submitted to SBC / AT&T, dispatchers who receive 9-1-1 wireline calls from the registered phone will receive special needs information. Forms may be obtained from the web page of the Office of Statewide Emergency Telecommunications on the Department of Public Safety's web site. Also include information on how to sign up to receive E-Alerts from the Department of Emergency Management & Homeland Security (DEMHS).

Prepare Educational Material

Many disability-specific materials and educational or promotional programs already exist and are being distributed through hospitals, health departments and emergency services, or are available through disability organizations. It is also possible to adapt generic preparedness information to include disability-specific information such as that contained in Appendix A. Before re-inventing the wheel, check to see if local health departments, area hospitals, or local fire and police departments have educational material or programs that can be presented or adapted to be particularly relevant for people with disabilities. For example, the Rochester, New York, Red Cross chapter has worked with representatives of the deaf community to develop a guide specifically for people who are deaf and hard of hearing. A free download of that guide is available on their web site. In fact, the web sites of many of the national disability groups listed in Appendix B offer a number of free, downloadable brochures and fact sheets that can be adapted to local needs and distributed along with generic preparedness material. Decisions about what to adapt and include in packets and educational presentations are best made based on specific municipal plans and in conjunction with local disability groups.

You're invited...
Lessons Learned
Disaster Preparedness for People with Disabilities

Lessons Learned
A Forum on Disaster Preparedness for People with Disabilities
December 6, 2005 • 10:00 a.m. - 3:00 p.m.
Northeast Utilities Auditorium • Berlin, CT
107 Selden Street, Berlin Turnpike

There is a \$10.00 fee which includes lunch for this forum due at the time of registration. For further information please contact Jessica Jagger at 860-679-1584 or jjagger@uchc.edu. **Greater Hartford ADA Paratransit will provide transportation to this event for current users.** This forum is sponsored by the Developmental Disabilities Network - a partnership of the Connecticut Council on Developmental Disabilities, the Connecticut Office of Protection & Advocacy for Persons with Disabilities, and the University of Connecticut AJ Papanikou Center for Excellence in Developmental Disabilities Education, Research, and Service.

AGENDA

Morning Session
10:00 a.m. to 12:00 noon
• **A National Perspective on Disaster Preparedness**
• Marcie Roth, Executive Director/CEO, National Spinal Cord Injury Association
• CT's Disaster Preparedness Plans

12:00 noon to 1 p.m.
Lunch
• Lessons Learned From Katrina
• Sandee Winchell, Executive Director, Louisiana Developmental Disabilities Council

Afternoon Session
1:00 p.m. to 2:30 p.m.
Disaster Preparedness Needs: Small group discussions
• Communication
• Personal Assistance
• Food and Water
• Health & Medication
• Shelter
• Transportation
• Utilities
• Respite
• Mental Health

2:30 p.m. to 3:00 p.m.
Wrap up & Next steps

Sign language interpreters will be provided.

Accommodations will be provided according to requests received by November 23. Personal assistants will not be charged; those registered with their employers. **Greater Hartford ADA Paratransit will provide transportation to this event for those with chemical sensitivities; this event is fragrance free.**

Agency: _____ State: _____ Zip: _____

Chapter Two

Planning with the Disability Community

How to make sure that people with disabilities are involved at the local and regional levels

In this chapter, you will learn how to:

- ✓ Develop Inclusive Disaster Plans
- ✓ Include Local Disability Groups & Service Providers
- ✓ Assess Resources & Needs
 - Local Human Services & Health Care Providers
 - Local Mental Health Authorities & Social Clubs for People with Psychiatric Disabilities
 - Residential and Vocational Program Operators

This chapter will explore strategies for recruiting and involving people from across the disability community in emergency planning. Important considerations concerning diverse needs within the disability community will be identified in the beginning of the chapter. This chapter concludes with ways to find people with disabilities and providers interested in participating in the planning process, and the resources and knowledge they bring to the planning table.



Elizabeth has been working in the disability community for the last twelve years. She has made a lot of connections, is on the board of a few local service providers and disability groups, and knows a lot about many different disabilities besides her own. When it comes to planning for a disaster, she knows she needs to do more, but she does not know what to do. She has a first aid kit, a small container in her bedroom closet with emergency supplies she can use, and she always carries her list of essential personal and medical information and some food and water for her service dog. Elizabeth saw a public notice in the newspaper about an emergency planner's meeting, but she wasn't sure she belonged at that meeting.

- **Does Elizabeth belong at the emergency planners meeting?**
 - **How would Elizabeth's expertise and professional connections be useful?**
 - **Would Elizabeth be able to connect her town planners with resources (staff, transportation, supplies) in the disability community?**

Develop Inclusive Disaster Plans

Although the term “disability” may bring to mind a particular image, it actually refers to a very broad spectrum of human experience. Disabilities include physical, cognitive, sensory and mental limitations, and people with disabilities live with varying combinations and levels of these impairments. Children with disabilities (and their families) often have very different needs than adults with disabilities. Many people with disabilities receive residential and other supports in congregate settings like nursing homes, or in residential and vocational support programs like group homes and supported employment programs. Most, however, live independently or with family members, and many are employed in typical work environments.

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



Include Local Disability Groups & Service Providers

People who live with disabilities are generally the best source of expertise on what does and does not work for them. In addition, disability organizations are a tremendous resource, both for planning purposes and in the event of an actual emergency. Including community members with personal disability experience and representatives from disability organizations in planning, training exercises, and in accessibility surveys of facilities will help test assumptions and greatly improve overall preparedness. It also can help establish working relationships that serve everyone's interests in times of need.

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

Many disability organizations focus on particular disabilities (e.g. ARCs, Autism Spectrum Disorders Support Groups, Local Mental Health Authorities, local United Cerebral Palsy chapters, etc.). Links to local chapters and related organizations can be found on web sites of statewide umbrella groups (ARC-CT, Autism Spectrum Resource Center, National Alliance on Mental Illness-Connecticut Chapter, UCP, etc.). Remember that cross-disability representation will require involving several different disability-specific groups. Cross-disability groups, like Independent Living Centers, can also be a valuable resource because of their diverse membership and experience in advocating for people with various disabilities. Most municipalities also have an ADA coordinator who is responsible for ensuring compliance with ADA requirements that apply to local governmental policies, services and facilities. Together these members of the community can provide a broad base of expertise and resources for emergency planning.



Assess Resources & Needs

Service providers, including those in health care, human services, mental health authorities, residential, and vocational programs, have expertise to share about the individuals they serve. They understand the general needs of their clients, and they have resources such as trained staff, transportation, and supplies that can be very valuable in a disaster. Inviting service providers to the planning table will help emergency planners and service providers understand how they can work together to meet the needs of their community.

Include disability experts in every planning meeting that you have. You don't have to learn everything there is to know about disability issues if you reserve a seat at the table for those who know the issues.

*Sandee Winchell
Louisiana Council
on Developmental Disabilities*

Local Human Service & Health Care Providers

Local and/or regional human service and health care agencies serving people with disabilities should be contacted. These agencies provide in-home supports or case management services for people with physical, cognitive and mental health disabilities. 2-1-1 / Infoline (www.infoline.org) maintains listings of these agencies and can identify them by municipality or zip code searches. Search for “home health care,” “medical transportation” and “rehabilitation/habilitation” services. In addition, web sites of non-profit provider trade organizations (e.g. Connecticut Association of Rehabilitation Facilities, Connecticut Community Providers Association, Connecticut Home Care Association, etc.) also list members who provide services in specific localities. Some providers are licensed by or contract with state agencies and can be located using the state agencies’ web sites - Departments of Public Health, Mental Retardation, Social Services, and Education. Their regional offices should be able to provide lists of agencies that could be surveyed to determine whether they have specific resources or are aware of populations with particular needs.

These agencies can be an extremely valuable resource in emergency planning; many have trained staff, accessible vehicles, stored supplies, and they know the needs of the people they serve. Remember that agencies may also be of assistance in distributing information to clients and families. These agencies have resources to share, and they also have something to gain: participation in the planning process will help to guarantee maximum continuity of their services to their clients. While they would need specific permission in order to share personally identifiable information, they may be able to identify the general needs of their clients, share their own disaster-response plans, and list their own assets. Though staff from these agencies can be very helpful in a disaster, it is important to remember that providing for the families of direct care and health care workers, allowing them to safely evacuate and provide for their own families, is often critically important to keeping them on the job.

Local Mental Health Authorities (LMHA) & Social Clubs for People with Psychiatric Disabilities

LMHAs provide clinical and case management support services to people with psychiatric disabilities living in their catchment areas. Many sponsor social clubs, “warm lines” and drop-in centers that serve people with mental illness and related issues. Depending on location, the local LMHA may be a non-profit organization operating under a Department of Mental Health and Addictions Services (DMHAS) contract, or a State-operated component of DMHAS. (See DMHAS web site, click menu for “find services in your area” www.DMHAS.state.ct.us/findingservices.htm). In addition, social clubs provide peer support and sponsor recovery-oriented programs; they may or may not be affiliated with an LMHA. Staff from all these organizations have experience supporting people who live independently while pursuing recovery from mental illness and/or addictions. While many of these people do not live in structured residential programs, they may require frequent contact with case managers, clinicians, peer supporters, etc. Because of their consumer orientation and voluntary nature, the social clubs and warm lines associated with LMHAs are generally viewed positively by mental health consumers who may have had experiences that leave them reluctant to trust officials.

These organizations may be able to assist with consumer education, contact people, and distribute warning information and instructions in the event of an emergency. They may also be able to provide supportive counseling in evacuation shelters, or even over-the-phone support in prolonged “shelter-in-place” scenarios. Plans should allow counselors and others providing services to bring their own families along to safety.





Residential and Vocational Program Operators

Residential support programs include group homes, residential treatment programs, supported housing, and supported living / apartment programs. Vocational programs include vocational training, job coaching, work crews, and competitive employment placements.

These service providers may or may not be licensed by or contract with state agencies to serve particular populations. Agency contact information can be obtained from Infoline and from the web sites of the statewide agencies and organizations listed above. Residential and vocational providers may or may not be required to have their own emergency response/disaster preparedness plans.

Where they do have their own plans, these should be reviewed to ensure compatibility with municipal/regional plans, and to ensure they are not all depending on the same limited resources in the event of an emergency. Even if these organizations have no preparedness plans of their own, they can help identify locations where people who may need considerable assistance are living and/or working. Many of these organizations also have inventories of supplies and equipment, trained staff, connections with clinicians, expertise managing the needs of people with significant disabilities, accessible vans and experienced drivers. Plans should allow employees of these organizations to bring their own families along to safety.

Chapter Three

Communication Strategies

How to make sure everyone knows what to do in the disaster

In this chapter, you will learn how to:

- ✓ Make Communications Accessible to People Who Are Deaf or Hard of Hearing
- ✓ Make Communications Accessible to People Who Are Blind or Visually Impaired
- ✓ Make Communications Accessible to People with Cognitive Impairments
- ✓ Utilize a Variety of Communications Strategies

Making warning messages, directions, announcements, offers of assistance and other public information accessible to people with communications disabilities requires awareness of different needs and familiarity with the capabilities and limitations of various communications technologies. This chapter outlines considerations and strategies for making emergency communications and related announcements accessible to people who are deaf and hard of hearing, people who are blind or have low vision, and people with cognitive disabilities.

It's really important that we think about how to prevent the unintended consequences of some of the decisions that get made very quickly and have an unnecessary lifelong impact.

*Marcie Roth,
National Spinal Cord Injury Association*

Pete is home alone one evening, watching television after a long day at work. He hears an alarm outside, but it does not sound like any alarm he has heard before. Pete's TV show is interrupted by a breaking news bulletin that he does not understand. The newscaster is talking about a power plant a few miles away, but Pete didn't know there was a power plant nearby, and he doesn't understand what could be wrong with it. Pete hears the newscaster say that "evacuation is underway in the five-mile zone around the plant," but he has no idea what that means for him. Written instructions appeared on the TV screen, but he hadn't finished reading them before they went away and the newscaster came back on screen.

- **How will Pete know what to do?**
- **If Pete has to leave, how will he know where to go, who to call, how to get transportation?**

Make Communications Accessible to People who are Deaf or Hard of Hearing

A variety of approaches should be utilized to reach people who are deaf and hard of hearing. While American Sign Language (ASL) is the primary language of many deaf people, many people who become deaf or hard of hearing late in life do not use ASL. A combination of captioning and sign language interpreting of broadcast announcements will make communication accessible for a broad range of deaf and hard of hearing people. TV news broadcasts by studio “anchors” are often read from a teleprompter script, which readily lends itself to closed captioning. However, not all television stations are able to close caption news coverage from remote locations. A qualified sign language interpreter should be included within any TV camera views of news conferences or other announcements that cannot be captioned. Sometimes arrangements can also be made for the text of brief announcements to be displayed on screen. Closed captioning technology is rapidly developing in this area, so this issue should be revisited frequently.

Public meetings to answer community concerns, explain contingency plans, or solicit input should be interpreted by qualified sign language interpreters and, if possible, captioned by “real time” CART at meetings. Reverse 9-1-1 technology should have the capacity to send text messages to people who have registered as using TTYs. Finally, “notifiers” should be dispatched to knock on doors of people known to need personal notification and guidance. Loudspeaker announcements from vehicles may not be heard by deaf or hard of hearing people.



Make Communications Accessible to People who are Blind or Visually Impaired

Pre-printed literature such as registration forms and health and safety information should be available in large print. Information offered electronically through web sites, emails & e-alerts, and DVDs/CDs should be formatted for accessibility. Screen readers (software that reads text out loud through a voice synthesizer) are often used by people who have visual impairments, and require some formatting considerations. Post “text only” versions of all pages and releases; use graphics and text boxes sparingly, particularly at the top of the page because they may prevent a screen reader from finding the text. All essential graphics should be described in text. Interactive “buttons” or links that require operators to navigate by using a mouse render a web page inaccessible. Organizations such as “Bobby” set standards for accessible web page design. Websites such as <http://nadc.ucla.edu/dawpi.htm> and <http://www.w3.org/TR/WCAG10/> can provide useful guidance on accessibility. If any diagrams, pictures, graphics or maps are displayed at news conferences, they should be described for the benefit of blind and visually impaired people who are listening.

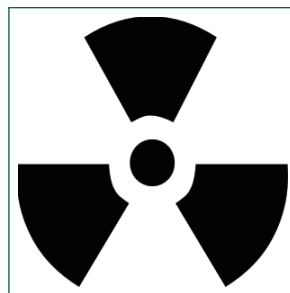


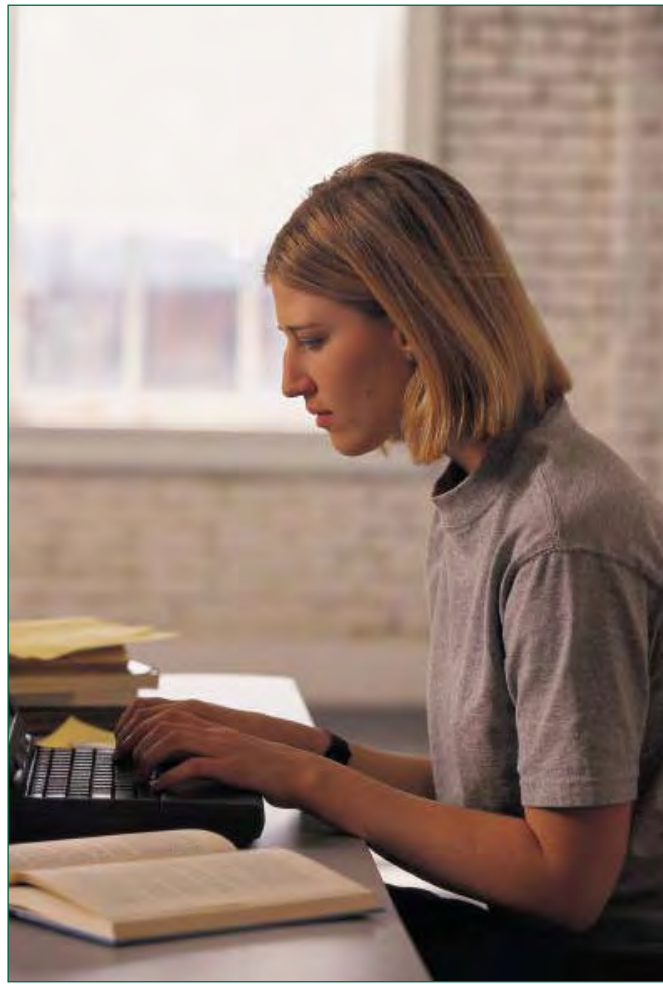
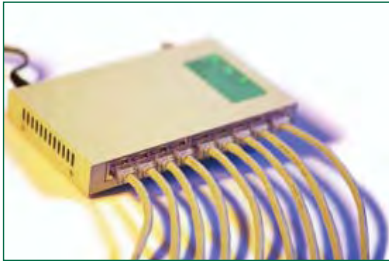
Make Communications Accessible to People with Cognitive Impairments

All announcements, warnings and instructions that will be broadcast should be drafted with awareness that many people with cognitive impairments (brain injuries, learning disabilities, mental retardation) need clear, concrete information about the nature of any risks, specific areas affected, and the steps they need to take.



Again, plan to dispatch “notifiers” to knock on doors to offer guidance to people with cognitive impairments who need such assistance. Pictures such as universal symbols should be used whenever possible in printed materials. Printed and verbal instructions should be limited in length, use the simplest possible language, and incorporate pictures such as universal symbols.





Utilize a Variety of Communications Strategies

Communications strategies intended to reach specific populations should not rely exclusively on disability-specific forms of media to make announcements, provide updates, etc. For instance, people who are deaf and who do not have cable TV (or who sustain an interruption in service) cannot benefit from Connecticut Network's (CT-N) captioned coverage of official announcements by State officials. Similarly, while many people who are blind or do not read printed material listen to news broadcasts on CRIS radio, not everyone has the special radio receiver required, and no battery operated CRIS receivers are available to ensure receipt of information broadcast during a power failure. It is important, therefore, that releases and announcements broadcast over conventional news media or transmitted via electronic means be made as accessible to as many audiences as possible.

Chapter Four

Evacuation

How to make sure everyone gets out

In this chapter, you will learn how to:

- ✓ Implement an Evacuation Process
 - Equipment, Supplies, Service Animals, and Assistants
 - Evacuation Transportation
 - Additional Considerations
- ✓ Select an Evacuation Destination

Planning for the safe evacuation of people with disabilities must consider both the process of evacuating and the destination. This chapter will address important considerations for the evacuation process as well as the evacuation destination.



Elizabeth is at work, sending emails and making phone calls, when the power goes out unexpectedly. A few seconds later, the fire alarm sounds and people start evacuating the building. Elizabeth's office is on the fourth floor, so she waits in the designated area of refuge. One of the building's maintenance workers hurries to her and tells her that she will need to evacuate; there was a fire on the first floor at the other end of the building. He uses his walkie-talkie to alert the building manager outside that the firefighters needed to get to the fourth floor and evacuate Elizabeth. There is no evacuation chair in her building. Within five minutes she is carried out of the building, her service dog following close behind. Luckily, the fire was well contained, so her customized power chair, which she refers to as her "lifeline," was not harmed and was brought out to her after power was restored to the elevator. Elizabeth called her personal assistant, who had her van, and made arrangements to go home for the afternoon.

- **What if her personal assistant was not available to take her home safely? Elizabeth and her chair can only safely ride in modified vans.**
 - **What if her chair could not have been brought out safely? Power chairs can take weeks or even months to be replaced and customized to the user.**

Implement an Evacuation Process

Safe, effective evacuation by people with all types of disabilities should be a central objective of all plans. Issues such as transportation, personal assistance, service animals, and supplies and equipment are important to many people with various disabilities. Other evacuation concerns may be more specific to different disability types. Remember to consider the multiple formats for accessible communications when preparing evacuation communications. Evacuation personnel need to look for and assist people who need assistance reading signs, hearing instructions, and filling out forms.

Equipment, Supplies, Service Animals, and Assistants

Responders must be trained on the importance of allowing individuals with disabilities to bring personal care assistants or family members, service animals and mobility, communications and medical devices with them. Provisions should be made to assure safe transport of mobility, communications and other assistive equipment. Policies need to reflect an understanding that these supports are not optional.

The rule should be that if a person says it is important for them to bring particular people, animals or equipment with them, they should be allowed to do so unless granting the request would likely result in imminent harm to the person or others.

A disaster could change everything. Not just for me, but for others with disabilities. What if the supports in my life were not there in a time of disaster? What if my personal assistants were not there? My wheelchair is not just a piece of equipment.

It's my legs.

Even in an emergency, I need to rely on certain forms of equipment to meet the most basic of needs.

*Therese Nadeau,
University of Connecticut A.J. Pappanikou Center
for Excellence in Developmental Disabilities
Education, Research and Service*



Evacuation Transportation

Not all people with disabilities will need transportation in the event of a disaster, but for those who do, transportation can become a major barrier to safe evacuation if comprehensive plans are not in place. Many people with disabilities routinely use public paratransit systems operated by transit districts (Dial-a-Ride, ADA Transit) and may call on such services for transportation during an emergency. If these services are unavailable during the emergency, plans must include a way to forward requests to emergency services or transportation coordinators and to alert customers that the request has been forwarded. If long term care facilities have contracted for accessible evacuation transportation, they must not all plan to use the same contractor, or if they do, they must be sure that the contractor has sufficient vehicles to meet all needs.

Vans and buses vary as to the number of individuals they can accommodate and the types of lifts, ramps and wheelchair securing devices they employ. The process of inventorying these vehicles should identify overall occupant capacity and whether there are any limitations regarding the size or type of wheelchairs or other equipment they can safely transport. Operators need to be trained in safety issues and the safe operation of lifts, ramps, tie downs and other mechanical devices.

Additional Considerations

When preparing to evacuate, people with disabilities need to gather essential information and documentation. In Appendix A you will find a checklist for people with disabilities who are preparing an evacuation kit, including some specific resources that can be useful in centralizing and consolidating essential information.

It is important that evacuation plans for residential, day program, and medical facilities and large public buildings be tested through periodic drills. If equipment such as evacuation chairs are to be used, someone must make sure they work and that people in the building know how to operate them. Evacuation plans should list and include provisions for essential equipment that needs to accompany individuals (e.g. supplemental oxygen, food preparation/feeding equipment, suctioning devices, and portable respirators).

Individuals with cognitive impairments who need personal direction and safeguarding, or who need help contacting family or support agencies should be offered assistance. Evacuation drills should be practiced often to ensure that participants know what signals to respond to and where to go.

Alarm systems must be equipped with visual signals for people who are deaf or hearing impaired and audible signals for people who are blind or vision impaired. Signals or alarms must be perceptible inside smaller rooms such as offices or bathrooms. Methods must be established to personally notify people who are deaf or who have hearing impairments regarding evacuation warnings. Solutions include utilizing reverse 9-1-1 calling systems that can send text messages to TTYs, personal notification, or vibrating pagers. Plans need to be explained and drills need to be conducted often so that individuals who have visual impairments can independently find their way to exits and safe rallying points.

Plans to accommodate and/or quickly re-evacuate people who are especially sensitive to environmental conditions should be in place. Planners should be aware that evacuation is a priority for people who are extremely sensitive to heat, cold, environmental allergens, or pollution.



Select an Evacuation Destination

People with disabilities should not be routinely transported to health care facilities simply because they have disabilities. Triage decisions should be informed by an understanding that there is a difference between living with a disability and needing to be transported to a health care facility because of illness. For a person who has struggled against and overcome barriers to live in the community, being sent to a hospital, nursing home or other health care facility can have devastating, life-altering consequences. Evacuation personnel need to understand the impact of such a decision.

Chapter Five

Shelter

How to make sure there is a place for everyone

In this chapter, you will learn how to:

- ✓ Ensure Access to Shelters
 - Accessibility Assessment
 - Non-Discriminatory Shelter Agreements and Policies
 - Registration & Orientation
- ✓ Improve Outcomes for Sheltering in Place
 - Preparing to Shelter In Place
 - Checking In

Elizabeth watched the news around the clock all weekend, trying to decide what to do. A hurricane was on its way, expected to make landfall on Tuesday. She thought about sheltering in place, but was afraid that if she lost power, she might not be able to charge her chair for days. By Monday the residents in her community were advised to seek shelter, so Elizabeth, her sister, and one of her personal assistants packed a few bags and her lift into her van, and headed for the local shelter.

Pete arrived at the shelter with his parents about the same time as Elizabeth. He was very confused by the whole process. When they had to fill out intake paperwork, Pete had to wait for his mom to finish hers so she could help him. Pete was overwhelmed. As the hours passed, he withdrew, refusing to eat and or talk to his parents.

Elizabeth was greeted at the shelter with a dozen questions about her dog; they threatened to quarantine the animal, or worse yet, turn her away. Elizabeth, feeling very stressed, tried to explain that she and her service dog could not be separated. After filling out all the paperwork, Elizabeth, her sister, and her personal assistant found their cots. Once they settled in, Elizabeth started asking questions based on her needs. Elizabeth needed a private area to go to the bathroom. She needed to know that she'd be able to charge her chair if the power went out. She also wanted to know how she could access medical services, located on the third floor, if the power went out. Shelter staff were overwhelmed by the work they needed to do and concern for their own families and homes, and they did not understand Elizabeth's needs. They told her she would have to live like everybody else in the shelter: no privacy, no power, no elevators.

The storm hit Pete and Elizabeth's community hard. Pete's apartment was completely destroyed, and Elizabeth's house had flooded, but the water receded quickly. She had to get some help cleaning up, but she was able to go home within a couple days. Pete, however, had to search for a new place to live. Shelter staff gave him lots of handouts, but no one seemed willing to explain things to him. His mom said Pete could come home with them, but he did not want that. Someone offered to help him get into the state institution, but he and his parents had fought hard all his life to keep him in the community. Pete was becoming more and more depressed every day. Finally, after more than two weeks, he got a call from his caseworker telling him she had found an apartment several miles away. The new apartment was much farther from his parents, and it wasn't on the bus line, so he could not get to work, but Pete could not stay in the shelter any longer. He moved into the new apartment and hoped someone would help him figure out how to solve all his new problems.

The needs of people with disabilities must be considered in municipal and regional shelter plans and in plans that call for sheltering in place. This chapter explores strategies for ensuring access to community shelters and improving outcomes of sheltering in place for people with disabilities.

Ensure Access to Shelters

Accessibility Assessment

All congregate shelters should be assessed for physical accessibility and suitability to accommodate people with disabilities. Trained and knowledgeable surveyors, including people who use accessible features, should evaluate basic physical accessibility of facilities. People who use wheelchairs and other mobility devices should be able to enter and leave safely and independently, use bathroom facilities including showers, and have internal access to essential features such as food service, administrative and communication areas, sleeping areas, first aid stations, and emergency exits. The assessment should also look for situations that are potentially unsafe for individuals with visual and mobility impairments or unhealthy for people with sensitivities to environmental conditions (mold, excessively hot or cold conditions). Remember that temporary solutions are available, such as portable ramps, TTY equipment, and portable privacy screens.



Accessible communication is critical in a shelter. Internal public announcement systems may not be effective at informing shelter occupants who are deaf or hard of hearing. Printed signage may not be of use to occupants who are blind or visually impaired. Complicated and lengthy forms may be inaccessible to people with cognitive impairments without assistance.

Interior space should also be assessed for its suitability to accommodate needs commonly associated with disabilities. For example, is there space to erect a small pavilion tent to afford privacy for diaper changing or intermittent catheterization? Will electric service/back-up generators supply sufficient power to operate battery chargers? Is there a quiet, relatively sheltered area where a family with a child who has autism can adjust?

Non-Discriminatory Shelter Agreements and Policies

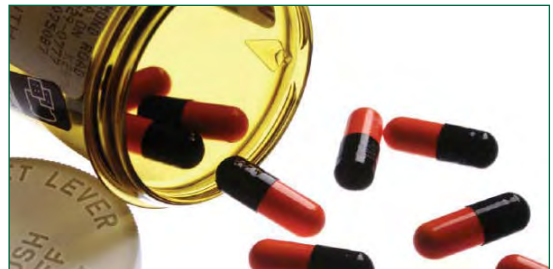
Review agreements and administrative policies with shelter operators to ensure practices do not discriminate on the basis of disability. Municipal authorities and their attorneys should review agreements with shelter operators to ensure conformance with Title II of the ADA and Section 504 of the Rehabilitation Act. Shelter operators' policies on accommodation should be reviewed to ensure that managers have the flexibility and are affirmatively directed to reasonably modify rules and practices in response to identified needs of individuals with disabilities. Administrative policies should affirmatively include provisions for disability or other human service agencies to visit and assist individuals with disabilities.

Registration and Orientation

Review procedures for registration and orientation to ensure that they are accessible and identify relevant needs and issues. Registration forms and initial informational material should be available in different formats. Offer materials in large print, record the materials, or read them out loud to registrants if needed. Offer assistance to those who need help completing the registration process. Procedures should be posted for obtaining sign language interpreters, and staff should be familiar with those procedures. All material should encourage self-identification of specific needs.

HAVE PLANS IN PLACE FOR:

- Obtaining assistance in medical emergencies
- Providing counseling and other mental health services
- Re-evacuation
- Obtaining medications, including psychiatric medications
- Providing family members or personal assistants respite; they will need breaks from providing care
- Keeping medication and nutritional supplies refrigerated or cooled as needed
- Contacting community providers, clinicians, and other human services liaisons when their expertise is needed
- Providing electricity to charge batteries used in power wheelchairs and other equipment



Improve Outcomes for Sheltering in Place

Preparing to Shelter In Place

Evacuation will not always be possible or desirable in an emergency, and people with disabilities must also prepare to shelter in place. Appendix A contains a checklist of considerations and emergency supplies for sheltering in place for people with disabilities.

Checking In

For extended “shelter-in-place” scenarios, plans should include ways to check on people and get personal care assistance to those who need it. Individual needs vary, but during a prolonged emergency, some individuals with disabilities will need assistance from others in meeting their basic needs. If people with such needs have pre-registered, they can be contacted by phone or, if necessary and possible, by personal visit to ascertain current needs. Plans should call for linkages with home health agencies and residential supervision/support programs. In an emergency, these programs can inform incident managers of known needs of their clients, and of personnel and other resources they have available to assist. Similar linkages can be established with mental health agency “warm lines” or peer support groups. Provide clear instructions for people who are sheltering in place to request assistance.

You need to prepare for yourself.

There's a lot that we can prepare for, but you need to have a way to take care of yourself for at least a few days.

Mario Bruno, Director, Emergency Services, American Red Cross Charter Oak Chapter

This appendix is intended to provide people with disabilities with information and checklists useful in preparing for emergencies. It should be used in combination with local and other specific resources.

Personal preparedness can greatly increase your chance of surviving a disaster. There are several key steps to preparing for a disaster that everyone should complete. First, know your own needs, and have a way of conveying those needs during a disaster. The **Disability Specific Disaster Preparedness Inventory** on page 49 and with the **Vial of Life** serve as a written assessment of your own unique needs and other important considerations. You can carry it anywhere that you need to go, and first responders can refer to it if you are unable to communicate important information.

In the event of a disaster, you will need to know who will help you and how they will help you. Review your town's plan, attend planning meetings, and volunteer to serve on planning committees if possible. Register with 9-1-1 so that first responders know you and know how they can assist you before the emergency. Make a communications plan using the **Who to Call** section on page 59 of this appendix. Discuss with family, friends, or other supports: who will come to you if you need assistance, who you will call to let them know you are alright, and where you will meet up with friends and family if you need to evacuate. Do not assume that someone will come to help you; make sure that the person you think will come is committed to coming, and periodically confirm the plan with the person to make sure their plans have not changed.

Appendix A

Disaster Preparedness Tips & Tools for People with Disabilities

Once you have a communications plan written down, place copies of it in your evacuation kit and your shelter in place kit. Use the **Checklist for an Evacuation Package** on page 51 to make sure you are ready to pick up and go when an evacuation order is given. Use the **Guide to Sheltering in Place** on page 52 and the **Emergency Supply List for Sheltering in Place** on page 58 to make sure that you will have everything you need if you are told to shelter in place.

This appendix includes:

- ✓ **Disability Specific Disaster Preparedness Inventory**
- ✓ **Checklist for an Evacuation Package**
- ✓ **Guide to Sheltering in Place**
- ✓ **Emergency Supply List for Sheltering in Place**
- ✓ **Who to Call**

Disability Specific Disaster Preparedness Inventory

This inventory is designed to be used with the free **Vial of Life** program form located at www.VialofLife.com Please complete that form first, then answer these questions and put both in a highly visible location, such as a refrigerator door, so that it may be used in the event of an emergency.

What is your primary diagnosis?

For example: Cerebral Palsy, Muscular Dystrophy

Do you have any secondary diagnoses that emergency personnel need to be aware of such as epilepsy?

Yes No

If yes, please explain:

Do you utilize personal assistance?

Yes No

In the event that you do, please enter the following information:

Activity (Dressing, Bathing etc.)	Time Normally Started
1.)	
2.)	
3.)	
Is there any adaptive equipment or technique you use in order to avoid getting hurt?	

Do you have a disability specific doctor or hospital?

Yes No If yes, Doctor: Hospital:

Do you have anyone in your life that helps you make choices?

Yes No If yes, what is this person's name, address and telephone number? Is this person your conservator, parent or other relative? Please enter this information below:

Name	Address	Phone Number	Who is this Person?

Disaster Preparedness Inventory (Continued)

Do you require an accessible shelter? Yes No

Do you require Assistive technology and/or medical equipment?

Yes No

If yes, please indicate what you use, where it is in your home, and if it requires electricity.

Name of Equipment	Location in Home	Electricity Needed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Once you get to a shelter, will you need a sign language interpreter or other aide to help you communicate?

Yes No If yes, please list:

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

Yes If yes, please write their name and species, i.e. dog, cat, bird, monkey.

No

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

Name of Medication	Purpose	Dosage	Frequency

If you were unable to return home, would you rather return to a community setting or an institutional setting? Community Institution

What features do you currently have in your home or apartment that you would need wherever you lived after the disaster? (Check all that apply)

- Sure hands or equivalent Grab Bars Ramp
 Environmental Control Unit Other (Please Specify):

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

Yes (If yes, please specify):

No

Evacuation Package

EASY TO GRAB...EASY TO CARRY ALONG...IT SHOULD CONTAIN:

Vital records - in case documents are destroyed in the disaster, copies of service eligibility documentation, service records for equipment, and other essential records should be included in an evacuation kit.

Vial of Life – a form that includes basic information, medical history, current medical information, and emergency contact information. It is recommended that people also keep a copy of the **Vial of Life** in a safe place at home because first responders are trained to look for a sign indicating that a **Vial of Life** container is in the refrigerator. The form can be downloaded at www.VialofLife.com

Disability Specific Disaster Preparedness Inventory – this form asks about service animals, assistive technology/adaptive equipment, personal assistance needs, directions for routinely needed medical supplies or procedures, and more. It was designed as a supplement to the **Vial of Life** for people with disabilities.

Supply of Medications and/or Nutritional Needs – recommendations vary from five days to three weeks. Consider and discuss with your physician or pharmacist any issues including refrigeration needs and insurance authorization when determining how much to keep ready for an evacuation. Check expiration dates and replace items as needed.

Personal Care & Medical Supplies – this includes dressings, wipes, disinfectants, catheters, trach or stoma supplies, or any other supplies you utilize regularly.

Assistive Technology (AT) Supplies – batteries for hearing aids, small spare parts frequently needed, cables, cleaning solutions, instructions for disassembly, reassembly, and recharging, service contracts, service records or warranty information for AT.

Other Items Specific to Your Needs _____

Evacuation Plan – how will you evacuate home or work?

Who will you need to call for transportation?

Where will you go?

Who should be contacted once you have been relocated?

When the shelter closes, where will you go, and how will you get there?

Note to families of children with disabilities – the Department of Public Health sponsors outreach and education initiatives at children's hospitals for families of children with special health care needs. Check with the State Department of Health, Children and Youth with Special Health Care Needs program for availability and contact information: 860-509-8057 or <http://www.dph.state.ct.us/bch/Family%20Health/cyshcn/cyshcn-medical%20home%20site.htm>.

Note to residential and day services providers – evacuation kits should be prepared for each group home resident or day program client. The State Department of Mental Retardation has developed a system for licensed providers to prepare evacuation kits. Providers serving other populations should be informed about this initiative and encouraged to do the same.

Guide to Sheltering In Place

During an emergency, you may receive instructions from local or state officials to “shelter in place.”

This means you should remain in your home or workplace rather than evacuating to another location. Such instructions are given when those responsible for public safety determine that evacuation is either unnecessary or more likely to expose people to risk. Depending on the nature of the emergency, sheltering in place is often the best possible option. However, if a general evacuation order is issued by responsible officials, individuals should not simply decide on their own to “shelter in place.” Remaining in an area that is subject to an evacuation order may expose you to serious risk.

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

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

SHELTER IN PLACE OUTLINE

Assess your environment and your needs

1. Think about the location of your home and workplace, the nature of your neighborhood, community and region. Consider the following:

Hazards or features that require specific precautions or that may delay the arrival of assistance:

Are you located:

- In a remote or difficult to reach location?
- Near a nuclear power generating station?
- Near a hazardous storage or industrial site?
- Near flood-prone rivers or coastal area?

What type of emergency warning systems exist in your locality?

How would you be notified in the event of a general alert or emergency?

Please note: If you believe conventional warning systems would be inadequate for your needs, make alternative arrangements with your landlord or employer and/or local emergency services department.

Do you periodically test any alarm systems or other devices installed in your home that warn of smoke, hazardous gasses, carbon monoxide or severe weather? Yes No

Do you replace alarm batteries on a regular schedule? Yes No

Can family members, neighbors, and other sources of assistance reach you? Yes No

Are you pre-registered with your 9-1-1 provider? Yes No

Pre-registering with 9-1-1 systems can save valuable time and help ensure that responders already know of your needs and how to get to you if you call for assistance.

Please note: If you have pre-registered (identified your particular needs) with the 9-1-1 system, and if you call for help from a cell phone you should be aware that the 9-1-1 operators will not automatically see your pre-registered information; the current system only works if called from a land line telephone.

Guide to Sheltering Place (Continued)

Do you have a cell phone?

- Yes No

Does it have a GPS (locator) chip?

- Yes No

If you live or work with others, will they be available and able to assist you with your needs in a "shelter in place" situation?

- Yes No

What types of utility services supply your home or workplace?

Electricity:

How likely, based on previous storms or emergencies, is service interruption?

- Very Likely Somewhat Likely Not Likely Unsure

Do you have equipment that needs regular recharging?

- Yes No

Do you have medication or nutritional supplies that must stay cold?

- Yes No

Do you have special electronic environmental controls (thermostats, doors)?

- Yes No

Effects of service interruption: _____

Contingency Plan: _____

Heating/Cooling:

How likely, based on previous storms or emergencies, is service interruption?

- Very Likely Somewhat Likely Not Likely Unsure

Effects of service interruption: _____

Contingency Plan:

Warmer Place: _____

Cooler Place: _____

Phone (wire/land line):

How likely, based on previous storms or emergencies, is service interruption?

- Very Likely Somewhat Likely Not Likely Unsure

Do you have a security or emergency call system that requires a phone line? Yes No

Effects of service interruption: _____

Contingency Plan: _____

Cable:

How likely, based on previous storms or emergencies, is service interruption?

- Very Likely Somewhat Likely Not Likely Unsure

Effects of service interruption: _____

Contingency Plan: _____

Water:

How likely, based on previous storms or emergencies, is service interruption?

- Very Likely Somewhat Likely Not Likely Unsure

Source: City/municipal water Well water Other

Effects of service interruption: _____

Contingency Plan: _____

If you are instructed to do so, could you safely shut off utility services, or to describe to others how to?

- Yes No

Warning: if you have to shut off your supply of natural or bottled gas, do not try to turn it back on yourself. Call a qualified technician.

If you are instructed to do so, could you safely shut off ventilation systems and close windows, or describe to others how to?

- Yes No

Fire Department:

Alternate Phone Number (other than 911): (____) _____-_____

Another way to contact: _____

Location: _____

Distance from your home/work: _____

Are you pre-registered with the fire department for assistance in an emergency?

Yes No

Police Department:

Alternate Phone Number (other than 911): (____) _____-_____

Another way to contact: _____

Location: _____

Distance from your home/work: _____

Are you pre-registered with the police department for assistance in an emergency?

Yes No

Which areas of your home or workplace are most protected in the event of severe weather, flying debris, and chemical or radiological contamination?

Make a plan for getting to “safe areas.” If you cannot access a safe area (often a basement or masonry-walled first floor room) consult with your local emergency department for assistance in developing an individual plan.

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

Emergency Supplies for Sheltering in Place

IN A LOCATION ACCESSIBLE TO THE PERSON WITH A DISABILITY:

- Non-perishable food** (easy to open, easy to prepare)
- Bottled water**
- Personal care & medical supplies** - items you regularly use, such as dressings, catheters, disinfectant solutions, supplemental oxygen, etc.
- Medications** – with a cold storage plan if necessary; include prescription medication, epipens, other auto-injectors, inhalers, and any over the counter medications you frequently use
- First aid kit, sunscreen, hand sanitizer, insect repellent, skin lotions, & topical ointments**
- Flashlight, battery-operated radio, and plenty of batteries**
- Cooler or ice chest** – many relief agencies distribute ice in the aftermath of a disaster; in the event of a power outage, having a cooler ready will help preserve medications and dietary supplements that require refrigeration
- Instructions on environmental controls and personal care needs**
- Battery-operated devices for operating controls, opening and closing windows and doors**
- A way to call for help and receive calls that does not depend on household electric power or telephone lines that you can operate without assistance (e.g. walkie-talkies shared amongst neighbors, cell phone, battery powered “medic alert” help buttons, etc.)**
- Provisions for your service animal** - have food, water, any certification or medication your animal needs

Who to Call

Throughout an emergency, you may need to contact friends, family members, and/or service providers. During an emergency, it is important to know who you can call to help you evacuate or shelter in place. If you evacuate, you will need to call others to let them know where you are and if you need any assistance during the evacuation. After the emergency, you will need to call people to let them know that you are safe, to resume services, and to ask for assistance relocating if necessary. You should include on your contact list someone in a distant location as well as those in your immediate vicinity. It may be easier to leave a message with someone in an area that has not been affected by the emergency than to attempt to locate and contact people close by. Plan to call only a few people; let others know who you plan to call so that they can follow up and make sure you are alright.

Family Member/Friend Close by:

Contact Name: _____ Relationship: _____

Address: _____ Home Phone: (____) ____ - _____

_____ Work Phone: (____) ____ - _____

City: _____ ST: ____ Zip: _____ Mobile Phone: (____) ____ - _____

Email: _____ Other: _____

I should call this person:

- | | | |
|--------------------------------------------|------------------------------|-----------------------------|
| for help evacuating or sheltering in place | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| to let them know where I am if I evacuate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| after an emergency to check in | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Family Member/Friend Close by:

Contact Name: _____ Relationship: _____

Address: _____ Home Phone: (____) ____ - _____

_____ Work Phone: (____) ____ - _____

City: _____ ST: ____ Zip: _____ Mobile Phone: (____) ____ - _____

Email: _____ Other: _____

I should call this person:

- | | | |
|--------------------------------------------|------------------------------|-----------------------------|
| for help evacuating or sheltering in place | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| to let them know where I am if I evacuate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| after an emergency to check in | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Family Member/Friend Farther Away:

Contact Name: _____ Relationship: _____
Address: _____ Home Phone: (____) ____ - ____
_____ Work Phone: (____) ____ - ____
City: _____ ST: ____ Zip: _____ Mobile Phone: (____) ____ - ____
Email: _____ Other: _____

I should call this person:

- for help evacuating or sheltering in place Yes No
- to let them know where I am if I evacuate Yes No
- after an emergency to check in Yes No

Family Member/Friend Farther Away:

Contact Name: _____ Relationship: _____
Address: _____ Home Phone: (____) ____ - ____
_____ Work Phone: (____) ____ - ____
City: _____ ST: ____ Zip: _____ Mobile Phone: (____) ____ - ____
Email: _____ Other: _____

I should call this person:

- for help evacuating or sheltering in place Yes No
- to let them know where I am if I evacuate Yes No
- after an emergency to check in Yes No

Other Family Member/Friend to Contact:

Contact Name: _____ Relationship: _____
Address: _____ Home Phone: (____) ____ - ____
_____ Work Phone: (____) ____ - ____
City: _____ ST: ____ Zip: _____ Mobile Phone: (____) ____ - ____
Email: _____ Other: _____

I should call this person:

- for help evacuating or sheltering in place Yes No
- to let them know where I am if I evacuate Yes No
- after an emergency to check in Yes No

Service Provider (Case Manager, PCA, etc):

Individual Name: _____ Title: _____

Agency Name: _____ Work Phone: (____)____-_____

Address: _____ Mobile Phone: (____)____-_____

City: _____ ST: _____ Zip: _____ Email: _____

Other: _____

I should call this person:

for help evacuating or sheltering in place Yes Noto let them know where I am if I evacuate Yes Noafter an emergency to check in Yes No**Service Provider (Case Manager, PCA, etc):**

Individual Name: _____ Title: _____

Agency Name: _____ Work Phone: (____)____-_____

Address: _____ Mobile Phone: (____)____-_____

City: _____ ST: _____ Zip: _____ Email: _____

Other: _____

I should call this person:

for help evacuating or sheltering in place Yes Noto let them know where I am if I evacuate Yes Noafter an emergency to check in Yes No**Service Provider (Case Manager, PCA, etc):**

Individual Name: _____ Title: _____

Agency Name: _____ Work Phone: (____)____-_____

Address: _____ Mobile Phone: (____)____-_____

City: _____ ST: _____ Zip: _____ Email: _____

Other: _____

I should call this person:

for help evacuating or sheltering in place Yes Noto let them know where I am if I evacuate Yes Noafter an emergency to check in Yes No

Disaster Planning Organizations & Government Agencies

Agency: American Red Cross

Document Name: Disaster Preparedness
for People with Disabilities

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

Other ways to get it: Contact your local Red Cross

Agency: FEMA

Document Name: Preparing for Disaster for People with
Disabilities and other Special Needs

Website: http://www.fema.gov/pdf/library/pfd_all.pdf

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

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

Document Name: Individuals with Disabilities in
Emergency Preparedness

Website: http://www.dhs.gov/interweb/assetlibrary/CRCL_IWDEP_AnnualReport_2005.pdf

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

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

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

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

Disability Related Organizations

Agency: County of Los Angeles Office of Emergency Management

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

Website: <http://www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf>

Agency: IAADP: International Association of Assistance Dog Partners

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

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

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

Agency: National Council on Disability

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

Website: [http://www.ncd.gov/newsroom/publications/2005/
saving_lives.htm](http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm)

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

Agency: National Organization on Disability

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

Website: <http://www.nod.org>
(Click on Emergency Preparedness)

(National Organization on Disability has a number of publications, including "Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners and Responders", and reports on workplace preparedness and on a Special Needs Assessment for Katrina Evacuees.)

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

Disability Related Organizations (continued)

Agency: PrepareNow.org

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

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

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

Additional Information for Emergency Managers, Planners and First Responders

Agency: Center for Development and Disability

Document Name: Tips for First Responders

Website: <http://cdd.unm.edu/products/TipsForFirstResponders.htm>

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

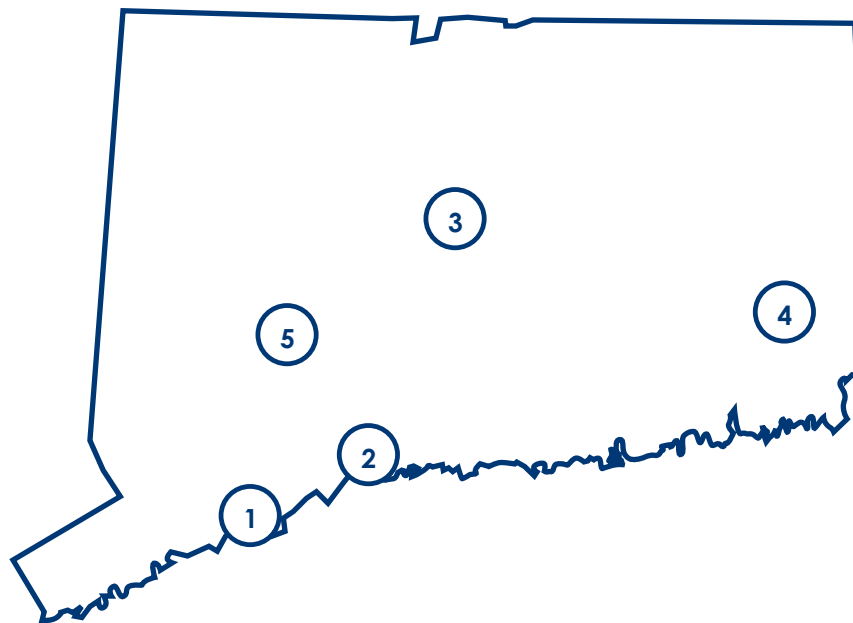
Agency: Deaf and Hard of Hearing Consumer Advocacy Network

Document Name: Emergency Preparedness and Emergency
Communication Access

Website: <http://www.nad.org> (Click on Emergency Preparedness)

There are five Independent Living Centers (ILC) in Connecticut, each covering a distinct geographic region.

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



There are five Independent Living Centers in Connecticut, each covering a distinct geographic region.

1. Disability Resource Center of Fairfield County

Anthony LaCava, Executive Director

80 Ferry Boulevard

Stratford, CT 06615

(203) 378-6977 (V); (203) 378-3248 (TDD)

web site: www.drcfc.org e-mail: info@drcfc.org

2. Center for Disability Rights

Marc Gallucci, Executive Director

764A Campbell Avenue

West Haven, CT 06516

(203) 934-7077 (V)

(203) 934-7079 (TDD)

web site: www.centerfordisabilityrights.org

e-mail: cdr7077@aol.com

3. Independence Unlimited

Candace Low, Executive Director

151 New Park Avenue - Suite D

Hartford, CT 06106

(860) 523-5021 (V)

(860) 529-0436 (TDD)

e-mail: indunl@aol.com

4. Disabilities Network of Eastern Connecticut

Carolyn Newcombe, Executive Director

238 West Town Street

Norwich, CT 06360

(860) 823-1898 (V/TDD)

web site: www.disability-dnec.org

e-mail: dnec@snet.net

5. Independence Northwest

Eileen Horndt, Executive Director

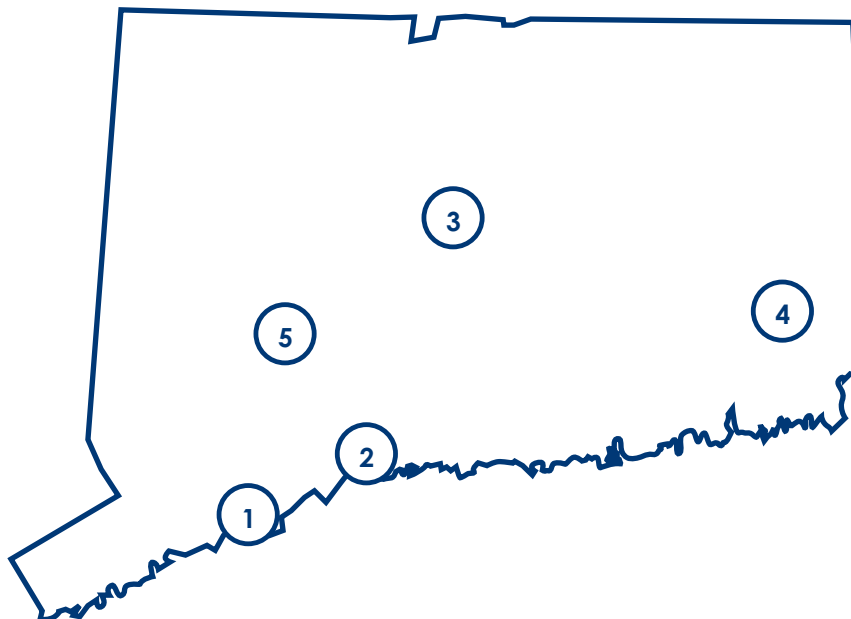
1183 New Haven Road-Suite 200

Naugatuck, CT 06770

(203) 729-3299 (V)

(203) 729-1281 (TDD)

e-mail: indnw@aol.com



Systems Development Issues in Connecticut as Identified by Participants in the December 6, 2005 “Lessons Learned” Forum

1. Electronic storage and accessibility of health care records. (Some participants who were familiar with U.S. Armed Forces and Veteran’s Administration health care advocated a similar electronic storage and retrieval system that people with disabilities could opt into. After action reviews indicate that the VA system worked especially well for Katrina evacuees.)
2. Alternative availability of entitlement and health insurance eligibility information (e.g. multiple storage sites and access points).
3. Co-location of special needs shelters and ordinary shelters. There was considerable concern about policies of shelter operators that preclude their use by people with disabilities who may need assistance or accommodation. Governmental entities should be aware of their responsibilities under the ADA, and that plans that call for merely transporting people with disabilities who are not otherwise ill or injured to health care settings are potentially discriminatory.

Appendix D

Systems Development Issues in Connecticut

4. Continued development of E 9-1-1 systems to include location of callers using wireless phones, and to allow direct electronic registration.
5. Formal inclusion of disability perspective at state planning and operational levels.
6. Establishing a statewide training and clearing house for disability preparedness information.
7. Availability of captioned news/announcements through commercial broadcasts; linkage of CT-N captioning system used at operations center to commercial broadcast coverage.
8. Battery operated CRIS radio receivers.
9. Statewide emergency veterinary system for service animals.
10. Development of disability specific guidelines for relief and recovery agencies.

