



Standard Guide for Community Emergency Preparedness for Persons with Disabilities¹

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INTRODUCTION

Workshops were convened by the American National Standards Institute (ANSI) Homeland Security Standards Panel (HSSP) to explore the need for standards-based solutions for more effective community emergency preparedness for persons with disabilities. The workshop reports contained several recommendations that workshop participants believed would have a positive impact on emergency preparedness for persons with disabilities. Among them were (1) A recommendation that standards development organizations, such as the American Society for Testing and Materials (ASTM) International, review gaps identified through the deliberations of the workshops and initiate standards where none exist; (2) Recommendations that other organizations continue their involvement with the ANSI-HSSP and other standards agencies, such as ASTM, to address the needs of the community of persons with disabilities; and (3) Encouraging greater involvement by the emergency planning and preparedness community, first responder organizations and organizations involved with persons with disabilities in developing strategies and standards for addressing the additional needs of those with disabilities during emergencies.

The recently celebrated twentieth anniversary of the Americans with Disabilities Act (ADA) has shifted the definition of disability from an “underlying physical or mental condition” to a complex interaction between a person and his or her environment. This in turn is leading to identification and removal of any barriers in the environment that prevent full social participation by those with disabilities and greater support for independence measures that promote their environment in all aspects of society.

This guide for Community Emergency Preparedness for Persons with Disabilities, which was developed through ASTM, addresses the impact of disasters and emergencies on those with disabilities and recommends actions consistent with the ADA that can be taken by local communities that will help to mitigate or ease that impact. While it is focused primarily on those with disabilities, the guide subscribes to the FEMA concept of “whole community” emergency preparedness and presents solutions and recommendations that can apply to all persons adversely affected by an emergency.

1. Scope

1.1 This guide is intended to be used by an Authority Having Jurisdiction (AHJ) to initiate preparedness efforts that address issues that the disability community have faced in past emergencies and systematically coupling them with methodologies that will help communities enhance their chances for survival.

1.2 This guide does not purport to address all of the elements necessary to prepare for an emergency. It is the

responsibility of the user (AHJ) of this guide to establish applicable protocols, procedures, systems, and other means to support the health, safety, and well being of persons with disabilities.

1.3 This guide is intended to provide templates for applicable protocols, procedures, systems, and other mechanisms to promote an integrated approach in local “preparedness” efforts for persons with disabilities. It is intended to complement the planning and preparedness efforts of local emergency responders—Emergency Management Agencies (EMAs) and Offices of Emergency Management (OEM)—for persons with disabilities.

1.4 This guide is not intended to supersede or replace extant Federal, Tribal, State, or local policies, regulations, laws, or

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criteria, or standards and guides produced by any other entity, such as the National Fire Protection Association (NFPA).

1.5 This guide is intended for an AHJ, whether a governmental agency, non-profit, private organization, or other entity involved in the preparedness planning for persons with disabilities.

1.6 This guide recognizes that the ADA addresses all services and facilities pertinent to the access and care of persons with disabilities, including those associated with emergencies. It also recognizes that the Stafford Act and Post Katrina Emergency Management Reform Act, along with Federal, State, and Local Civil Rights Laws, mandate integration, inclusion, coordination, and non-segregation for people with disabilities in emergency programs, services, and activities.

1.7 This guide is intended to assist those involved in emergency preparedness for persons with disabilities in order to help them better understand the concepts of accessibility and equal opportunity in such important areas as alert and notification, evacuation, shelter management, etc., before, during, and after an event.

1.8 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 FEMA Standard:²

Guidance on Planning for the Integration of Functional Needs Support Services (FNSS) in General Population Shelters, November 2010

2.2 NFPA Standard:³

NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs

2.3 ANSI Standard:⁴

Emergency Preparedness for Persons with Disabilities and Special Needs

2.4 Other Documents:

Presidential Policy Directive/PPD-8 National Preparedness⁵
Americans with Disabilities Act (ADA)⁶

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

3.1.1 *Authority Having Jurisdiction (AHJ)*—an organization, office, or individual responsible for enforcing the requirements of a code or standard, or approving equipment, materials, an installation, or a procedure. **NFPA 1600**

3.1.2 *caregiver*—a person or entity charged with or one who assumes the responsibility for rendering support to persons with disabilities.

3.1.3 *Communications Access Real time Translation (CART)*—a stenographic device that captures input and transfers it to computer assisted captioned communications on a screen for use by persons who are hard of hearing or deaf.

3.1.4 *disaster emergency management*—an ongoing process to prevent, prepare for, mitigate the effects of, respond to, or recover from an incident that threatens life, property, operations, or the environment. **NFPA 1600**

3.1.5 *emergency management program*—a program that implements the mission, vision, and strategic goals and objectives as well as the management framework of the program and organization. **NFPA 1600**

3.1.6 *emergency response*—immediate and ongoing activities and tasks, programs, and systems to manage the effects of an incident that threatens life, property, operations, or the environment. **NFPA 1600**

3.1.7 *entity*—a governmental agency or jurisdiction, private or public company, partnership, nonprofit organization, or other organization that has emergency management and continuity of operations responsibilities. **NFPA 1600**

3.1.8 *evacuation*—supervised phased withdrawal, dispersal, or removal of all civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

3.1.9 *facility*—a hospital, recreation center, school, sports complex, etc. designated to provide shelter during emergencies.

3.1.10 *incident action plan*—a verbal or written plan, or combination of both, developed by the incident commander, that is updated throughout the incident and reflects the overall incident strategy, tactics, risks, and strategy tactics, risk management, and member safety. **NFPA 1600**

3.1.11 *manmade emergency*—an emergency that results from technological or other human causes not associated with weather or natural events. Examples include HAZMAT incidents, fires, train derailments, acts of terror, etc.

3.1.12 *mutual aid agreements*—a prearranged agreement between two or more entities to share resources in response to an incident. **NFPA 1600**

3.1.13 *OEM disabilities coordinator*—a person designated by the local Office of Emergency Management to oversee preparedness and response for those with disabilities.

3.1.14 *preparedness*—activities, tasks, programs, and systems developed and implemented prior to an emergency that are used to support the prevention of, mitigation or response to, and recovery from emergencies. Activities, tasks, and programs specific to persons with disabilities include, but are not limited to: assessment of hazards and risks that may have an impact due to a person's disability; specific response needs and vulnerabilities unique to persons with disabilities; advance planning; interagency collaboration among organizations focused on persons with disabilities; education and training for persons with disabilities and those who administer care;

² Available from Federal Emergency Management Agency (FEMA), P.O. Box 10055, Hyattsville, MD 20782-8055, <http://www.fema.gov>.

³ Available from National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169-7471, <http://www.nfpa.org>.

⁴ Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

⁵ Available from U.S. Department of Homeland Security, 301 7th St SW, #3621, Washington, DC 20024, www.dhs.gov/presidential/policy.

⁶ Available from U.S. Department of Labor, 200 Constitution Ave NW, Washington, DC 20210, www.dol.gov/ADA.

practicing through exercising; attaining adequate capacities and necessary engineering controls/structural changes to facilities to entry and use by persons with disabilities.

3.1.15 *resource management*—a system for identifying available resources to enable timely and unimpeded access to resources needed to prevent, mitigate, respond to, or recover from an incident. **NFPA 1600**

3.1.16 *resources*—personal service animals or equipment, supplies, services, and facilities available or potentially available for assignment or allocation to incident operations or coordination.

3.1.17 *volunteer*—an individual accepted by the lead agency in an emergency that has the authority to perform volunteer services. Normally, volunteers provide assistance without compensation. When referred to in this guide, the term volunteer includes affiliated and unaffiliated volunteers and groups.

4. Significance and Use

4.1 This guide provides recommendations for the local or regional AHJ to use in dealing with persons with disabilities who reside within their area of responsibility or jurisdiction. It provides information that can support development of procedures and protocols in preparing for the impact of emergencies on persons with disabilities, and it includes recommendations addressing such actions as:

4.1.1 *Notification*—Alerts and warnings for the general public of a pending emergency, and any additional provisions that may be necessary to assure that persons with disabilities are able to receive the message(s).

4.1.2 *Communications*—Information dissemination to the community, including provisions for persons with disabilities so that they are able to receive and respond.

4.1.3 *Preparation*—Ensuring that the community knows about the risks and dangers inherent in emergencies and the necessity for personal planning.

4.1.4 *Action and Mitigation*—Steps that should be taken when an emergency becomes imminent, and planning in advance how to minimize its impact on the community.

4.1.5 *Evacuation*—The process of relocating to a safer area to avoid or lessen the risks associated with an emergency. Generally, evacuation actions are initiated or recommended by local emergency management officials.

4.1.6 *Transportation*—Transportation applies to all persons who need to evacuate or relocate in advance of or during an emergency. It may include transportation on his or her own, through a neighbor, a volunteer who can assist, or public conveyances that can be used in an emergency.

4.1.7 *Accommodation*—Designated centers or shelters that the local citizens can use in an emergency, and any additional provisions that are made for addressing the needs of those with disabilities.

4.1.8 *Relocation*—Facilities where residents can evacuate to before and during an emergency. It may also provide temporary lodging for residents following an event if their homes are in an unsafe area or no longer habitable.

4.1.9 *Restoration*—The resumption of normalcy following an emergency.

4.2 The AHJ should assign a person to the OEM with responsibility for coordinating and otherwise implementing protocols and procedures for persons with disabilities. This individual should be identified as the OEM Disabilities Coordinator. The functions assigned to the Coordinator should include:

4.2.1 Establishing and leading a team of volunteers who are trained in assisting persons with disabilities, and who can support their integration into the planning and preparedness process.

4.2.2 Establishing a small team of volunteers with disabilities to serve as a panel or group of subject matter experts to provide advice and guidance on issues surrounding persons with disabilities in emergency situations.

4.2.3 Establishing an agreement, pact, contract, or other binding document with other jurisdictions to provide mutual aid or assistance in dealing with persons with disabilities should it become necessary before, during, or following an emergency.

4.2.4 The following key concerns should be addressed by individual teams dedicated to the specific areas indicated. However, due to staffing limitations, OEMs may not have the necessary resources needed to establish the number of individual teams listed. In those instances, the OEM should combine efforts, creating fewer teams, but at the same time making sure that the different areas are covered as fully as possible. The OEM should also consider calling upon social service agencies to provide some of the support in those instances when staffing limitations prevent OEM from doing so. The recommended teams are listed below:

4.2.4.1 *Alert and Notification Team*—Working in close coordination with officials involved in local incident command, public information dissemination and other appropriate staff in the emergency response chain of command, the Alert and Notification Team would assist in:

(1) Alert and notification for persons with disabilities of a pending emergency. Communications should include such information as (a) Assessment of hazards and dangers to persons with disabilities; (b) Mobility risks; (c) Anticipated emergency response activities and timeline; (d) Evacuation and sheltering accommodations for the general public and information on how well they are equipped for the needs of those with disabilities; and (e) Anticipated vulnerabilities for the type of pending emergency for persons with disabilities.

(2) Assisting local emergency management officials in providing a “call down” procedure that can be immediately activated to notify the community of a pending emergency. This call down procedure would consider various media such as telephone, television, radio, or other appropriate means. It would work in concert with other alerting media and messaging.

(3) Prepare, in advance, appropriate messages and delivery means regarding hazards and dangers for the various types of disabilities.

(4) Periodically test and randomly implement the alert and notification procedure.

4.2.4.2 *Communications team*—As an essential element of the alert and notification process, and to facilitate initial and

ongoing communications, this team would consist of volunteers well versed in the various communications methods for persons with disabilities in order to communicate with them as quickly as possible before and during an emergency. The Communications Team leadership should focus on the following actions and activities:

(1) Identifying and recruiting staff and volunteers qualified in sign language and interpreting, transcription services, and vendors that can convert documents into Braille, large print type, and electronic formats.

(2) Taking steps to ensure that all appropriate team members are trained and experienced in the use of appropriate emergency communications.

(3) Ensure that 911, 311, and other call stations are equipped with a TTY/TTD or computer equivalent.

(4) Including in the operations procedures a policy statement and procedures on how caregivers and responders can ensure effective communications with persons having sight or hearing impairment, language, or other limitations.

(5) Assuring that the entire team is equipped with communications devices so that persons who are deaf or hard of hearing, or who have similar impairments, can communicate.

(6) Providing auxiliary aids and capabilities needed to support communications, including pen and paper, sign language interpreters, and interpretation aids for persons who are deaf, deaf-blind, hard of hearing, or have speech impairments. Those individuals who are blind, deaf-blind, have low vision, or have cognitive or intellectual disabilities may need large print information or people to assist them.

4.2.4.3 Advance Preparations Team—The central focus of this team would be to organize support for persons with disabilities. This would include providing plans and preparations for those who are mobile as well as those who are confined to their home or an institution, such as an independent living center. This volunteer support effort may include an individual to provide initial assistance and a caregiver to render more comprehensive aid as appropriate.

(1) The Advance Preparations Team must recognize that persons with disabilities have a variety of access and functional requirements, including the need for mobility aids, requirements for medication, the need for portable medical equipment, dependence on service animals or various personal assistance services.

(2) The Advance Preparations Team should make sure that its members know how to take the necessary mitigating actions for those with disabilities while also removing themselves from danger.

(3) The Advance Preparations Team should ensure that those with disabilities receive the same benefits from emergency programs, services, and activities as those not having disabilities. The team should encourage emergency planning that focuses on both individual and community preparation, crisis recovery, and remediation. It should emphasize whole community, inclusiveness, integration, preservation of dignity, and independence by providing the same choices for persons with disabilities as those provided for persons without disabilities before, during, and after a disaster.

(4) The Advance Preparations Team should create and maintain a list of all caregivers and other volunteers who could rally to the aid of persons with disabilities to assist them in the event of an emergency.

4.2.4.4 Action Mitigation Team—This team should work to ensure that mitigating actions are identified and executed in advance of an emergency in order to minimize the effect on persons with disabilities. The team should work with communities, first responders, law enforcement, and caregivers to identify those actions that need to be taken to help mitigate the harmful effects of the event.

4.2.4.5 Evacuation Team—Before an emergency occurs, the Evacuation Team should assist in urging all citizens, and in particular those with disabilities, to relocate because of the dangers that may be forthcoming. In doing so, the team would also assist local first responders and law enforcement personnel in making sure that the local citizens were made aware of evacuation orders and procedures.

(1) The team should assist law enforcement and other professional personnel in contacting persons with disabilities at home, at their place of business, or other places they may be to encourage adherence to evacuation orders.

(2) The team should coordinate with the Transportation Team leader and the team's volunteers in assigning and loading vehicles to transport persons with disabilities to the appropriate evacuation center or location.

4.2.4.6 Transportation Team—In advance of a disaster or emergency, and working with local emergency response officials, the Transportation Team should be responsible for assuring that persons with disabilities are transported to a safer location such as a shelter or, after an event, to temporary locations where they can receive the necessary care and support.

(1) The team should maintain a list and have agreements in place with persons owning vehicles that can transport one or more passengers with disabilities. Those identified should be "on call" when a disaster or emergency strikes or is anticipated.

(2) The team should have emergency support and, as appropriate, mutual aid agreements in place with all sources of buses and vehicles that can be used in transporting persons with disabilities.

(3) The team should assure that drivers who will be used to transport persons with disabilities are registered in a first responder category and have taken any required training and tests (see 7.1.5).

4.2.4.7 Accommodation Team—This team, which may also be identified as a "shelter team," should ensure an integrated relocation environment consisting of services such as short and long term sheltering, information intake, processing, and necessities to keep persons with disabilities connected with support systems. The team should focus on items such as:

(1) Sleeping and treatment arrangements that would include disability "user friendly" cots or beds appropriately sized with privacy screens, eating arrangements including canned or boxed meals, appropriate dietary beverages plus storage, preparation, collecting, and disposing equipment.

(2) Identifying and establishing the appropriate public evacuation centers that provide adequate accommodations for persons with disabilities, including needs related to mobility, prescription medication, ambulation, and eating and hygiene facilities and equipment. The use of mobile shelter resources, if locally available, may be a suitable alternative if stationary or other adequate shelters are not available.

(3) Maintaining a record of all public or other potential evacuation locations equipped to support those with disabilities.

4.2.4.8 Relocation Team—This team, which should consist of volunteers, would be prepared to implement the following services for people with disabilities:

(1) Identify, in advance if possible, a list of possible sites for displaced persons to be relocated to on a more permanent basis following an emergency.

(2) Provide counseling services to those displaced on how to cope with the loss of their home, family, friends, pets, neighbors, the community, and professional resources.

(3) Provide assistance in contacting existing or new medical and health care professionals, and with a means for obtaining medicine and other pharmaceutical needs.

(4) Provide assistance to those persons displaced for an extended period in making arrangements to contact professional legal, financial, or other institutions such as insurance providers.

(5) Provide assistance in early planning for rebuilding their homes or businesses or relocating elsewhere.

(6) Assist in shopping for necessities in locations of close proximity to their relocation facility.

(7) Work with personnel and volunteers that can assist with social, recreational, and therapeutic opportunities, including aligning displaced persons with faith leaders and congregations, therapists, caregivers, and other support individuals.

(8) Work with local school district personnel, volunteers, higher education personnel, and other educators in counseling and teaching displaced persons in ways that might be vocationally beneficial.

(9) Arrange with local moving and storage companies “salvaging” and protection of items from the displaced persons’ homes and businesses.

4.2.4.9 Restoration Team—This team, also identified possibly as a “transition team,” should consist of volunteers who would assist persons with disabilities in adjusting to the post-emergency environment. This could include:

(1) Providing assistance in locating and establishing new caregivers, home aids, and other support individuals to monitor persons with disabilities in their former home or at their new location.

(2) Acquainting persons with disabilities with new surroundings, methods of transportation, banking facilities, shopping, houses of worship, and other daily living activities.

5. Procedures for Care

5.1 The OEM Disabilities Coordinator should establish a team of volunteers to identify all disabilities and the names of those having such disabilities in the community. Having an

awareness of the types of disabilities resident in the community together with names and locations would be exceedingly useful, if not critical, in a disaster. Developing an awareness should include:

5.1.1 Identifying the various disabilities and listing them according to the nature of the specific condition such as:

5.1.1.1 Orthopedic conditions, including fractures, amputations, Arthritis, and rheumatoid conditions.

5.1.1.2 Neurological and related conditions, including cerebral palsy, spinal cord injuries, disease of the spinal cord, epileptic seizures, multiple sclerosis, muscular dystrophy.

5.1.1.3 Limiting situations stemming from cardiac or stroke conditions.

5.1.1.4 Impairments, including visual or hearing, disruptive behavior and similar conditions.

5.1.1.5 Other disabilities categories.

5.1.2 Knowing the demographics of the population such as the infirm with conditions related to aging, disabilities, or mobility issues.

5.1.2.1 Accommodate individuals categorized as geriatric who have incurred additional disabilities.

6. Procedure for Emergency Management

6.1 Inclusive Emergency Management:

6.1.1 The OEM Disabilities Coordinator should have a Management Team well equipped in providing services to persons with disabilities. Persons with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.

6.1.2 The Management Team must be well versed in how to sensitize its staff and volunteers in how to deal with persons with disabilities, such as how to respect their need for independence, how to pose questions or make comments so as not to be upsetting, how to provide assistance in completing forms in a way that does not infringe on the person’s desire to be independent, and how to make sure that a person with disabilities is comfortable in his/her location and with the access provided.

6.1.3 Assuring that shelters are equipped with such items and capabilities as individual ramps, cots modified to address disability-related needs, visual alarms, grab bars, additional storage space for medical equipment, lowered counters, tables and shelving, properly equipped toilets and showers, a sign language interpreter, Communications Access Real time Translation (CART) device, a message board, assistance in completing forms and documents provided in Braille, large print, or audio recording.

6.2 The OEM Disabilities Coordinator should establish management procedures to ensure compliance with all laws and regulations including:

6.2.1 A procedure that includes interviews with persons with disabilities to determine their ability to perform certain functions and how to address those they cannot perform.

6.2.2 Procedures for use by all support staff and agency leaders with copies posted in conspicuous locations throughout the organization’s infrastructure and the community.

6.2.3 Procedures for updating contact and other relevant information needed for timely response.

6.2.4 Information for staff and caregivers on Title I of the Americans with Disabilities Act of 1990, codified at 29 CFR Part 1630.

6.3 The OEM Disabilities Coordinator should have a volunteer “physical access team” to ensure that all transportation conveyances and shelters can be accessed by people with disabilities. This would include but not be limited to:

6.3.1 Assuring that people with disabilities are able to enter and use emergency as well as regular facilities and have access to the programs, services, and activities they provide. Included would be parking, drop-off areas, entrances and exits, security screening areas, toilet “rooms,” bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided and paths of travel between these areas.

6.3.2 Coordinating with the building management and other applicable agencies to ensure that the lodging for those with disabilities are secure, but that emergency officials can have access if needed in an emergency.

6.3.3 Coordinating with hospitals, nursing homes, assisted living facilities, and other institutions to examine emergency ingress and egress capabilities for persons with disabilities, including individual emergency evacuation plans.

7. Procedures for Training

7.1 The OEM Disabilities Coordinator should have a training unit fully equipped in instructing persons with disabilities. Training requirements would include, but not be limited to:

7.1.1 Training staff and volunteers in the evacuation of persons with disabilities.

7.1.2 Training staff and volunteers in assisting both mobile and immobile persons when evacuating from their home or workplace.

7.1.3 Training staff and volunteers for evacuation events.

7.1.4 Establishing a record and listing of drivers of evacuation vehicles and vehicle aids to assist in evacuations and other services.

7.1.5 Providing a passenger assistance training course for drivers of those with disabilities with instructors who are knowledgeable and experienced in evacuation methods for persons with disabilities.

7.1.5.1 The course should involve classroom instruction and practicum.

7.1.5.2 The course should have a maximum student/teacher ratio of eight to one. The most effective class size is sixteen with two instructors. The course should include:

(1) Training drivers in transporting the elderly and those with disabilities.

(2) Training drivers in dealing with such functional factors as: spasticity, loss of skin, loss of sensation, loss of balance, pain, breathing disabilities, mobility limitations, visual and hearing impairment.

(3) Training drivers in handling common assistive devices such as: crutches, canes, walkers, wheelchairs, braces, prosthetic devices, slings, and guide dogs.

(4) Training drivers in providing special considerations in assisting the elderly and those with disabilities in such basic principles as: observation, offer of assistance, and request of assistance.

(5) Training drivers in management of wheelchair passengers. Include such functions as moving wheelchairs or gurneys up curbs on single steps, down a curb or single step, managing wheelchairs on multiple steps, stairs, and ramps, folding and unfolding the wheelchair, boarding the vehicle, transferring from a wheelchair to a vehicle seat, placing a wheelchair in a vehicle, tying down a wheelchair, and assisting passengers to sit or stand.

(6) Training drivers in how to engage other passengers as needed to accommodate or assist those with disabilities.

(7) Training drivers in the environmental considerations that could affect disabled passengers.

(8) Training drivers in evacuee transport operations including disaster conditions, that is, water transport, air transport, dealing with delays precipitated by road blocks, and other hazards.

7.2 Working with the emergency responders and staff, the OEM Disabilities Coordinator should map and distribute alternate routes to use should the main route be blocked. In addition, the Coordinator should make sure that drivers are trained and sufficiently familiar with the respective area in order to establish alternate routes from the departure points to an arrival point should this become necessary.

7.2.1 The OEM Disabilities Coordinator should also assure that drivers are trained to identify the best location in a parking area for access for those with disabilities or functional needs, or both. Included should be sensitizing drivers to the need to assure that barriers are removed and ramps and platforms identified for easier access to the facility.

8. Coordination

8.1 The AHJ should be responsible for coordination with all Federal, Tribal, State, and Local agencies.

9. Keywords

9.1 accessibility; disabilities; planning; preparedness; training

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