ATTACHMENT 7

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EMERGENCY PREPAREDNESS INITIATIVE

GUIDE ON THE SPECIAL NEEDS OF PEOPLE WITH DISABILITIES

FOR
EMERGENCY MANAGERS, PLANNERS & RESPONDERS

REVISED EDITION

NATIONAL ORGANIZATION ON DISABILITY
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The tragic attacks of September 11, 2001 changed our way of life. All Americans were awakened to the terrorist threat that will remain in our consciousness. The National Organization on Disability immediately formed a Task Force comprising U.S. Government officials, disability community leaders and disaster relief groups to identify the special needs of people with disabilities during emergencies and to recommend action. America's disability community includes 54 million men, women and children, many with physical disabilities that impact their hearing, vision and mobility, and others with mental and emotional disabilities.

The Task Force also recognized that special preparedness efforts are just as necessary for the many thousands of other natural and man-made disasters in the United States, including floods, tornadoes, hurricanes, earthquakes, fires, explosions, and transportation catastrophes. In all these emergencies, people with disabilities are especially vulnerable. The N.O.D./Harris Surveys found that people with disabilities are less prepared and, correspondingly, more anxious than our non-disabled counterparts. A 2004 N.O.D./Harris Survey of emergency managers across the country found a continued need to include people with disabilities in preparedness plans.

The Task Force effort led to N.O.D.'s Emergency Preparedness Initiative. Its purpose is to ensure that people with disabilities are included in emergency preparedness planning and response at all levels of our society. We appreciate the cooperation of the U.S. Government and the many emergency preparedness officials in states and communities throughout the country who have sought guidance and information. We also are grateful to many other leaders and citizens who have provided encouragement and support for the development of this guide for emergency managers, planners and responders.

People with disabilities, whose very lives depend on thorough planning for emergencies, must be involved in this planning. We urge officials at all levels to recognize the innate resourcefulness, ingenuity and determination gained through the daily challenges of disability that can help the community at large and enhance the effectiveness of emergency operations.

We thank you, the nation's emergency professionals on the front lines of homeland security and disaster preparedness, for including us and working with us toward an America that is safe for all.

Alan A. Reich
President
National Organization on Disability

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EMERGENCY PREPAREDNESS INITIATIVE

The National Organization on Disability's Emergency Preparedness Initiative

The National Organization on Disability (N.O.D.) launched its Emergency Preparedness Initiative in the wake of the September 11, 2001 terrorist attacks. N.O.D. recognized that people with disabilities have a great stake in the effectiveness of public programs aimed at preparing for and responding to all types of disasters.

The Emergency Preparedness Initiative has two main objectives. The first is to make sure that the special needs of people with disabilities are adequately addressed prior to an emergency in order to minimize the adverse impact on people with disabilities and their communities. This enables emergency responders to make informed decisions for the best use of available resources during emergencies. The second is to ensure that people with disabilities are included in the emergency planning process at all levels of government and the private sector so they can offer their insights, knowledge, and resourcefulness. People with disabilities can contribute greatly to the effectiveness of local emergency management planning.

54 million people in the United States have a disability.[1]

About This Guide

This Guide highlights key disability concerns to officials and experts responsible for emergency planning in their communities, and seeks to assist them in developing plans that will take into account the needs and insights of people with disabilities before, during and after emergencies. It also is designed to help emergency managers, planners, and responders make the best use of resources, which also includes people with disabilities, into the emergency preparedness planning process.

This Guide is neither a comprehensive emergency preparedness document nor a special needs plan in itself. Rather, it is intended to summarize issues that are critical to the needs of people with disabilities who live in communities all across America – issues that, if thoughtfully considered ahead of time, will make emergency management efforts easier and more effective when disaster arrives.

61% of people with disabilities have not made plans to quickly and safely evacuate their homes.[2]

In this Guide are steps that every emergency preparedness manager can consider in ensuring that the needs and situations of people with disabilities are taken into account in all four phases of emergency management: mitigation, preparedness, response, and recovery. N.O.D. encourages every jurisdiction to develop and customize a plan for its own community in light of the area's specific hazards, its unique population, and its resources available for emergencies.

This document does not propose costly and time-consuming new initiatives, or an entirely separate set of emergency procedures for people with disabilities. It is a call to make sure that the interests of people with disabilities are made a full and enduring part of emergency preparedness efforts – and that community members with disabilities have just as much opportunity as people without disabilities to prepare for and survive an emergency.

The Experience of Disaster

Natural Disaster: Grand Forks, 1997

People with disabilities must be given priority during a disaster's initial recovery phase to avoid further trauma or interruption of established services.

During the recovery phase of the 1997 flood and fire in Grand Forks, North Dakota, emergency service workers found they needed to pay special attention to people with disabilities in impacted areas to minimize further distress.

One man who used a wheelchair and lived independently was flooded out of his accessible home. After the waters receded, the home needed major repairs and cleanup. The man was offered temporary accessible housing, but it was 250 miles away and would have removed him from his support network. Local emergency planners responded and involved a Volunteer Organizations Active in Disaster (VOAD) member group, which arranged for accelerated, professional repairs and cleanup of his home.

The man was able to return to his accessible home without a prolonged disruption. Emergency planners can often reduce the duration and extent of trauma for people with disabilities. Individuals, their families and their support networks all benefit from a rapid return to their familiar patterns.

Technological Disaster: San Francisco, 2001

Planners must look beyond individuals to support and care networks.

During the rolling blackouts in California during the summer of 2001, the San Francisco Office of Emergency Services (OES) worked with utility companies to be certain that persons relying on life-sustaining electrical equipment were notified in advance by the power authority of a regional energy reduction. This is standard planning everywhere for power concerns and for customers with critical needs.

The San Francisco OES identified potential problems and worked with the local VOAD to address them. These volunteer groups augmented emergency staff and made calls to alert home-based care provider groups and Meals-on-Wheels of upcoming energy reductions. While groups such as Meals-on-Wheels are not considered critical customers, they serve many home-restricted persons who have disabilities, medical conditions, and/or are elderly. The telephone calls enabled the providers to make proper arrangements in advance and either change their cooking schedules or switch to cold meals so no client went without food.

58% of people with disabilities do not know whom to contact about emergency plans for their community in the event of a disaster.[3]

Man-Made Disaster: New York and the Pentagon, 2001

People have survived disasters because of effective emergency planning.

While tremendous destruction and loss of life occurred as a result of the terrorist attacks in New York and Washington, D.C. on September 11, 2001, some individuals with disabilities survived these attacks because of plans that had been made in advance.

After the 1993 World Trade Center bombing, at the suggestion of the local emergency management office, The Associated Blind (a

32% of people with disabilities say plans have not been made to evacuate them from their workplace.[4]

local service provider for low- and no-vision clients) worked with the New York City Fire Department to develop a building evacuation plan and drill for their staff, most of whom have limited or no vision. The Associated Blind wanted a plan for their staff members covering the range of problems that could occur during a disaster. On September 11, their efforts paid off. The entire staff calmly and safely evacuated their building's 9th floor, a success they attribute directly to the customized advance planning and drills.

Also on September 11, a wheelchair user who worked on the 68th floor of the World Trade Center was safely carried from the building, thanks to a specialized chair purchased after the 1993 bombing. A Port Authority of New York and New Jersey employee escaped from the 70th floor because his prosthetic leg allowed him to keep pace with non-disabled workers on the emergency stairs — and, he says, because of experience gained in the building's frequent fire drills since 1993.

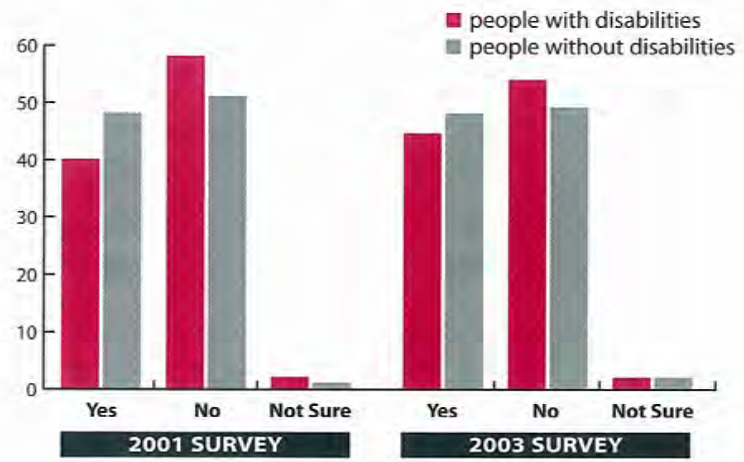
During the attack on the Pentagon, equipment previously installed to help employees and visitors with low or no vision to evacuate the facility in the event of an emergency made it possible for dozens of sighted individuals to flee the smoke-filled corridors as well.

A Nation Unprepared
N.O.D./Harris Survey Findings

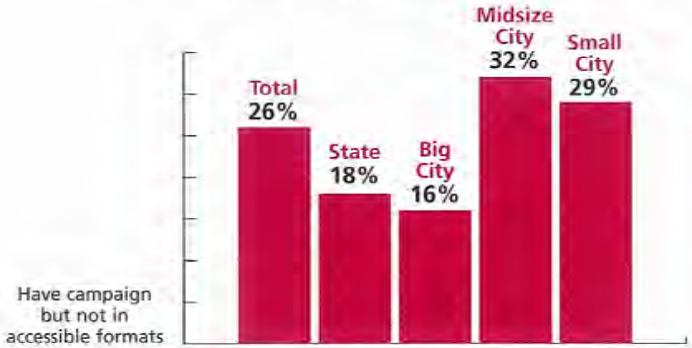
More than two years after the terrorist attacks focused national attention on the importance of planning ahead for disasters, Americans with disabilities remain insufficiently prepared, and are anxious about their safety according to a comparison of N.O.D./Harris Poll survey results conducted in November of 2001 and December of 2003.

In 2001 survey results discovered that 58 percent of people with disabilities did not know whom to contact about emergency plans in their community. In 2003, the result was 53 percent. Comparison of the two surveys indicates that the number of people with disabilities that did know whom to contact increased by only 2 percent. Figures from the 2001 and 2003 surveys suggest that 61 percent of people with disabilities still have not made plans to quickly and safely evacuate their homes.

Knows whom to contact about home or work emergency plans



Have Public Awareness Campaign Directed at People with Disabilities, but not in Accessible Formats



The new survey found a noteworthy improvement, however, in the workplace preparedness of people with disabilities who are employed. Sixty-eight percent now say that plans have been made to quickly and safely evacuate from their jobs, a dramatic increase from 45 percent in 2001. This suggests that efforts to design and implement disability-specific disaster planning are making an impact where people work.

Survey results continue to find that people with disabilities remain anxious about their personal safety. In 2001, 18 percent of people with disabilities were "extremely or very anxious," compared with just 8 percent of the non-disabled population. Forty-three percent of people with disabilities describe themselves as at least "somewhat anxious" about their personal safety, compared to 36 percent of people without disabilities. For people with disabilities this figure has not changed from 2001. Thirty-six percent of people with disabilities say they are more concerned about their personal safety than they were before September 11, 2001. Twenty-seven percent of other Americans say they are more concerned about their safety than before the terrorist attacks.

A nationwide survey by Harris Interactive, commissioned by the National Organization on Disability, and funded by a grant by the U.S. Department of Homeland Security, of emergency managers in states, and large, mid-size and small cities throughout the nation, has found that 69% said they had incorporated the needs of people with disabilities into their emergency plans. An additional 22% said they have a plan under development.

The survey found that among those who currently have a preparedness plan in existence or under development, only 54% had plans for dealing with schools for students with disabilities; 50% did not have a special needs registry that includes people with disabilities; 59% did not have plans for pediatric populations; and 76% did not have a paid expert to deal with emergency preparedness for people with disabilities. Among all respondents, 39% had not purchased specialized equipment; 36% said no special training had been offered, and 73% said no funding had been received to address emergency planning for people with disabilities.

Additionally, among all respondents only 42% said they had a public awareness campaign directed at providing emergency information to people with disabilities - with only 16% of those with a campaign making the plan available in accessible formats (i.e. Braille, cassette, large type, etc.). The survey also indicated that small, and in some cases midsize cities, include people with disabilities in their emergency plans to a lesser extent than do large cities do.

These statistics should improve over time with continued emphasis on preparedness for all people, along with a focus on the special needs of those with disabilities.

Preparing for Emergencies
Working with the Disability Community

Who are People with Disabilities?

According to the U.S. Census Bureau, 54 million Americans – about one-fifth of the U.S. population – have a disability. That is an astonishing number. Take the population of any community and divide by five. The result approximates the number of residents with disabilities in that community. Of course, some communities will have a larger or smaller proportion of citizens with disabilities, but few vary markedly from this calculation.

It is helpful to set forth a few basic statistics:

- Nearly four million people require the assistance of another person for daily life activities such as getting dressed, eating and bathing (Source: U.S. Census)
- More than eight million Americans have limited vision; 130,000 are totally blind (American Foundation for the Blind).
- 28 million Americans have hearing loss; 500,000 are completely deaf (National Association of the Deaf).
- There are 1.5 million wheelchair users. An additional four million people require mobility aids such as canes and walkers (U.S. Census).
- More than seven million people have mental retardation (U.S. Department of Health and Human Services).
- Many individuals have more than one disability.

Figures like these reflect the range of issues that need to be taken into account in developing and carrying out emergency plans. For instance, mobility limitations may make it difficult to climb up and down stairs or to move quickly over long distances. Vision impairments might impede the reading of signs or the traversing of unfamiliar or altered terrain. Hearing limitations could prevent one from following warnings or instructions. And a variety of mental disabilities might impair an individual's ability to appreciate or respond to an emergency.

Approximately 910,000 people live in assisted living facilities nationwide.[5]

Valuable as they are, statistics give emergency planners only a superficial impression of the impact of disability during an emergency. What is more important is the experience of disability, which raises such questions as:

- What is it like to be a person with a disability during and after an emergency?
- Can one hear or understand the warnings?
- Can one quickly exit a home or workplace?
- Can one move about the community after escaping?
- Are there special necessary or even vital daily items (medicines, power supplies, medical devices) that are not likely to be available in emergency shelters?
- Are basic services like restrooms and showers available and accessible to people with disabilities?

These questions are not always easy to answer. That is why it is imperative to analyze the various needs and form meaningful partnerships with the disability community.

Partnership with the Disability Community: Opportunities and Benefits

Involving and listening to people with disabilities assures the best insights for addressing their needs. Emergency planners should:

- Identify those in the community who might have special needs before, during and after a disaster or emergency. Doing so ahead of time results in an improved emergency plan, a better determination of resource needs, and more informed actions and decisions.

Only 16% public awareness campaigns directed at people with disabilities are in accessible formats.[6]

- Customize awareness and preparedness messages and materials for specific groups of people, and put them in alternative and accessible formats thereby increasing the ability of these individuals to plan and survive in the event of an emergency. Such preparedness allows appropriate allocation of critical personnel, equipment and assets during the response period, and reduces 911 call volume.

- Educate citizens with disabilities about realistic expectations of service during and after an emergency even while demonstrating a serious commitment to their special needs. Such education results in a more cooperative relationship with local authorities and enhances their appreciation of the concerns of people with disabilities. It also leads to improved response by the entire community.

- Learn and gain from the knowledge, experiences, and non-traditional resources the disability community can bring to a partnership effort with emergency professionals. By utilizing and embracing members of the disability community as partners in the planning process, emergency personnel often discover creative solutions before they are needed during an emergency. These solutions may benefit not only the disability community but the general population.

There are more than 4,000 adult day care centers in the U.S., up from just 300 in 1978.[7]

- Work with institutional and industry-specific groups that are not typically considered to be emergency service resources but that can offer valuable and timely support to emergency professionals. Identifying and marshalling these groups ahead of time leads to a better-prepared service community that is able to take on responsibilities during an emergency. It also leads to a unified team able to quickly assess and communicate service gaps during an emergency, and to a host of additional equipment, materials, and skilled personnel.

How to Involve People with Disabilities in Planning

The most effective way to view emergencies through the eyes of people with disabilities is to involve community members with disabilities in the planning and preparation process.

It is important to realize that **people with disabilities,** even more than other demographic segments of the population, **are not a homogeneous group.** Individuals with disabilities have differing capabilities, opinions, needs, and circumstances, and no one individual or organization speaks for all people with disabilities. That said, there are a number of organizations in most communities that make a sincere effort both to represent the interests of their constituencies and to work with government and civic officials to ensure that people with and without disabilities work harmoniously on issues of common concern. The three categories of representation are government organizations, institutional partners and advocacy groups.

Government Organizations

Usually, the best place to start in selecting and involving disability representatives is the disability agency or task force within the Governor's office, the Mayor's office, or the county government. Typically, officials in these organizations can assist in identifying a cross-section of disability representatives within a locality.

Other government entities that may be helpful include:

- the Department of Health and/or Mental Health,
- the Department of Aging,
- the Department of Veterans Affairs, and
- the local Americans with Disabilities Act (ADA) Coordinator.

Institutional Participants

Beyond government organizations, examples of institutional participants are:

- Representatives from the home-based care industry, such as the local Visiting Nurse Service and the Home Health Aides Association, among others;
- Residential healthcare facilities, such as nursing homes, skilled care homes, and assisted living facilities;
- The local dialysis treatment network; and
- The ambulette industry.

Advocacy Groups

It is important to include representatives from advocacy groups in the disability community such as:

- The local Independent Living Center,
- Local groups serving specific and general disability populations (e.g., people who are blind, deaf, or have limited mobility or cognitive disabilities), and
- Individuals with disabilities who, though not affiliated with a group, are known to emergency professionals and who are willing to participate in the planning efforts.

What is most important in this process is to select a range of people in terms of both affiliation and disability. Involving people with all major types of disabilities, including sensory, physical, mental and cognitive disabilities, helps to ensure the most complete picture possible of the effect of disasters on people with disabilities.

It is important to understand the local demographics of disability (e.g., large concentrations of citizens with disabilities and senior housing communities). Most people with disabilities live and work independently and are dispersed among the population. A community's emergency planning needs, and the types of people required in the planning process, will be partly determined by such demographics.

A broadly based working group will be able to assist emergency management planners in anticipating the true impact of disaster on people with disabilities. This leads to a more detailed, comprehensive, and thoughtful response plan for any community.

Know Your Community Members

Before serving people with disabilities in a community, one must know whom to serve. Some people with disabilities will not require special assistance during an emergency, because they are able to care for themselves. Therefore, while some 20 percent of the total population have a disability, the national planning average used by emergency management offices, is notably lower at 10 to 13 percent. This figure acknowledges the self-support capabilities of many people with disabilities while still taking into account those who need help in an emergency. With so many community residents having some sort of disability, planning for emergencies and their aftermath can be a demanding job. It is helpful to:

- First, **identify the concentrations of people with disabilities** who live in the community. This includes large-scale senior housing developments, residential care facilities, and perhaps schools with large populations of students with disabilities.
- Second, **work with local disability organizations** to identify clusters of people with disabilities who either live or work in the community. For example, a certain apartment complex may house large numbers of residents with disabilities, even if it is not a disability facility *per se*. Some employers may hire many people with disabilities. Local disability organizations may help by providing membership rosters.
- Finally, **consider developing a *Special Needs Registry*** for the jurisdiction if one does not yet exist, whereby people meeting specified criteria voluntarily list themselves, making the local emergency authority aware of their presence. Some jurisdictions employ this registry only as a means of pre-emergency outreach. Others use it to alert citizens of impending emergencies. Still others rely upon it to assist in evacuations or provide emergency services such as transportation or health care during a disaster. If the community does not currently possess such a registry, creating one should be seriously considered since it can be an extremely useful tool.

Special Needs Registry

If it is decided that a special needs registry will be developed or an existing registry relied upon, there are several issues to take into account:

- If the registry system is developed, will it be approved or mandated by the local authorities?
- Are funding, equipment, and staff available to maintain such a registry? More importantly, are there resources to continually update it once it is created? An out-of-date registry is of less use during a crisis; it may even consume critical resources when emergency responders look for people who no longer live or work where the registry says they do.
- What will be the criteria for inclusion in the registry?
- Who will review applications for inclusion and make eligibility determinations?
- What expectations will be placed on individuals with disabilities once they are listed?
- What allowances and accommodations will be made for people who are temporarily disabled, including those in long-term rehabilitation, recovering from a serious illness or hospitalized?
- What safeguards will be put in place to protect registrants' privacy and the confidential information they provide? When, how and with whom can this information be shared?

Recognize that no matter how comprehensive a registry may be, not all people with disabilities will register. Some people may not wish to identify as having a disability. Others may not view their disability as creating a special need. Still others may not think to register until after they feel the impact of a disaster. Some, despite the most concerted outreach efforts, may not be aware of the registry. Therefore any registry should be considered only as a guide in an emergency, and not as a definitive or exhaustive list.

Communication is the Key

Communication is the lifeline of emergency management. This is especially true for people with disabilities, many of whom are unemployed, socially isolated, or in other ways less connected to society than their non-disabled counterparts. Fortunately, most emergency communication can be undertaken at minimal cost, and most disability-targeted communication can be implemented as a simple adjunct to more general strategies.

Communication with members of the disability community must be viewed differently depending on the point at which it is initiated. This can be done:

- Well before an event, as part of a preparedness outreach effort;
- Prior to an event, as an emergency warning or notification;
- During an event, as emergency information and instruction; or
- Following the event, as recovery information.

The medium used to reach people may change at different points in the timeline. In addition, the technology employed may vary, and the amount of labor required to complete the task may change. In general, however, there are some important considerations to keep in mind when directing communication on one's own or in partnership with the media:

- Television stations must be responsible to all viewers and not run a text message "crawl" across a television screen in any area reserved for closed captioning as this will make both sets of messages unintelligible for deaf or hard of hearing viewers.
- Camera operators and editors need to include the sign language interpreter in the picture if one is interpreting next to the official spokesperson presenting emergency information.
- Those setting up emergency hotlines during an event should include TTY/TDD (text telephone, also known as telecommunication device for the deaf) numbers when available, or the instruction "TTY callers use relay." Make sure the same information is provided by the official spokesperson and is used on television and radio.

- Frequently repeat the most essential emergency information in a simple message format those with cognitive disabilities can follow.
- When posting information on a website, make sure the website is accessible (see details on web accessibility, page 28).
- Provide information in alternate formats (e.g. Braille, cassette, large font, etc.) whenever possible ahead of time based on the needs of the population.

Another Communication Tool: A Disability Phone Tree

A phone tree patterned after existing internal notification and call-down systems is a particularly effective way to reach members of the disability community. It must of course be tested regularly. In addition, through a "reverse tree," members of the disability community can alert emergency professionals to issues of which they may not be aware. An effective and well-designed phone tree can multiply outreach and response capabilities while minimizing the number of staff needed to activate the tree at any time.

Community emergency managers should be responsible for initiating communication to the top-level contact persons on each branch of a phone tree. These "branch managers" might be the administrators of residential care facilities; officials at utility companies who maintain lists of life-sustaining equipment customers; staff members of disability organizations; senior housing complex managers; or even government officials providing oversight or regulation of such areas. These officials may already oversee a registry of their own residents, members, constituents or clients. They, along with backup designees, would be responsible for developing and maintaining the smaller branches of their registries and for providing labor, accurate lists, and their own tools (such as the activation of a page message or reverse TTY for some segments of the community) in the event of an emergency.

With a well-designed phone tree system in place, a consistent message is communicated, and members of the disability community have the opportunity to identify any emergency service gaps that may exist. However, even with the best-organized phone tree, it is very important – as well as being standard practice in emergency communication – to identify backup communication measures and not just to rely on telephone or fax capability. E-mail and secure access to web sites have emerged as viable options.

Evacuation Planning for People with Disabilities

Not all disasters require residents to flee their homes or businesses. However, the need for escape or rapid exit is common enough that it should be explicitly addressed as part of emergency planning efforts. Such planning can be a lifesaver. Experience demonstrates that people who are aware of evacuation procedures and who engage in escape drills are more successful in fleeing buildings than are those who are unfamiliar with the procedures. This brochure cannot fully cover all the aspects of this complex process (more detailed links are in the section on Tools and Resources, page 25), but it highlights several that should be considered.

There are several types of facilities and structures where special consideration is required in connection with the evacuation of people with disabilities.

Buildings, Residential Facilities and Other Tall or Large Structures with Relatively Permanent Residents

As part of emergency planning efforts, it is important to work with the administrators of these facilities to ensure that each structure has a workable evacuation plan in place, and that the administrators undertake regular drills so residents or employees within their structures are familiar with these plans. These drills, of course, should pay adequate attention to the special needs of all people with disabilities, not just those in wheelchairs and with other mobility impairments, but also those with visual, hearing, or mental impairments. In addition, it is good to work with groups that represent smaller organizations, like home health care regulators or local business associations, to encourage each of their members to undertake these same activities.

Unfortunately it is often too late at the moment of disaster to educate people, already confused and harried by a crisis, about how to escape or to help individuals with disabilities do so. Some cities are already taking the lead in pre-disaster planning. The City of Chicago, for example, in 2002 promulgated new local standards requiring evacuation plans for people with disabilities to be put in place in any commercial or residential structure over 80 feet high.

Large Facilities, Such as Stadiums, Arenas, and Museums with No Permanent Residents

In these facilities, full-scale evacuation drills are usually not feasible (with certain exceptions such as schools). Nevertheless, it is critical to ensure that the managers of these facilities have effective evacuation procedures in place for people with disabilities. They must be able to communicate disaster instructions during a crisis and under unfavorable circumstances, such as the loss of power. Their staffs must be trained in supervising evacuations. Staff members at these transiently populated structures should be trained in dealing with disabilities of all types.

Entire Communities

Evacuations of entire communities typically take place over a longer period than facility evacuations. They can be even more traumatizing, since people are leaving their homes, businesses and possessions behind. Community evacuation plans should be designed to allow the necessary time, consideration, and assistance for people with disabilities to be adequately notified of evacuation plans. They also must be able to bring with them special equipment (e.g. wheelchairs, dialysis machines, and ventilators) and guide animals. In some communities, these concerns have led to the creation of staggered evacuation orders with notification to large care facilities ahead of the general population because the lead time is so much longer. Communities may need to provide accessible transportation support and other resources if people are ordered to evacuate the area.

Approximately 7.4 million Americans use some assistive technology.[8]

Include Disability Needs in the Recovery Phase

The recovery phase of an emergency typically is the longest and most difficult aspect of a disaster for a community's residents, and this can be especially traumatic for people with disabilities. In addition to coping with any personal losses or injuries that they may have suffered, **people with disabilities who experience a disaster may be deprived of vital connections** to attendants, guide animals, neighbors, and local business owners, and even family members. **They may no longer be able to follow their accustomed routines.** The disaster may also cause psychological distress by forcing individuals with disabilities to confront the limitations imposed by their disability on a more or less continuous basis, or to relive traumatic hospitalization experiences from their past.

Such possibilities are more than theoretical. The terrorist attacks of September 11, 2001, for instance, produced powerful psychological effects among the general population. According to *The Washington Post,* two to three months after the attacks, "nearly half of the residents of Lower Manhattan and as many as one in four Americans nationwide had difficulty sleeping, suffered flashbacks, and were easily startled – symptoms usually found among patients with post-traumatic stress disorder (PTSD)." Similarly, two months after the disaster, the New York Academy of Medicine found that the prevalence of PTSD and depression among adults in Manhattan was twice the national average. And six months after the attacks, more than one-fourth of New York City public school children exhibited mental health problems severe enough to impair their normal functioning.

Like all people, those with disabilities are affected by these issues, but for this population they are often more severe. In the weeks following the attacks, *iCan News Service* reported that many people with disabilities living in Lower Manhattan experienced the following:

- Paratransit service in the Ground Zero area was suspended and placed under stricter limits citywide.
- Some people were not able to get necessary prescriptions filled.
- Wheelchair and other equipment repairs were delayed or unfinished because repair shops were closed.
- Many people with disabilities were not making it to critical health care appointments, either because they could not find transportation or were afraid to leave their homes.
- People who are blind or have low vision had to spend hundreds of hours learning how to navigate the rearranged city, on foot and by re-routed public transportation.

Emergency planners, of course, can do little to counter some of these effects, such as psychological distress and changed city environments, which are frequent results of disaster. What can be done is to ensure that those services and special needs most critical to people with disabilities are restored or addressed as a priority during the recovery phase. Some major considerations include:

- Making allowances at blockades, shelters, and other impacted areas for access by attendants, home health aides, visiting nurses, guide animals, and other individuals crucial to the immediate health care needs of people with disabilities,
- Identifying the impact on the disability community of an interruption in utility services,
- Planning for accessible shelter and appropriate temporary housing needs,
- Addressing how people with disabilities who are employed by businesses that are able to open soon after a disaster will get to work, and
- Involving representatives of the disability community in "after action reviews" or "hot wash reports" in order to capture the true impact of the disaster and to improve plans for the future.

Other Factors to Consider

Several potential problems can be particularly stressful or confusing during planning and response phases of a disaster. They require added attention.

- It is commonplace in post-disaster situations for many services to be dispensed by volunteers. It is therefore important, where feasible, to **train volunteers ahead of time** in the basics of dealing with their fellow residents with disabilities. Such training is important so that the volunteer workers treat neighbors with disabilities with dignity and respect. These volunteers must also recognize and respond to requests that might appear to be luxuries in time of crisis, but for people with disabilities, may be essential to their day-to-day living.

- **Federal, state and local regulatory codes address special needs issues,** and it is important to understand when such codes can help in the context of emergency planning. If no codes are in place, it is worth the effort to lobby for changes that can strengthen the ability of emergency professionals to incorporate special needs issues into plans and response capabilities. Examples of code-related questions that each locality must resolve include: Are nursing homes required to have an onsite source of redundant power? Can nursing students be used in a medically managed shelter? What level of emergency plans are home care agencies required to put in place for their clients with disabilities?

- **Shelters must meet minimal accessibility levels** so that all members of a community can find safety. The level of medical oversight to be provided must be determined well in advance of an emergency. Whether or not there will be different classes of shelters (e.g., medically managed or designated for special needs) must also be established in the planning phase. By making these determinations ahead of time, the needs of those with disabilities utilizing the shelter system will be properly identified and addressed.

- It is vital to **make accessible transportation available** during and after a disaster. Because transport fleets with wheelchair lifts or ramps may not be available or might be called into service in other areas, it is helpful to include non-emergency vehicles in disaster plans. Door-to-door pick-ups have been employed in some localities and should be incorporated into emergency plans if applicable.

- During the planning and preparedness phase, it is important to make sure that organizations and groups providing services to the disability community are informed about the **importance of proper business continuity planning** as a means of ensuring ongoing care to their client base of people with disabilities after a disaster.

- There are many types of **emergency equipment for use by people with disabilities during a disaster.** These include specialized evacuation chairs, transfer-height cots, communication boards, and reverse 911 notification systems. Unfortunately, there are no federal minimum safety or review standards for this equipment, and therefore "buyer beware" remains a necessary caution. To ensure the use of only the highest quality equipment, emergency professionals should rely on appropriate members of the disability community to help research and "test drive" equipment before such items are written into plans or purchased by municipalities.

Even in non-emergency situations, people with disabilities are three times as likely as those without disabilities to consider inadequate transportation a problem.[9]

Conclusion

This Guide should help ensure that the needs and well-being of people with disabilities in communities across America are made a full part of the emergency planning process. Numerous previous disasters have demonstrated that the disability community's ability to assist with its own survival during an emergency is directly related to the amount of effort put into awareness and preparedness measures before the fact. Likewise, the ability of emergency professionals to make informed, often split-second decisions for and about special needs issues during the response and recovery phases of an emergency is also directly related to their planning and preparation prior to the disaster.

The planning and preparation efforts that are specially devised for people with disabilities are likely to benefit the general population as well, particularly those who may be traumatized or disoriented by a disaster, as in the Pentagon escape example on page 6.

The message from emergency professionals to the disability community is the same as to the population as a whole: be prepared. How people need to be prepared and what must be taken into account will depend on many factors, whether or not they have disabilities. With adequate forethought, planning, and cooperation, all of a community's residents, with and without disabilities, will be given the maximum chance to prepare for and survive a disaster, and to return to normal life as quickly as possible.

Endnotes:

[1]U.S. Census Bureau year 2000, www.census.gov
[2,3,4,9]2003 N.O.D./Harris Poll Survey
[5]National Academy for State Health Policy Biennial Survey of Assisted Living and Board-and-Care Policies 2000, www.nashp.org
[6]2004 N.O.D./Harris Poll Survey
[7]National Council on the Aging 2002, www.ncoa.org
[8]Technology Fact and Resources section, www.nod.org

EMERGENCY PREPAREDNESS INITIATIVE

Tools and Resources for Special Needs Emergency Planning

The following list of resources, while not exhaustive, provides some key references related to emergency planning for people with disabilities available as of December 2004.

The National Organization on Disability's Emergency Preparedness Initiative

As a service to both the emergency management and disability communities, N.O.D. maintains an extensive section about the Emergency Preparedness Initiative on the organization's general website at **www.nod.org/emergency.** We offer this as a research entry point. Here visitors will find:

- Background on the goals and activities of the Emergency Preparedness Initiative.
- News in the disability community and/or emergency management community which may impact emergency preparedness for people with disabilities.
- Virtual binder from the National Capital Region Conference on Emergency Preparedness of People with Disabilities.
- Suggestions for locating community residents with disabilities, and links to national disability organizations with local affiliates.
- Articles on the impact of disaster on people with disabilities.
- Links to disability-relevant emergency preparedness information, including planning checklists; publications survey data; emergency-related government regulations; and public hearings testimony.
- Consumer resources for coping with disaster, some of which specifically address people with disabilities.
- A searchable directory of products relevant to the disability community and emergencies/disasters

- An EPI-supported online community, where members may pose questions, offer suggestions, and find a list of good practices pertaining to unique emergency special needs
- A collection of academic research abstracts, industry whitepapers, and official reports about disability and the impact of emergencies and disasters.
- Short videos on emergency preparedness and the special needs population, which can be viewed online.

Standards as Research Tools

- The Americans With Disabilities Act requires equal access for people with disabilities to all government programs. This includes programmatic inclusion in all disaster plans developed for a community under Title II: **www.ada.gov**
- An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities-Released in 2004 by the U.S. Department of Justice, Civil Rights Division, Disability Rights Section. Provides guidance for making local government emergency preparedness and response programs accessible to people with disabilities: **www.usdoj.goc/crt/ada/emergencyprep.htm**
- SARA Title III – 1986 Superfund Amendment & Reauthorization Act directs the creation and membership of Local Emergency Planning Committees (LEPC): **http://www.epa.gov/ceppo/rules/epcra.html**
- JCAHO – Joint Commission on Accreditation of Healthcare Organizations oversees standard setting for health care facilities as well as the accreditation of healthcare facilities such as nursing homes and hospitals: **www.jcaho.org**
- NFPA – National Fire Protection Association oversees publication of recommended safety codes and standards for the prevention of fires and other hazards. NFPA codes include fire prevention, buildings and natural gas: **www.nfpa.org**
- FCC – Federal Communications Commission oversees regulations regarding both the Emergency Alert System (EAS) and Closed Captioning: **www.fcc.gov**

Local fire, safety, building, and human rights codes can also provide examples of special needs emergency planning issues:

- Florida requires by state law that each county have a Special Needs Registry that its residents can voluntarily join. An example can be found at: **http://www.co.monroe.fl.us/pages/hurrican/ssneeds.htm**
- Chicago local law requires building evacuation plans specifically for people with disabilities. It applies to any commercial or residential building 80 feet or more in height: **www.ci.chi.il.us/Fire/ProposedRules/Rules9.pdf**

Potential sources of funding:

- Mitigation
- Preparedness
- Training
- Public/Private Initiatives
- Community Block Development Grants
- Risk/Loss Management

Publications: Many jurisdictions and organizations have produced materials to assist people with disabilities develop their own emergency plans. Below are some of the most valuable ones to consider:

READY.gov; The U.S. Department of Homeland Security: www.ready.gov Access website for family, child, and business preparedness related materials.

The American Red Cross (ARC): www.redcross.org
Order all publications online or contact your local Red Cross chapter.

- Disaster Preparedness for People with Disabilities (ARC- 5091) in cassette form: (ARC- 5091C).
- Checklist for People with Mobility Problems (ARC- A4497) *A revision of this publication is under development and expected to be available in 2005*
- Disaster Preparedness for Seniors by Seniors (ARC- A5059)
- Your Family Disaster Plan (FEMA/ARC): (ARC- A4466) English and (A4466S) Spanish
- Your Family Disaster Supplies Kit (FEMA/ARC): (ARC- 4463) English and (A4463S) Spanish

The Federal Emergency Management Agency (FEMA): www.fema.gov

For all publications, contact the FEMA Distribution Center toll-free at (800) 480-2520 or order on line at http://www.fema.gov/library.

The U.S. Fire Administration (USFA): www.usfa.fema.gov.
For all publications, contact the U.S. Fire Administration Publications Center at (301) 447-1189 or toll-free at (800) 561-3356, or order on line at **http://www.usfa.fema.gov/usfapubs/index.cfm**

- Emergency Procedures for Employees with Disabilities in Office Occupancies (FEMA/USFA) 1994 Item number FA-154
- Orientation Manual for First Responders on the Evacuation of People with Disabilities (FEMA) August 2002 Item number FA-235

U.S. Fire Administration & FEMA Fire Risk series:

- Blind or Visually Impaired (FA 205 12/99)
- Deaf or Hard of Hearing (FA 202 12/99)
- Mobility Impaired (FA 204 12/99)
- Older Adult (FA 203 12/99)

Video Training Tools: FEMA has produced several videos that illustrate with actual footage the planning necessary for facilities such as hospitals and nursing homes. These titles include "Storm Alert! Hurricane Preparedness for Nursing Homes," "Stormwatch! Hurricane Preparedness for Hospitals," and "Stormworthy! Medical Buildings and Hurricanes." Also available is a video titled "Voices of Wisdom" which is a first hand account by seniors of their experiences during and after an earthquake.

Training Courses: FEMA/EMI G197 Emergency Planning & Special Needs Populations (Delivered as a Modified Train-the-Trainer Instructional Session)

The G197 Emergency Planning and Special Needs Populations course was developed by FEMA to provide the people who are responsible for emergency planning or care of special needs groups with the skills and knowledge they will need to prepare for, respond to, recover from, and mitigate against emergency situations. There are two ways to obtain the materials (student manual, instructor guide, and presentation slides) needed to present the course:

Downloading From the FEMA Website: If you have access to a high speed internet connection, using your internet browser, go to: **http://training.fema.gov/emiweb/trainingann.asp** and click on the link entitled "New training resources for Emergency Planning and Special Needs Populations (G197) and the Emergency Management Institute School's (K-12) Program FEMA 159 and FEMA 253." Follow the directions on the screens to download the materials.

Receiving the Course Materials on CD: Send an e-mail request for the materials to: **christopher.yambor@dhs.gov**. Include your name, organization, and address and a CD containing the materials will be sent to you via regular mail.

Websites: Much information is available on the web. The following list of sites, offer good starting points from which other information on emergency preparedness for people with disabilities can be located.

- **www.nod.org/emergency:** National Organization on Disability links and information about disaster information and people with disabilities.
- **www.ready.gov:** Department of Homeland Security's emergency preparedness information website.
- **www.preparenow.org:** California site but general links on disasters and special needs.
- **www.easter-seals.org:** s.a.f.e.t.y. first evacuation program.
- **www.jan.wvu.edu/media/emergency.html:** Job Accommodation Network emergency evacuation for employees document called Employer's Guide to Including Employees with Disabilities in Emergency Evacuation Plans.
- **www.nbdc.com:** Emergency evacuation checklist for people with disabilities in the workplace. (Search bar on left of homepage; type emergency evacuation checklist.)
- **www.aoa.dhhs.gov:** U.S. Department of Health and Human Services Administration on Aging information about the senior population.
- **www.cdihp.org/evacuationpdf.htm:** The Center for Disability Issues and the Health Professions' guide for people with disabilities and other activity limitations called Emergency Evacuation Preparedness: Taking Responsibility for Your Safety. For publication visit website or call (909) 469-5380, TTY (909) 469-5520.

Making Your Information Accessible:
Web accessibility is based on the principle that no potential web site visitors, including those with varied disabilities, should be precluded from accessing content or services the site provides. A site can be considered accessible if it meets certain widely accepted design standards, such as the World Wide Web Consortium's Bobby standards or the Federal Government's Section 508 standards.

When designing your website, be certain it meets the accessibility standards so that the information will be available to all visitors including people with disabilities. It is also useful to solicit feedback from computer uses with disabilities. Consult:

- Bobby Web Accessibility Software Tool at **http://bobby.watchfire.com**
- W3C Web Accessibility Initiative Resources at **http://www.w3.org/WAI/Resources/#gl**
- The Federal government's Section 508 resource at **http://www.section508.gov/**
- Web Accessibility in Mind at **http://www.webaim.org/**

When making information or materials for the public available, it is important to prepare alternate formats such as Braille, larger font text, color contrasts, and audio cassette versions, to name a few. Disability organizations can provide guidance or referrals.

It may be useful to consult the guides published by organizations such as Lighthouse International at **www.lighthouse.org** for publishing printed materials for people with low vision.

The National Organization on Disability encourages the use of this *Guide* and permits the reproduction of it in whole or in part so long as credit is properly given to *The National Organization on Disability's Emergency Preparedness Initiative Guide on the Special Needs of People with Disabilities.* A complete electronic version of the *Guide* may be downloaded from www.nod.org. Emergency management professionals may receive up to three free copies of the *Guide*. Other requests may include charges for shipping and handling. Requests should be made to epi@nod.org or by fax to (202) 293-7999.

N.O.D. welcomes comments on this Guide and on its Emergency Preparedness Initiative. Please direct them to *epi@nod.org*

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