



State of Texas

FUNCTIONAL NEEDS SUPPORT SERVICES TOOL KIT



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Acknowledgements

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Acronyms

ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
ARC	American Red Cross
ASCII	American Standard Care for Information Interchange
ASL	American Sign Language
CART	Computer Assisted Real Time Translations
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Teams
CMS	Consumable Medical Supplies
CPA	Comptroller of Public Accounts
CPG	Comprehensive Preparedness Guide
DBHS	Disaster Behavioral Health Services
DDC	Disaster District Chair
DME	Durable Medical Equipment
DOJ	(U.S.) Department of Justice
DRA	Disability Related Assistance
DSHS	(Texas) Department of State Health Services
EOC	Emergency Operations Center
EPAP	Emergency Prescription Assistance Program
ESRD	End Stage Renal Disease Network of Texas
FAST	Functional Assessment Service Teams

FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
LMHA	Local Mental Health Authority
LVN	Licensed Vocational Nurse
OSAR	Outreach Screening and Referral
OTC	Over- the -Counter Drugs
OTP	Opioid Treatment Programs
PAS	Personal Assistance Services
RLO	Regional Liaison Officer
RN	Registered Nurse
SOC	State Operations Center
SOP	Standard Operating Procedures
TAS	Texas Accessibility Standards
TDLR	Texas Department of Licensing and Regulation
TDD	Telecommunications Device for the Deaf
TDEM	Texas Division of Emergency Management
TPASS	Texas Procurement and Support Services
TTY	Teletypewriter
TxDOT	Texas Department of Transportation

TxETN

Texas Emergency Tracking Network

VOAD

Voluntary Organizations Active in Disasters

Introduction

According to the U.S. Census Bureau, more than 54 million Americans, about one-fifth of the U.S. population, have a disability. As such, resource gaps have historically existed in mass care planning for meeting access and functional needs in general population shelters, resulting in disparate treatment and the denial of full and equitable services. The intent of this planning guidance is to ensure that individuals with access and functional needs are not turned away from general population shelters and inappropriately placed in other environments (e.g., medical shelters, institutions, and nursing homes). Addressing these issues at the local level will maximize resources, ensure equitable treatment to all Texans, and ultimately benefit the entire community.

Functional Needs Support Services (FNSS) are defined as services that enable children and adults with or without disabilities who have access and functional needs to maintain their health, safety, and independence in a general population shelter. This may include personal assistance services (PAS), durable medical equipment (DME), consumable medical supplies (CMS), and reasonable modification to common practices, policies and procedures. Individuals requiring FNSS may have sensory, physical, mental health, cognitive and/or intellectual disabilities affecting their capability to function independently without assistance. Additionally, the elderly, women in the late stages of pregnancy, and individuals requiring communication assistance and bariatric support may also benefit from FNSS.

The Americans with Disabilities Act (ADA) requires shelters to provide equal access to the benefits that shelters provide, including but not limited to safety, food, services, comfort, and information, as well as a place to sleep until it is safe to return home. These shelters should also make provisions to assist and support family, friends, and neighbors. Planning for incorporating FNSS in general population shelters includes addressing the needs of children and adults, some of which include:

- Communication assistance and services for individuals, including those with limited English proficiency and people who are deaf and hard of hearing.

- Accessible sleeping accommodations (e.g. universal/accessible cots or beds, cribs, modification to beds/cots/cribs, and privacy curtains)
- Availability of DME, CMS, and/or PAS to support daily living activities (including provisions for service animals)
- Provision for accessible transportation, bathroom, toilet, and showering facilities
- Access to medication and food

Legal Authority

The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters.

The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA), regulations and agency guidance, as well as State counterparts, define the scope of FNSS.

Texas Accessibility Standards (TAS), in addition to ADA and other Federal mandates, contains scoping and technical requirements for accessibility to sites, facilities, buildings, and elements by individuals with disabilities.

Emergency managers and shelter planners are encouraged to investigate their applicable state laws, regulations, and local ordinances.

Purpose

The purpose of this toolkit is to provide planning guidance, which can be incorporated into existing shelter plans. The toolkit provides guidance to assist local emergency management and shelter planners in understanding the requirements related to providing disaster related services to children and adults with and without disabilities who have access and functional needs in the state of Texas. The guidance in this document is designed to assist in planning and resource allocation for disaster response. This toolkit is designed to provide first responders and emergency management professionals basic information about interacting with Texans with disabilities during a disaster and to identify disability leaders in the local communities.

Situation and Assumptions

This document outlines common scenarios that general population shelter planners and operators may encounter during emergencies and disasters, and presents guidance on providing an integrated, non-dependent, nondiscriminatory disaster response support, for people with and without disabilities.

This guidance is not designed to replace current operations or establish a new “tier” of sheltering. It is not intended to establish new legal obligations, alter existing obligations, or constitute a legal interpretation of the statutes that are the basis of the guidance materials. This tool kit is not meant to duplicate or cover all requirements found in existing or potential shelter plans or Standard Operating Procedures. It is to act as a resource for integrating FNSS into the general disaster and shelter planning processes and/or existing documents. Information presented in an operational tool may have been summarized, modified and/or combined with other cited sources.

PART I: PLANNING TOOLS

Tab-A Emergency Management Planning Assessment

The Americans with Disabilities Act (ADA) requires shelters to afford equal access to the many benefits that shelters provide, including safety, food, services, comfort, information, a place to sleep until it is safe to return home, and the support and assistance of family, friends, and neighbors.

Assessment

Start with an assessment of your current plans and standard operating procedures, and ask the following questions suggested in the [ADA Best Practices Toolkit](#):

- If you have a contract or other arrangement with any third party entities, such as the American Red Cross or another local government, to provide emergency planning and/or emergency management or response services, does your contract or other documentation of your arrangement contain policies and procedures to ensure that the third party entities comply with ADA requirements?
- Do you have written procedures to ensure that you regularly seek and use input from persons with a variety of disabilities and organizations with expertise in disability issues in all phases of your emergency planning, such as those addressing preparation, notification, evacuation, transportation, sheltering, medical and social services, temporary lodging and/or housing, clean-up, and remediation?
- Do you seek input and participation from people with disabilities and organizations with expertise on disability issues when you stage emergency simulations and otherwise test your preparedness?

If the answer to any of the above questions is “No,” your emergency management program may not be fully accessible to people with disabilities.

According to the Comprehensive Preparedness Guide, engaging in community-based planning- that is *for* the whole community and *involves* the whole community - is crucial to the success of any plan. Tab B to Part 1 provides recommendations for integrating children and adults with or without disabilities who have access and functional needs into your local jurisdictional planning process.

Tab B- Planning for the Inclusion of People with Disabilities

Introduction

Having a disability, either by birth, disease, age or accident, is part of the human experience. 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 6.5 million people require the assistance of another person for daily life activities, such as getting dressed, eating, and bathing.
- 21.7 million Americans are blind or have trouble seeing even with glasses or contact lenses.
- About 40.3 million American adults have hearing loss and only 1 out of 5 people who need a hearing aid actually uses one.
- 1 million Americans are completely deaf.
- There are 1.5 million people who use wheelchairs. An additional four million people require mobility aids, such as canes and walkers.
- There are approximately 4.76 million people with intellectual and related developmental disabilities.
- Many individuals have more than one disability.
- There are approximately 30,000 working assistance dogs, including guide, hearing, and service dogs used by people with disabilities in the United States.

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 cognitive/intellectual disabilities might impair an individual's ability to appreciate or respond to an emergency.

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 evacuating?
- Are there 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?
- Does the person require assistance from a caregiver?

These questions are not always easy to answer. That is why it is imperative to analyze needs and form meaningful partnerships with the disability community. For more information, see the [ADA Best Practices Tool Kit for State and Local Governments Chapter 7, Addendum 2](#).

[According to FEMA](#), Texas has had more Presidentially Declared Disasters than any other state since 1953. The U.S. population is aging, growing increasingly diverse, and more frequently receiving health care at home. In addition, an increasing number of Americans are migrating to areas that are at a higher risk of hazard. [As of 2003, 53 percent of the nation's population lived in the 673 U.S. coastal counties, an increase of 33 million people since 1980](#). To be able to assess the resources needed for the entire community when a disaster strikes, emergency managers must ensure that demographic trends are factored into their emergency plans.

For example,

- [An estimated 13 million individuals age 50 or older in the United States will need evacuation assistance](#), and for about half of them, such assistance will be required from someone outside of their household.
- [More than 1.4 million people in the United States receive home health care](#).

- Populations described as "transportation disadvantaged"—those who do not have access to a personal vehicle or are unable to drive—may also require assistance during emergencies. [The 2000 Census reports that in the top ten carless cities, between 29 percent and 56 percent of households are without a vehicle.](#)
- [18 percent of the total U.S. population aged 5 and older speaks a language other than English at home](#), a finding that highlights the need to ensure that emergency communications are also geared to the non-English-speaking residents in the community.

Two important challenges will be the aging of the baby boomer generation and the rise in obesity and obesity related disabilities. Between 2010 and 2050, the United States is projected to experience rapid growth in its older population. In 2050, the number of Americans 65 and older is projected to be 88.5 million, more than double its projected population of 40.2 million in 2010. [The baby boomers are largely responsible for this increase in the older population, as they will begin crossing into this category in January, 2011.](#)

According to Texas State Demographer Steve Murdock in a 2007 House subcommittee hearing, by 2040, Texas' population is projected to be between 40-45 million and those 65 years old or older will number between 7-8 million and compose 16-20 percent of the population. With the aging of Texans and the challenges of age-related disability in next twenty years, it is vital to focus on knowledge utilization and transfer from best practice to implementation to services and supports for citizens.

Increasingly, emergency managers are recognizing the importance of securing expertise related to people with disabilities and people with unique functional needs during planning and operations activities. This can be done by reaching out to key community representatives to assist in reviewing plans and to participate in emergency exercises.

Emergency managers can draw from community representatives to establish an advisory committee on people with disabilities and unique functional needs. The committee should consist of a cross-section of community residents with disabilities and unique functional needs, as well as, representatives from local emergency management agencies, service provider organizations, advocacy groups, and local government agencies. An emergency manager can establish an advisory committee on people with

disabilities and unique functional needs as a stand-alone entity, part of the local disaster planning group, or a component of the local Citizen Corps Council.

Involving and listening to people with disabilities provides the best insights for addressing their needs.

Emergency planners should:

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

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 it 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 functional 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, as well as in drills and exercises, emergency personnel often discover creative solutions before they are needed. These solutions may benefit not only the disability community but also the general population. A number of states and localities have already created taskforces (a.k.a. Advisory Panel of Disability Stakeholders, Working Groups, etc.) to address disability-related issues in emergency management and to put together inclusive plans. Stakeholders

include emergency management, first responders, disability organizations and advocates, and hospital associations.

Work with institutional and industry-specific groups that are not typically considered emergency service resources but that can offer valuable and timely support to emergency professionals. Identifying and marshaling 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, as well as to a host of additional equipment, materials, and skilled personnel.

Community Emergency Response Teams (CERTs) serve in the workplace and in the community at large. These Teams are made-up of citizens who undergo training to aid in disaster response. The organization is now organizing Disability Focused CERTs and people with disabilities are being integrated into other CERT teams in order to engage people with all types of disabilities into the process. These individuals must also complete the CERT training program and can be activated during an emergency, just as would any other trained volunteer. In this way, people with disabilities become part of the solution.

Local jurisdictions are encouraged to actively recruit persons with disabilities to serve on CERT teams in order to meet FNSS requirements in your jurisdictions.

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, including drills and exercises. 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. Remember, the “disability group” is one that people can “join” at any time.

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, mayor's office, or the state or county government. Typically, officials in these organizations can assist in identifying a cross-section of disability representatives within a locality. State of Texas government entities that may be helpful include:

- [The Texas Health and Human Commission](#)
- [Texas Health and Human Services Aging Services](#)
- [Texas Veterans Commission](#)
- [Texas Workforce Commission Vocational Rehabilitation Services](#)
- [Texas Health and Human Services Deaf and Hard of Hearing Services](#)
- [Texas Workforce Commission Recruiting and Hiring Resources](#)
- [Center on Disability and Development](#)
- The local [Americans with Disabilities Act](#) (ADA) coordinator for city, county or university
- Local independent school districts that provide services and resources to children with disabilities
- Local Mental Health Associations (LMHA)
- [Texas Department of State Health Services](#) (DSHS)
- [Disaster Behavioral Health Services](#) (DBHS)

Associations and Institution Participants

Examples of associations and institutional partners are:

- Representatives from the home-based care industry, such as the local visiting nurse service and the home health aides association
- Residential healthcare facilities, such as nursing homes, skilled care homes, and assisted living facilities
- [Texas Hospital Association](#)
- [Texas School for the Blind and Visually Impaired](#)
- [Texas School for the Deaf](#)

- [Texas Community Mental Health Centers](#)
- [Private Psychiatric Hospitals and Crisis Stabilization Units](#)
- [Texas Hospice](#)
- [Texas Dialysis Centers](#)
- [Texas Ambulance Association](#)
- [Texas Association of Home Care and Hospice](#)
- Texas Regional Day School Programs for the Deaf are located within the local Independent School District (ISD)

Advocacy Groups

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

- [The Texas Centers for Independent Living](#)
- [The Texas local Mayors' Committees on People with Disabilities](#)
- [Disability Rights Texas](#)
- Local groups serving specific and general disability populations (e.g., people who are blind, deaf, or have limited mobility or cognitive disabilities) Examples are:
 - [Texas Association of the Deaf](#)
 - [American Council of the Blind of Texas](#)
 - [Texas Chapter Hearing Loss Association of America](#)
 - [The Deaf-Blind Multihandicapped Association of Texas](#)
 - [Texas Chapter of Paralyzed Veterans of America](#)
 - [ADAPT of Texas](#)
 - [Alzheimer's Association in Texas](#)
 - [Brain Injury Association of Texas](#)
 - [The ARC of Texas](#)
 - [Mental Health Association of Texas](#)
 - [Texas Association of Goodwill Industries](#)

It is most important to select a range of people in terms of both affiliation and disability. Individuals with disabilities who, though not affiliated with a group, are known to emergency professionals may be willing to participate in planning efforts. Involving people with all major types of disabilities, including sensory, physical, mental, and cognitive disabilities as well as their caregivers helps to establish the most complete picture possible of the effect of disasters on people with disabilities.

It is vitally important to understand the local disability demographics (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.

Before serving people with disabilities in a community, one must know whom they are serving. Some people with disabilities will not require special assistance during an emergency because they are able to care for themselves. Therefore, while approximately 20 percent of the total population has a disability, the national planning average used by emergency management offices is notably lower. To accurately plan, one must have a solid understanding of community demographics at any given time. A lower 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. Some emergency managers are now using geographic information system (GIS) mapping to locate high concentrations of functional needs populations. Essentially, GIS relies on special software and available data to pinpoint areas where individuals with disabilities are likely to live. Should disaster strike, GIS mapping can help emergency responders know which areas may need priority attention or special consideration.

Second, work with local disability organizations to identify clusters of people with disabilities who 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.¹ This document provides a directory of various organizations throughout Texas as a resource for inviting Texans with disabilities to the planning table. Use People First Language

People First Language

Use “People First Language” when talking about people with disabilities.

People with disabilities are — first and foremost — people. People with disabilities are people who have individual abilities, interests and needs. For the most part, they are ordinary individuals seeking to live ordinary lives.

According to the American Community 2014 Survey estimates, about 3.3 million Texans have a disability. Their contributions enrich our communities and society as they live, work and share their lives.

Every individual, regardless of sex, age, race or ability, deserves to be treated with dignity and respect.

Like other minorities, the disability community has developed preferred terminology — People First Language. People First Language is used for acknowledging, communicating and reporting on disabilities. It eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability.

As the term implies, People First Language refers to the individual first and the disability second. An example would be saying “a child with autism” instead of “the autistic child” or “a person who uses a wheelchair” instead of “a wheelchair user.” In addition to changing the way you refer to people with disabilities, it’s also important to ask yourself if the disability needs to be identified at all in the context of the conversation.

[Texas Government Code section 531.0227](#) requires that state agencies use People First language to avoid creating a barrier to inclusion as equal community members for people with disabilities.

¹ Ibid.

Table 1: What Should You Say?

People First Respectful Phrases	Inappropriate Phrases
person with an intellectual, cognitive, or developmental disability	retarded, mentally defective
an individual or person with a disability	disabled or handicapped person
people with disabilities	the handicapped, the disabled, the impaired
has a disability	suffers from a disability
person who is blind or person who has low vision	the blind person
person who is deaf	the deaf person, deaf and dumb*
person who is hard of hearing	suffers a hearing loss, deaf person
person who has multiple sclerosis	afflicted by or victim of multiple sclerosis
person with epilepsy, person with seizure disorder	an epileptic
person who uses a wheelchair	confined or restricted to a wheelchair, wheelchair bound
person who has muscular dystrophy or any other condition that causes a disability or disabilities	stricken by muscular dystrophy or any other condition that causes a disability or disabilities

People First Respectful Phrases**Inappropriate Phrases**

person with a physical disability

crippled, lame, deformed

person without a disability

normal person (implies that the person with a disability is not normal)

unable to speak, uses synthetic speech

dumb, mute

person with psychiatric disability or a person with a mental illness

crazy, nuts, mental, etc.

person who is successful, productive

has overcome his or her disability, is courageous (when it implies the person has courage because of having a disability)

has had [an arm or both arms amputated; a leg or both legs amputated]

is an amputee, is a double amputee

hard for the person to get out

homebound, bedbound

([Much of this section came from the Texas Council for Developmental Disabilities.](#))

*Be sensitive to the fact that some people consider their disability a cultural identification and choose not to use People First language to refer to themselves. For example, many deaf people regard their deafness as a cultural identity with its own language. People who follow this mindset might not refer to themselves with People First Language. In this document, the term "deaf" is used to refer to anyone who is deaf, regardless of his or her cultural identification.

Accessibility of State and Local Government Websites to People with Disabilities

Since emergency management information is available to the public on city and county websites, it is imperative that the website's emergency management information be designed in an accessible manner so that all citizens can benefit by it. When government is constantly being asked to do more with less, the Internet is playing a vital role in allowing government to better serve all of its citizens. Many people with disabilities use "assistive technology" to enable them to use computers and access the Internet. People who are blind that cannot see computer monitors may use screen readers – devices that speak the text that would normally appear on a monitor. People who have difficulty using a computer mouse can use voice recognition software to control their computers with verbal commands. People with other types of disabilities may use other kinds of assistive technology. New and innovative assistive technologies are being introduced every day.

Poorly designed websites can create unnecessary barriers for people with disabilities, just as poorly designed buildings prevent some from entering. Designers may not realize how simple features built into a web page will assist someone who, for instance, cannot see a computer monitor or use a mouse.

One example of a barrier would be a photograph of a mayor on a town website with no text identifying it. Because screen readers cannot interpret images unless there is text associated with it, a person who is blind would have no way of knowing whether the image is an unidentified photo or logo, artwork, a link to another page, or something else. Simply adding a line of simple hidden computer code to label the photograph "Photograph of Mayor Jane Smith" will allow the user to make sense of the image.

The Americans with Disabilities Act requires state and local governments to provide equal access to all programs, services, and activities for individuals with disabilities. One way to help meet these requirements is to ensure that government websites have accessible features for people with disabilities. [This page from the ADA website](#) provides information on making websites accessible.

Resources for Web Developers to Make Websites Accessible

To make web pages accessible, the web developer needs to know about web page features that can make a web page less accessible or more accessible. Information about such features is easily available and many software developers are adding tools to web development software to make it easier to make web pages accessible.

Two important resources provide guidance for web developers designing accessible web pages. One is the Section 508 Standards, which Federal agencies must follow for their own new web pages. Texas Government Code, Section 2054, Subchapter M, requires state agency and public university websites to adhere to Section 508 requirements.

To learn more about the Section 508 Standards:

- The Access Board maintains information on its website including a useful guide for web developers. The Department of Justice has information about accessible web page design in this report.
- The General Services Administration hosts an online course for web developers interested in accessible web design. This program was developed in conjunction with the Access Board, the Department of Justice, and the Department of Education and provides an interactive demonstration of how to build accessible web pages. This course is available at the Government-wide Section 508 Accessibility Program, which also provides information about the Federal government's initiative to make its electronic and information technology accessible to people with disabilities.

A more comprehensive resource is the Web Content Accessibility Guidelines), developed by the Web Accessibility Initiative. These guidelines help designers make web pages as accessible as possible to the widest range of users, including users with disabilities. The Web Accessibility Initiative is a subgroup of the World Wide Web Consortium—the same organization that standardizes the programming language followed by all web developers.

Information for web developers interested in making their web pages as accessible as possible, including the current version of the Web Content Accessibility Guidelines (and associated checklists), can be found at the Web

Accessibility Initiatives Resources page. Information about the Web Accessibility Initiative can be found on its homepage.

Additionally, located in Austin, Texas, Knowbility, Inc. is a nonprofit organization whose mission is to support the independence of children and adults with disabilities by promoting the use and improving the availability of accessible information technology. They provide technical assistance related to accessible websites and other emergency management notification technology.

[Jim Thatcher](#) is a renowned expert in Section 508 compliance and has a free tutorial on his site.

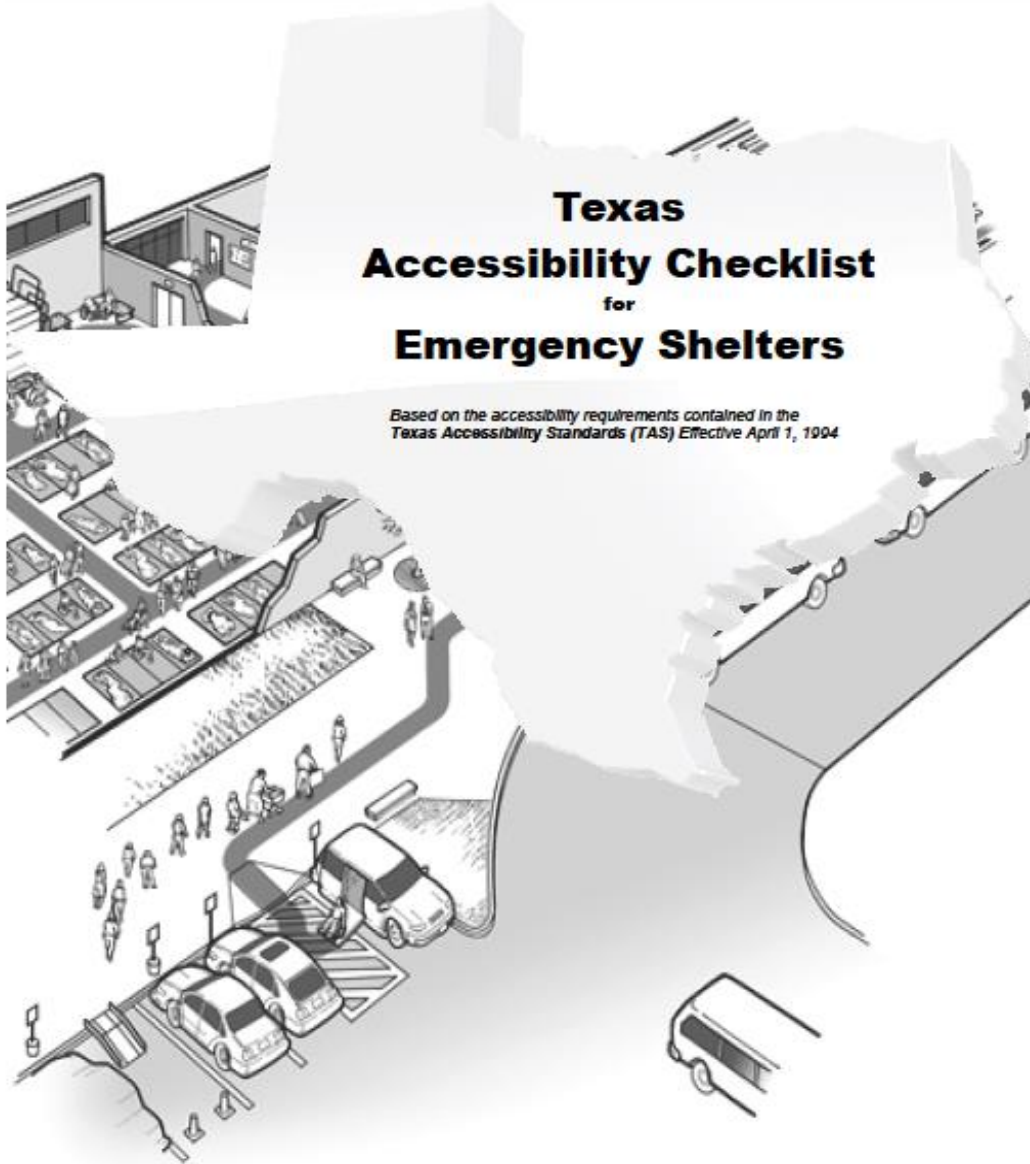
For more information about creating accessible documents, refer to the [Effective Communication Toolkit](#) by the Texas Disability Task Force on Emergency Management.

Tab-C ADA Compliance Checklist

(Double click on image to view document)



Texas Department of Licensing and Regulation
Compliance Division • Architectural Barriers Program



This document provides informal guidance to assist you in understanding the TAS and the regulations governing accessibility requirements for all facilities located in the State of Texas. However, any technical assistance provided does not alleviate the requirements to comply with the Texas Architectural Barriers Act or the Americans with Disabilities Act and does not constitute a legal interpretation of either statute.

Tab D –County Demographic, Functional and Medical Needs Data

Demographic profiles were developed using data sources that provide information about specific characteristics of the community. To aid local emergency jurisdictions planning to address functional and medical needs during a disaster, The Department of State Health Services (DSHS) developed a demographic profile for Texas counties that provides an estimated percentage of the population with select disabilities.

Data on disability characteristics is rather limited. For this reason it is suggested that local emergency managers use this information only as a guideline for predicting the functional and medical needs of their communities and are encouraged to investigate the needs of their local communities more thoroughly.

County disability demographic profiles developed by DSHS will be available here. On the following page, you'll find a disability demographic profile for 'Any County, Texas' and includes the information expected to be available via the county demographic profiles.

Some additional resources include the following:

- The American Community Survey (ACS) is an ongoing survey that provides data every year about various family, education, income, disability, and age characteristics.
- Additional population census data can be found at the [U.S. Census Bureau](#).
- A statewide [Behavioral Risk Factor Surveillance System \(BRFSS\) survey](#) regarding evacuation trends in Texas was conducted in 2008 and 2009. After clicking the link, select "Behavioral Risk Factor Survey" and the file will download automatically.

Selected Population Demographics

_____ County, TX

American Community Survey (ACS) 3-Year Estimates - _____ County

The ACS provides an estimate of people with disabilities by county. A 1-3 year estimate is available for counties with populations over 65,000. Counties with populations under 65,000 rely on 3-5 year estimates. Disability data is not currently available for certain smaller communities.

Total Non-institutionalized Population (_____ County) – _____

Population	0-4 years		5-17 years		18-64 years		65 + years		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hearing Difficulty										
Vision Difficulty										
Cognitive Difficulty	-	-								
Ambulatory Difficulty	-	-								
Self-Care Difficulty	-	-								
Independent Living Difficulty	-	-	-	-						

Source: U.S. Census Bureau, Disability Characteristics, 2009-2011 American Community Survey 3-Year Estimates

Medicaid Claims for Select Home Medical Equipment and Service Codes

Number of recipients served was determined by an unduplicated count of Medicaid ID# by the first zip code of residence during the fiscal year 2009.

Zip Code	Hospital Beds	In Home Nursing Care	In Home Oxygen	Patient Lifts	Transportation Assistance	Ventilator Support	Wheelchairs	Total
County Total								

Source: DME and Home Health Services_Texas Medicaid FY2009_Coastal Counties_FINAL.xls
 Prepared By: Strategic Decision Support, Texas Health and Human Services Commission, May 14, 2010 (rc)

Total Population by Zip Code

Based on the 2000 U.S. Census. This is the most current data for overall populations by zip code at this time.

Zip Code	0-4 years	5-17 years	18-64 years	65 + years	Total

Source: U.S. Census Bureau, Zip Code Tabulation Area Fact Sheet

Tab E-Transportation Planning

Children and adults with and without disabilities who have access or functional needs may require accessible transportation services during evacuations, in shelters and for re-entry into the community, thus requiring the modification of jurisdictional transportation annexes to incorporate FNSS. Many people with access or functional needs rely on accessible public transportation on a daily basis. As such, these services will be heavily relied upon prior to, during, and after a major incident. Contingency plans must therefore arrange to have accessible transportation (including qualified drivers) readily available to individuals with access and functional needs, including “transportation disadvantaged” and limited English proficiency populations. Door-to-door pick-ups have been employed in some localities and should be incorporated into emergency plans if applicable.

According to the Federal Highway Administration, participation by public agencies, members of the disability community and contracted transportation providers in local jurisdiction sanctioned exercises and drills may contribute to familiarity with plans, procedures, and routes. Transportation agencies should reach out to, and maintain a relationship with, local emergency managers and make themselves available to participate during exercises and drills as they are critical assets during disasters.

During a sheltering event, transportation for individuals with access or functional needs must be accounted for in daily shelter activities such as outings for shopping, laundry, prescription medication pick-up, medical treatments (e.g. dialysis) and regular doctor visits. Transportation should be appropriate for the individual and must maintain all levels of dignity and independence. For example, it is not necessary to transport a dialysis patient via ambulance for treatment.

Accessible vehicles should have the capacity to support people who use wheelchairs, motorized scooters, service animals, portable oxygen, and other life sustaining equipment. Local emergency managers are encouraged to develop and maintain memorandums of understanding (MOUs) and mutual aid agreements with local resources to coordinate effective and accessible transportation that supports FNSS. Local jurisdictions should be

cognizant of multiple entities relying on the same transportation contractor or vendor, which could result in ineffective and inefficient services. Plans should also incorporate arrangements for contract reimbursement and possible grant opportunities.

Resource providers:

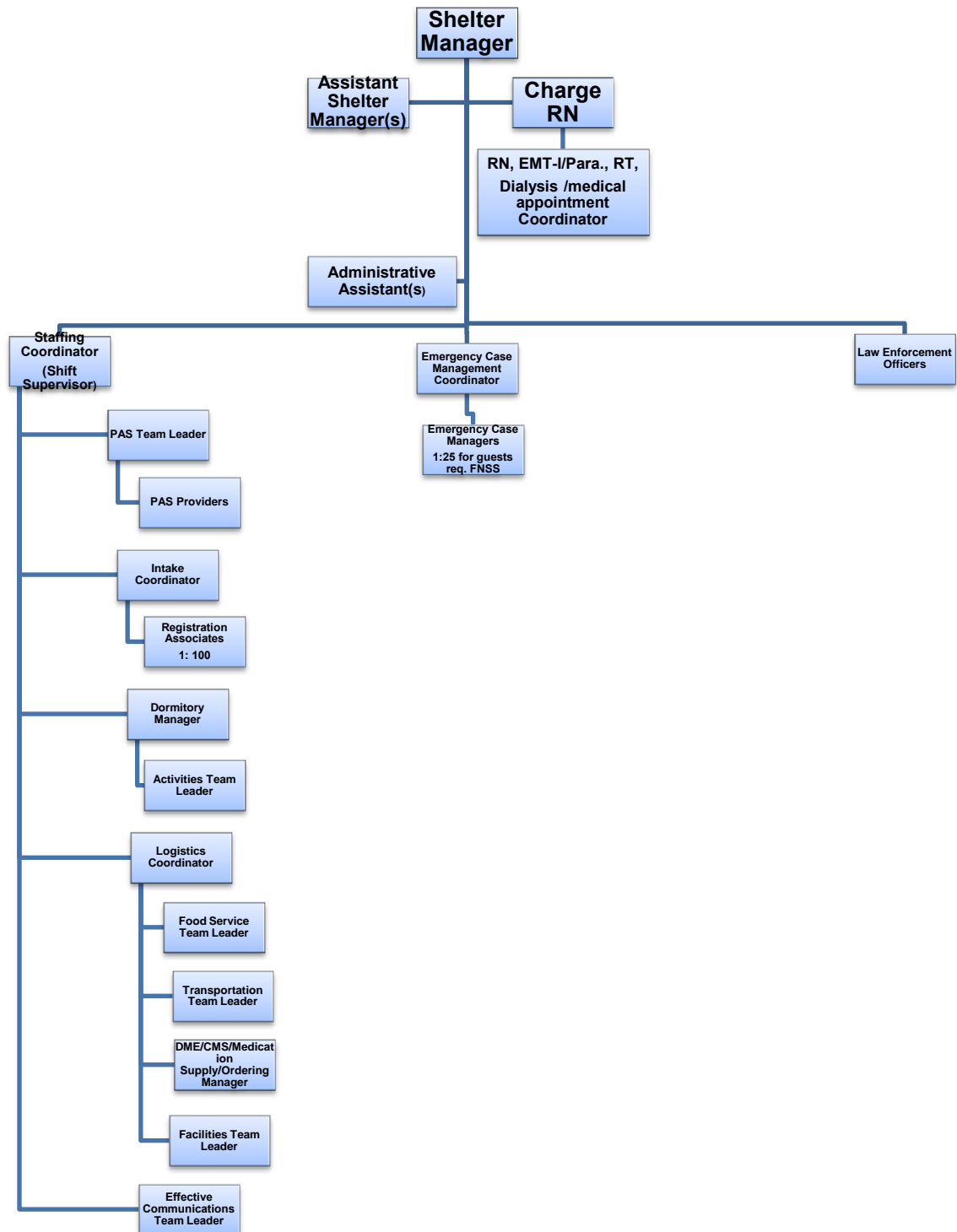
- Medtrans
- Public transit
- Local public and private school districts
- Commercial vendors
- Faith-based organizations
- Dial-a-ride
- Taxi cab companies (with accessible vehicles)
- Assisted living facilities
- Airport shuttle buses
- Senior centers
- Rental car companies
- Rehabilitation centers
- Medical and non-medical emergency services

[Federal Highway Administration: Emergency Operations Publications](#)

PART II: OPERATIONAL TOOLS

Tab F -Shelter Staffing Recommendations

Only those positions (shelter staff and medical) which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. (Staffing will depend on the scale and duration of the incident/operation/shelter)



Optimal Medical Staffing Ratios per Shift for a 24 Hour Operation:

Source:

Medical Staff	Ratio* (Medical Staff to Shelter Occupants) *per individual shelter
Staff for Health/ FNSS intake	1:25
RN/LVN for individuals requiring <u>no</u> medical assistance	1:200
RNs for individuals requiring FNSS (with a minimum of 2 RNs at any time, 1 must be a Charge RN)	1:50
EMT-I or Paramedic (with a minimum of 1 at all times)	1:500
Respiratory Therapist (if needed)	1:250
Mental Health Staff (with a minimum of 2 at all times)	1:100
Personal Assistant Services personnel (for intake)	1:50
Personal Assistant Services (for individuals requiring PAS, a minimum of 2 PAS at all times)	1:1

Medical Staff	Ratio (Medical Staff to Shelter <i>or</i> Shelter System)
Primary Care Physician rounding daily (with a minimum of 1 rounding daily)	1:5 (Shelters)
Public health assessment team / infection control	1:1 (Shelter System)
Physician on call 24/7	1:1 (Shelter System)
Psychiatrist on call 24/7	1:1 (Shelter System)
Dentist on call 24/7	1:1 (Shelter System)
Veterinarian on call 24/7	1:1 (Shelter System)
Medical appt. /Dialysis Coordinator	2:1 (Shelter System)

Shelter Staffing

Local jurisdictions have the responsibility for utilizing all local resources before requesting state assistance. Jurisdictions can find shelter staffing in a variety of locations to include:

- Local Jurisdiction Personnel
- Voluntary Agencies
- Service and Faith based organizations
- Community Emergency Response Teams (CERT)
- Students from area universities (consider working with the university to develop a method for students to obtain credits for working in a disaster shelter)
- Private Industry (local community businesses)
- Local nursing associations
- Private Industry
 - Medical staffing agencies
 - Home health agencies
- Public health department staff

Only those positions (shelter staff and medical) which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. (Staffing will depend on the scale and duration of the incident/operation/shelter)

Shelter Manager

Responsible for overall operation of the shelter, ensuring guests/clients are registered, cared for and have mass care needs met. Responsible for ensuring that FNSS are in place to support individuals with disabilities, functional and access needs. Responsible for coordinating with the medical staff ensuring that staffing levels are appropriate and that all medical/FNSS resource requests are met. Responsible for communication up the chain of command, this may be within the Incident Command System (ICS) or Emergency Operation Center (EOC) structure.

Assistant Shelter Manager

Assumes all responsibilities/duties of the Shelter Manager in his/her absence. Assists the Shelter Manager with all responsibilities/duties at the direction of the Shelter Manager.

Administrative Assistant

Supports the Shelter Manager and assists where needed, especially with documentation and resource tracking.

Staffing Coordinator (Shift supervisor)

Responsible for ensuring that appropriate staffing levels are in place to support shelter operation. Coordinator oversees all staffing levels of subordinate positions on the organization chart and ensures that Personal Assistance Services (PAS), Intake, Logistics and Dormitory Management needs are all being met. The coordinator also is responsible for ensuring that coordination amongst positions is occurring where/when necessary.

PAS Team Leader

PAS Team Leader (The Lead) will serve as the single point of contact for all PAS functions within a shelter.

The Lead will coordinate all PAS staffing needs with the Staffing Coordinator to ensure appropriate FNSS staffing levels are met and will be the point of contact for all PAS Providers.

The Lead may need to communicate directly with medical staff and providers to ensure that the medical needs of the individuals for whom they are caring are met.

PAS Providers

Provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as:

- Grooming
- Eating
- Bathing

- Toileting
- Dressing and undressing
- Walking / transferring
- Maintaining health and safety
- Taking medications
- Communicating
- Accessing programs and services

Home and Community Support Services: TX Department of [Health and Human Services Aging Services](#)

Intake Coordinator

Ensures that intake of all guests/clients occurs and that the process is accessible.

Registration Assistants

Conducts the intake process and documents accordingly.

Staff for Health/FNSS Intake

Responsible for conducting a health/FNSS intake for individuals who indicate they will require FNSS and/or access to medical services. (It is recommended that a Licensed Vocational Nurse conduct the intake in order to effectively articulate to shelter staff the full scope of each individual's needs and to maintain situational awareness.)

Dormitory Manager

Ensures smooth operation of the shelter. Responsible for ensuring that proper and accessible signage is hung in appropriate locations within the shelter, ensures that schedules are posted, and provides all necessary information to guests/clients. This information has to be communicated in accessible formats. Lastly, the Dorm Manager is responsible for answering questions and responding to needs requests.

Activities Director

Responsible for ensuring activities are made available to all guests/clients. This includes ensuring that all activities offered are accessible. This is

generally a position that is filled during extended events in order to establish services such as school pick up or mail services.

Logistics Coordinator

Oversees all logistics staff and ensures the needs of guests/clients are met. Logistics Coordinator may have to make requests to the Staffing Coordinator, Shelter Manager, or directly to EOC/ICP depending on the operational plans specified by the Incident Commander.

Food Service Team Leader

Food Service Team Lead is responsible for cleanliness, coordinating with the sanitarians who inspect shelters, and ensuring a clean and healthy environment in the shelter kitchen and dining areas. Food Service Team Leader ensures that meals, snacks and beverages are served, and also ensures that dietary concerns are met, including low sodium, low fat, low sugar, pureed foods etc. are available. Food Service Team Leader is responsible for communicating allergies and ensuring that the food providers are aware of all allergy and diet concerns.

Transportation Team Leader

Responsible for ensuring that transportation resources are available to shelter guests/clients, this also includes *accessible* transportation. Transportation is necessary for dialysis and/or medical appointments, getting children to school, trips to the store or pharmacy, etc.

Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)/Medication Ordering /Supply

Responsible for supporting the shelter logistically with necessary Durable Medical Equipment, Consumable Medical Supplies and coordinating medication pick up/delivery. This may include ordering directly, communicating the need to the Staffing Coordinator, or the ICP/EOC depending on the operation plans specified by the Incident Commander.

Facilities Team Leader

Responsible for ensuring that the facility is ADA compliant, that the shelter set up is ADA compliant and ensuring that all areas within the shelter are

accessible. In addition the Facility Team Leader oversees any electricians, plumbers, custodial staff or other technicians that are necessary to ensure operation of the shelter.

Effective Communications Team Leader

Responsible for ensuring that services are in place or brought in to ensure effective communication is available to all individuals within the shelter. Effective Communications Team Leader is also responsible for making sure that all signage, information and activities are delivered utilizing effective communication.

Emergency Case Management Coordinator

Serves as the single point of contact to the Shelter Manager communicating case management / service needs, information and updates. Additionally, serves at the single point of contact for all emergency cases. Helps to ensure consistency of services and to ensure that all needs are met and access to all services needed are available and communicated to guests/clients.

Emergency Case Managers

Works with guests/clients to ensure that access to services are communicated and that guests/clients understand how to access services when they return to their homes/leave the shelter. This can include connecting guests with pharmacy services, meal services, DME providers, accessible housing etc.

Law Enforcement Officer

Provide onsite law enforcement

Medical Staffing

If you have medical staff operating within the shelter, they must operate under the authority of a medical director, who is overseeing the city or county shelter operation program. Typically, this medical director's role is assumed by the local health authority and it may or may not be delegated to another party. The delegation should be appropriately documented.

Local jurisdictions are responsible for exhausting all local resources before requesting state assistance. Jurisdictions can find medical staffing in a variety of locations to include:

- Area hospitals
- Nursing students from area universities (consider working with the university to develop a method for students to obtain credits for working in a disaster shelter)
- Medical reserve corps
- County Medical societies
- Local nursing associations
- Private Industry
 - Medical staffing agencies
 - Home health agencies
- Public health department staff
 - Local health authority may provide or delegate the responsibility to provide Standing Delegation Orders for medical staff in a shelter.

The State will support local jurisdictions after confirming that all available local resources have been utilized. The State will prioritize the allocation of medical staff to jurisdictions based on the first principal of the NIMS resource allocation prioritization - Life Safety.

Registered Nurse (RN) for Individuals Not Requiring FNSS

Responsible for providing overall medical supervision/services for the general population.

RN for Individuals Requiring FNSS

Responsible for providing/coordinating medical services for individuals requiring FNSS. This may include ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc.

Emergency Medical Technician (EMT) or Paramedic

Responsible for providing services within the shelter to the entire population as needs arise. EMT-I or Paramedic will assist RN's when necessary. Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms and help determine if 911 transportation is necessary.

Respiratory Therapist

Responsible for providing O₂ oversight and monitoring.

Mental Health Staff

Responsible for delivering mental health services to all guests/clients, as needed. Provides psychological first-aid, and early psychological interventions to assess guests' psychological response to the disaster. Refer guests to local resources for ongoing psychiatric or psychological treatment if necessary, and evaluate in the event of a guest's disruptive behavior. Evaluates for deteriorating mental health in clients with an ongoing relationship with local mental health association. Maintains communication with LMHA to ensure continuity of care and information sharing. Observes for signs of substance use disorder exacerbation and/or addiction relapse. Provides CISM services, via specialty teams, for first responders.

Primary Care Physician

Provides overall medical oversight and direction to all medical staff. Evaluates guests/clients for medical needs, prescription needs and treatment needs. Treats guests needing medical care and makes referrals as needed.

Public Health Assessment Team

Local or regional health departments are responsible to ensure issues of infection control, food safety, and sanitation are properly addressed in a shelter. Health department may engage the assistance of other partners to complete the duties of public health in a congregate setting such as a shelter

Physician, Psychiatrist, Dentist, Vet on call

To be available for phone consultations, make referrals if necessary.
Available to respond to a shelter for emergencies.

Medical Appointment/Dialysis Coordinator



Works with medical staff and shelter staff to schedule medical appointments and dialysis appointments. Communicates these schedules with the Shelter Manager to ensure that transportation and food service are arranged for these appointments.

Attachment 1- Functional & Medical Assessment/Intake Form

Mark as arrival / Check In <input type="checkbox"/>		Accompanied by family Y/N	
Texas ETN# (if applicable):			
Name:			
Address:			
City:		State:	Zip:
Phone Number:			
Date of birth:			
Language(s) Spoken:			
Emergency Contact:			
Relationship:		Phone Number:	
-- BELOW: FUNCTIONAL/ACCESS/MEDICAL SERVICES ASSESSMENT			
ENSURE THAT ALL INDIVIDUALS UNDERSTAND THAT ANSWERING THE FOLLOWING QUESTIONS IS OPTIONAL. SELF DETERMINATION STILL APPLIES IN THIS SCENARIO. INDIVIDUALS MAY CHOOSE TO ANSWER ALL QUESTIONS, NO QUESTIONS OR SOME QUESTIONS.			
Name of person filling out form:		Position of person filling out form:	
<i>Guest functional needs assessment: Are you a person who requires any of the following support services?</i>			
Communications Assistance Needed:	Y/N	Type of communications assistance needed:	
Durable Medical Equipment Needed:	Y/N	Type of DME needed:	
Electricity Dependent:	Y/N	Type of DME that requires electricity:	
Consumable Medical Supplies Needed:	Y/N	Type of CMS needed:	
Personal Assistance Services Needed:	Y/N	Needs assistance with:	
Specific Dietary Requirements:	Y/N	Dietary needs are:	
Service Animal User:	Y/N	Animal support needs:	
Deaf or Hard of Hearing:	Y/N	Type of hearing/communication assistance needed:	
Blind or Low Vision:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Caregiver Information; (If accompanying guest)			
Name:		Relationship:	
Medical Condition: (circle one) Poor/Fair/Well		Phone:	

Health Care History			
Ambulatory Status			
Ambulatory Status:	<input type="checkbox"/> No Limitations	<input type="checkbox"/> Walk – With Assistance (Walker/Cane/PAS)	<input type="checkbox"/> Mobility Device User Able to Transfer Y/N
<input type="checkbox"/> Confined to Bed	Specific Bed Requirements (if any):		
Guest Healthcare Information			
Primary Doctor:		Phone:	
Home Health Agency:		Phone:	
Dialysis:		Phone:	
Pharmacy:		Phone:	
Hospice:		Phone:	
Do you have Medicare/Medicaid/Insurance:	Y/N	Carrier:	
Do you have or have you had any of the following			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lesions/Pressure Sores	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Asthma/Emphysema
<input type="checkbox"/> Pulmonary Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Cardio Vascular Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Mental Health Illness	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Vascular Disorder	<input type="checkbox"/> Dementia
<input type="checkbox"/> G-Tube/Feeding Tube	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Dialysis/ESRD	<input type="checkbox"/> Oxygen Dependent
<input type="checkbox"/> Over 350 lbs	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> CVA/Stroke Survivor/TIA	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Other Information			
<input type="checkbox"/> Have you recently waded through flood water?			
Current Medications:			
Do You Need Assistance With Taking Your Medications:			
Allergies (Food or Medicine):			
Current Triage Data: Vitals if Necessary:			
List of Equipment Brought to Shelter by Guest:			
Recommended Care:			
Additional Info:			
Physician/Nurse/Intake Coordinator Signature:		Date & Time:	
Guest Signature:		Date & Time:	
Check if guest has been discharged:	<input type="checkbox"/>		

Attachment 2 - American Red Cross

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____			
Family Last Name: _____			
Primary language spoken in home: _____			Does the family need language assistance/interpreter?: _____
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____			
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
 STOP HERE! 		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial _____
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?	YES / NO	Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Actions to be taken	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

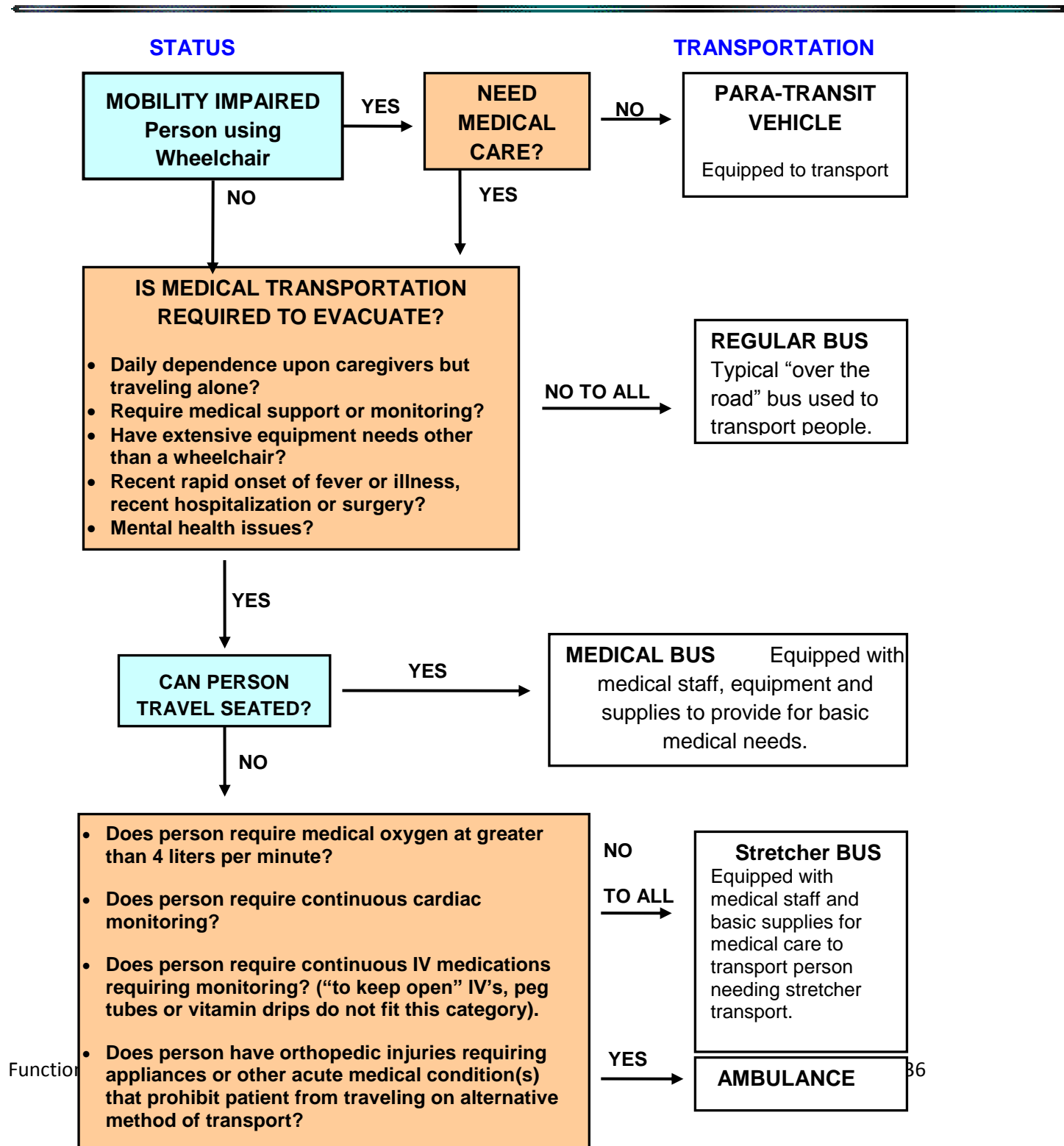
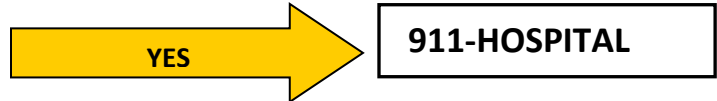
The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

Revision as of 6-20-08

Tab- G Rapid Assessment (Triage)

EVACUATION/ RE-ENTRY TRANSPORTATION ASSESSMENT/TRIAGE

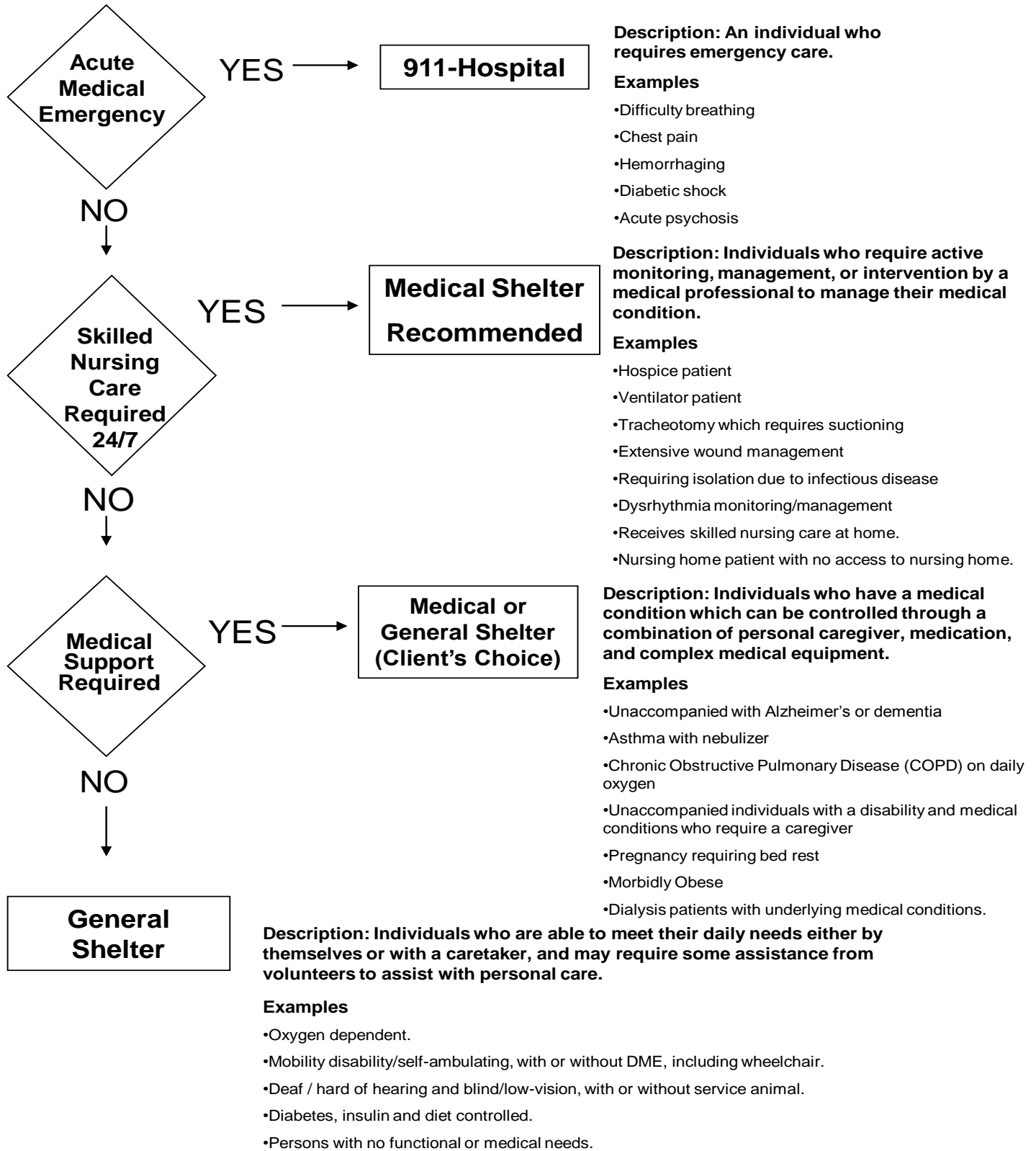
DOES THIS PERSON REQUIRE EMERGENCY MEDICAL TREATMENT?



Function

Attachment 1-Shelter Placement Guidance

Shelter Placement Guidance



Attachment 2-Shelter Placement Form

This form is designed for use at a reception center and is not recommended for use at an embarkation point due to its length.

This form summarizes key decision points on the Shelter Placement Guidance flowchart. The intent of this form is to record the client's responses to certain direct screening questions asked by the Emergency Responder. If the client does not wish to comply with the shelter placement recommendations of the Emergency Responder, then the appropriate release statement should be signed by the client.

TO BE FILLED OUT BY EMERGENCY RESPONDER

Name: _____ Age/DOB: _____ Tracking #: _____

Do you need immediate medical attention? Yes / No

Do you have a medical condition that requires help by a nurse or doctor on a daily basis in your home or at a medical office? Yes / No
If yes, recommend Medical Shelter

Do you have a serious medical condition about which you are concerned? Yes / No
If yes, refer to Shelter Placement Guidance

Does the individual appear to be appropriately alert and cognizant of the current situation? Yes / No
If no, refer to Shelter Placement Guidance

Notes: _____

Recommended Shelter Type (circled): GENERAL MEDICAL

CLIENT RELEASE STATEMENT: After being assessed by an emergency responder and/or medical professional I acknowledge that **I have been recommended for placement in a Medical Shelter.** I understand that the purpose of a Medical Shelter is to provide medical care and resources to individuals whose medical needs exceed the level of care typically available in a General Shelter. Against the advice of a trained professional, **I choose placement in a General Shelter** where the medical services and care available *may not* meet my immediate or long-term medical needs.

Print Name: _____ Sign Name: _____

Date: _____ Phone: _____ Alt Phone: _____

CLIENT RELEASE STATEMENT: After being assessed by an emergency responder and/or medical professional I acknowledge that **I have been recommended for placement in a General Shelter.** I understand that the level of care available in the General Shelter will likely provide adequate access to the resources and/or services to meet my functional or medical needs; however, **I choose placement in a Medical Shelter.**

Print Name: _____ Sign Name: _____

Date: _____ Phone: _____ Alt Phone: _____

Emergency Responder Name: _____ (Print) Date: _____
_____ (Signature)

General Shelter Release Form

This form is not required for every evacuee.

This form is intended to be used in the following circumstances:

- 1) an evacuee with medical needs who refused assignment to a medical shelter
- 2) an evacuee with a functional or access need who accepts assignment to a medical shelter

CLIENT RELEASE STATEMENT: I have been assessed by evacuation triage personnel and have willingly shared my health information so that a shelter which best meets my medical and/or functional needs could be determined. I understand the services and level of care available in both the Medical and General shelter and have chosen, on my own free will, to follow or refuse the shelter recommendation made to me.

NAME	DOB	TRACKING #	SHELTER TYPE	SIGNATURE
			MEDICAL GENERAL	
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Attachment 3-Temporary Solutions for Emergency Sheltering – Ramps

The purpose of this section is to offer local jurisdictions the capability to rapidly construct temporary ramps in order to make available accessible access to facilities that are providing mass care services to displaced citizens. Examples of facilities that may need temporary ramps for accessible access could include facilities used as general population shelters; medical shelters; showers; portable toilets; evacuation sites; reception centers; and registration areas.

Planning Assumptions:

Jurisdictions may have established contingency contracts or agreements with vendors or service organizations to build temporary ramps that are Texas Accessibility Standards (TAS) compliant to provide accessible access to facilities.

Temporary ramps will be constructed as specified under the State of Texas TAS attached to this document. Building materials and associated costs will be the responsibility of the local jurisdiction.

Southern Baptist Disaster Relief Volunteer Builders Team - Will provide skilled volunteer builders to construct temporary ramps for immediate accessibility to facilities used to provide mass care services during a disaster or emergency event. Labor provided by SBDR volunteer builders is considered a ministry of Southern Baptist Disaster Relief and is provided at no cost.

To request a team of Southern Baptist Disaster Relief Volunteer Builders, please contact:

Terry Henderson
[Texas Baptist Men](#)
214-275-1127
Terry.Henderson@TexasBaptistMen.org

Tab H - Medical Services

Attachment 1-Disaster Behavioral Health Services

DSHS is the State Mental Health Authority (SMHA) for Texas. This includes public health, mental health, and substance abuse components. State Hospitals, Local Mental Health Authority's (LMHA) , Outreach, Screening, Assessment and Referral (OSAR), and Substance Use Disorder treatment providers are responsible for pre-disaster preparation, as well as response and recovery efforts needed to ensure patient and client safety for behavioral health assets.

Appropriate Disaster Behavioral Health (DBH) services must be made available for responders, people affected by the disaster and other community members during emergency response and recovery operations. Services may include: psychological first aid, crisis counseling, Critical Incident Stress Management (CISM), spiritual care, or other early psychological interventions. Assistance may include referral to other services, organizations and education about common, predictable, reactions to a disaster and healthy coping strategies.

State and federal assistance may be available after a disaster if local behavioral health resources become overwhelmed. Local requests for DBH resources may be made according to established protocols for emergency assistance requests as outlined in the State of Texas Emergency Management Basic Plan. This should be done through State Operations Center in coordination with the DDC and LMHA.

Resources are available to assist with incorporating Disaster Behavioral Health services into local emergency planning and response operations.

Disaster Behavioral Health Services

The mission of the Disaster Behavioral Health Services (DBHS) Program is to provide acute and ongoing services and training for victims, survivors, and responders that will lessen the adverse behavioral health effects that may result from their involvement in natural or man-made traumatic events.

Emergency Mental Health and Traumatic Stress

SAMHSA provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters.

Texas Critical Incident Stress Management Network (CISM)

The Texas CISM Network was established to assist emergency service personnel, law enforcement, fire, EMS and dispatch, who have experienced a critical incident such as line of duty death, death of a child, and multiple casualty/fatality scenes. CISM teams have peers, mental health professionals and in some cases, chaplains, available to assist.

List of Local Mental Health Authorities (LMHA)

The Local Mental Health Authorities are statutorily required to provide disaster behavioral health support during a disaster response. Every county is covered by a LMHA. Click the link above to get in contact with your local LMHA.

The National Child Traumatic Stress Network

Psychological First Aid (PFA) is a free on-line 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals, new to disaster response, who want to learn the core goals of PFA. The course is also appropriate for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentoring tips from the nation's trauma experts and survivors. Comprehensive training is available free on-line through the [National Child Traumatic Stress Network](#) and their [learning center](#).

[Opioid Treatment Programs Directory](#)

Attachment 2-Durable Medical Equipment

The purpose of this section is to provide local jurisdictions with recommendations for meeting the DME needs of displaced populations with functional needs in a disaster/emergency.

Key stakeholders from local agencies, businesses, disability organizations, community-based organizations, and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to State and federal levels of government.

Most cities and counties have local resources for access to DME. It is recommended that local jurisdictions establish working relationships and/or contingency contracts with local suppliers for their DME needs. You can access a [list of DME providers here](#). After clicking the link, click on "Durable Medical Equipment" and the file will download automatically.

The State of Texas Comptroller's Office has developed several statewide contracts that jurisdictions may access to acquire CMS. Learn about becoming a [member jurisdiction here](#).

For further information or assistance with State of Texas Comptroller contracts, contact the CPA Contract Management Team at (512) 463-3034 or e-mail at tpass_cmo@cpa.state.tx.us. You can also contact the CPA Procurement Customer Service staff at (512) 463-3034 or e-mail procurement_info@cpa.state.tx.us.

Available State of Texas, Comptroller Contracts for Durable Medical Equipment (DME):

- [Contract: 420-A1](#) Chairs (stacking/folding); Settees/Sofas; Tables (coffee/end); Beds (manual/electric); Mattresses/Springs
- [Contract: 430-M1](#) Gases: Hospital, Laboratory and Welding and Equipment
- GSA Disaster Recovery Services and Supplies can be used to facilitate recovery from a presidentially declared disaster, terrorism, or nuclear, biological, chemical, or radiological attack. Use of these contracts is

approved prior to the events, in order to acquire products or services to be used to facilitate recovery. State or local entities that want to receive reimbursement from FEMA public assistance grants need to ensure that they are following the Stafford Act and FEMA public assistance program preferences and procedures. To use the GSA Disaster Recovery Services and Supplies, local government agencies, businesses, and private sector planners need to follow these steps:

- [Review the GSA Recovery Website](#)
- [Review the GSA Disaster FAQ's.](#)
- [Register on the GSA Advantage Website.](#)
- [Direct access to DME in the GSA Recovery Website](#)

Laboratory, Scientific, & Medical

GSA provides a full range of commercial products and services covering such areas as scientific and medical research, public safety, electrical and electronic parameter analysis, and environmental analysis.

Source	Description
621 I	Professional and Allied Healthcare Staffing Services
65 I B	Pharmaceuticals and Drugs - Includes Antiseptic Liquid Skin Cleansing Detergents and Soaps, Dispensers and Accessories.
65 II A	Medical Equipment and Supplies
65 II C	Dental Equipment and Supplies
65 II F	Patient Mobility Devices - Includes Wheelchairs, scooters, walkers.
65 V A	X-Ray Equipment and Supplies - Includes medical and dental x-ray film.

[65 VII](#) Invitro Diagnostics, Reagents, Test Kits and Test Sets

[66](#) Scientific Equipment and Services - Test and Measurement Equipment, Unmanned Scientific Vehicles; Laboratory Instruments, Furnishings and LIMS; Geophysical and Environmental Analysis Equipment; and Mechanical, Chemical, Electrical, and Geophysical Testing Services

[66 III](#) Clinical Analyzers, Laboratory, Cost-per-Test

Attachment 3-Consumable Medical Supplies (CMS)

The purpose of this section is to provide local jurisdictions with recommendations for meeting the CMS needs of displaced populations with functional needs in a disaster/emergency. Key public and private stakeholders from local agencies, businesses, disability navigators, disability organizations, community-based organizations, faith-based organizations, non-governmental organizations, and private sector organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the lowest level possible, before escalating to higher levels of government when local resources are exhausted.

Most cities and counties have local resources with access to CMS. It is recommended that local jurisdictions establish working relationships and / or contingency contracts with local suppliers for their CMS needs. You can access a [list of CMS providers here](#). After clicking the link, click on "Consumable Medical Supply Providers" and the file will download automatically.

The State of Texas Comptroller's Office has developed several statewide contracts that jurisdictions may access to acquire CMS. Learn about becoming a [member jurisdiction here](#).

For further information or assistance with State of Texas Comptroller contracts, contact the CPA Contract Management Team at (512) 463-3034 or e-mail at tpass_cmo@cpa.state.tx.us. You can also contact the CPA Procurement Customer Service staff at (512) 463-3034 or e-mail procurement_info@cpa.state.tx.us.

Available State of Texas, Comptroller Contracts for Consumable Medical Supplies (CMS):

- [Contract 269-A1](#) Drugs, Pharmaceuticals & Multi-Vitamins (Human Use)
- [Contract 269-A2](#) Vaccines and Biologicals

- [Contract 269-M2](#) Influenza Vaccines
- [Contract: 420-A1](#) Chairs (stacking/folding); Settees/Sofas; Tables (coffee/end); Beds (manual/electric); Mattresses/Springs
- [Contract 430-M1](#) Gases: Hospital, Laboratory and Welding and Equipment
- [Contract 435-A1](#) Hospital Germicides and Antiseptics
- [Contract 475-A1](#) Hospital Sundries (disposables), Including Syringes
- [Contract 652-A1](#) Personal Hygiene and Grooming Products
- [Contract 850-A1](#) Household Linens and Piece Goods (bedding/square diapers/bath towels/wash cloths)
- GSA Disaster Recovery Services and Supplies can be used to facilitate recovery from a presidentially declared disaster, terrorism, or nuclear, biological, chemical, or radiological attack. Use of these contracts is approved prior to the events, in order to acquire products or services to be used to facilitate recovery. State or local entities that want to receive reimbursement from FEMA public assistance grants need to ensure that they are following the Stafford Act and FEMA public assistance program preferences and procedures. To use the GSA Disaster Recovery Services and Supplies, local government agencies, businesses, and private sector planners need to follow these steps:
 - [Review the GSA Recovery Website](#)
 - [Review the GSA Disaster FAQ's.](#)
 - [Register on the GSA Advantage Website.](#)
 - [Direct access to DME in the GSA Recovery Website](#)

Laboratory, Scientific, & Medical

GSA provides a full range of commercial products and services covering such areas as scientific and medical research, public safety, electrical and electronic parameter analysis, and environmental analysis.

Source	Description
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621 I	Professional and Allied Healthcare Staffing Services
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[65 I B](#) Pharmaceuticals and Drugs - Includes Antiseptic Liquid Skin Cleansing Detergents and Soaps, Dispensers and Accessories.

[65 II A](#) Medical Equipment and Supplies

[65 II C](#) Dental Equipment and Supplies

[65 II F](#) Patient Mobility Devices - Includes Wheelchairs, scooters, walkers.

[65 V A](#) X-Ray Equipment and Supplies - Includes medical and dental x-ray film.

[65 VII](#) Invitro Diagnostics, Reagents, Test Kits and Test Sets

[66](#) Scientific Equipment and Services - Test and Measurement Equipment, Unmanned Scientific Vehicles; Laboratory Instruments, Furnishings and LIMS; Geophysical and Environmental Analysis Equipment; and Mechanical, Chemical, Electrical, and Geophysical Testing Services

[66 III](#) Clinical Analyzers, Laboratory, Cost-per-Test

Attachment 4- Oxygen Support (O2)

The purpose of this section is to provide local jurisdictions with scalable recommendations for meeting the medical oxygen (O2) needs of displaced populations with functional needs in a disaster/emergency.

Key stakeholders from local agencies, businesses, disability organizations, community-based organizations, and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to State and federal levels of government.

Most cities and counties have local resources with access to medical oxygen. It is recommended that local jurisdictions establish working relationships or contingency contracts with local suppliers for their oxygen needs. You can access a [list of medical oxygen providers here](#). After clicking the link, click on "RX Gas" and the file will download automatically.

For further information or assistance with State of Texas Comptroller contracts, contact the CPA Contract Management Team at (512) 463-3034 or e-mail at tpass_cmo@cpa.state.tx.us. You can also contact the CPA Procurement Customer Service staff at (512) 463-3034 or e-mail procurement_info@cpa.state.tx.us.

Available State of Texas, Comptroller Contracts for Durable Medical Equipment (DME):

- [Contract: 430-M1](#) Gases: Hospital, Laboratory and Welding and Equipment

DSHS Managed Contracts during Disaster and Emergency Operations in Support of Oxygen Resupply Procedures:

The Department of State Health Services (DSHS) has a contingency contract in place to support Oxygen Re-Supply Operations during Disaster and or

Emergency Evacuation Operations. This contract will support the following areas:

- **Ambulance Staging** – Deliver full oxygen cylinders (25_{CF}, 110_{CF}, and 251_{CF}) to ambulance staging locations in, **San Antonio, Houston, Corpus Christi, or McAllen depending on the disaster location**, to be used as oxygen cylinder exchanges on deployed ambulances.
- **TxMF Refuel Points** - Deliver DSHS owned inventory to selected fuel points along evacuation routes and pick-up empty cylinders at request of DSHS. In the event that current stock is exhausted, provide additional full cylinders to fulfill demand.
- **Shelter Areas** - Deliver full oxygen cylinders (25_{CF}, 110_{CF}, and 251_{CF}) to shelters, refill cylinders as needed and remove cylinders when shelter is closed.

Activation of Contract:

This contract may be activated only by written notification by DSHS Incident Commander or his/her designees. When local resources are exhausted, jurisdictions may submit a request for O2 support through the established channels of assistance.

Attachment-5 Pharmacy Support

The purpose of this section is to provide local jurisdictions with recommendations for meeting the pharmaceutical needs of displaced populations with functional needs in a disaster/emergency.

Key stakeholders from local agencies, businesses, disability organizations, community-based organizations, and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short- and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to state and federal levels of government.

Most cities and counties have local resources with access to Pharmacy Support. It is recommended that local jurisdictions establish working relationships and / or contingency contracts with local pharmacies to provide prescription medications.

State Resources

Department of State Health Services (DSHS) has established a mechanism for providing out-patient prescription drug services to Texas residents who resided in an area which has received a Disaster Declaration or Public Health Emergency and are temporarily residing in a mass care shelter in Texas.

Access to DSHS Contracted Services: DSHS has the ability to activate contingency contracts with a multitude of independent and chain pharmacies across the state during state declared disasters. Contact the DSHS at dshsoperations@dshs.texas.gov or by phone (512) 776-4950 for further information on how to access these contracts. If DSHS activate these contracts, DSHS will notify local jurisdictions of the availability and the process for citizens to access the prescription drug sources offered.

Attachment 6- End State Renal Disease (ESRD) Recommendations and Considerations

The purpose of this section is to provide local jurisdictions with recommendations and considerations to accommodate and assist individuals with functional and medical dialysis needs in a disaster or emergency.

1. Planning

A. General

- Include provisions for individuals with kidney failure in all plans, and involve End Stage Renal Disease (ESRD) networks and dialysis facilities in all planning efforts.
- Establish clear contacts in each response area and make contact information known to ESRD networks and dialysis facilities on an annual basis.
- Provide alternate sites for treatment if dialysis clinic operations are impacted by the disaster. Work with the End Stage Renal Disease Network organization 972-503-3215 (www.esrdnetwork.org), dialysis providers, and state agencies in establishing appropriate locations.
- Provide security assistance to protect dialysis facility staff, emergency generators, and fuel used to run the dialysis equipment.
- Allow dialysis facilities to provide dialysis to all their patients if at all possible prior to mandatory evacuation. This is critical to the safety of the patients.

B. ESRD Patients

- Persons with kidney failure have both a critical medical need as well as a functional need. Persons with kidney failure require either medications to prevent rejection of a transplanted kidney or regular dialysis treatments to clean their blood in addition to medications (most likely for diabetes or high blood pressure) in order to remain alive.
- Encourage early evacuation of individuals with kidney failure if they are on dialysis, with appropriate family members (where possible). Since medical services are needed on a frequent basis, the individual should be triaged, provided urgent care if indicated, and evacuated to

a location where services can be provided frequently in a safe environment.

- Recognize that individuals with kidney failure have unique medical needs and will need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as Meals Ready to Eat (MREs) particularly during periods of limited access to dialysis; as example, public service announcements may need to be edited to recognize these restrictions.

C. Dialysis Facilities

- List dialysis facilities as high priority locations for restoration of all services such as power; water, and phone services.
- Designate dialysis facility as high priority for emergency services such as generators; fuel; and tanker water.
- Give priority to dialysis personnel for limited supplies such as gasoline and housing.
- Facilitate delivery of needed supplies to dialysis clinics that will be handling evacuees as well as prioritize delivery of supplies to dialysis clinics that will continue to serve patients in areas that have been impacted by the disaster if safely possible.
- Allow patients and staff with appropriate identification to cross roadblocks and travel during curfews in order to get to and from dialysis clinics.

2. Shelters

- Many kidney dialysis patients will come to a shelter with a purple wrist band and a purple fanny pack that includes their medications and kidney dialysis physician orders.
- Dialysis patients may be sheltered in either a general shelter or a medical shelter based upon their functional need and other underlying medical condition.
- Ask shelters
 - to consider that arrangements for transportation to dialysis must be made
 - to consider offering to transfer these individuals to another shelter nearer a dialysis facility
- Designate a few shelters as the optimal locations for dialysis patients to make transportation to dialysis treatment easier. These shelters should be close to large dialysis centers (if possible). These shelters

can also be used for others. Conversely, a dialysis patient may prefer to be with family and friends at a shelter that is not one of the designated and still needs to be accommodated.

- Routinely screen for people who require dialysis or have a transplant when individuals seek shelter in disasters. Add: “Do you require dialysis?” and “Do you have a transplanted organ?” to all screening tools.

3. Resources

- Contact The Texas Emergency ESRD Coalition Hotline at 1-866-407-3773 to receive assistance with scheduling dialysis services for patients.
- End Stage Renal Disease Network: (972)503-3215; fax: (972)503-3219
- [Department of State Health Services](#)
 - Procedures For Shelter In Need of Dialysis In Texas
 - Dialysis In-Take Form
 - Dialysis and Transplant Patient Triage Form – Texas ESRD Emergency Coalition (TEEC)
 - Recommendations for Renal Diet in Shelters

Attachment 7- Public Health Shelter Checklist

Shelter: _____

Physical Address: _____

Shelter Manager: _____

Manager Contact: _____

(Primary contact #) (Secondary contact #)

Shelter Census: _____

Assistance Team: _____
Date/Time: _____
City/County: _____

SHELTER LIAISON TEAM CHECKLIST

1. Have you established a system for identifying illness in your shelter?	
2. Do you have all the appropriate contact information for medical services?	
3. Do you have hygiene supplies on hand? EX: toilet paper, paper towels, soap, clean running water, hand sanitizer	
4. Do you have a check in/check out process for shelter residents?	
5. Do you have a social services resource directory or contact information for social services?	
6. Do you have a process for obtaining meals?	
7. Are you familiar with the process for obtaining supplies needed for the shelter?	
8. Does the shelter have adequate staffing, including management back-up? Security staff?	
9. Does the shelter have access to 24 hour volunteer medical staff?	
10. Do you have a staff member trained in CPR on each shift?	
11. Do you have a process for keeping common use areas clean?	
12. Do you have a system for identifying and transporting residents that need to be moved to a medical special needs shelter?	
13. Are there any problems with the physical building that interfere with sheltering?	

14. Is the Emergency Evacuation Plan posted? AND are exit signs clearly marked?	
15. Are fire extinguishers and smoke alarms available and operable?	
16. Are off limit areas (janitor, storage, office) locked and secured?	
17. Are there any problems with sewage and water? Is sewage or water public or on-site?	
18. Any problems with pests/rodents?	
19. Is trash being adequately managed?	
20. Are electric breaker boxes accessible?	
21. Are passenger drop-off areas accessible to those using mobility aids, such as wheel chairs?	
22. Does the facility have ADA accessible parking spaces to include accessible route to facility?	
23. Are there protruding wall mounted or overhead objects along the accessible route that can be hazards for those who are blind or have low vision?	
24. Is there at least one entrance to facility that is accessible for those with mobility aids?	
25. Are hallways, corridors and interior routes to services and activity areas at least 36" wide?	
26. ADA compliant restrooms? Is there an area within the toilet room where a person using a wheelchair can turn around?	

Comments (List # and comment): _____

Issues for DSHS Follow-up

Order #	Issue to Resolve	Forwarded to ROC

Tab I - Effective Communications

Attachment 1- Tips for Interacting with People with Functional and Access Needs during a Disaster

The following guidance provides a general model for first responders rather than an exhaustive collection of everything to know about interacting with people who have disabilities.

It contains face-to-face operational communication tools for shelter managers and first responders. **Consider printing out just this section to use as a quick reference while in the field.** It also contains its own Table of Contents to make it easy to find the help you need while on the ground.

While many of the tips below refer to evacuation and sheltering, they also apply to communications in a wide variety of settings.

You should always begin by asking the person you are interacting with about the best way you can help.

General Etiquette

When you meet and communicate with people who have disabilities:

- Treat all people who have disabilities with respect and courtesy.
- Offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is also an acceptable greeting.
- If you offer assistance, wait until the offer is accepted, then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Do not be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Do not be afraid to ask questions when you are unsure of which assistance to provide.
- Everything from facial expression and tone of voice to posture and demeanor can be used to communicate.

Live Broadcast Briefings by Emergency Managers to the Public

Place the sign language interpreter **within the camera frame so that the interpreter can be seen** as the emergency manager speaks about the current disaster. If any information is presented in a visual manner, describe the chart for listeners who are blind. For example, instead of saying, "all the counties in red should evacuate," instead say "all the counties in red should evacuate, those counties are Travis, Williamson, Bell and McLennan."

Effective Television Broadcast

We recommend local emergency management professionals visit with their local television stations and disability/functional stakeholder groups in non-emergency times to discuss the stations' requirements under the Federal Communications Commission to make emergency broadcasts accessible to people with disabilities.

People Who Are Older

People who are older than 65 are more likely than the general population to acquire disabilities. You will probably need more staff with knowledge about disabilities to help older adults during emergencies than you will for the general population. The information below might help you assist people who are older during an emergency.

- Some people might respond slowly to a crisis and not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient. Taking the time to listen carefully or to explain again can take less time than dealing with a confused person who might not be willing to cooperate.
- Older people might fear being removed from their homes; be sympathetic and understanding and explain that the removal is temporary.
- Reassure the person that he or she will receive medical assistance without fear of being placed in a nursing home.
- Before moving a person, assess his or her ability to see and hear; adapt rescue techniques to accommodate sensory impairments.
- People with hearing loss might appear disoriented and confused when they cannot hear you. Determine if the person has a hearing aid. If they do, ask them whether it is available and working. Try to get a new hearing aid battery if they need one.
- A computer or other electronic device can be a useful communication tool. Enlarge the font so it is easy to read. Let the individual speak, and if they don't understand your speech, type and allow the person to read the computer screen. Consider using the speech-to-text feature available on many mobile phones. Refer to the [section on communicating with people who are deaf or hard of hearing](#) for more information.
- If the person has a vision loss, identify yourself and explain why you are there. Invite the person to hold your arm and then guide him or her to safety.
- If possible, gather all medications, durable medical equipment and consumable medical equipment before helping an older person to evacuate. Ask them which medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.

- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calming voice. Ask yes or no questions and repeat them if necessary. Maintain eye contact.

People Who Use a Service Animal

Some people with disabilities use service animals for guidance, informational, and mobility purposes. The following information will help emergency personnel understand how to interact with service animals.

- Service animals are dogs or miniature horses that assist people with disabilities. While one common example is guide dogs that assist people who are blind, there are many types of service dogs trained to assist people with various disabilities. The ADA [Guidance on Service Animals](#) has more information.
- An Emotional Support Animal (ESA) is an animal that provides therapeutic benefit to a person with a disability. ESAs do not require any specific training. The mere presence of the animal is enough to provide some benefit to the person with a disability. Federal and state governments are still developing sheltering policies for ESAs. It is recommended that an ESA be treated like a service animal and allowed to accompany the person with a disability whenever it is possible to do so without compromising safety or sterile conditions.
- A service animal is not a pet. Service animals are allowed to go anywhere a person can go, including to food preparation and medical areas.
- Do not touch or give the animal food or treats without the permission of the owner.
- A service animal must be in a harness or on a leash, but does not need to be muzzled
- When an animal is wearing its harness, it is on duty. If the animal owner asks you to hold it, hold the leash and not the harness.
- Evacuate the animal with the owner. Do not separate them.
- Service animals are not required to be registered and there is no proof required that the animal is a service animal. People are not required to provide proof of disabilities that require a service animal. If the person tells you it is a service animal, treat it as such. If you have doubts, wait until you arrive at your destination and address the issue with the supervisors in charge. You may ask two questions about the animal:
 - Is the service animal required because the person has a disability?

- What type of work is the service animal trained to perform?
- If the animal presents a health and safety issue to the individual or others, you do have the flexibility to remove it from the site. Remember though, that in disasters, animals are also nervous and anxious; take all considerations into your decision before removing a service animal from its owner. For example, if a person steps on a dog's tail in a crowd, the dog's aggressive reaction could be considered normal.

People Who Have Mobility Impairments

Use the following guidelines when helping people who have mobility impairments:

- Always ask the person how you can help before attempting any assistance. Each person and each disability is unique. Even though it might be important to evacuate the person, respect their independence to the safest extent possible.
- Don't make assumptions about the person's abilities.
- Ask if they have limitations or problems that affect their safety.
- Some people might need assistance getting out of bed or out of a chair, but can then proceed without assistance. Ask before acting.

Questions you might find helpful:

- Are you able to stand or walk without the help of a mobility device like a cane, walker, or a wheelchair?
- You might have to stand or walk for quite a while on your own. Will this be ok? Please be sure to tell someone if you think you need assistance.
- Are you able to use your arms fully?

People Who Use Crutches, Canes or Other Mobility Devices

When a person walks with an assistive device like crutches, canes or Segways, you can help by using the following guidelines:

- Evacuate the person with their mobility device. Not having the mobility device in a shelter or temporary housing will create additional difficulties.
- Do not interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why. Offer assistance if needed.
- A person using a mobility device may be able to negotiate stairs independently. One hand grasps the handrail while the other hand uses the mobility device. If the stairs are crowded, assist by helping to create space for the individual to move through.

People Who Use a Wheelchair

When helping a person who uses a wheelchair, use the following guidelines:

- If the conversation will take more than a few minutes, sit down to speak at eye level.
- People who use a wheelchair are familiar with special techniques to transfer themselves from one chair to another. Depending on their upper body strength, they might be able to do much of the work themselves.
- Ask before you assume you need to help. Ask before you assume what that help should be.

Carrying Techniques for People using a Non-Motorized Wheelchair

The In-chair carry is the most desirable technique if possible.

One-person assist:

- Grasp the pushing grips, if available.
- Stand one step above and behind the wheelchair.
- Tilt the wheelchair backward until a balance (fulcrum) is achieved.
- Keep your center of gravity low.
- Descend frontward.
- Let the back wheels gradually lower to the next step.

Two-person assist:

- Positioning of second rescuer:
- Stand in front of the wheelchair.
- Face the wheelchair.
- Stand one, two, or three steps down (depending on the height of the other rescuer).
- Grasp the frame of the wheelchair.
- Push into the wheelchair.
- Descend the stairs backward.

Carrying Techniques for People using a Motorized Wheelchair

- Motorized wheelchairs may weigh more than 100 pounds unoccupied, and may occupy a larger footprint. Lifting a motorized wheelchair and user up or down stairs requires two to four people.

- Certain circumstances may dictate transporting the individual without their wheelchair.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what, if any, angle to tip the chair backward.
- Turn the wheelchair power off before lifting it.
- Most people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.
- Avoid the fireman's carry. Use the one or two person carry techniques.

People Who Have a Mental Illness

You might not be able to tell if a person has a mental illness until you have begun the evacuation procedure. The following guidelines will help you be an effective responder:

- In an emergency, the person might become confused. Speak slowly and in a normal speaking tone.
- Ask the person's name. Address him or her by name throughout the emergency response.
- If the person becomes agitated, help him or her find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If a person is confused, don't give multiple commands; ask or state one thing at a time.
- Be empathetic. Show that you have heard the person and care about what he or she has told you.
- Be reassuring.
- If the person is delusional, don't argue with him or her or try to talk the person out of it. Just let the person know you are there to help him or her.
- Ask if there is any medication he or she should bring.
- Try to avoid interrupting a person who might be disoriented or rambling. Let him or her know that you both have to evacuate the area quickly.
- Don't talk down to the person, yell, or shout. These behaviors can escalate delusional behavior.
- Have a forward leaning body position to show interest and concern. Use open palms and avoid balling your hand into a fist.

People Who Are Blind or Have Low Vision

The following guidelines will help you be an effective responder for people with blindness or low vision:

- There is a difference between low vision and blindness. Some people who are legally blind have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don't be afraid to use words like "see," "look," or "blind."
- State the nature of the emergency and offer your arm. As you walk, advise the individual of any obstacles.
- Advise the person when you are about to turn left or right, and when you are about to ascend or descend stairs.
- Offer assistance but let the person explain what help is needed.
- Do not grab or attempt to guide a person without first asking.
- Let the person grasp your arm or shoulder lightly for guidance.
- A person may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- If leading several individuals with visual impairments, ask each to guide the person behind him or her.
- Remember that you'll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed. In addition, it's important to orient the person to restrooms, fire escapes and emergency exits.
- Print general instructions in large font and in braille. Have common materials (brochures, flyers, forms, announcements, etc.) prepared in advance, when possible.
- Record announcements or information and provide access to the recordings for people who need them.
- If the person has a service animal, don't pet it unless the person says it is ok to do so. Service animals must be evacuated with the person.
- Refer to [People who use a Service Animal](#).

Companies that Provide Transcription into Braille

- National Federation of the Blind [Transcription Resources](#)
- American Council for the Blind [Transcription Services](#)

People Who Are Deaf or Hard of Hearing

There is a difference between people who are hard of hearing and those who are deaf. The effects of hearing loss vary depending on the severity and time of onset. Likewise, the methods for communication vary as well. Some people are completely deaf and rely on various forms of visual communication, while others can hear very well with hearing aids.

Hearing aids do not, however, guarantee that the person can hear and understand speech. Hearing aids often increase volume, but not clarity. Many individuals with hearing loss can speak even though they cannot hear.

You can communicate most effectively by asking the person which communication methods work for him or her.

For people who are deaf and communicate mostly using sign language, interpreters are appropriate. For individuals who are hard of hearing and do not sign, some common communication methods include amplification (hearing aids and/or personal FM systems) and written text (relay, captions, Computer Assisted Real-time Transcription, etc.).

General Tips for Communicating

The following tips will allow a person with hearing loss to effectively use what hearing they have and use visual cues to receive as much information as possible. Some people with hearing loss have difficulty knowing where a sound is coming from. Others hear sounds, but might not be able to recognize the words that were spoken. Other tips from this section apply to people who are completely deaf as well. All of these tips are easy to do, but might require a conscious effort at first.

- Ask the person what will make communication easier.
- Choose a quiet environment, when possible. Be aware of office machines, fans, restaurant noise, and other people's conversations.
- Avoid standing in front of a light source. Make sure the light is shining on your face, not behind you.
- Make sure you have the person's attention before speaking. Waving a hand or a gentle touch on the shoulder or arm is an acceptable way to get attention.
- Stand a normal distance from the person.

- Do not cover your mouth when you are speaking. This includes covering your mouth with your hand or a long mustache.
- Do not have anything in your mouth when you are speaking.
- Look directly at the person you are speaking to and maintain eye contact. Avoid filling out forms or reading while talking.
- State the topic of discussion as you begin. When you change the topic, make sure the listener is aware of the new topic.
- Speak clearly, at a normal pace. If you tend to speak quickly, slow down. Do not overly exaggerate or slow your speech at first. If the person has difficulty understanding, slow your speech more, break the sentences into smaller portions, and check for understanding again.
- Speak naturally and with normal expression.
- Use open-ended questions to check for understanding.
- Repeat the statement, then rephrase if the person is unable to hear the words spoken.
- Use shorter, simpler sentences if necessary.
- Do not shout. A loud voice may increase distortion or give the impression you are angry, without improving comprehension. If a person is deaf, your voice will not be heard clearly, no matter how loud.
- People with hearing loss might not hear emergency alerts like alarms and sirens. Use flashing lights, flashlights and mobile phone lighting if you are communicating in an area that is dark.
- When communicating alerts, warnings & notifications door-to-door, ring the doorbell, pound on the door and shine a flash light into a window. Some people who are deaf have special "doorbells" that set off a different and visual alert, such as a blinking light. Pounding on the door or shining a light into a window can be more effective than simply knocking because people that can't hear a knock might respond to the vibration or light.
- Be patient and take time to communicate. Saying "never mind" or "it's not important," causes the person with hearing loss to feel they are not important. Be aware of fatigue. People who are deaf, hard of hearing, or deaf-blind must work harder to communicate. This can be extremely tiring.
- Remember that hearing loss is not the same as loss of intelligence.

- Remember that even if a person can hear your voice, he or she might not be able to understand your words. Hearing loss can cause distortion in the way sounds are perceived.
- In groups, make sure only one person at a time is talking. Whoever speaks should be sure to have the attention of people with hearing loss.
- Do not assume that a person with a hearing loss is able to understand casual conversation taking place in the room.
- Don't be afraid to make mistakes. Most people who are deaf are very comfortable communicating with those who are hearing. Most will appreciate any attempt to communicate, even if you use the wrong sign.
- It is natural for people who can't communicate to feel frustrated or to become excited in emergency situations. Don't misinterpret a frustrated expression as anger at you.

Communicating with People Who Do Not Use Sign Language

- If communication is difficult, try writing down a couple of words or a phrase. Keep sentences simple. Offer pencil and paper. When writing back and forth, keep word choices simple, sentences short, and use present tense. If the person understands you well and uses more complex sentence and vocabulary, you may do the same. Take your cue from the individual.
- For a person who is deafened late in life and who does not sign, a computer or other electronic device can be a useful communication tool. Enlarge the font so it is easy to read. Let the individual speak, and if they don't understand your speech, type and allow the person to read the computer screen. Consider using the speech-to-text feature available on many mobile phones.

Communicating with People Who Use Sign Language

- When using an interpreter, maintain eye contact with and speak directly to the person who is deaf.
- Make sure that the person who is deaf has a clear line of vision to the interpreter.
- Use gesture, facial expression and body language to assist with communication. Use pantomime, body language and facial expression. Patience and kindness will also aid communication.

Effective Communication at Shelters, Onsite and On Scene:

Work with your local community of people with hearing loss and consider the tools and techniques below:

Written Communication

- Not all individuals will be able to read English well enough to understand written instructions.
- Keep instructions simple, using basic vocabulary and the present tense.
- Print legibly.

High Tech Communication Tools

- Use hand held mobile devices to text back and forth.
- Deliver general announcements via text blast or email.
- Share a computer to facilitate written communication. Use large font for people who have visual impairments.
- Print general instructions in large font and in Braille.
- Use communication tools that people bring with them.
- Establish [video remote interpreting \(VRI\) services](#) for those who use sign language. The best practice is to have qualified interpreters on-site; however, during disasters, remote interpreter services might be the best or only option.

Low Tech Communication Tools

- Use pen and paper to clearly and legibly print information.
- Carry white boards that contain announcement information written in large print through the shelter area.
- The American Red Cross Visual Language Translator for Emergency Assistance booklet contains communication boards with photos that people can point at to express their needs. [Purchase the communication boards here.](#)
- Record announcements or information and provide access to for people to listen to the materials.
- The [Basic Emergency Sign Language](#) poster can facilitate communications with people who speak sign language.

- [Pictograms](#) facilitate communications with people who are deaf, have speech impairments or don't speak English.

The Texas Department of Health and Human Services Deafness or Hearing Loss Resource Specialists provide outreach statewide to provide specialized services to individuals who are deaf or hard of hearing, as well as assisting agencies and other service providers to serve these consumers. The program, which operates through contracts with local/regional service providers, offers services in each of the 11 Health and Human Services regions of the state. Regionally-based specialists assist consumers in getting the services they need from state and local government, service organizations, employers and private entities while advocating within the communities to remove communication barriers to render more access to the targeted groups. The program also addresses attitudinal and cultural barriers affecting the populations which may hinder successful service delivery; provides information and referral services; and may provide training geared toward the consumers acquiring a better understanding of the laws which support and protect them. Resource Specialists are a preparedness resource to assist in discovering local needs and resources to support such needs.

Deafness Resource Specialists (DRS) have the knowledge-base and communication ability to work with persons who are deaf, hard of hearing and late-deafened in the areas of advocacy, self-empowerment and sensitivity training, as well as with Federal and State mandates on equal access to services, including education and employment. In many instances, Resource Specialists work as liaisons between consumers and service providers on appropriate service provision. Deafness Resource Specialists can assist local emergency management preparedness effort by locating local deafness stakeholder groups and local vendors/ agencies that provide resources to communicate with and support the local deaf community.

Hearing Loss Resource Specialists (HLRS) typically focus their services on sensitivity training, communication strategies and assistive technology for the workplace, home and beyond for more independence and self-sufficiency. Specialists help locate resources when working with people who are hard of hearing or who have an acquired loss of hearing. Hearing Loss Resource Specialists can assist local emergency management preparedness effort by locating local hearing loss stakeholder groups and local vendors/

agencies that can provide resources to communicate with and support individuals with hearing loss.

Provide for an onsite American Sign Language Interpreter:

Although various technological methods are available for communicating with persons who are deaf, the circumstances of an emergency can incapacitate these methods or reduce their effectiveness. In adverse situations, sign language interpreters can be a very effective communication link with deaf persons and those who may depend on lip reading. Effective communication can best be assessed by asking the individual which communication methods work for them.

[Texas ASL Interpreter providers](#)

Coordinate with local stakeholder groups to identify accessible communication support needs and capabilities in your community. Consider developing a local CERT Team which includes members who are deaf to help with planning and communications in shelters during a disaster.

Understanding American Sign Language

American Sign Language (ASL) uses visually transmitted sign patterns to convey meaning while simultaneously combining hand shapes, body orientation and movement of the hands, arms or facial expressions to fluidly express a speaker's thoughts. In terms of sentence structure, people who use ASL and have been deaf from birth, use topic-comment syntax, while hearing people who speak English use subject-object-verb. Speakers of sign language communicate through concepts and words in non-English sentences.

While it is possible to interpret sign language into a spoken language such as English (and vice versa), such an interpretation often is not a direct translation. American Sign Language (ASL) is a complex visual-spatial language that is used by the community who is deaf in the United States. It is a linguistically complete, natural language. It is the native language of many men and women who are deaf, as well as some hearing children born into families of parents who are deaf. Sign languages across time are developed specific to their communities and are not universal. For example, ASL is completely different from British Sign Language even though both countries speak English.

One example of conceptual framework for sign language would be, if an employee in a grocery store asks his supervisor for the day before Thanksgiving off...he would say, "Do you mind if I have the day before Thanksgiving off?" Translated into sign language would be, " Wednesday, day before thanksgiving, don't-mind, off." Another example would be if a person in a shelter was asked, "How often do you need to take your medication?" in sign language it would conceptually translate to, "Medicine pills-taking how many times day?"

Relay Services for People who are Deaf/Hard of Hearing or Have Relay Needs

[Relay Texas Services](#) provides telephone interpreting service between individuals who can hear and those who are deaf, hard-of-hearing, deaf-blind or speech-disabled. Relay Texas agents have equipment that enables them to hear a speaking caller and also read the text sent by a text telephone (TTY) user.

Either a TTY user or a person using a standard phone may initiate a call through Relay Texas by dialing the relay number 711 or a designated 10 digit number. After dialing Relay Texas, the person initiating the call gives the desired phone number to the Relay Texas Agent, who then dials that number using another phone line. The Relay Agent types the standard phone user's spoken words to the person using the TTY and voices the TTY user's text.

This service is available for Texans 24 hours a day, 365 days a year. There are no restrictions imposed on Relay Texas calls. Texas and United States laws ensure confidentiality for relay users and operators.

- **Speech-to-Speech**

People with a speech disability can connect to a specially trained agent who can serve as the caller's "voice" and repeat his/her responses to the called party, if necessary. Someone wishing to call a person with a speech disability can also initiate a call to Speech-to-Speech (STS). Dial 1-877-826-6607.

- **TTY (Text Telephone)**

A person who is deaf, hard-of-hearing or speech-disabled uses a TTY to type conversations to a relay agent who then reads the typed

conversation to a hearing person. The relay agent transmits the hearing person's spoken words by typing them back to the TTY user. TTY users have two options:

1. Dial the Relay Texas number: 711. TTY users will see the flickering on their equipment and need to wait a few seconds. When the Relay Agent answers "RTX XXX (F OR M) NBR PLS GA" (NBR=number, PLS=please, GA=go ahead), you type the area code and number you wish to call and type "GA" (go ahead). The relay agent will then call the number and process the call.
2. Dial the Relay Texas TTY number: 1-800-RELAY TX (1-800-735-2989). The Relay Agent will answer with same message as above.

Note: Calling 1-800-735-2989 will process the call faster as it does not have the interactive voice message as used in 711. On the other hand, 711 is easier to remember.

- **Voice users**

Standard telephone users can easily call a hearing or speech-disabled person through Relay Texas. The procedure for using Relay Texas is as follows:

- Dial Relay Texas 711.
- A voice message will say: "You have reached Relay Texas. Press #1 to place a relay call."
- After you press #1, the relay agent will come on the line. When the relay agent answers, give him or her the area code and phone number of the person you want to call.
- The relay agent will voice to you what the other person is typing and will type to the other person everything that you say.
- Be sure to talk directly to the person you are calling and avoid saying "tell him or her." Also, make sure you say GA (go ahead) when it is the other person's turn to talk.

- **ASCII (American Standard Code for Information Interchange)**

Some people use their computers to talk on the phone instead of using a TTY. This requires a modem and special software.

Computer users should call 1-800-RELAY X1 (-1-800-735-2991). Set your communication software to the following protocols at speeds ranging from 300 to 2400 baud: 8 Bits No Parity 1 Stop Bit Full Duplex. When calling at a rate of 300 baud or below, follow the above setting, using Half Duplex. (Note: It may be helpful to set your "time out" to 100 seconds.)

- **Hearing Carry-Over**

Hearing Carry-Over (HCO) allows a person with a speech disability who can hear to type their part of the conversation for the relay agent to read to the standard telephone user. Use the following procedure when using HCO:

1. Dial the Relay Texas TTY number at 1-800-RELAY TX (1-800-735-2989).
2. After the relay agent answers, the caller types "Hearing Carry-Over PLEASE GA."
3. The relay agent will make the connections and voice the caller types to the other party. After you type "GA", pick up the handset and listen to the spoken reply.

- **Spanish Speaking Users**

Callers who need a Spanish speaking agent can dial 711 and request one or directly dial the Spanish relay number at 1-800-662-4954.

- **VCO (Voice Carry Over)**

Voice Carry-Over (VCO) is an option for people who cannot hear but can use their own voice during a call. Using VCO and a specially designed telephone with a text screen, a VCO user can speak directly to the other person. As the other person speaks, the Relay Agent types back the words that are being said.

- Voice Carry-Over users call 1-TRS-VCO-1RTX (1-877-826-1789).
- The relay agent will answer and type "Voice Carry-Over or TYPE GA" Voice or type the phone number of the party you want to call.
- The relay agent will type the message "VOICE NOW" to you as your cue to start speaking. You speak directly to the hearing person. The relay agent will type to you what the hearing person says. Remember to say "GA" (go ahead) at the end of your responses.

- **Deafblind callers**

Dial 1-877-826-9348 to use the reduced typing speed feature. During these calls the message will come across the users TTY or braille TTY at the rate of 15 words per minute. The user can increase or decrease the rate in increments of 5 words per minute.

- **Internet relay service**

Computer users can reach relay services by simply connecting to an Internet relay service website; no special modem and software are needed. After connecting to the website of your choice, the user is given instructions regarding how to continue in order to complete a call.

Previously, hearing users were not able to make calls to IP users; however, with the advent of local ten digit number assignments (L10DN) to IP users, hearing callers can now initiate calls to IP users by dialing the individuals' L10DN.

- **Video Relay Service (VRS)**

Video Relay Service (VRS) is a type of Telecommunications Relay Service (TRS) for individuals with hearing or speech loss and who use sign language. VRS allows them to use video conference equipment (web cameras or video phone products) to speak to other parties using a standard telephone.

The VRS call proceeds in the following manner:

- The VRS user connects to a Video Interpreter (VI). The user and the VI can see each other on video conference equipment and can sign to each other.
- The VRS user gives the VI a phone number of a hearing person.
- The VI places a telephone call to the hearing party.
- The VI talks to the called party informing them that a person with hearing or speech impairment has initiated the call. The VI also provides the called hearing person with a brief description of call procedures if the called party is unfamiliar with VRS telephone calls.
- The VI relays the conversation back and forth between the parties, thereby providing a telephone interpreting service between a hearing impaired user and the hearing party.

A standard telephone user can also initiate a VRS call by dialing the VRS user's local 10 digit number. VRS is very popular with individuals who use sign language because the conversation between the VRS

user and the VI flows much more quickly than with a text-based TRS call. Unlike text-based relay services, a VI is able to express the mood of both parties; interpreting the mood of a hearing person in sign language, and voicing the mood of a signing person. Consequently, VRS is much more like a normal telephone conversation where the emotions of each party are readily identified by inflections of the voice, etc.

The VRS VI can be reached through the VRS provider's Internet site using a web camera and computer, or through video equipment attached to a television. (See the list below.) Like all TRS calls, VRS is free to the caller. VRS providers are compensated for their costs from the Interstate TRS Fund, which the FCC oversees.

Here is a list of VRS providers:

- [Convo Relay: http://www.convorelay.com](http://www.convorelay.com)
- [Gracias VRS: http://www.graciavrs.com](http://www.graciavrs.com)
- [Purple Relay: http://www.purple.us/](http://www.purple.us/)
- [Sorensen VRS: http://www.sorensonvrs.com](http://www.sorensonvrs.com)
- [ZVRS: http://www.zvrs.com/](http://www.zvrs.com/)

People Who Are Deafblind

People who are deafblind sometimes have usable speech, vision and/or hearing. Determine if the individual can effectively communicate via speech, American Sign Language (ASL), finger spelling, writing with a dark pen, computer or assistive device communication, or print-on-palm.

People with combined hearing and vision loss may be deafblind, deaf with low vision, or hard of hearing with any kind of vision loss.

Use the following guidelines to create a respectful and helpful interaction:

- Let the person who is deafblind know you are there by a simple touch on the shoulder or arm.
- Avoid bright, glaring, and loud environments.
- Identify yourself.
- Communicate directly with the person, even when using an interpreter.
- Do not assume the deafblind person knows where they are or what is going on. Share as much information as possible.
- Always tell the person when you are leaving, even if it is for a brief period of time. Leave them as comfortable and safe as possible. It is good to offer them a chair, table, or wall for an anchor.
- When guiding a person who is deafblind, never place him or her ahead of you. Allow the person to hold your arm above the elbow. It is rarely necessary to “help” the person who is deafblind sit down or climb stairs. Place their hand on a chair or banister and tell the person that you are approaching an up or down staircase will give the person the information that he or she needs.

Communication with People Who Are Deafblind

If a person who is deafblind indicates that they need sign language assistance for effective communication, attempt to determine which of the following sign language modes provides for their needs. (For more information, read the [Deafblind Interpreting Guidelines](#).)

Note that not all ASL interpreters are capable of providing this specialized service. Coordinate with interpreter providers to ensure that interpreters with the appropriate skills are requested:

Visual Frame (Box Signing): Signs are made within a predetermined space or “box” whose size depends on the needs of the person who is deafblind. The interpreter’s distance from the client also depends upon the client’s individual preference. Using this technique allows a client with a limited visual field to see the signs and the interpreter’s facial expressions and mouth movements simultaneously.

Close Vision: Same as above, but the interpreter is directly in front of the client within very close proximity. This technique is used when the client has reduced visual acuity as well as a peripheral vision loss.

Tracking: The client holds the interpreter’s wrists to keep signs within the client’s field of vision and to gain information from interpreter’s movements. This technique is meant to reduce the client’s visual fatigue by helping them keep track of where the interpreter’s hands are in space.

Tactile Signing: In this technique, the client places her or his hands over the hands of the interpreter, in order to read signs through touch and movement. Tactile signing can be taxing for interpreters, and may require more frequent interpreter switches or breaks. The interpreter should supply both auditory and visual information to the client. It is important to determine a seating arrangement that is comfortable to both the client and the interpreter. Tactile signing is used by clients who have very limited vision and by those who are blind.

Tactile Fingerspelling: The DeafBlind Alphabet is a two-hand manual alphabet (the one used in British Sign Language) adapted to fingerspell letters onto the palm of the client’s hand. Most people who are deafblind in the United States use the standard American Manual Alphabet, however, interpreters may encounter clients who know and prefer the DeafBlind Alphabet.

Shortcut Signs: Key signs that can be signed onto palm of client’s hand are used as a supplement to tactile finger spelling; generally used in English word order.

The sign language alphabet: This alphabet can be used to spell a word visually or tactually. To “fingerspell” to an individual who is unable to see your letters, you can sign the letters into the palm of the person’s hand.

In an Emergency: If an emergency situation happens and you must notify a deafblind person quickly, draw "X" on deafblind person's back with your finger and lead them by the arm. "X on the back" is a universal deafblind sign for an emergency. If their back cannot be used, draw X in their palm.

Note: This technique is used in the culturally DeafBlind community. People who have vision and hearing loss but are not a member of that community will not understand this cue. You may, however, establish it as a quick emergency cue with them.

People Who Have a Cognitive Disability

The following guidelines and tips will help you to help people with cognitive or intellectual disabilities:

- Activity and noise can distract some people.
- Be prepared to repeat what you say, orally or in writing.
- Offer assistance and instructions and allow extra time for decision making.
- Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you.

Say:

- My name is _____. I am here to help you, not hurt you.
- I am a _____ (name your job).
- I am here because (explain the situation).
- I look different than my picture on my badge because _____ (for example, you might be wearing protective equipment).

Show:

- your picture identification badge (as you say the above);
- that you are calm and competent.

Give:

- extra time for the person to process what you are saying and to respond;
- respect for the dignity of the person as an equal and as an adult (for example: speak directly to the person);
- an arm or elbow to the person to hold as they walk;
- quiet time to rest, if possible, to lower stress/fatigue.

Use:

- short sentences;
- simple, concrete words;
- accurate, honest information;

- pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.

Predict:

- What will happen (simply and concretely).
- When it will happen (tie to common events in addition to numbers and time, for example).
 - By lunch time
 - By the time the sun goes down_____.
- How long will it be before things return to normal (if you know).
- When the person can contact/rejoin loved ones (for example: calls to family or re-uniting pets).

Ask and look for:

- An identification bracelet with special health information.
- Essential durable equipment and supplies (for example, wheelchair, walker, oxygen, batteries, communication devices like head pointers, alphabet boards, speech synthesizers, etc.).
- Medication.
- Mobility aids (for example, an assistance or service animal).
- Special health instructions (for example, allergies).
- Special communication information (for example, does the person use sign language?).
- Contact information.
- Signs of stress and/or confusion. (For example, the person might say he or she is stressed, look confused, withdraw, or start rubbing their hands together.)
- Conditions that people might misinterpret. (For example, someone might mistake a person with cerebral palsy or low blood sugar for a person with diabetes or drunkenness.)

Repeat:

- Reassurances (For example, you might feel afraid. That's all right. We're safe now.).

- Encouragement (For example, Thanks for moving fast. You are doing great. Other people can look at you and know what to do).
- Frequent updates on what's happening and what will happen next. Refer to what you predicted will happen, for example, "Just like I said before, we're getting into my car now."

Reduce:

- Distractions. For example: lower volume of radio, use flashing lights on vehicle only when necessary.

Explain:

- Any written material (including signs) in everyday words.
- Public address system announcements in simple words.

Share:

- The information you've learned about the person with other workers who'll be assisting the person.

People Who Have a Speech Impairment

Use the following guidelines when you are helping someone with a speech impairment:

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back.
- Be patient. Take as much time as necessary.
- Try to ask questions that require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish her or his sentences.

People Who Have Autism Spectrum Disorder

Use the following guidelines when you are helping someone who has autism:

- The person with autism might or might not be able to communicate with words. Approach this person gently and speak to him or her softly. High levels of sensory input may cause agitation.
- A person with autism might become stressed when his or her regular routine is disrupted.
- Unless absolutely necessary, don't touch someone with autism without the person's permission. Many people with autism are very sensitive to touch and even a simple touch can be disturbing.
- Understand that rocking, repetitive motion, and repeating words or phrases can be comforting to a person with autism during an emergency.
- Avoid loud noises, bright lights, and high levels of activity whenever possible.
- Don't assume that a person does not understand you if they are not using words.

Source References:

University of Texas Center on Disability Studies, [Tips for First Responders and Texas Resources](#)

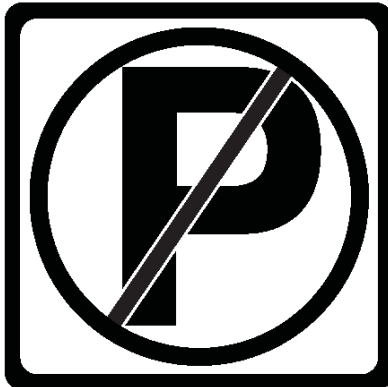
Attachment 2- Talk boards

The American Red Cross Visual Language Translator for Emergency Assistance booklet contains communication boards with photos that people can point at to express their needs. [Purchase the communication boards here.](#)



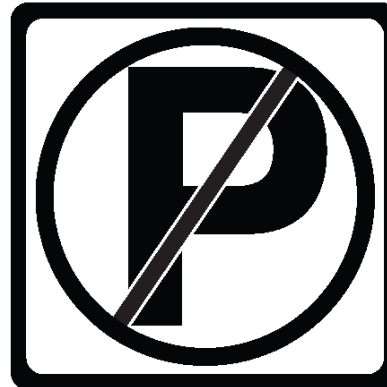
Attachment 3 - Pictograms

(Double click images below to view additional pictures)



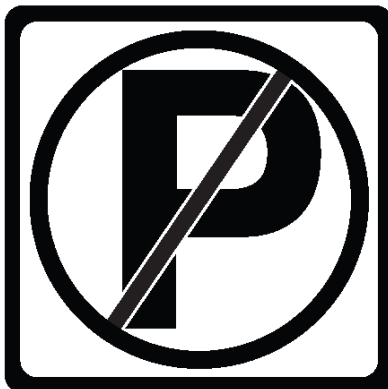
Don't Park Here

주차금지



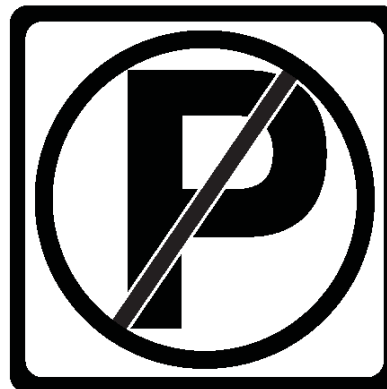
Don't Park Here

禁止停车



Don't Park Here

No estacionarse



Don't Park Here

Đừng đậu xe ở đây

Attachment 4- Signage

(Double click on image to view additional signs)



Drive Thru Lane
Carril de ventanilla de au-
toservicio

Đường Đi Xuyên Qua

请勿下车

하차 금지



Do not throw paper
in the urinal

No tire papel en el orinal

Không được bỏ giấy vào bồn tiểu

不要将纸扔在小便处

소변기에 종이를 넣지 마십시오



Public Health
Screening

























Exámenes
de salud pública

Attachment 5 – Basic Emergency Sign Language and Deafblind



























(Double Click on image to view.)

BASIC EMERGENCY SIGN LANGUAGE











WORDS

							
Deaf	Sign Language	Interpreter	Cop/Police	Fire	Stop	Drive/Car	Name
							
License	Insurance	Don't, Do Not	Move	See	Live	What	Which
							
Yes	No	Hurt	Wait	Registration	Medicine	Help	Hospital

LETTERS

						
			PRACTICE MAKES PERFECT			
						
						

NUMBERS

For information, contact the Texas Department of Assistive and Rehabilitative Services Office for Deaf and Hard of Hearing Services


For Statewide Information call 1.800.428.8718 (ask for ext.8299) or TTY call 1.800.851.5928 (ask for ext. 8287)

Local Deafness and Hearing Loss Resources: www.tdars.org

Fort Worth: 817.457.7881 | The Greenleaf Store: 817.457.7881 | Dallas: 972.726.8888 | Houston: 281.488.8888 | El Paso: 915.762.8888 | Midland: 409.799.8888 | San Antonio: 214.343.8888 | Austin: 512.475.8888 | Brownsville: 361.542.8888 | El Paso: 915.762.8888 | Fort Worth: 817.457.7881 | Houston: 281.488.8888 | San Antonio: 214.343.8888 | Austin: 512.475.8888

This poster is designed to assist communication between emergency personnel and deaf/blind individuals. It does not replace the requirement for a qualified interpreter. Emergency workers may use their American Sign Language (ASL) signs with a qualified interpreter or be contacted via a video relay service on the basis of www.tdars.org/tdars/tdarsdeafblind.htm

MDU # 00960 May 09 DARS Media Services 10575



Attachment 6- Deafblind Specialists

Deafblind specialists functionally evaluate the overall situation of a person who is deafblind. They evaluate educational needs and resources, existing support systems, and support and training needs in relation to independent living. Employment specialists help locate resources and make recommendations to agencies and organizations that are involved with or requested to serve individuals. Deafblind Specialists can assist local emergency management preparedness effort by locating local hearing loss stakeholder groups and local vendors/ agencies that can provide resources to communicate with and support the people who are deafblind.

Specialists for Deafblind Children:

Tammy Martin, Director
Blind Children's Vocational Discovery and Development Program
[Texas Health and Human Services](#)
Office: 512-377-0590

Specialists for Deafblind Adults:

Julie Johnson
Deafblind Specialists Supervisor (Vocational Rehabilitation and Older Individuals Who Are Blind Programs)

[Texas Workforce Commission Rehabilitation Services](#)
512-377-0578 or 800-628-5115

Elaine Sveen
Deafblind Community Services
[Criss Cole Rehabilitation Center](#)
512-377-0424 or 512-377-0300

Attachment 7- Low Vision Font Sizes

Show the font examples below to a person with low vision to determine the most appropriate font size for him or her to read.

In general, produce text in at least a 12 point size, sans serif. Sans serif fonts do not have strokes at the end of lines in letters. (This font is not sans serif, for example.)

The following illustrates the same sentence repeated in Verdana font sizes 12 through 72:

This is Verdana 12 pt. font size.

This is Verdana 14 pt. font size.

This is Verdana 16 pt. font size.

This is Verdana 18 pt. font size.

This is Verdana 20 pt. font size.

This is Verdana 22 pt. font size.

This is Verdana 24 pt. font size.

This is Verdana 26 pt. font size.

This is Verdana 28 pt. font size.

This is Verdana 36 pt.
font size.

This is Verdana 48
pt. font size.

This is
Verdana 72
pt. font size.

Attachment 8- VRI Hardware and Software Specifications:

H.323 compliant video conferencing device

Or

Desktop or Laptop computer & web-cam- CMA Desktop Software Installed

- Windows XP, XP-Pro SP2 or greater (1GB RAM)
- Windows Vista, all versions (2GB RAM)
- Windows 7, all versions (2GB RAM)
- Mac OSX

Basic: 1.5 GHz P4, 1.2 GHz Pentium M/AMD Turion or higher

Standard: 2.0 GHz P4, Pentium M/AMD Turion 1.4 GHz

Premium: 3.2 GHz Pentium, Pentium M/AMD Turion 2.0 GHz

Storage: 30MB

Video RAM: at least 256MB

Web-cams: MS Lifecam or LiveCam, Logitech Pro 9000 or Quickcam for Notebooks

Attachment 9- Video Remote Interpreter (VRI) Service Providers

For information about and contact with VRI Service Providers, go to the links given below:

- [Birnbaum Interpreting Services](#) (BIS)
- [Deaf Action Center](#) - Shreveport, LA
- [DeafLink](#)
- [Fluent Language Solutions](#)
- [Interp-via-video](#)

Part III- Recovery

Tab J- Support Capabilities for Repopulation of Evacuated Persons with Disabilities

Persons with disabilities differ greatly in their ability to function and fulfill the routine daily activities needed to meet and maintain personal and physical needs. The fastest growing age group in the United States is 85 years of age and older (Texas Emergency Management On-Line, 2011). With 50 – 60 percent of the United States population living within 50 miles of coastal regions, which are prone to hurricane and other related disasters, it is imperative that persons with disabilities requiring evacuation have a means to do so. Those needing to evacuate from a hurricane will at some point have to repatriate to their pre-hurricane residence. Since persons with disabilities often require functional and access support services to accommodate needs, it is imperative that the jurisdiction evaluates readiness and capability to receive those with disabilities who have been evacuated.

If persons with disabilities required assistive or supportive components prior to the evacuation, they will require the same support and/or services upon repopulation. Evacuees cannot be repatriated unless they can adequately access and obtain the needed functional support services required before the evacuation.

There are several conditions and situations which qualify a person to meet the definition of 'persons with disabilities', each having different levels of disability and ability to meet and maintain daily activities, making it challenging to get a true assessment of the population which will need assistance and support prior to evacuation. Once people are evacuated, it does become a little clearer what the needs are for persons with disabilities in host community shelters being repatriated to the pre-storm residence/location.

Prior to returning those with disabilities to a significantly impacted area following a disaster, key components need to be evaluated and assessed for capability to support and ensure persons with disabilities access, support and services to meet and maintain daily activity demands. The following are fundamental core services from a jurisdiction's infrastructure which need to be functional and available to support the needs of persons with disabilities. There are other major components which need to be functional, accessible,

and available for this population prior to repopulation (see following checklist for specifics).

Checklists: Support Capabilities for Repopulation of Evacuated Persons with Disabilities

Water & Waste Water Systems

Water services need to be operational to support water supply demands, which often become greater following a major hurricane impact. Equally important, waste water systems need to be operational.

- Potable (drinking) water, sanitation, cleaning, toilets, hand washing (hygiene), bathing, showering, washing clothes, etc. are available
- Water supplies available to support medical equipment
- Water supply restored to appropriate capacity to provide community fire protection Healthcare facilities have needed supply to open and provide care/treatment (hospitals, nursing homes, home health, assisted living care centers, clinics, dialysis centers, etc.)
- Water supply established to support residents, businesses, clinics, medical supply business, etc.
- Capacity to provide for critical support to businesses who provide food, supplies, equipment, fuel, utilities, pharmacies, out-patient treatment centers, therapy, batteries, drinks, other if no water supply
- Electrical generation power plants restored with needed water supply
- Sanitation, lift stations, and sewer plants operational to reduce risk and threat of disease outbreak
- Monitoring and detecting measures in place to ensure restoration of water supply/waste-water treatments within defined parameters for its purpose
- To wash and clean equipment
- Capacity to appropriately support emergency responders needs

Fire Service

Fire Service capabilities should be assessed and evaluated prior to repopulation of community residents, to identify if capable to provide defined level of service to protect life, property, and provide assistance as requested after a disaster.

The ability to provide appropriate response and firefighting capabilities is predicated on numerous key factors – which need to be considered following a disaster and repatriating the community.

- Restored capability of personnel/staffing to support firefighting/rescue apparatus 24/7 (resources adequate to provide continuity of operations for multiple operational-periods to provide basic services) Capable of providing, supporting, and sustaining levels (safety standards) of apparatus/equipment maintenance for extended operational periods. (includes primary and support resources required to provide defined service(s))
- Fire apparatus and equipment deemed safe to respond and provide defined services to community (e.g. apparatus, ambulances, medical equipment, harnesses, lifting equipment, oxygen regulators, cardiac monitors, etc.)
- Restored and capable to provide structural firefighting for jurisdiction
- Rescue and technical capabilities restored to ensure community has level of protection
- Technical services such as hazardous materials, high-angle and confined space rescue available and appropriately staffed
- Capability to provide adequate fire protection to healthcare infrastructure (e.g. hospitals, nursing homes, home health care residents, assisted living centers, dialysis centers, physician clinics, etc.)
- Fire service resources available and adequate to provide assistance as needed for lifting, transferring, and/or transporting community population having unique needs (e.g. bariatric, obese, lifting, psychiatric, etc.)
- Fire departments providing full EMS emergency services (911) reestablished and support resources available – to include mutual-aid resources
- Appropriate level of communication established for coordinating, directing, managing, and accounting for response resources

Law Enforcement

Law enforcement must be reestablished before allowing repopulation of evacuated citizens:

- Law Enforcement security reestablished
- Appropriate level of communication established for coordinating, directing, managing, and accounting for response resources
- Traffic management and flow-plan established
- Coordinated road blocks and designated routes for EMS and transportation assets repatriating evacuees established (including

coordination with jurisdictional, regional, state, etc. agencies for communicating information)

- Security at POD (Points of Distribution) locations
- Security needed for local businesses to reopen who provide fuel and other supplies such as medications, groceries, etc.
- Security for high-priority critical resources
- Escort for critical resources
- Check-points established and point of control re-entry protocol for evacuees returning
- Coordination and communication with City/County departments and EOC/OEM to enhance coordination at local, regional, and state levels
- Process for monitoring and validating responders/volunteers assisting in regional disaster
- Resources to rapidly intervene if criminal activity occurs post-disaster

Power/Utilities

- Major power grids restored to critical infrastructures needed to support community
- Electrical power and natural gas utilities restored to provide lighting, heating, cooling, refrigeration, security, alarms, medical alert, media, generators for backup power, etc.
- Restored power for lighting, heating, cooling, refrigeration, security, alarms, medical alert, media, etc.
- Power for medical equipment
- Operate AC/Heating system
- Street lights, signal lights, intersection signs to safely navigate roadways
- 911 emergency centers restored
- Power restored to clinics, treatment centers, dialysis, etc.
- Electronic for equipment dependent on batteries for charging
- Electronic driven pharmacies requiring electronic scripts/orders restored
- Electronic transfer of funds restored
- Electronically controlled fuel pumps restored
- Power grid and residential supply stabilized
- Transportation dependent on power restored
- Backup power/utilities transition back to primary sources and operating in a stable manner
- Information Technology (IT) resource available to support emergency response

Hospitals & Healthcare Systems

Since hospitals and other healthcare facilities are critical to support many of the medical and personal needs of persons with disabilities, the following need to be restored:

- Hospitals restored to provide defined level of care services(s)
- Care providers and support staff established to provide care/treatment needed
- Staff has capacity report to support healthcare
- Specialized technicians able to communicate and report
- Dialysis centers open and operational
- Electronic systems functioning such as pharmacies, medical records network systems (ITT), CT scans, computer registration, lab diagnostics, and vendors back on-line and supports supply/equipment/specialty needs
- Physicians and nursing staff able to reach hospital/clinic/treatment/radiological/ultra sound unit and provide adequate level of service
- Specialized clinics and treatment/therapy restored
- Specialized care restored and communication established with medical system
- Medications sensitive to temperatures can be supported and maintained in homes, hospitals, clinics, pharmacies, etc.
- Hospitals open, evaluated and able to handle surge of increased vulnerable populations returning following disaster

Emergency Medical Services

- Established EMS services available to respond and support persons with disabilities (persons with disabilities often have a higher need for EMS and hospital services due to chronic illnesses).
- Ambulances available for transportation for dialysis or other treatments
- Ability to coordinate and manage mutual-aid ambulances needed to meet medical/trauma
- Local EMS services established to effectively manage increased volume of atypical transport and turn-around times to receive medical care/treatment in situations where healthcare infrastructure is impacted and fragmented.
- Establish an EMS mutual-aid management team to assist with coordination of resources, to include coordinating resources with

OEM/EOC's Household communication systems (911) restored for contacting Fire, Police, Sheriff, EMS, Physician, etc.

- Specialized care/treatment restored strategically close proximity to avoid traveling long distances to receive care/treatment
- EMS resources staged and available to avoid extended delays in receiving care
- EMS communication with 911, hospitals, nursing facilities, etc. functioning
- EMS Liaison to EOC to provide support as necessary

Public Works Components

- Roadways accessible and safe
- Street signs and street lights over highways/roadways secured and safe
- Dangerous debris cleared from roadways
- Water systems operational and stabilized
- Sanitation pump stations operating normal
- Bridges, highways and roadways open and accessible to connect critical facilities (e.g. fire stations, hospitals, emergency rooms, trauma centers, etc.)
- Damaged, hazardous or debris covered roadways, highways, bridges, overpasses, secured/blocked to avoid access by vehicles/responders
- Communications and coordination established with key City departments (Fire, Police, Public Works, Health, Office of Emergency Management, Emergency Operations Center, etc.) to include providing PWE Liaison to EOC as necessary
- Established coordination and communication with TXDOT (Texas Department of Transportation)
- Ensure network and communication infrastructure is re-established between County/Regional stakeholders

Communication (Interoperability)

- Communication capability reestablished telephone/cell/radio
- News media capable of updating and communicating critical information to community households.
- Joint Information Center (JIC) established to ensure accurate post-event messages communicated to community and responders
- City/County departments have established communications to coordinate reception point and staging areas, PODs, repopulation routes
- Communication via WebEOC established for EMS to account for, and track return and movement of persons with disabilities (important to ensure follow up post return)
- Established communication with EOC, City/County departments or Department Operations Centers (DOCs) and regional stakeholders to affect the return of evacuees in a coordinated effort

Public Health Component

Certain components of Public Health need to be active to support health components such as environmental preparation, monitoring, and capturing of epidemiological information.

- Ensure safe environment
- Facilities, which closed for the incident evaluated and deemed safe to reopen
- Identify and intervene appropriately to respond to disease outbreak
- Established capacity to rapidly communicate messages to responders and community regarding crucial health protective messages and /or instructions
- Services established which provide for the needs of the community to include persons with disabilities (e.g. mental health, adult protective services, child protective services, case management, psychiatry support, mass prophylaxis, SNS (Strategic National Stockpile), POD for medications, etc.) post-disaster event.
- Coordination with regional public health providers

Establish Repopulation Management Team

When the decision is made to implement the repopulation of evacuees the established Repopulation Management Team provides inter-jurisdictional communication through the following:

- Real-time tracking and posting activity through WebEOC to coordinate and manage return of evacuees
- Medical records management to ensure continuity of care and continuum of care
- Logistical position assigned to track and support planning and operational components between shelter(s) and reception centers at local level
- Transportation focus to monitor and ensure resources reach their intended destination with persons being repatriated, to include information regarding delays, diversions, or problems, encountered
- Plan for multiple operational periods to ensure management and coordination continuity
- Establish routine and consistent repopulation management team briefings

- Liaison evaluates and communicates bi-directional critical information needed to adequately prepare for receiving evacuees.
- Conduct shelter briefings with assigned liaison and EOC/OEM.
- Contingency established for tracking and accounting of resources/persons transported if WebEOC system "is" or "goes" down

Liaison Established

Establishing a repopulation liaison will allow for better evaluation of local capability to receive evacuees from shelters in other jurisdictions.

- Liaison established locally at the EOC
- Liaison established at each shelter to communicate evacuee information
- Collect data and information on sheltered persons with disabilities or functional and access needs
- Reports local and regional capabilities and statuses to EOC
- Determines estimated time lines for reestablishing needed capabilities
- Evaluate types of services and support persons with disabilities may/will need (e.g. blind, deaf, language, durable medical equipment, bariatric, assistive devices, dialysis, oxygen, chronic illnesses, ostomy, catheters, colostomy, medications, therapy, consults, mental counseling, etc.).
- Ensure type and kind of resources are appropriate for transporting persons with disabilities (e.g. ambulance-critical/basic/specialized, bus, van, air-transport, vehicle, etc.)
- Consistent briefings and situational reporting provided to OEM

Transportation Established

Establishing adequate transportation is in place prior to allowing evacuees to repatriate is imperative - especially for those dependent on public transportation for accessing care and treatment, or for picking up medications, supplies, and medical equipment, etc.

- Survey actual or potential transportation resources in advanced to determine capacity
- Make arrangements and coordinate transportation component ahead of time

- Attempt to coordinate additional stops to routes to include sites where evacuees can access basic goods such as groceries, supplies, hospital clinics, pharmacy, etc.
- Add additional stops to include disaster recovery centers or locations where services are being provided
- Make reasonable modifications to existing fleet vehicles which will make transporting persons with disabilities effective
- Survey high traffic areas and add ramps and other adjuncts to increase ease of access and egress
- Remove and/or modify seats in non-traditional vehicles to make them usable for transporting people with disabilities

Medical Needs (Non-Medical Criteria)

An individual with disabilities may require medical support or services yet not meet or require advanced care from healthcare professionals. It is critical that needed support is provided before repatriating to a City/County or region:

- Assign person with medical experience to differentiate those needing medical support/services versus true “medical” category
- Ability and capability to provide assistance for those requiring ostomy and indwelling catheter management care
- Support services and facilities for those that activities of daily living are restricted by immobility
- Have respiratory condition requiring special equipment to monitor or deliver constant or periodic oxygen via a mask or ventilator
- Persons requiring dialysis must receive dialysis on a set pattern – therefore dialysis centers have to be operational and accessible for the person
- Durable medical equipment must be supported and replaced if needed

Medical Population (Require Professional Care)

Populations categorized as “medical needs” typically have greater care acuity healthcare problems requiring specialized care, equipment, transportation, and services to receive and sustain care. Care provided for “medical” population are mostly institutionalized (e.g. hospitalized, nursing home, rehabilitation unit, Alzheimer facility, etc.) and require specialized care provided by healthcare professionals such as physicians, nurses, respiratory

therapists, physical therapists, critical care providers, etc. to provide appropriate care.

If medical populations have been evacuated and are preparing to repatriate, local and regional jurisdictions must have the ability to provide specialized support and services required to provide and sustain care.

Below are examples of medical situations that local and regional medical/healthcare infrastructure must evaluate and be capable of managing before repatriating:

- Medical infrastructure capable of providing multiples levels of care for those hospitalized and requiring care/treatment provided by licensed healthcare professionals (e.g. physicians, nurses, technicians, critical specialized care, etc.)
- Capable of providing transportation, healthcare facility, and services to patients who require high level oxygen flow rates (> 4 liters)
- Vendors are operational and capable of supplying consumable medical supplies, durable medical equipment, and services to support medical population.
- Appropriate facility and level of specialized professional care to monitor and provided needed care for patients requiring hemodynamic monitoring (e.g. BP, ART, CVP, etc.)
- Facility and specialized professional care capable of assessing, evaluating and providing care for patients requiring continuous intravenous (IV) medication drip (e.g. cardiac, blood pressure, heart rate, cardiac rhythm management, etc.)
- Local infrastructure capable of accepting and providing care for patients repatriating having orthopedic injuries that require specialized appliances or other acute medical conditions (e.g., cervical traction, unstable pelvic fracture, active labor, etc.) prohibiting patient from traveling via alternative method such as taxi, vehicle, bus, airport passenger van, etc.
- Capable of receiving aircraft service to return patient to medical facility
- Specialized transportation available and staffed to handle medical population
- Support services to provide supplies and equipment to support care needs

- Specialized healthcare professionals available and adequate to provide care to the entire medical population
 - Mental health professionals available to support institutionalized patients
 - Capable of providing services such as high level invasive procedures which have inherent risk or may require an emergency procedure
 - Receiving medications affecting heart rate and blood pressure
- Local healthcare infrastructure having the ability to provide support, care, and treatment for those with altered mental status attributed to stroke, TIA, trauma, etc. (e.g. Rehab, Therapy, CT, MRI, etc)
- Confused and unable to protect airway (regardless of reason), can be supported and maintained after returning to local/region
- Adequate and appropriate transportation capable of transporting/transferring medical patients to hospital and to medical procedures for care and treatment required (e.g. may require air transport or critical care ambulances with advanced medics/nursing/physician staff)
- Advanced licensed healthcare providers(i.e. Physicians, Nurses, Paramedics, etc.) provides support as necessary to local EOC for coordinating and managing repopulation of “medical” evacuees.

Tab K- Medical/Functional Needs Discharge Assessment

Name of Shelter Guest:		DOB / Age: Gender: Male / Female	
Residence Address (street, county, state):			
Current Location: <input type="checkbox"/> Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel <input type="checkbox"/> Other:	Current Location: Name, Address (include county, city and state) & Phone		
Do you have any chronic/acute health care conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe health care condition:		
Were you receiving any of the following services/support in your home prior to evacuation or will you need any of the following when you return?			
Care/Item	Services Needed	Name and location of pre-hurricane services	
<input type="checkbox"/> Home Health			
<input type="checkbox"/> Hospice Care			
<input type="checkbox"/> Durable Medical Equipment			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Oxygen			
<input type="checkbox"/> Dialysis			
<input type="checkbox"/> Psychiatric/Psychological			
<input type="checkbox"/> Other			
Local Jurisdiction Ready For Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF TRANSPORTATION NEEDED: <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Ambulance <input type="checkbox"/> Bariatric capable Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Other	Is wheelchair: <input type="checkbox"/> Powered <input type="checkbox"/> Oversized <input type="checkbox"/> Manual Able to fold up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Needs immediate follow up for medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs immediate case management? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flu shot given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination availability confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN	Do you need assistance to get to destination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Return Location: <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other <input type="checkbox"/> Need Shelter	Address (include county, city & state):	Contact Name and Phone:	
Do you use oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT (flow) ____ Do you have enough oxygen to return home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a pet in shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Pet Name Have arrangements been made to reunite with pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS:			
Name of Assessor/Data Collector:			Date of Assessment:

Tab L- Medical/Functional Needs Shelter Transportation Request Form

Name of Shelter Guest: (Last Name, First Name):

Name: Phone:

Residence Address (street, county, state):

DOB / Age: Gender: Male / Female

Current Location

Shelter
 Hospital
 Nursing Home
 Other

Current Location Name:
Address, City, County, Phone

Does shelter guest have any chronic/acute healthcare conditions? Yes No

If yes, describe current health care condition:
(diabetes, COPD, dialysis needed, morbidly obese, etc)

Need Transportation To

Hospital
 Doctor's Office
 Physical Therapy
 Dialysis Center
 Shelter
 Other _____

Name/Physical Address:
City/County

Accompanying Attendant/Caregiver:

Accompanied by Service Animal? Yes No
If yes, please list type & name:

Name: Phone:

Type of Transportation Needed

Are you requesting transportation resources? Yes No

Type of transportation Needed: Bus Ambulance Bariatric capable Ambulance Wheelchair accessible vehicle

Is wheelchair: Powered
 Oversized
 Manual

Able to fold up: Yes No

If oxygen is needed: AMOUNT (flow) ____ Do you have enough oxygen to return to the shelter? Yes No

Date/Time Transportation Needed:

Special Instructions/Notes (include durable medical equipment to be returned with evacuee):

Requestor/ Contact Number:

Part IV Additional Resources

Tab M - Quick Links

General Emergency Preparedness:

- [Ready or Not- Preparing Texans for Emergencies](#): Emergency preparedness information for Texas residents.
- In conjunction with the US Department of Homeland Security and AARP, the National Organization on Disability assisted in the development of the [Preparing Makes Sense](#) brochure series, which highlights the key preparedness steps senior citizens, Americans with disabilities and other special needs, and their families and caretakers should take before emergencies occur.
- Resource Locator for Medicare: Provides tools for people on Medicare to search for and compare drug and health plans, hospitals, nursing homes, home health agencies and health care providers. Check out the [Resource Locator](#) for information about drug plans in your state and about paying for long term care.
- [Disaster Preparedness for People with Disabilities](#): The American Red Cross Disaster Services published this booklet to help people who have physical, visual, auditory, or cognitive disabilities to prepare for natural disasters and their consequences.
- [Emergency Evacuation Preparedness: Taking Responsibility for Your Safety \(A Guide for People with Disabilities and Other Activity Limitations\)](#) by [June Isaacson Kailes](#), Disability Policy Consultant and The [Center for Disability Issues and the Health Professions](#), Western University of Health Sciences, 2002.
- The [National Fire Protection Association](#) (NFPA) 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 standards.

General Accessibility Resources

- [Accessible Temporary Events, A Planning Guide](#). ATEAPG, Ron Mace, Rex Pace and Leslie Young, 2002, 103 pp., \$5 This book includes information on how to plan, promote, and provide accessible temporary events such as fairs, festivals, exhibits, concerts, races, tournaments, shows, and rallies. The guide addresses temporary parking locations, portable toilets, signage, and sound amplification systems as well as issues from disability awareness to advanced planning, access to the site, participating in the event, service and support facilities as well as resources available in the community to assist with accessibility.
- See also [A Planning Guide for Making Temporary Events Accessible to People with Disabilities](#) by the ADA National Network.
- [Accessibility of State and Local Websites for People with Disabilities](#)
- [Hurricane Aftermath: The Gallaudet Response](#)
- A team of Gallaudet social workers, psychologists, and mental health counselors trained in Disaster Mental Health Services (DMHS) traveled to Baton Rouge and Houston to volunteer their services to the Deaf Community in response to Hurricane Katrina. This PowerPoint presentation details their experiences and what they believe still needs to be done to aid Deaf people in disaster situations.
- [Perspective on Preparedness: Taking Stock Since 9/11 Report](#): The Task Force was established by Congress to take stock of the numerous efforts that have shaped preparedness policy, guidance and investments since 9/11 and Hurricane Katrina and to find ways to ensure that future efforts are efficient, streamlined and measurable. The Task Force is comprised of members representing local, state, tribal and territorial governments who were recommended as leading homeland security decision-makers and practitioners from a variety of disciplines, as well as ex officio members representing federal departments and agencies. Drawing upon their experience and expertise, as well as the input of the private sector and public, the Task Force produced a report of findings and recommendations for Congress on October 8, 2010.

Considering People with Disabilities in Emergency Planning

- [Texas Census](#): Quick facts about Texas demographics from the 2010 census.
- [Mobile Tips for First Responders](#): a mobile responsive website to help first responders address various functional and access needs.
- [ADA Checklist for Emergency Shelters](#): The Department of Justice created this checklist to help emergency managers determine whether a building could be used as a shelter and, if so, which barriers would need to be rectified to make it accessible and ADA compliant.
- [An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#) is an 11-page illustrated publication that provides guidance on preparing for and carrying out emergency response programs so that the services are accessible to people with disabilities.
- National Council on Disability: Report: 2005 "[Saving Lives: Including People with Disabilities in Emergency Planning](#)"
- An ADA guide for local governments, [Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#), was released in 2004 by the U.S. Department of Justice, Civil Rights Division, Disability Rights Section. It provides guidance for making local government emergency preparedness and response programs accessible to people with disabilities.
- [ADA Guide for Small Towns](#)
- The [Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities](#) provides information for emergency planners and first responders to help them serve people with disabilities.
- [Individuals with Disabilities in Emergency Preparedness](#)
- [Executive Order: Individuals with Disabilities in Emergency Preparedness](#) President George W. Bush, July 22, 2004 signed an Executive Order that seeks to fully integrate people with disabilities into the national emergency preparedness effort. The Executive Order built on the President's New Freedom Initiative to fully integrate people with disabilities into all aspects of society and creates an Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (Interagency Council). The Executive Order

directs the federal government to address the safety and security needs of people with disabilities. Those needs arise in emergency situations including natural and man-made disasters, such as earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism. The Interagency Council will oversee the implementation of this policy.

- [Redefining Readiness: Terrorism Planning Through the Eyes of the Public](#) by Roz D. Lasker, Center for the Advancement of Collaborative Strategies in Health, New York Academy of Medicine, September 14, 2004. The Redefining Readiness Study reports on how Americans describe how they would react to protective instructions in two terrorist attacks: a smallpox outbreak and the explosion of a dirty bomb.
- [Emergency Preparedness Initiative – Guide on the Special Needs of People with Disabilities For Emergency Managers, Planners & Responders](#), Revised Edition – 2005. The purpose of this document is to ensure that people with disabilities are included in emergency preparedness planning and response at all levels of our society.
- [Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities](#). The Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities was established to ensure that the Federal government appropriately supports safety and security for individuals with disabilities in disaster situations. The purpose of the Council is to consider in their emergency preparedness planning the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves; to encourage, including through the provision of technical assistance, consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments, and private organizations and individuals in emergency preparedness planning; and to facilitate cooperation among Federal, State, local, and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.
- [Accessible Stadiums](#)
- [National Organization on Disability Report on Special Needs Assessment for Katrina Evacuees](#) (SNAKE) Project. The purpose of this project was to capture a snapshot in time through a representative

sampling of experiences and observations on the ground after Hurricane Katrina. This project is meant to be an immediate capture of ground information to inform further reviews. This report includes an overview of the project, shelter assessments, short and long-term issues and recommendations, and policy issues.)

Alerts and Broadcasts for People with Disabilities

- [National Center for Accessible Media - Access to Emergency Alerts for People with Disabilities](#): The Access to Emergency Alerts project unites emergency alert providers, local information resources, telecommunications industry and public broadcasting representatives, and consumers in a collaborative effort to research and disseminate replicable approaches to make emergency warnings accessible. Alert systems, services and products are developing a range of text and audio alert capabilities that have the potential to serve people with disabilities but most are inconsistent in terms of fully supporting appropriate modalities and accessible interfaces.
- [RERC on Telecommunications Access](#): The primary mission of the Telecommunications Access RERC is to advance accessibility and usability in existing and emerging telecommunications products for people with all types of disabilities.
- Emergency Preparedness and Emergency Communication Access – [Lessons Learned Since 9/11 and Recommendations](#) (Consumer Advocacy Network for Deaf & Hard of Hearing Persons, December 2004). This report includes an extensive list of recommendations designed to increase the number and variety of communication options, ensure reliability, and build in redundancy in the development of an effective emergency communication system for individuals who are deaf or hard of hearing.
- [Emergency Warnings: Notification of Deaf or Hard of Hearing People](#) Deaf and hard of hearing people have very limited access to critical weather and emergency information sources. In an emergency, they experience fear and frustration, and may make poor safety decisions since they are uninformed about the nature or scope of the emergency. The NAD believes that many broadcasters and public emergency management agencies are not aware of their legal responsibilities to modify their information procedures. New techniques and technology are available to help make sure that deaf or hard of hearing people know about emergencies, and how to respond. This document describes some of the technology available.
- [Alerting Americas – A Directory of Public Warning Products, Services & Technologies](#) (Partnership for Public Warning, October 2004) This directory provides information regarding the state-of-the art in public

warning products, services and technologies. It has been prepared to assist emergency managers, government officials, decision makers and the public in understanding and locating public warning options.

- [An Advanced EAS Relay Network Using the Common Alerting Protocol \(CAP\)](#) The Emergency Alert System (EAS) is the nation's best-known public warning system, but recent studies have identified limits inherent in its design. Other systems augment EAS, but have many of the same limitations. A Common Alerting Protocol (CAP) has been developed through an international standards process. A design concept and nonproprietary architecture for a consolidated public warning network based on EAS and CAP is described. See also the [Common Alerting Protocol, v. 1.2](#).
- [E-911 Stakeholders' Council Meeting](#) On May 9, 2006, Telecommunications for the Deaf and Hard of Hearing, Inc. (TDI) took the initiative, along with NorCal Center on Deafness (Sacramento, CA) and Gallaudet University to invite representatives of the public safety sector, industry, government, consumer groups and other stakeholders to participate in the E-911 Stakeholder Council to review current issues in E-911 access and services, and to recommend a plan of action to address and fulfill its potential capacity in public safety and emergency preparedness for people who are deaf and hard of hearing across America.

The Council reviewed current and future consumer needs, existing government policy, challenges and limited resources for public safety officials and the business community, emerging technologies, and the wider range of emergencies that affect the daily lives of consumers who are deaf and hard of hearing, and their community network. The goal is to ensure that in the future people who are deaf or hard of hearing have ease of access to 9-1-1 services directly, using updated technologies, and through all approved forms of telecommunications relay services. It has become clear in recent months that there needs to be put in place a more current national policy on accessible E-911 services for people who are deaf and hard of hearing.

- [Effective Disaster Warnings](#) Report by the Working Group on Natural Disaster Information Systems Subcommittee on Natural Disaster Reduction. National Science and Technology Council on Environment

and Natural Resources Committee on Environment and Natural Resources, November 2000

- [Emergency Telephone Notification: Critical Requirements](#) Using the telephone to distribute event-specific information to distinct portions of the population in times of crisis is rapidly becoming a "must have" tool for public safety organizations nationwide. Emergency notification via wireline telephone has tremendous potential. After reviewing existing alternatives, this white paper examines the critical requirements needed to ensure that your organization understands the dynamics involved in successfully realizing this potential.
- [NOAA – The voice of the National Weather Service](#) U.S. Department of Commerce, National Oceanic and Atmospheric Administration National Weather Service, May 1999. NOAA Weather Radio broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day. Known as the "voice of the National Weather Service," NOAA Weather Radio is provided as a public service by the Department of Commerce's National Oceanic and Atmospheric Administration.
- Special Needs NOAA Radios: The [special-needs NOAA Weather Radio](#) was designed to adapt to the needs of the deaf and hard-of-hearing community. The Radio can warn persons who are deaf and hard-of-hearing of hazardous conditions, giving them around-the-clock, and up-to-the-minute weather information. The Radio is a weather alerting system that can be a lifesaver, much as the now commonly-used smoke detector with flashing light, for deaf and hard-of-hearing persons.
- [Protecting America's Communities: An Introduction to Public Alert & Warning](#) Partnership for Public Warning, June 2004. This document provides a brief overview of the many considerations that should be taken into account when developing or evaluating a public warning process and system.
- [Public Alert & Warning – A National Duty, A National Challenge Implementing the Vision](#) Partnership For Public Warning, 2003. This document provides information on how to create a national consensus on a national, all-hazard public warning capability that will provide citizens at risk during times of emergency with timely and useful information to enable them to take appropriate actions to save lives and property.

- The [Federal Communications Commission](#) (FCC) oversees regulations regarding both the Emergency Alert System (EAS) and Closed Captioning.
- [FCC Consumer Facts](#): This document explains the FCC rules that require broadcasters and cable operators to make local emergency information accessible to people who are deaf or hard of hearing, and to people who are blind or have visual disabilities. This means that emergency information must be provided both aurally and in a visual format. Video programming distributors include broadcasters, cable operators, satellite television services (such as DirecTV and the Dish Network), and other multichannel video programming distributors.
- [The Carl and Ruth Shapiro Family National Center for Accessible Media \(NCAM\)](#) is a research and development facility that addresses accessibility issues involving the media and information technology to promote accessibility to people with disabilities in all aspects of society. As part of this endeavor, NCAM received a multi-year federal grant for the Access to Emergency Alerts project in an effort to connect emergency alert providers, the telecommunications industry, and public broadcasting representatives with consumers in order to find ways to make emergency warnings accessible by addressing the barriers that exist.

Considering People with Disabilities in Emergency Response

- [Mobile Tips for First Responders](#): a mobile responsive website to help first responders address various functional and access needs.
- [Resources for Service Dogs in a Disaster](#) Service dogs perform some of the functions and tasks that the individual with a disability cannot perform independently. "Seeing eye dogs" are one type of service animal used by some individuals who are blind. This is the type of service dog with which most people are familiar. But there are service dogs that assist persons with other kinds of disabilities in their day-to-day activities too. Because persons with disabilities who use service dogs require on the assistance of their animal to perform major life functions, service dogs are a critical component of an emergency preparedness plan for users of service dogs. Their emergency preparedness plan should address the health; welfare and safety of their service animal, as well as ways to have the service animal assist the individual in emergencies.
- [Best of the Best Practice Sites Related to Emergency Management and People with Disabilities](#) (University of Kansas, KU) This website brings together some exemplary current best practice efforts addressing disaster-related needs of people with disabilities. These are new ideas or fresh approaches using proven methods that can be replicated at the state, county or grassroots level. They are often accomplished by forming collaborations among different local groups, on a shoe-string budget or with small grants.
- The Federal Highway Administration (FHWA) has released [Evacuating Populations with Special Needs](#), a report that offers local transportation agencies a number of best practices and tools that can be used to address transportation issues involving those with functional needs during times when evacuation is necessary. The report includes an evacuation checklist that can be used by officials as well as transportation providers.
- National Council on Disability: "Effective Emergency Management: Making Improvements for Communities and People with Disabilities," 2009

- [Model Policy for Law Enforcement on Communication with the Deaf and Hard of Hearing](#)

Considering People with Disabilities in Emergency Recovery

- In 2009, [FEMA released its National Disaster Housing Strategy](#), which calls for national and state efforts to plan for accessible housing that can be made available after a disaster. The National Council on Disability (NCD) recommends that each state create task forces on disaster housing consistent with the Strategy that involves disability organizations. For more information, visit the [National Disaster Housing Resource Center's website](#).

Accessible Meetings: Meeting on a Level Playing Field

- [This document on the Department of Justice ADA website](#) gives helpful information on setting up your meeting room and providing accessible information for all participants. This will be helpful for emergency management professionals in planning efforts to include leaders with disabilities in your planning process.
- [Gathering Input from Customers with Disabilities: Accessible Means for Gathering Feedback](#): This document will help you design your meetings to provide an equal experience for a person with a disability that is on your local emergency management planning teams.

Resources for Employers

- [Emergency Procedures for Employees with Disabilities in Office Occupancies](#) by FEMA and the U.S. Fire Administration, June 1995
- [Accommodation and Compliance Series: Employers' Guide to Including Employees with Disabilities In Emergency Evacuation Plans](#) by Linda Carter Batiste, J.D. and Beth Loy, Ph.D. Interest in emergency evacuation planning has increased dramatically since the September 11 terrorist attacks. In turn, the Job Accommodation Network (JAN) started receiving more calls from employers requesting information about their legal obligation to develop emergency evacuation plans and how to include employees with disabilities in such plans. This publication addresses these issues.
- [Preparing the Workplace for Everyone: Accounting for the Needs of People with Disabilities: A Framework of Emergency Preparedness Guidelines for Federal Agencies](#) is meant to serve as a launching point for federal agencies as they re-evaluate and strengthen their Occupant Emergency Plans (OEPs), which are required for all federal agencies by the U.S. General Services Administration (GSA). This template of guidelines reflects the effective practices of nearly 20 federal agencies gathered from direct input, existing reports and articles, and actual emergency plans.
- [The DBTAC Southwest ADA Center](#) is the Southwest's leading resource on the Americans with Disabilities Act and related disability rights laws. This center services the state of Texas. It is one of the 10 DBTAC National Network of Centers funded by the National Institute on Disability and Rehabilitation Research (NIDRR) of the Department of Education. The DBTAC Southwest ADA Center serves a wide range of audiences who are interested in or impacted by these laws, including employers, businesses, government agencies, schools and people with disabilities. Expert staff members are available to provide training and publications and to respond to your inquiries via the toll free hotline 800-949-4232.

Care for Community-Dwelling Patients during Emergency Events

Two resources from the Agency for Healthcare Research and Quality can help emergency planners and responders ensure that community-dwelling patients receive appropriate care during a mass casualty event (MCE).

Community-dwelling patients with daily health care needs may not be directly affected by a mass casualty event but if that event disrupts their usual care routine, they may still be at risk. Lacking a usual source of care, these patients are more likely to seek care at hospitals already overburdened with mass casualties.

The "[Home Health Patient Assessment Tool: Preparing for Emergency Triage](#)," reviews existing patient categorization tools and presents a new model patient risk assessment tool. The new tool will allow home care agencies, hospitals, and emergency planners to anticipate the needs of community-dwelling patients and assess who might be most at risk of hospitalization if their traditional home support services are disrupted during an emergency.

The compendium of resources available in "[Data Sources for the At-Risk Community-Dwelling Patient Population](#)," provides a summary of each data resource, including its strengths and limitations for estimating the numbers of community-dwelling patients at risk during an MCE, as well as any areas of overlap with other data resources.

Resources for Healthcare Providers and Public Health Professionals

- [Preparedness Resources for Outpatient Clinics and Urgent-Care Facilities](#)
- [Preparedness Resources for Hospitals](#)
- [Public Health Emergency Hospital Preparedness Program](#)
- [Preparedness Resources for Pediatric Offices and Hospitals](#)
- [Public Health Preparedness Capabilities: National Standards for State and Local Planning](#)
- [Preparedness Resources for Community Planners](#)
- [HHS Federal State Local and Planning](#)
- [HHS Responders, Clinicians & Practitioners](#)
- [National Disaster Medical System \(NDMS\)](#)
- The [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\)](#) oversees standard setting for healthcare facilities as well as the accreditation of healthcare facilities, such as nursing homes and hospitals.

Tab N- Training Videos

Northeast Texas Public Health District has contracted for [18 Emergency Preparedness Videos](#). The information is friendly to deaf, blind, and limited sight populations. The information is in video and downloadable document format for public use. There is *No Charge* for use of the materials posted on this website.

[YouTube Emergency Preparedness4Deaf Videos Channel](#)

[Together against the Weather](#) is the product from the Houston-Galveston Area Council, and partner organizations to address communication issues with the Special Needs Community.

Texas Prepares: Downloadable and accessible [videos](#)

[SCOOP](#): Introduced by the Texas Governor's Committee on People with Disabilities (GCPD), this fun and interactive 45 minute training session titled, "The Scoop on Reporting About People with Disabilities" illustrates how to interact with and report about people with disabilities. The video incorporates open captioning and light audio description to show media accessibility. GCPD developed the video for high school journalism students but we have found that it is also helpful as a diversity training resources for government agencies and a great demonstration of [people first language](#).

Accessible Multimedia Public Service Announcements in Audio, Video and text, for public Health Emergencies and Disaster from Health and Human Services (HHS)

[Hurricanes](#)

[Floods](#)

[Winter Weather](#)

[Heat](#)

[Wildfires](#)

[Public Service Announcements for Disasters](#)

Tab O- Legal References

ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008. Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 C.F.R. pt. 35. Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 C.F.R. pt. 36. The Americans with Disabilities Act Title II Technical Assistance Manual (1993) and Supplement (1994). The Americans with Disabilities Act Title III Technical Assistance Manual (1993) and Supplement (1994).

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 794, as amended. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Federal Emergency Management Agency, 44 C.F.R. pt. 16. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39. Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 C.F.R. pt. 84 (Department of Health and Human Services). Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. pt. 104 (Department of Education). Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development, 24 C.F.R. pt. 8.

Title VIII of the Civil Rights Act of 1968 ("Fair Housing Act"), as amended, 42 U.S.C. §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 C.F.R. pt. 100.

The Architectural Barriers Act of 1968, as amended, 42 U.S.C. §§ 4151-4157. Construction and Alteration of Public Buildings, 41 C.F.R. pt. 101-19.

The Homeland Security Act of 2002, 6 U.S.C. §§ 101-557, as amended.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, as amended. Federal Disaster Assistance, 44 C.F.R. pt. 206.

The Post-Katrina Emergency Management Reform Act, 6 U.S.C. § 761(d), as amended.

Texas Accessibility Standards: Elimination of Architectural Barriers, Texas Government Code 469 (2012)