

Emergency Planning for CILS: For Your Community



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EMERGENCY PLANNING FOR CILS: FOR YOUR COMMUNITY



(Photo of flooded residential area after Katrina, courtesy of the National Oceanic and Atmospheric Administration)

Introduction

CILs can serve an important role in helping their communities plan for disastrous events or emergencies. CILs are unique because of their consumer perspective and commitment; networks of consumers, family members, volunteers and providers; knowledge of issues and solutions; and familiarity with local, state and national disability resources.

The experiences of individuals with disabilities in recent disasters have shown that emergency planning agencies are often not familiar with, nor prepared for evacuating and sheltering people with disabilities or assisting them with recovery efforts. Indeed, a high proportion of those who are unable to evacuate a disaster area are people with disabilities.

CILs can provide valuable input to emergency planning agencies about the issues and concerns of individuals with disabilities. CILs can offer effective strategies for addressing these issues from a consumer perspective in emergency planning. Therefore, CILs are urged to become active partners with their communities as emergency plans are made. A separate guidebook in this series focuses on how CILs can prepare for and cope during and after a disastrous event, covering topics of protecting center staff, consumers and board members, as well as facilities, equipment and agency records.

Section I: Community Preparation

Where to start

So, where to start?

Most communities have a lot of agencies and groups that are involved in emergency planning.

It can be confusing to find out who is doing what and how as a CIL you can get invited to the table.



(Photo of two helicopters and a truck on a field with groups of men talking, courtesy of the National Oceanic and Atmospheric Administration)

Here are some basic steps to find out where the “tables” are in your community and how you can get there.

1. Talk to your contacts in various agencies and ask who the key players in emergency preparedness are in your community, including those with FEMA grants.
2. Go online and check the emergency preparedness website in your state and community.
3. Call 211 if available.
4. Call a statewide or local information and referral toll free number, if available.
5. Identify the person your county or city has appointed to be in charge of emergency planning. Often, there are several agencies with different functions.
6. Get more information on contacts in your state from the following websites:

http://www.nod.org/EPIResources/interactive_map.html

<http://www.ready.gov/america/index.html> and enter your state or territory

Understanding some points before you start

Before you meet with your local emergency preparedness groups, read and consider the following ten important points. These points are for your information, but you might want to raise these issues with emergency planning officials. However, do not try to address all of these points in your first meeting!

1. Most emergency planners do NOT have extensive experience with people with disabilities. Your goal is to become a partner in the process, to develop a lasting, productive working relationship, and to create many opportunities to educate the officials on disability issues.
2. A common emergency preparedness term used by the federal government, and therefore by state and local agencies, is *special populations*. This term includes people with disabilities; seniors, people with significant health conditions, children, people who do not speak English and others. Discuss and use appropriate disability language, but recognize that until the federal terms change, it is unlikely that the local and state terms will.
3. Surveys have shown that people with disabilities are generally less prepared for emergencies than the general population.
4. Be sure that any emergency preparedness group that you join understands the role of a CIL. Clarify a common misunderstanding that a CIL is not a place where people with disabilities live. A CIL works with people with all types of disabilities of all ages. The focus is on the ability of people with disabilities to make their own decisions and control their own lives.
5. Remember that you need to help other members of these groups understand that up to twenty percent of community residents may have disabilities.
6. Some disabilities may not be visible such as mental illness, traumatic brain injury, serious cardiac problems, intellectual disabilities and others.
7. Most adults with disabilities do not live in congregate care settings (group homes, institutions and nursing homes). They live in the community! For planning purposes, however, it is important to know where the congregate care facilities are located – both day and residential.
8. Most children with disabilities are in regular schools--not special or segregated schools.

(Photo of a man with developmental disabilities cooking)



9. Most adults with disabilities are not receiving services from state disability agencies. It is important to clarify this misconception. It is appropriate to have your state disability agencies at the table, but they will not be providing services to all or even most of the individuals with disabilities in your community.
10. Remind emergency planners that people with disabilities are also in the workplace and can be found anywhere within the community.

Finding allies

Are you feeling alone and overwhelmed at this point?



(Photo of eight emergency planners around a table, courtesy of the National Oceanic and Atmospheric Administration)

When you get to a table with emergency planners, look around to see if other individuals from the disability community are involved. If they aren't, suggest additional members. Remember, you should not be the only spokesperson for the disability community. *Tokenism* is not appropriate. You'll be more effective with allies. Make sure that people with disabilities are at the table to speak for themselves.

Disability agencies may already be at the table because they are seen as representing disability issues. Certainly, those that provide government funded services to people with developmental disabilities, physical disabilities, mental illness, and the aging need to be there. In addition, there may be private agencies that serve people with disabilities that should also be at the table, such as local nursing homes, home health agencies, and assisted living facilities. It is always preferable to have people with disabilities speak for themselves.

(Photo of a man in a chair speaking on stage outdoors)

It is important to have other disability advocacy/support groups with you at the table. The goal is to have a full picture of the needs and assets of the disability community. Many voices and perspectives can accomplish this including, but not limited to:

- ADAPT
- Self Advocates Being Empowered
- People First
- The Arc



There is strength in numbers. Representatives of other disenfranchised groups may be at the table with you. Work with these groups, even though you may not consider them part of the disability community. Together you can have a greater impact.

Finding out who the players are and what they do

Understand who the “players” are at emergency planning meetings, and find out exactly what they are responsible for. Ask pertinent questions. If you are confused about who does what, ask during the meeting. However, if it doesn’t seem like that is a good time, set a date and time to meet with one of the knowledgeable committee or task force members. This private meeting can help you learn the acronyms, understand the responsibilities of other agencies and work more effectively in the group.

In most areas, there is a specific state agency that is responsible for bioterrorism while a different agency may be responsible for responses to earthquakes or floods. Find out which state, county and local agencies are involved with emergency preparedness. These agencies may include:

(Photo of several police on motorcycles)

1. Department of Public Safety
2. Department of Emergency Management
3. Department of Terrorism Preparedness
4. (Your State) Department of Homeland Security



Community Emergency Response Teams (CERT)

The CERT Program educates people about disaster preparedness for local potential hazards and trains them in basic disaster response skills. CERT members are volunteers who are trained to assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community. Find out where the CERT program is organized in your community and become involved with them. More information is available at the following website: <https://www.citizencorps.gov/cert>.

The community plan

Each community is required to consider the needs of people with disabilities in their local emergency planning. These plans are supposed to be coordinated with the county, state and federal levels of government. President George W. Bush issued an Executive Order that requires the federal government to facilitate

cooperation among all levels of government, private organizations and individuals with respect to the safety and security of individuals with disabilities in disasters. You can ask about your community plan, and how the emergency planners are addressing the needs of people with disabilities. Plans are always being reviewed and revised. It's never too late to participate in the plan.

**Executive Order:
Individuals with Disabilities in Emergency Preparedness**

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to strengthen emergency preparedness with respect to individuals with disabilities, it is hereby ordered as follows:

Section 1. Policy. To ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism, it shall be the policy of the United States that executive departments and agencies of the Federal Government:

(a) consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves;

(b) encourage, including through the provision of technical assistance, as appropriate, 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

(c) 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.

- George W. Bush

July 22, 2004

People with disabilities, their families, and support systems need to know what the plans are and what they should be doing to prepare. Knowledge is power. As a CIL, you can play a critical role in this process through impacting three important elements of a plan:

- (1) Communication and public information
- (2) Emergency procedures
- (3) Exercises and training

Communication and public information

One of the most straightforward ways to begin to address the needs of people with disabilities in the planning process is to discuss communication access. You can ask if the methods that will be used to inform the public about emergency preparation, notification of emergencies, and evacuation directions are effective for all individuals.

Are warnings or directions that are broadcast via electronic media accessible to individuals who are hearing impaired or deaf?



(Photo of a woman's hands typing on a TDD)



(Photo of a woman and her guide dog walking outside with her trainer)

What about individuals who have blindness, deafness or cognitive limitations? Are written materials available in alternate formats?

It is important to stress that all communication methods should be accessible for people with disabilities.

Use the following chart to remind you of key questions to ask, record what you learn and identify areas that need more consideration in relation to people with disabilities. This chart can be useful for you to share with others to identify where the plans are satisfactory and where the gaps are.

Communication/Public Information Questions

Key Questions	Yes/No If no, answer the other questions	Who is Responsible	What else needs to be done?	Follow-up required
Is print information accessible to those who are blind or visually impaired? (Braille, large font, thumb drive, cassette, disk, CD)				
Is print info accessible to those who have limited literacy skills?				
What is the reading level?				
Is print information accessible to those who do not speak English?				
What are the reading levels in other languages?				
Is written info disseminated to people with disabilities?				
Are multiple methods--both targeted and generic--used?				
Is written information disseminated to ensure that people with disabilities receive it in a timely manner?				
Are websites accessible?				
Are websites publicized in the disability community?				
Does the community have a public warning system?				
Are individuals who are deaf or hearing impaired warned?				
If an announcement is made on television by a public official, is an interpreter or open captioning also on the screen?				
Are public service announcements accessible to the deaf?				
Are public service announcements accessible to people who are blind?				
Do text messages that "crawl" across the television screen interfere with the captioning?				
Are TTDs , TTYs, and relay systems part of the plan?				
Have telephone trees been considered for communication to disability communities?				
Has a community network of people with disabilities, including agencies, advocacy and support groups been established?				
Are key disability groups routinely notified about the most current plan (and any changes) so that they can communicate these changes to their constituencies?				

Community Based Registry of People Needing Assistance

Many states and communities are exploring the use of a community registry for people who need assistance in emergencies (sometimes called a “Special Needs Registry”). There are many advantages and disadvantages to this concept. Any such registry would have to be voluntary and confidential. People would voluntarily choose to list or not list themselves. It could be used for targeted pre-emergency outreach, notification of an emergency, and/or evacuations. The list would help emergency responders know where the people are who are likely to need special assistance and the type of assistance they need. Registries that are managed at the local community level are easier to maintain and avoid the problems of large-scale, centralized data sources.



(Photo of pink funnel cloud tornado over a field, courtesy of the National Oceanic and Atmospheric Administration)

Each area will need to determine if a registry will be created, who is eligible for inclusion in the registry, and how funding will be provided for its development and updating. Regular updating is essential if a registry is to be useful and not become quickly out of date.

Registry Advantages

1. Emergency planners will know where individuals with disabilities are in the community and what their specific needs are, which may result in better planning for emergencies.
2. First responders may be promptly directed to individuals with disabilities and be prepared to provide appropriate assistance.
3. If telephone service is not available, responders will have pertinent information.

Registry Disadvantages

1. A registry is only as good as the information in it. Addresses, contact information, and individual needs will have to be accurately obtained, verified and updated regularly.
2. Registry information may be available to several agencies. Confidentiality is critical since personal information is included.

3. A registry may give individuals a false sense of security. Persons may believe they do not have to prepare themselves if they are on a list to be rescued.
4. Some registries have been created without forethought of how they will be used and without planning for services. Having a registry creates the reasonable expectation that assistance will be provided, requiring local entities to actually follow through and plan for disaster assistance.
5. Responders may assume that if all of the individuals on the registry are evacuated, that there are not other individuals with disabilities who also need attention.

Emergency Procedures

The community plan should also include consideration of the written procedures that will guide first responders and others during an emergency as they evacuate people with disabilities and bring them to shelters. Refer to the Chart on page 8 to identify questions to ask as the emergency plan is prepared.



(Photo of man with a helmet waving directions to a helicopter landing courtesy of the National Oceanic and Atmospheric Administration)

Types of Emergency Preparation Exercises

An important part of emergency preparedness is to complete a variety of exercises. These exercises are responses to scripted scenarios that assess how effective the plan is. The exercises are generally conducted at several levels: orientation (talk through, case study, brainstorming, and training workshop), practice drills, tabletop exercise (basic and advanced), functional, and full emergency preparedness exercises.

A tabletop exercise is a practice activity that places the participants in a simulated or “pretend” situation. The participants are required to function in the same roles that would be expected of them in a real emergency. The planned exercise promotes preparedness by testing policies and plans and by training personnel.

As a table-top exercise is planned, be sure that people with disabilities are included as part of the exercise, both as part of the scenario and as exercise participants. For instance, if flooding occurs and boats are used for rescue, how will responders know how to evacuate people with mobility impairments who

cannot access other methods of transportation? How will responders know how to assist those who use dog guides and other service animals—especially that handlers must not be separated from their animals?

In a *real exercise*, participants are recruited to play the people who are impacted. In this type of exercise, it is vital to have participants who have disabilities. In fact, it is better to have individuals with disabilities participate than to have people pretend to have disabilities. Responders can see the reality of assisting persons with disabilities in an emergency situation, and persons with disabilities can better understand the complexity of the situation.

Training

Getting the word out through multiple channels is critical. Training activities are part of getting the word out. The challenge for you is to be sure that the training provided for the general public:

1. Is accessible to the broad disability community (held in an accessible location, CART available, etc.).
2. Is advertised in such a way that people with disabilities learn about the training (use newspapers, newsletters, listservs, radio, and television).
3. Provides information that applies to all community members (food, water, warmth and clean air).
4. Provides information specific to people with differing types of disabilities.

Examples in training first responders:

(1) If you are a person with a mobility impairment who uses a wheelchair, suggest strategies that will help first responders get you and your chair out of your home; and (2) If you have a service animal, tell the responders what you need to bring with you for the service animal.

(Man working with a chair with a man in a chair and woman watching)



Training that is provided to first responders, CERT teams, other emergency personnel, and healthcare providers should cover issues related to people with disabilities.



(Photo of a young woman smiling in her chair)

A session of CERT training covers “disaster medical operations” in which participants practice diagnosing and treating airway obstruction, bleeding, and shock by using simple triage and rapid treatment techniques.

A hypothetical scenario could be introduced in which the “victim” is a person with cerebral palsy.

The amount of training that is conducted annually on many levels is staggering. It is important for you to prioritize, along with others in the disability community, which training activities are the most important for inclusion of information about disabilities. Remember, a single training about people with disabilities is less useful than having information about people with disabilities included in multiple training events.



(Photo of groups of people sitting around tables listening to a speaker)

Section II: Evacuation and Sheltering

Evacuation and Transportation



Several recent natural disasters have shown the complexity of evacuation procedures for people with disabilities. Television images of individuals stranded in their homes after Hurricane Katrina are cemented in our minds. However, when an emergency or disaster strikes, people with disabilities may just as likely be working in large structures, living in high-rise apartments, attending a sporting event or visiting a museum. In other words, people with disabilities may be found anywhere in the community.

(Photo of three firefighters working on a raging forest fire, courtesy of the National Oceanic and Atmospheric Administration)

As communities plan for emergency evacuations, make sure that the following issues are considered and addressed:

1. Are accessible vans and buses available? Who will drive them? How will they be dispatched? Who will direct where they go?
2. Will accessible vehicles be available in the community to go to individual residences to evacuate individuals with disabilities?
3. Will any informal transportation support with accessible vehicles be available from church, community or other groups?
4. What is the total capacity of the available vehicles? Are they accessible? How many individuals with disabilities will need to have other means of accessible evacuation?
5. What will be done to ensure that service animals are permitted on the accessible vehicles?
6. What will the owner of the service animal be required to do? Keep the service dog on a leash? Which ADA and DOT requirements apply?
7. If the plan requires that individuals gather at central locations for evacuation, can individuals with disabilities reach that location?
8. Which equipment will emergency evacuation personnel allow the individual to bring - wheelchairs, walkers, scooters, communication devices, dialysis equipment and/or respirators?
9. Will family or support staff be evacuated with the individual?

Waiting for evacuation

In the case of a community-wide evacuation, all resources will be strained. As the emergency planners are addressing these issues, ask them to consider what individuals with disabilities should do if they are waiting for transport. Waiting can be deadly. What are some reasonable strategies to consider if someone is waiting? Are these addressed in the plan? Are individuals with disabilities aware of these strategies?

Sheltering

Sheltering can be considered at four levels:

1. General shelters established by the Red Cross, FEMA, etc.;
2. Secondary shelters - at churches, community buildings, schools;
3. Functional and medical support shelters (used to be called “special needs shelters”);
4. Sheltering in place.

(Photo of five story University Hospital Building)



General shelters

Each community has buildings designated to serve as general shelters during emergencies. These shelters are operated by the Red Cross in each community. Emergency planning agencies are being encouraged by the federal government to make general shelters more accessible for people with disabilities. This will require foresight and planning. CILs can offer information and support to help agencies accomplish this task.

The shelter system must first have a system of identifying people with disabilities who come to the shelter, and then a process for identifying the individual support needs of the individuals. Some individuals with disabilities will have their own equipment, medication, and/or personal assistant with them. Some supports may also be provided at the general shelter if this system is in place, thus it may not be necessary for individuals to go to a functional and medical support shelter.

CILs can work with the Red Cross and other shelter providers to assess the readiness of their shelter system. The following list suggests questions that you can ask:

How accessible are the shelters for people with disabilities? Having groups of individuals with various disabilities visit a shelter is often an excellent reality check. All wheelchairs are not the same and access requirements vary. What makes sense for a sighted person may be very disorienting for a person who is blind.



Are there alternate means of giving directions or instructions in the shelter? If not, a person who is deaf will be at a serious disadvantage in understanding what is happening and what she/he is expected to do.

Do people know the location of the shelters?

In many communities, most people are not generally familiar with the location, or proposed location, of the shelters. Knowing how to get to a shelter is a critical part of individual planning, and as such should be embedded in communication and training activities. Having a plan to reach a shelter for a person with a disability, given the possible lack of available transportation, can be vital. Sometimes the locations of shelters are not announced in advance. Work with officials to help them rethink this policy. Advance planning may be crucial for those with disabilities, both in planning to get to a shelter, and in ensuring the shelter is adequate to meet accessibility and other needs.

Secondary shelters

Secondary shelters are used when the capacity of the general shelter system is overwhelmed. These have been used as back-up when other shelters are too crowded. These secondary shelters are often located within neighborhoods and may be easier to reach. In planning for emergencies, what preparation is made with these shelters regarding people with disabilities? If a church or a community center is willing to serve as a shelter, what should they know about the needs of people with disabilities and how will they meet these needs?

Functional and Medical Support Shelters

In order to more fully meet the needs of individuals with disabilities, the emergency response agencies may need to establish functional and medical support shelters. These are needed for individuals whose needs cannot be met in the general or secondary shelter system, or when hospitals or emergency rooms are not available or not appropriate.

These shelters will have additional capacity to identify:

- People with disabilities and the assistance they need,

- Resources that might be useful in providing services to them such as durable medical equipment, medicine, and personal assistance services; and
- Accessible locations which provide accommodations necessary to support people with disabilities.



These shelters typically have additional medical equipment, medications, and a higher number of health care professionals. However, these types of shelters may present some challenges. Functional and medical support shelters will often only accept the individual with the disability — not their family or members of their support system. This causes several problems:

1. Additional staff time and effort at these shelters are needed to provide the personal assistance that families and friends often provide;
2. In times of crisis, emotional support is critical and can often be provided most effectively by families and friends; and
3. The concept further sets apart those with disabilities from those without disabilities.

The needs of the vast majority of individuals with disabilities can be readily addressed in general shelters if the individual has access to assistive technology, durable medical equipment, and personal assistance. The planning group can assist in the planning for these needs in general shelters.

Sheltering in-place

Recent major disasters have demonstrated that many individuals may choose to shelter in place with negative outcomes. Whenever an evacuation is ordered, people with disabilities need to follow the order to evacuate if they can. However, in certain circumstances, emergency managers may recommend sheltering in place. In those cases, it is important to remember that sheltering in place is likely to occur at work as well as at home. In the case of specific types of emergencies, sheltering in place may be preferred. Given the fact that many people with disabilities have limited incomes, they may not have adequate food and water for more than a few days. What recommendations does the planning group(s) have for this population when sheltering in place is recommended or becomes a necessity? Since sheltering in place may mean that first responders are limited in what they can do, individuals with disabilities must prepare to take care of their own needs for at least a week. Both the CILs and other community groups need to actively reach out to individuals with disabilities and their families, provide them with information about individual preparedness, and follow-up to see if additional assistance is required.

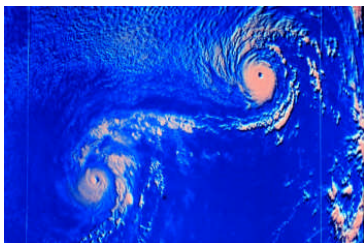
Section III: Community Recovery



For a person with a disability, surviving an emergency situation is just the beginning of a complicated scenario. As you are part of the planning group for your community, a number of issues that impact recovery for people with disabilities need to be addressed. Besides addressing the needs of the general population, people with disabilities may have additional requirements. You can help disaster planning organizations in

the recovery process by making sure the following are considered and addressed.

1. Obtaining accessible FEMA housing — FEMA has provided emergency housing, including small “trailer” homes. People with disabilities need to *get to* the house/trailer, *get in and out of it*, and *get around* inside the trailer.
2. Obtaining the in-home supports that are needed.
3. Providing support in navigating the “systems” of Social Security, Medicaid, and Medicare.
4. Ensuring that disability-related expenses are considered when applying for FEMA, Red Cross, or other benefits.
5. Identifying appropriate healthcare providers.
6. Finding suitable employment.
7. Making sure significant long-term medical needs are met in community settings rather than nursing homes.



The Gulf States Center for Independence building was un-inhabitable after Hurricane Rita. Several of the staff who had re-located to central Mississippi set up temporary operations out of their sister CIL.

Information and Referral

Your CIL may become an information resource for the wider disability community of those seeking information about re-location and recovery options.

Information and Referral (I&R) is a familiar task for CILs. Your CIL may be asked to try to re-connect people with critical services and equipment. Utilize regional and cross regional CIL contacts to exchange information. Your CIL can become a key player in critical communication loops if you are active and seek out that role. As the plan is being developed, remember to think of this key role as an opportunity for wider community engagement.

Seek information so that you may provide accurate guidance about accessing and navigating various resources that people will need following a disaster. Here are some of the systems you should acquire information about so you can advise people with disabilities and other community members.

1. Getting assistance from relief organizations, such as FEMA, Red Cross, Salvation Army, etc.
2. Restoring disrupted Social Security payments.
3. Ensuring continued health care coverage from Medicaid and Medicare.
4. Locating temporary housing.
5. Obtaining useable transportation.
6. Locating loved ones, animals, and neighbors.



You must ensure that you are providing accurate information. Check and double check your sources of information so that you are not spreading misinformation or rumors.

Resource Coordination and Distribution

CILs can provide knowledgeable assistance to emergency coordinators in arranging essential services in new environments for people with disabilities. At the community level, the CIL can:

1. Assess which organizations are viable following the emergency.
2. Determine where resources are located. This may change from day to day and week to week following the emergency.
3. Locate service providers and transportation resources.
4. Identify the need for accessible transportation between shelters, housing, and disaster relief centers. Ensure accessibility at all locations.

5. Identify the need for sign language interpreters, readers, large print, and accessible computers in shelters and temporary housing and at application stations where individuals apply for services.



If a disaster displaces many people in your community, individuals with disabilities may face more significant and potentially more life-threatening difficulties than for the general public. For example, a disruption of routine travel prevents people from accessing personal care or medical providers (such as dialysis) or the delivery or pick up of medications. People may not be able to find or access their usual personal assistants and will need substitutes. They may have lost or left behind their assistive technology so they need a temporary or possibly permanent replacement.

The CIL may be in a position to coordinate resources needed by people with disabilities in an emergency. The CIL has knowledge of the kinds of issues affecting people with disabilities that need to be addressed. CILs have networks of consumers, family members and providers that may have the skills and resources to assess needs and provide solutions. These networks include both volunteers and paid providers that can swing into action when called upon. In the planning process, it will be helpful for the other agencies involved to understand the CIL's capacity.

The CILs are also in a good position to promote and coordinate different kinds of resources, including labor, equipment and cash. The CIL may receive offers from people who are willing to volunteer their labor for such needs as personal assistance or clean-up. Agencies or manufacturers may donate equipment such as wheelchairs or generators. Still others may donate cash to purchase items needed by people such as food, water, and medications. Resource coordination of various sorts may be required in order to respond to the crisis but should always be coordinated with the larger community group.



ILRU in Houston set up a phone bank with its toll-free number to respond to queries about disability resources following the Gulf States hurricanes in September of 2005. Both FEMA and Red Cross disaster workers gave out the ILRU phone number when they came across people with disabilities who needed referrals for assistance.

Procedures for handling donations

If your CIL finds itself in the position of handling donations, it is critical that you establish policies and procedures for accountability and ensure that those most in need benefit from the donations. Record the source of the donation, the value,

and the intended use. Have a minimum of two individuals authorize acceptance of the donation. If money is donated, follow the same procedures as any other donation to your center. Account for it every step of the way with transparency.

Strategies for getting what is needed

Locating resources and getting them to the community members that need them will be challenging. Responses to recent past disasters have shown that the problem is not in getting material resources, the challenge is getting the right resources to the right person. If you need ten wheelchairs, and a donor offers to give you ten used computers, what should you do? Unless your Center is in the thrift store business, you need to focus your request of donations on exactly what is needed. Contact any possible source you know to find the wheelchairs you need - a wheelchair manufacturer, a used medical equipment store or repair shop, an assistive technology program, wheelchair foundation, or a website for assistive technology equipment exchange. Your strategy as a resource coordinator should be to get what is needed in a timely manner. So identify what the critical needs are and communicate those needs to your informal networks, the media, emergency response officials, or other community officials. You cannot meet the needs of your CIL or the people you serve unless you identify and explain clearly what is needed and when. As a part of the community team, it is essential that you assist others in locating resources and delivering them.

Monitoring Recovery: A long-term road

Recovering from a disaster is a very long road. After the initial spotlight of the disaster, you are left to pick up the pieces. Others who have been there can tell you that it is a long haul. You must start by prioritizing tasks and organizing the staff and volunteers. All who are involved must support each other in the long process of recovery. This is the time to call on your partners and neighbors for support and assistance. This should be a long-term commitment from the full community.

At the community level, people from your CIL can participate on emergency management recovery teams to monitor recovery regarding disability issues. You may visit shelters and disaster management centers, review how well the recovery is doing compared to the plans, and find other disability related issues that were not anticipated. Share any concerns about people with disabilities with the emergency managers. You don't have to carry the responsibility of resolving these issues alone – share the tasks with emergency management officials.



Finally, share the lessons you have learned with other disability related organizations. One CIL can't do everything that needs to be done alone. You can draw from the strength of the disability community. Keep your old partnerships while forging new ones. The following appendix contains more resources.

Appendix

Community Emergency Preparation Resources

Serving people with disabilities following disaster – for workers

http://www.redcross.org/article/0,1072,0_332_5678,00.html

Serving People with Disabilities Following Disaster is an American Red Cross training manual designed for any Red Cross employee or volunteer who serves the public in times of disaster. The first module is a 45-minute online self-study, a second module is an eight-hour instructor-led class that provides more in-depth information for disaster workers who are in direct and constant contact with people with disabilities (press release 9/06).

Preparing for disaster for people with disabilities

<http://www.redcross.org/images/pdfs/preparedness/A4497.pdf>

This booklet gives tips on getting informed, making a plan, assembling a kit, and maintaining these plans for people with mobility problems or who have hearing, learning, or visual disabilities. A publication of the American Red Cross.

Emergency preparedness for employees with disabilities in office occupancies

<http://www.prepare.org/disabilities/FEMAevac.pdf>

A useful “how to” manual for alerting and evacuating employees with disabilities from buildings. Contains lots of photos of safety alerts and evacuation devices, a listing of device vendors, a useful glossary of terms, and a section on “Critical Language” that instructs people on terms that are considered demeaning to people with disabilities. Compiled by the Federal Emergency Management Agency and the United States Fire Administration.

Sign Language for emergency situations

<http://www.prepare.org/disabilities/signlanguage.pdf>

Booklet with illustrations of hand signs in American Sign Language for terms useful for communicating in emergency situations. Published by the American Red Cross (30 pages).

Disaster preparedness for people with disabilities

<http://www.prepare.org/disabilities/disability.pdf>

A comprehensive guide designed to help people who have physical, visual, auditory, or cognitive disabilities to prepare for natural disasters and their consequences (June 1997).

Saving Lives: Including people with disabilities in emergency planning

http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm

This report provides an overview of steps the federal government should take to build an infrastructure that will include people with disabilities in emergency preparedness, disaster relief, and homeland security programs.

Emergency preparedness for people with disabilities, Los Angeles
Department of Disability

http://www.lacity.org/DOD/indexpage/dodindexpage169439091_07102006.pdf

Self help manual to help individuals prepare to survive the difficult days following a major disaster. Information of interest to those with visual and mobility disabilities, owners of service animals and pets, persons who are deaf and hard-of hearing, and those with medical needs.

Community Emergency Response Team (CERT) Program

<https://www.citizencorps.gov/cert/>

The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills.

Assessing the impact of Hurricane Katrina – Final report

http://www.rtcil.org/products/NIDRR_FinalKatrinaReport.pdf

The final report of a three year study that identified major barriers faced during Hurricane Katrina by Centers for Independent Living (CILs) and emergency managers in responding to the needs of people with disabilities. Report makes recommendations for future policy, planning, and practice to address identified gaps. The project was funded by a NIDRR grant to the University of Kansas and University of New Mexico (January 2007).

Emergency evacuation preparedness: Taking responsibility for your safety, A guide for people with disabilities and other activity limitations. By June Isaacson Kailes (2002)

<http://www.prepare.org/disabilities/evacuation.pdf>

“Serving and Protecting All by Applying Lessons Learned-Including People with Disabilities and Seniors in Disaster Services” and “Emergency Evacuation Preparedness: Taking Responsibility for Your Safety.”

Disaster preparedness: Preliminary observations on the evacuation of vulnerable populations due to hurricanes and other disasters. GAO

<http://www.gao.gov/new.items/do679ot.pdf>

This report to the U.S. Senate Special Committee on Aging following Hurricane Katrina observes that no federal agency is responsible for nursing home evacuation during disasters. It recommends that social service agencies be integrated into emergency planning at the local level. May 18, 2006.

ADAPT

<http://www.adapt.org/>

An organization that advocates for people with disabilities to live in the community with real supports instead of being confined in nursing homes and other institutions.

Disaster help

<https://www.disasterhelp.gov/suite/>

A website sponsored by the U.S. Department of Homeland Security where citizens, emergency responders and government officials can find the latest disaster related news, information and resources.

State offices and agencies of Emergency management

<http://www.fema.gov/about/contact/statedr.shtm>

List of state emergency management offices with contact information.

State and local government disaster information

http://www.usa.gov/Government/State_Local/Disasters.shtml

Comprehensive page of links to disaster information on the U.S. government's official web portal, USA.gov makes it easy for the public to get U.S. government information and services on the web.