Access and Functional Needs

Injests for Use by
Local Emergency Planning Personnel in
Emergency Management Tabletops and Exercises
INTRODUCTION and PURPOSE

These injects were developed using examples and information obtained in listening sessions with people with intellectual/developmental disabilities, family members and emergency responders in three areas of Arkansas.

Appreciation to listening session participants and to emergency management personnel who gave input and participated in the review of this publication.

Injects for the following are provided:
- Flood
- Tornado
- Ice Storm
- Fire

Areas where access and functional needs may be needed:
- Sheltering
- Transportation
- Communication
ABOUT DEVELOPMENTAL DISABILITY PROVIDER PROGRAMS

There are over 100 community based developmental disability service providers that provide a range of services to people with disabilities and their families. These services include housing such as apartments, small group homes, support for individuals living in their own apartments/houses in the community, day programs at centers and/or work type programs for people with intellectual/developmental disabilities. In addition to these programs there are five state operated institutions called human development centers that house large numbers of people with developmental disabilities. For locations of programs in your county, you can call your local DHS office and ask to speak with the DDS Service Coordinator or you can call Partners offices.

How these programs can benefit your planning efforts.

1. Assist with organizational planning
2. Participate as members of the Local Emergency Planning Council
3. Assist in response and recovery as part of the county plan.
STRUCTURE OF INJECTS

The structure of injects used in this document utilizes methods familiar to emergency responders. It is written to be used by and meaningful to this audience.

• Injects are situation dependent pieces of information that provide the “scripting” that can be used during an exercise.

• The situation (scenario of the disaster) is the story and the injects provide details that fill out an exercise.

• Injects are new pieces of information that occur in the course of an exercise.

• These injects are for first responders already involved in disaster management and are offered for those who need some relevant information to imbed in existing exercises.
ABOUT CMIST - There have been a number of efforts to train first responders about specific types of disabilities and conditions. These have usually been driven by circumstances that have incurred media attention after an emergency response incident that has not gone well. While we support efforts to learn about various disabilities, we also acknowledge that the majority of emergency responders need a framework that is more manageable in the midst of a crisis response. The ACCESS AND FUNCTIONAL NEEDS FRAMEWORK known as CMIST, has been a beneficial model for planning and organizing information.

• Communication – Some Individuals have difficulties with the receipt of and response to information and will need that information provided in methods they can understand and use. This is true especially in regards to alerting and notification. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive processing, intellectual disabilities, and/or limited English proficiency.

TIP - Assure information reaches audiences with sensory, intellectual, or cognitive disabilities; individuals with limited English proficiency; and others with access and functional needs in the workplace, public venues, and in their homes.

The Federal Communications Commission (FCC) has ruled that In an emergency, broadcasters, cable operators and satellite television services must ensure that the audio portion of the programming is made accessible for individuals who have a hearing loss, by using closed captioning or other methods of visual presentation, such as open captioning, crawls, or scrolls that appear on the screen.
Medical Care – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals.

Independence – Individuals who maintain their independence based on routines and supports for daily activities may lose this support during an emergency or a disaster. Many of these individuals could use general population shelters if they were accessible. Independence can also be maintained if they have access to consumable medical supplies (bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), their service animals, and/or attendants or caregivers that assist with care.

**TIP** - Service animals – Sheltering plan should include written procedures that ensure that persons who use service animals are not separated from their service animals when sheltering during an emergency, even if pets are normally prohibited in shelters. The procedures will not segregate persons who use service animals from others but may take into account the potential presence of persons who, for safety or health reasons, should not be in contact with certain types of animals.
• **Supervision** – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer’s or psychiatric conditions such as schizophrenia or intense anxiety).

• **Transportation** – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

**TIP** - Identify accessible modes of transportation that may be available to help evacuate people with access and functional needs during an emergency. For instance, some communities have used lift-equipped school or transit buses to evacuate people who use wheelchairs during floods. (pg. 5 Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities)
For local emergency managers to develop resources in their community and to expand their emergency operations plans to include access and functional needs, this booklet can be used when meeting with developmental disability program staff in your area.

This assists in preparing them to participate in exercises and becoming involved in the local coordinated community response during disasters.

The principles of nondiscrimination that follow are included in the Americans with Disabilities Act and will assist emergency management personnel to plan for the Whole Community.

By supplying the needed supports/devices, these individuals will be able to maintain their independence.
Nondiscrimination – What does Equal Access Mean?

Federal civil rights laws require equal access for, and prohibit discrimination against people with disabilities. To comply with federal law, those involved in emergency management should understand the concepts of accessibility and nondiscrimination and how they apply to all phases of emergency management. Here are some key concepts.

1. **Self-Determination** - People with disabilities are the most knowledgeable about their own needs.
   - Whenever choices are available, people with disabilities have the right to choose their shelter location, what type of services they require, and who will provide them.

2. **No “One Size Fits All”** - People with disabilities do not all require the same assistance and do not all have the same needs.
   - Many different types of disabilities affect people in different ways. Preparations should be made for individuals with a variety of functional needs, including individuals who use mobility aids, require medication or portable medical equipment, use service animals, need information in alternate formats, or rely on a care giver.

3. **Equal Opportunity** - People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities.
   - Emergency recovery services and programs should be designed to provide equivalent choices for people with disabilities as they do for individuals without disabilities. This includes choices relating to short-term housing or other short- and long-term disaster support services.

4. **Inclusion** - People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations.
   - Inclusion of people with various types of disabilities in planning, training, and evaluation of programs and services will ensure that this population is given appropriate consideration during emergencies.

5. **Integration** - Emergency programs, services, and activities typically must be provided in an integrated setting.
   - The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps individuals connected to their support system and caregivers and avoids the need for separate service facilities.
6. **Physical Access** - Emergency programs, services, and activities must be provided at locations that all people can access, including people with disabilities.
   • People with disabilities should be able to enter and use emergency facilities and access the programs, services, and activities that are provided. Facilities typically required to be accessible include: parking, drop-off areas, entrances and exits, security screening areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and between these areas.

7. **Equal Access** - People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population.
   • Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits.

8. **Effective Communication** - People with disabilities must be given information comparable in content and detail to that given to the general public, as well as accessible, understandable, and timely.
   • Auxiliary aids and services may be needed to ensure effective communication. These may include pen and paper or sign language interpreters through on-site or video interpreting for individuals who are deaf, deaf-blind, hard of hearing or have speech impairments. Individuals who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms.

9. **Program Modifications** - People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
   • Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.

10. **No Charge** - People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.
    • Examples of accommodations provided without charge to the individual may include ramps, cots modified to address disability-related needs, a visual alarm, grab bars, additional storage space for medical equipment, lowered counters or shelves, Braille and raised letter signage, a sign language interpreter, a message board, assistance in completing forms, or documents in Braille, large print, or audio recording.
PURPOSES OF EXERCISES and HOW TO USE THESE INJECTS

• Integrate training, equipment, and planning through a cycle of preparedness.
• Help prepare a community for disastrous events before having to react to a real incident.
• Encourage problem solving around issues of access and functional needs prior to the disasters.

These injects can be used singularly or with several in rapid succession depending upon the specific goals of your efforts.
• Time can be altered as needed to meet local exercise goals.
• While these have been developed with a certain disaster in mind, they can be used interchangeably based on exercise objectives.
• This guide also includes tips and resources for additional information.

TIP: The best resource to insure compliance with ADA requirements relating to emergency management is Chapter 7 of the Department of Justices’ ADA Best Practices Tool Kit for State and Local Government. It addresses in detail key ADA obligations that apply to all aspects of emergency management, including planning, preparedness, evacuation, shelters, medical and social services, lodging and housing programs, recovery, and rebuilding.
**INJECTS – Flooding but could be adapted as needed.**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ESF</th>
<th>INJECT MODE</th>
<th>IMPLEMENTER CONTENT</th>
<th>SEND TO</th>
<th>SEND FROM</th>
<th>ADDITIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 PM or</td>
<td>6 -</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> We have received word that the rain is continuing</td>
<td>Organization with MOU for</td>
<td>Local County OEM</td>
<td></td>
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<tr>
<td>insert own</td>
<td>Mass</td>
<td></td>
<td>throughout the day. Flooding is going to be extensive. We are setting up our</td>
<td>Sheltering – Shelter Manager,</td>
<td></td>
<td></td>
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<tr>
<td>own time code</td>
<td>Shelter</td>
<td></td>
<td>(<strong>insert county</strong>) emergency operations center and will need a shelter set up for</td>
<td>Sandy</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>people evacuated.</td>
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<tr>
<td>4:00 PM or</td>
<td>6 –</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> We are experiencing severe flooding in (__insert</td>
<td>Local County OEM</td>
<td>Ms. Johnson, Executive Director of</td>
<td></td>
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<tr>
<td>insert own</td>
<td>Mass</td>
<td></td>
<td>County__). Ms. Johnson the director at Community First, a nonprofit program that</td>
<td></td>
<td>Developmental Disability Program through</td>
<td></td>
</tr>
<tr>
<td>own time code</td>
<td>Shelter</td>
<td></td>
<td>serves people with developmental disabilities called and they have been told to</td>
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<td>911</td>
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<td>evacuate their group home on 3rd Street and need to know where the shelter is so</td>
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<td></td>
<td>they can take the 10 residents.</td>
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<td></td>
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<tr>
<td>4:15 PM or</td>
<td>6 –</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> Call back again from Ms. Johnson-- Several people</td>
<td>Local County OEM</td>
<td>Ms. Johnson, Executive Director of</td>
<td></td>
</tr>
<tr>
<td>insert own</td>
<td>Mass</td>
<td></td>
<td>in the group home use wheelchairs and one has an electric wheelchair, so they will</td>
<td></td>
<td>Developmental Disability Program through</td>
<td></td>
</tr>
<tr>
<td>own time code</td>
<td>Shelter</td>
<td></td>
<td>need to be evacuated somewhere that has electricity. Please advise where they</td>
<td></td>
<td>911</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td>need to go.</td>
<td></td>
<td></td>
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<td>TIME</td>
<td>ESF</td>
<td>INJECT MODE</td>
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<tr>
<td>5:00 PM or insert own time code</td>
<td>6 – Mass Shelter</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> This is Sandy, manager at (<em>insert County</em>_). The group has arrived at the shelter. We need three universal cots (wide and that can be elevated).</td>
<td>Local county OEM</td>
<td>Sandy, Shelter manager</td>
<td>Information: Church where shelter is located has access to the building and has accessible restrooms and showers.</td>
</tr>
<tr>
<td>5:20 M or insert own time code</td>
<td>6 – Mass Shelter</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> This is Sandy, shelter manager at (<em>Insert County</em>_). The group that has arrived at the shelter and reports that they will need to have a private area set up in the shelter for several of the clients for personal care. They have staff to assist them but we need assistance to set up the private area.</td>
<td>Local county OEM</td>
<td>Sandy, Shelter manager</td>
<td>Ideas: A separate room could be utilized or a curtained off area could insure privacy</td>
</tr>
<tr>
<td>6:00 PM or insert own time code</td>
<td>6- Mass Shelter</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> This is Sandy, shelter manager. We have started feeding the people as they are settling in and arriving but have had requests from one of the families who has some dietary issues. Something about gluten sensitivity. Another is diabetic. Can you get something over here for them to eat to help us out?</td>
<td>Local County OEM</td>
<td>Sandy, Shelter Manager</td>
<td></td>
</tr>
</tbody>
</table>
INJECTS – Flooding but could be adapted as needed.

**TIP:** Put policies, plans, and guidelines for accommodations in place prior to disasters occurring. Make sure that the shelter meets accessibility requirements. See Americans with Disabilities Act, ADA Checklist for Emergency Shelters. U.S. Department of Justice, Civil Rights Division, Disability Rights Section http://www.ada.gov/pcatoolkit/chap7shelterchk.htm

**TIP** - Invite representatives of group homes and other people with disabilities to meet with you as part of your routine shelter planning. Discuss with them which shelters they would be more likely to use in the event of an emergency and what, if any, functional needs concerns they may have while sheltering. Develop site-specific instructions for your volunteers and staff to address these concerns. (Page 7 - An ADA Guide for Local Governments Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities- http://www.ada.gov/emergencyprepguide.htm)

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</thead>
<tbody>
<tr>
<td>10:20 PM or Insert own time code</td>
<td>6</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> Person has just arrived at the shelter with a dog. They say it is a service animal. Apparently the man has seizures and the dog helps to alert him. Shelter has a “no pets” policy.</td>
<td>Local county OEM</td>
<td>Shelter manager</td>
<td>Information: Service animals are not pets. Animal provides a service for the person</td>
</tr>
<tr>
<td>10:40 PM or Insert own time code</td>
<td>9</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> Heard from Jane Brown, a parent of a 25 year old son named Jim. He is Deaf and lives at 7201 River Road in the cul de sac that is cut off by flooding. She has been unable to reach him by text message. Parent wants us to check about him.</td>
<td>Local police</td>
<td>911</td>
<td></td>
</tr>
<tr>
<td>10:45 PM or Insert own time code</td>
<td>9</td>
<td>Radio</td>
<td><strong>This is an exercise message.</strong> We have a family with a child with autism and the parents will not go to a public shelter and will not evacuate their home until they know where they are going. We have told them that the water is rising rapidly. Need some information about an address they provided and if that location is not being evacuated - they will go there. Their phone is out and things are escalating. Please get information ASAP.</td>
<td>Local County OEM</td>
<td>Local Police or Fire</td>
<td>Information: Transitions are extremely difficult for many people with autism due to sensory sensitivities and reliance on routines.</td>
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</table>
**INJECTS – Ice Storm** but could be adapted as needed.

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<th>SEND FROM</th>
<th>ADDITIONAL</th>
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<tbody>
<tr>
<td>6:00 AM</td>
<td>8, 6</td>
<td>Phone</td>
<td><strong>This is an exercise message</strong>&lt;br&gt;There have been five calls from people who have oxygen concentrators and people on ventilators that have run out of power. Calls are coming into 911 from several people who have lost power. 911 is dispatching ambulances but the hospitals are saying they do not need to go there.</td>
<td>Local OEM</td>
<td>Head of EMS in the community.</td>
<td></td>
</tr>
<tr>
<td>6:40 AM</td>
<td>6</td>
<td>Phone</td>
<td><strong>This is an exercise message</strong>&lt;br&gt;Program that serves people with developmental disabilities was sheltering in place at their center but they have lost power and want to move everyone to a shelter because it is extremely cold. They have about 25 people and four staff that are on their way there.</td>
<td>Shelter Manager</td>
<td>Local OEM</td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td>6</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong>&lt;br&gt;Police have found a house with a woman outside that uses an electric wheelchair. Talked with her and the house is really damaged. Explained that she can’t go back into her house. The woman needs transportation to the shelter. There are gas leaks in the area and she uses a power chair.</td>
<td>Local OEM</td>
<td>Police</td>
<td>Information: power chairs have batteries - could be an explosion hazard. - can be placed in roller or manual mode and pushed. Another solution is locate a manual chair and ask her if she needs assistance in moving to it. A person with a disability is not going to want to leave her power chair on the road.</td>
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**Injects**
INJECTS – *Ice Storm* but could be adapted as needed.

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<tr>
<th>TIME</th>
<th>ESF</th>
<th>INJECT MODE</th>
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<th>SEND TO</th>
<th>SEND FROM</th>
<th>ADDITIONAL</th>
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<tbody>
<tr>
<td>2:00 PM Or insert own time code</td>
<td>9</td>
<td>Phone</td>
<td><strong>This is an exercise message</strong> Got a call from a passenger on a van carrying people from the developmental disability program here in town. The driver has skidded off the road 5 miles west of town – 10 passengers on board – driver is injured and some of the passengers. Everyone is still in the van. The cell phone was breaking up when the person called.</td>
<td>Police/ Fire/EMS</td>
<td>911</td>
<td></td>
</tr>
<tr>
<td>3:06 Or insert own time code</td>
<td>9</td>
<td>Phone</td>
<td><strong>This is an exercise message</strong> Person called back. His cell phone is running out of power. No one has come yet. Another couple of cars have slid off the road rounding the corner. One car could have injuries.</td>
<td>Police/ Fire/EMS</td>
<td>911</td>
<td></td>
</tr>
<tr>
<td>4:11 or insert own time code</td>
<td>9</td>
<td>Phone/Radio</td>
<td><strong>This is an exercise message</strong> Call back to the passenger. Can’t find the location. Do you have some more information? Passenger said the driver has become conscious – He thinks it is county road 283 &amp; thinks the 911 sign is 5054. They are all starting to panic and it is getting cold.</td>
<td>Citizen Cell Phone/ Police/EMS</td>
<td>911</td>
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INJECTS – **Tornado** but could be adapted as needed.

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<th>TIME</th>
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<th>ADDITIONAL</th>
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</thead>
<tbody>
<tr>
<td>9:16 PM or</td>
<td>8,</td>
<td>Radio</td>
<td><strong>This is an exercise message.</strong> First responder has located a woman outside of her home after a tornado. The woman was outside but the roof was caving in on the house. She wanted to go back in and get her medicine but it was too dangerous. Needs medications for seizures. She is on her way to the shelter.</td>
<td>ADH</td>
<td>Local OEM</td>
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<tr>
<td>Insert own</td>
<td>6</td>
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<td>9:43 PM or</td>
<td>9</td>
<td>Radio</td>
<td><strong>This is an exercise message.</strong> A sister cannot reach her brother who has an intellectual disability and who lives with her support in his own home close to where the tornado hit. We know that power is out in the neighborhood and he is not answering his cell phone and she is concerned his house may have been hit.</td>
<td>Police</td>
<td>Police at checkpoint on the perimeter</td>
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<td>Insert own</td>
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<td></td>
<td></td>
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<tr>
<td>time code</td>
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<td></td>
<td></td>
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<tr>
<td>10:12 PM or</td>
<td>9</td>
<td>Phone</td>
<td><strong>This is an exercise message.</strong> This is Jim Jones, bus driver for Century Group Home for people with developmental disabilities. We were in the tornado, none hurt, and we were able to get out of our damaged bus but nothing looks familiar around us so I don’t know where we are. Clients are upset. Need some assistance quickly but I don’t know where we are – we were on highway 36.</td>
<td>911</td>
<td>Call from bus driver</td>
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<td>Insert own</td>
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<td>time code</td>
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<td>TIME</td>
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<tr>
<td>9</td>
<td>PHONE</td>
<td>This is an exercise message. Call from a disability program located in Little Rock. We have 6 people who can’t walk down the stairs stuck on the 8th floor with the fire alarm going off.</td>
<td>Fire Dept.</td>
<td>Frantic person on the 8th floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert own time code</td>
<td>Insert own time code</td>
<td>This is an exercise message. Hotel is on fire and a conference occurring with dozens of people with disabilities in attendance on various floors. They can’t evacuate by the stairs. Need backup supports as the fire is spreading through the building. Some of them are trying to get down the stairs but several people can’t walk and are stuck on the floors.</td>
<td>911 Dispatch</td>
<td>Hotel Staff</td>
<td></td>
<td></td>
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</tbody>
</table>
Emergency planners should:

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

• 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 access and functional needs about realistic expectations of service during and after an emergency, even while demonstrating a serious commitment to their functional needs.

• Learn and gain from the knowledge, experiences, and non-traditional resources the disability community can bring to a partnership effort with emergency professionals.

Critical Questions and Next Steps

1. Do you know the Demographic profile in your area that informs you about the type of assistance that may be required by various populations during an emergency including those with functional needs or disabilities?

2. Has your county consulted people with disabilities or the programs that serve them about emergency preparedness and response?

3. Do people with disabilities and the programs that serve them participate in your local emergency planning committee or in an emergency management working group?

4. Have you enlisted people with disabilities to participate during your emergency simulations or exercises?

5. Is there an ongoing method to engage in an educational process about emergency management and functional needs?

6. Do you collaborate with disability and aging providers, Deaf Clubs or other organizations to improve individual emergency preparation for those with functional needs?
COMMUNITY DEMOGRAPHIC PROFILE

Become familiar with the demographic profile of your community. This will allow you to understand the type of assistance that may be required by various populations during an emergency including those with access and functional needs or people with disabilities or older adults.

The following sources of information may be of assistance.

- County level census data for Arkansas
  - http://quickfacts.census.gov/qfd/states/05000.html

- Arkansas Behavioral Risk Factor Surveillance System
  - http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx

- Special Education data from schools

USING A SIGN LANGUAGE (ASL) INTERPRETER

Although various technological methods are available for communicating with persons who have communication difficulties, or who are deaf, the circumstances of an emergency can reduce the effectiveness of these methods. In adverse situations, sign language interpreters can be a very effective communication link with deaf persons and those who may depend on lip reading.

The best way to know if a person needs an interpreter is to ask the Deaf person if one is needed. Simply speak (if they read lips), write a note, finger spell, or sign directly to the person. If someone else requests the interpreter on behalf of the Deaf person, always ask the Deaf person to confirm the need.

DO NOT USE FAMILY MEMBERS to Interpret
Use Qualified Interpreters
**HIRING A SIGN LANGUAGE INTERPRETER**

*Pursuant to Arkansas Act 1314 of 2013 an individual interpreting for a person who is deaf or hard of hearing in the state of Arkansas must be not only be certified, but licensed.*

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<tr>
<th>DIFFERENT LEVELS OF COMPETENCY FOR INTERPRETERS:</th>
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<tbody>
<tr>
<td>It is recommended in cases of critical information that only nationally certified interpreters be utilized.* National certifications are granted by RID (Registration of Interpreters for the Deaf) and are abbreviated as follows: NIC, CI/CT, IC/TC, CSC, NAD III, NAD IV or NAD V. In situations that are related case management, it may be appropriate to consider hiring an interpreter with the following credentials QAST IV, QAST V, BEI IV, BEI V, or BEI Master, if a nationally certified interpreter is not available. Keep in mind that the more competently trained the interpreter, the more effective the communication.</td>
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<tr>
<th>INTERPRETER REFERRAL AGENCIES:</th>
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<tr>
<td><strong>COMMUNICATIONS PLUS</strong> Provides sign language interpreting services the state (501-224-2521).</td>
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<tr>
<td><strong>COMMUNICATING HANDS, INC.</strong> Provides Sign Language Services throughout the state. (501-374-5293) <a href="http://www.communicatinghands.com/">http://www.communicatinghands.com/</a></td>
</tr>
<tr>
<td><strong>SIGN LANGUAGE INTERPRETER NETWORK SPECIALISTS</strong> Provides sign language interpreting services in the greater Northwest Arkansas area. (479-268-2417 or 479-439-6004 or email <a href="mailto:scheduling@SlinofNWA.com">scheduling@SlinofNWA.com</a>).</td>
</tr>
<tr>
<td><strong>Arkansas Rehabilitation Services</strong> Maintains a list of interpreters in the state who have been state screened or nationally certified (501-686-9683).</td>
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**PRIVATE INTERPRETERS:**

It is possible to hire interpreters directly without going through an agency. This may save some costs, but increases the amount of staff time to locate someone. You can locate, ahead of time, interpreters who work in your area and who may be available to assist in emergency situations.

You are encouraged to work this out now, prior to when you might need it!

**INTERPRETING RESOURCE**

*Phone number*

**INTERPRETING RESOURCE**

*Phone number*
RESOURCES AND FOR MORE INFORMATION

“ADA Best Practices Toolkit Chapter 7, ADA Checklist for Emergency Shelters,”
www.ada.gov/pca toolkit/chap7shelterchk.pdf


http://digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/399059

“Disaster Resources for People with Disabilities and Others with Access and Functional Needs”


http://disabilityevacuationstudy.org/
Partners for Inclusive Communities
Arkansas’ University Center on Disabilities
University of Arkansas
322 Main Street, Suite 501
Little Rock, AR 72201
501-301-1100.

Partners for Inclusive Communities Resources for First Responders Project is supported by a grant from the Arkansas Governor’s Developmental Disabilities Council – Grant #12-006.