

# **Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters**

## **Table of Contents**

### **ACRONYMS**

### **PURPOSE**

### **DISCLAIMER**

### **SCOPE**

- Definition
- FNSS Planning
- Premise
- Legal Foundation for FNSS Guidance
- Legal Authorities and References

### **FNSS GUIDANCE**

#### **Key Considerations in Planning for Shelter Set-Up**

- Advanced Planning
- Stakeholders Coordination
- Planning Shelter Capacity
- Locating the Shelter
- Evaluating the Shelter
- Selecting the Shelter
- Equipping and Supplying the Shelter
- Locating Services
- Staffing the Shelter
- Assessment Teams
- Shelter Layout
- Shelter Intake

#### **Key Considerations in Planning for Shelter Operations**

- Dietary
- Service Animals
- Communication

Bathing and Toileting Needs  
Quiet Area  
Mental Health Services  
Medical and Dental Services  
Medication  
Transportation Services

Key Considerations in Planning for Transitioning/Recovery

Transitioning Back to the Community  
Closing the Shelter

**GLOSSARY**

**APPENDICES**

**OPERATIONAL TOOLS**

## ACRONYMS

ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
ASL	American Sign Language
CART	Computer Assisted Real time Translations
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CMS	Consumable Medical Supplies
DME	Durable Medical Equipment
DRA	Disability Related Assistance
FAST	Functional Assessment Service Teams
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
ICP	Incident Command Post
IMT	Incident Management Team
OTC	Over-the-counter Drugs
PAS	Personal Assistance Services
SOP	Standard Operating Procedures
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter
VOAD	Voluntary Organizations Active in Disasters

# **FUNCTIONAL NEEDS SUPPORT SERVICES**

## **Guidance on Planning for the Integration of Functional Needs Support Services in General Population Shelters**

### **PURPOSE**

The purpose of this document is to provide planning guidance to emergency managers and shelter planners in meeting access and functional needs in general population shelters. This guidance is not designed to establish local government as the single shelter operator or establish a new “tier” of sheltering. FNSS services and the guidance provided are designed to assist in the planning and resourcing of sheltering operations: government, NGO, faith based, or private; to meet the access and functional needs of children and adults. These guidelines identify methods of achieving a lawful and equitable program through the delivery of Functional Needs Support Services (FNSS) for children and adults.

### **DISCLAIMER**

This document provides guidance to assist emergency managers and shelter planners in understanding the requirements related to sheltering children and adults with functional support needs in general population shelters. 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. Listing an agency or organization’s processes/ procedures as an Operational Tool in this Guidance does not constitute a recommendation or endorsement of the resource. In addition, information presented in an operational tool may have been summarized, modified and/or combined with other cited sources.

### **SCOPE**

This guidance has been developed to support local, tribal, State and Federal governments to integrate children and adults with and without disabilities who have access and functional needs into every aspect of emergency shelter planning and response. It is intended to be used in conjunction with general population shelter Standard Operating Procedures (SOP) to ensure that all shelter residents benefit equally from programs, services, and activities. It provides a context for FNSS integration in light of other existing plans and describes a process to use in any planning effort. These guidelines are scalable and can be applied to urban, suburban and rural localities with multiple or limited resources.

Children and adults with disabilities have the same right to services in general population shelters as other residents. Emergency managers and shelter planners have the responsibility of planning to ensure that sheltering services and facilities are accessible. The decisions made in the planning process determine whether integration or segregation occurs during response. Although the FNSS guidance focuses on the roles of emergency managers and shelter planners, it can be used to inform those outside the jurisdiction about FNSS in general population shelters,

Throughout this document “State” is used to refer to a U.S. State or U.S. territory.

### **Definition**

Functional Needs Support Services (FNSS) are defined as services that enable children and adults to maintain their usual level of independence in a general population shelter.

FNSS includes reasonable modifications to policies, practices and procedures, durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS) and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in late stages of pregnancy, elders and those needing bariatric equipment.

### **FNSS Planning**

Planning for FNSS in a general population shelter includes the development of mechanisms that address the needs of children and adults in areas such as:

- Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services;
- DME, CMS and/or PAS that assist with activities of daily living;
- Access to medications to maintain health, mental health and function;
- Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains);
- Access to orientation and way-finding for people who are blind or have low vision;
- Assistance for individuals with cognitive and intellectual disabilities;
- Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities;
- Access to an air-conditioned and/or heated environment (e.g. for those who cannot

- regulate body temperature) ;
- Refrigeration for medications;
- Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten);
- Providing food and supplies for assistance animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste; and, if requested, portable kennels for containment);
- Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance and the transportation of equipment required in a shelter because of a disability;
- Assistance locating, securing and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual’s functional support needs (e.g., accessible housing, housing with adequate space to accommodate DME, or housing located in close proximity to public transportation, medical providers, job or educational facility, and/or retail stores);
- Assistance with activities of daily living such as:
  - eating
  - taking medication
  - dressing and undressing
  - transferring to and from a wheelchair or other mobility aid
  - walking
  - stabilization
  - bathing
  - toileting
  - communicating

## **Premise**

Historically, resource gaps have existed in planning for and meeting access and functional needs in general population shelters. Many times this has resulted in disparate treatment and the denial of full and equal services. The intent of this planning guidance is to ensure that individuals are not turned away from general population shelters and inappropriately placed in other environments (e.g. “special needs” shelters, institutions, nursing homes, hotels and motels disconnected from other support services). Addressing these gaps benefits the entire community and maximizes resources.

## **Legal Foundation for FNSS Guidance**

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.

To comply with Federal law, those involved in emergency management and shelter planning should understand the concepts of accessibility and nondiscrimination and how they apply in emergencies. Following are key nondiscrimination concepts applicable under those Federal laws and examples of how these concepts apply to all phases of emergency management.

1. Self-Determination – People with disabilities are the most knowledgeable about their own needs.
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 disparate services 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 from 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 that is 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 and 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.

See <http://www.fema.gov/oer/reference/principles.shtm>

The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973 (RA), and the Fair Housing Act (FHA), their regulations and agency guidance, as well as State counterparts, among others, define the scope of FNSS. These hallmarks of equal opportunity for people with disabilities include:

- The implementation and execution of a general policy of nondiscrimination on the basis of disability;
- Sheltering persons with disabilities in the most integrated setting appropriate to the

needs of the individual, which in most cases is the same setting people without disabilities enjoy;

- Reasonable modifications of policies, practices and procedures to ensure nondiscrimination, with reasonableness judged in light of nondiscrimination principles applied in emergent circumstances;
- The provision of auxiliary aids and services to ensure effective communication, with primary consideration of the aid or service given to the individual with a disability;
- Elimination of eligibility criteria, discriminatory administrative methods, paternalistic safety requirements, and surcharges where discrimination results; and
- The selection of accessible sites for the location of general population emergency shelters, the construction of architecturally compliant mass care shelters and elements, and required physical modifications to ensure program accessibility in existing facilities.

### **Legal Authorities and 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.*

Emergency managers and shelter planners are encouraged to investigate their applicable State laws.

## **FNSS GUIDANCE**

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 environment so people with and without disabilities may benefit from the same sheltering program.

The “Operation Tools” in this document are excerpts and examples taken from various agency and jurisdictional documents throughout the United States. While they are not meant to dictate a State’s policies or procedures they do present ideas and practices that can be adapted to fit each State’s specific needs.

### **KEY CONSIDERATIONS IN PLANNING FOR SHELTER SET-UP**

#### **Advanced Planning**

The importance of advanced planning in developing and implementing Functional Needs Support Services (FNSS) in general population shelters cannot be overstated. Throughout this document this principle will be repeated again and again to emphasize that FNSS cannot wait to be identified and put into place when an emergency or disaster occurs.

Often, it is assumed that, during a disaster, children and adults requiring FNSS must be housed in a medical special needs shelter. Children and adults with access and functional needs do not necessarily have medical conditions and typically do not require the care that medical shelters provide. Diverting to medical shelters can result in the separation of individuals with disabilities from those associated with them such as family, friends, neighbors and caregivers. In addition, inappropriate placement can jeopardize the health and safety of the whole community by creating unnecessary surges on emergency medical resources.

Under the Americans with Disabilities Act (ADA), children and adults with disabilities are entitled to equal opportunity to participate in programs, services and activities in the most integrated setting.

Historically shelter facilities may not have met requirements under the Standards for Accessible Design, 28 CFR Part 36 (adopted from ADA Architectural Guidelines). Newly constructed or recently altered facilities are more likely to comply fully with standards for accessible design. The decision to open a shelter that violates Federal laws and ADA standards brings with it significant challenges to appropriately and safely shelter children and adults with and without disabilities who have access and functional needs.

## **Stakeholder Coordination**

Citizens expect their State; tribal and local governments to keep them informed and provide assistance in the event of an emergency or disaster. A one-size-fits-all approach to shelter planning does not work. (FEMA:IV.Non-discrimination Principles of Law; <http://www.fema.gov/oer/reference/principles.shtm>). All levels of government, working closely with the private sector, share the responsibility of providing emergency shelter care to children and adults who need assistance.

In developing plans that will meet the needs of people requiring FNSS, emergency managers and shelter planners should collaborate with all relevant stakeholders including:

- People requiring FNSS
- Agencies and organizations that provide FNSS
- Agencies and organizations that advocate for the rights of people requiring FNSS
- DME, CMS, PAS and communication providers

Entities can obtain assistance in identifying stakeholders by accessing [www.disability.gov](http://www.disability.gov).

The “Operation Tools” in this document are excerpts and examples taken from various agency and jurisdictional documents throughout the United States. While they are not meant to dictate a State’s policies or procedures they do present ideas and practices that can be adapted to fit each State’s specific needs.

### **Operational Tool #1 - Stakeholder Coordination**

Sample State Guidance to address functional needs	The New Hampshire Functional Needs Guidance includes the names and contact information for direct service providers and advocacy organizations that work with functional needs populations, such as faith based organizations, home-healthcare providers, meals-on-wheels, etc. In addition the document suggests that the State and local agencies that may be of assistance include the: Developmental Disabilities Council, Area Agencies, Governor’s Commission on Disability, Granite State Independent Living, Northeast Deaf and Hard of Hearing Services, NH Association for the Blind, NH Brain Injury Foundation, Community Action Programs, Community Mental Health Centers and NH Office of Minority Health.
Source	<i>New Hampshire Functional Needs Guidance – Support Document to the State Emergency Operations Plan</i> , available online at <a href="http://www.nh.gov/safety/divisions/hsem/stateemergplan/index.html">http://www.nh.gov/safety/divisions/hsem/stateemergplan/index.html</a>

## Planning Shelter Capacity

When anticipating and planning for shelter capacity emergency managers and shelter planners should:

- be familiar with and committed to meeting ADA requirements for general population care shelters
- know the demographic profile of their community and understand the type of assistance that may be required by various populations during an emergency or disaster
- establish a rigorous public education program with an emphasis on personal preparedness. (The program should include information in accessible formats and languages to reach the entire community)
- collaborate with stakeholders (see section above on **Stakeholder Coordination**)
- ensure that emergency plans are a “living document” and are updated with a predetermined frequency and after any major event
- establish mutual-aid agreements and memorandums of understanding with neighboring communities that can provide additional emergency resources in the event that local shelters are destroyed or damaged.

### Operational Tool #2 - Planning Shelter Capacity

Sample of available information regarding the estimated number of children and adults in Texas who have a disability or have difficulty performing self-care activities	In Texas there are an estimated 2,962,000 people, age 5 and older, who have a disability. Texas also has an estimated 579,000 people, age 5 and older, who have difficulty performing self-care activities. This website presents the disability prevalence data by State or the entire U.S. and is broken down by disability type, age, gender, race, ethnicity, family income, benefit reciprocity, employment and living arrangement
Source	Center for Personal Assistance Services, University of California, San Francisco, California <a href="http://www.pascenter.org">http://www.pascenter.org</a> , click on Need for PAS, click on Disability Prevalence Data from the Current Population Survey (2008-2009)

## Locating the Shelter

Federal and State laws require that children and adults with disabilities have equal opportunity to access emergency programs and services. Assumptions might be made that if a building is designated as a shelter it will meet the needs of all individuals so long as it provides a safe place to eat, sleep and take care of personal hygiene needs. However, without modifications, some shelters are not appropriate to support the integration of FNSS. Emergency managers and

shelter planners should ensure that all general population shelters meet ADA requirements, including the standards for accessible design and State accessibility codes.

**Operational Tool #3 - Locating the Shelter**

Priority Site Selection	Facilities that have been built or altered since 1992 are more likely to comply with the architectural requirements of the ADA
Source	ADA Best Practices Toolkit Chapter 7, ADA Checklist for Emergency Shelters. <a href="http://www.ada.gov/pcatoolkit/chap7shelterchk.pdf">www.ada.gov/pcatoolkit/chap7shelterchk.pdf</a>

**Evaluating the Shelter**

Individuals who have the responsibility of selecting shelter sites are often not trained in what constitutes an accessible facility. They need information to assist them in evaluating a building to determine if it is accessible or can be made accessible expeditiously with few modifications and minimal expense. There are individuals in almost every community who have experience in evaluating accessibility (e.g. ADA Consultants, ADA accessibility inspectors, disability-related organizations).

Preliminary analysis of each potential shelter will expedite the elimination as a shelter site any building with extensive barriers.

**Operational Tool #4 - Evaluating the Shelter – Site Selection Tool**

ADA Checklist for Emergency Shelters	<p>Shelters need accessible:</p> <ul style="list-style-type: none"> <li>• Entrances</li> <li>• Routes to all services/activity areas</li> <li>• Routes within toilet rooms</li> <li>• Passenger drop off and pick up areas</li> <li>• Parking</li> <li>• Sidewalks and walkways</li> <li>• Shelter entrances, hallways and corridors</li> <li>• Check in/information areas</li> <li>• Sleeping areas</li> <li>• Restrooms, showers and toilet stalls including portable toilets</li> <li>• Public telephones</li> <li>• Drinking fountains</li> <li>• Eating areas</li> </ul>
--------------------------------------	---

	<ul style="list-style-type: none"> <li>• Medical first aid areas</li> <li>• Recreation areas</li> </ul> <p>The checklist provides instructions on taking measurements of the shelter</p>
Source	<a href="http://www.ada.gov/pcatoolkit/chap7shelterchk.pdf">www.ada.gov/pcatoolkit/chap7shelterchk.pdf</a> Appendix 1

## **Selecting the Shelter**

If selected as an emergency shelter, a facility with inaccessible features must be made accessible before use as a shelter. Reference Operational Tool #4 and Appendix 1.

It is important to determine if a facility has a source of emergency power generation. Plans should include strategies to provide power for services that require a back up power system in an emergency or disaster.

When a facility cannot be made accessible, it should not be used as a shelter.

Since most States and communities have additional codes and standards related to accessibility, emergency managers and shelter planners should be sure to identify and comply with these requirements as well.

State codes and standards must at a minimum meet the Federal requirements, but can be more comprehensive. The ADA and other Federal laws, including the Stafford Act, the Rehabilitation Act, the Fair Housing Act, and the Architectural Barriers Act, provide affirmative obligations and prohibitions of discrimination on the basis of disability. No State or local government, or its contractors, in providing services may, by law, policy, or contract, provide services below those standards without violating Federal law. This does not mean that a State or local government cannot enact laws and ordinances or provide services, obligations, and prohibitions that extend beyond these standards to ensure greater access. A common example would be to provide twice as many as the required number of accessible parking spaces and access aisles.

### **Operational Tool #5 - Florida Shelter Selection Checklist**

Checklist for Emergency Shelters	Checklist for Emergency Shelters Reflecting Florida code
Source	Americans with Disabilities Act/Florida Accessibility Code Statewide Disability Coordinator

	Telephone : 850-413-9892 <a href="http://www.floridadisaster.org/documents/ada/emergencysHELTERchecklistflorida.pdf">http://www.floridadisaster.org/documents/ada/emergencysHELTERchecklistflorida.pdf</a>
--	---

Operational Tool #6 - San Jose California Shelter Assessment Checklist

Checklist for Assessing Emergency Shelters	San Jose California tool for assessing an emergency shelter
Source	San Jose Office of Emergency Services, click on San Jose Disaster Shelter Annex for Vulnerable Populations, click on Annex D <a href="http://www.sanjoseca.gov/emergencyservices/">http://www.sanjoseca.gov/emergencyservices/</a>

**Equipping and Supplying the Shelter**

Post Katrina Emergency Management Reform Act (PKEMRA) requires that children and adults with and without disabilities who have access and functional needs must be able to access the same programs and services as the general population.

Despite best efforts and advance planning, some persons will arrive at the shelter without the DME and/or medications they require.

Prior to an emergency or disaster emergency managers and shelter planners should:

- Include in the State plan a process for locating, purchasing and storing as much of the supplies and equipment as possible and practical to meet the needs of children and adults with and without disabilities who have access and functional needs.
- Develop provider agreements with the private sector to ensure that necessary equipment and supplies that have not been purchased and stored will be available during an emergency or disaster.

Emergency managers and shelter planners should include in the planning process people with expertise and experience in dealing with the logistical requirements of providing the resources necessary to set up and operate a general population shelter that includes children and adults with and without disabilities who have access or functional needs.

Operational Tool #7 - Durable Medical Equipment (DME) list

DME (for children and adults)	Sample DME list
Source	Appendix 3

Operational Tool #8 - Consumable Medical Supplies (CMS) list

CMS (for children and adults)	Sample list of Consumable Medical Supplies using a planning estimate based on 100 person shelter population for one week
Source	FEMA: CMS Approved list; Appendix 4

Operational Tool #9 - Communication Devices

Communication Devices – not inclusive	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• TTY/TDD Phones</li> <li>• Cap Tel Phones (for captioning)</li> <li>• Computer Assisted Real time Translation</li> <li>• Hearing aid batteries of different sizes (including batteries for cochlear implants)</li> </ul>
Source	Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency, Office for Access and Functional Needs ( <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> click on Office for Access and Functional Needs)
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

Operational Tool #10 - Resources for Assistive Technology

Reuse of assistive technology	There is at least one federally funded program in every state that engages in the reuse of assistive technology. These programs are also connected to other entities in the state that reuse assistive technology so they can serve as a central point of contact for emergency managers and shelter planners.
Source	<a href="http://www.resnaprojects.org/nattap/at/statecontacts.html">http://www.resnaprojects.org/nattap/at/statecontacts.html</a> (contact

	information only) <a href="http://www.ataporg.org/atap/index?id=state_listing_all#alabama">http://www.ataporg.org/atap/index?id=state_listing_all#alabama</a> (contact information and profile information)
--	---

Operational Tool #11 - Legal Authority – DME, CMS, Communication Devices

Legal Authority	<p>Federal agencies may on the direction of the President provide assistance essential to meeting immediate threats to life and property resulting from a major disaster including:</p> <ul style="list-style-type: none"> <li>• Medicine, durable medical equipment, good and other consumables</li> <li>• Emergency medical care, emergency mass care emergency shelter and provision of food, water, medicine, durable medical equipment</li> </ul> <p>In any emergency, the President may:</p> <ul style="list-style-type: none"> <li>• Assist State and local governments in the distribution of medicine, food, and other consumable supplies, and emergency assistance</li> </ul> <p>Federal authority for provision of PAS can be found in the reference below.</p>
Source	<p>Sections 403 (a) (2) and (3) (B) and 502(a) (7) of 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.</p> <p><a href="http://www.fema.gov/about/stafact.shtm">http://www.fema.gov/about/stafact.shtm</a></p>

Many children and adults with and without disabilities who have access and functional needs depend on battery-powered wheelchairs and scooters for mobility. The batteries in these mobility aids must frequently be recharged or they will stop functioning. Without these mobility aids, individuals will lose their ability to move about, they may be unable to participate in some services offered by the shelter, and they may need to depend more heavily on assistance from caregivers.

**Locating Services**

State plans should include arrangements to provide services that are necessary to provide sufficiency of care to maintain level of function for children and adults with and without disabilities who have access and functional needs in a general population shelter. Emergency managers and shelter planners should arrange for services ahead of time through the use of provider agreements. The following are examples of some types of services that should be available in a general population shelter:

- Power Generation  
Redundant source of power even in the event of a long term power outage. Some facilities may have no source of emergency power generation, while others may have only a limited source. Emergency managers and shelter planners should take whatever steps are necessary to see that there is a plan for providing an alternate source of power in the event of an outage.
- Medical Providers
  1. On-going supply of oxygen
  2. Access to dialysis treatments (This includes providing access to transportation to and from the dialysis facility and a meal(s) if a resident is not at the shelter during meal time(s))
- Communications providers
  1. Interpreters (Spanish, sign language, etc)
  2. Television with captioning
  3. Information technology/computer services
  4. TTY - TDD
  5. Computer Assisted Real time Translation (CART)
  6. Note taking
- Food service providers
  1. Special diets
  2. Caterer
- Transportation providers
  1. Para transit services
  2. Public transportation
  3. Emergency veterinary services
- Shelter Maintenance providers
  1. Service for accessible portable toilets, hand washing units, showers, etc.
  2. Disposal of bio-hazard materials such as needles in sharps containers
- DME providers
- CMS providers

Operational Tool #12 - Locating Services

Support Services	<p>Staff and resources to:</p> <ul style="list-style-type: none"> <li>• replace prescribed medications</li> <li>• obtain DME and CMS</li> <li>• assist persons in maintaining their usual level of independence (personal assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.)</li> <li>• provide support to persons with intellectual, cognitive and mental health conditions</li> <li>• provide interpreters and/or other communication support to assist persons who require communication assistance deaf or hard of hearing and blind or low vision, speech disabilities, language/cultural differences</li> <li>• provide assistance to individuals who have conditions that affect mobility</li> <li>• provide assistance to children and adults with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.)</li> <li>• provide assistance to children and adults with temporary limitations (post surgery, injuries, pregnancy, etc.)</li> <li>• provide assistance to children and adults who require dialysis</li> </ul>
Source	<p>Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency, Office for Access and Functional Needs  <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> click on Office for Access and Functional Needs</p>
Source	<p>BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a></p>

Operational Tool #13 - Documenting Service Providers

<p>Service Provider Contact Information</p>	<p>Form used to document names, vendor number, addresses and telephone numbers of service providers including:</p> <p><b>Communications Providers</b></p> <ul style="list-style-type: none"> <li>• Interpreters (Spanish, sign language, etc.)</li> <li>• Television with captioning</li> <li>• Information Technology/Computer Services</li> <li>• TTY-TDD</li> <li>• Computer Assisted Real time Translation (CART)</li> <li>• Note taking</li> </ul> <p><b>Medical Staffing Services</b></p> <ul style="list-style-type: none"> <li>• On-site nursing services</li> <li>• Emergency medical services</li> <li>• Emergency dental services</li> <li>• Pharmaceutical Services</li> </ul> <p><b>Resource Suppliers</b></p> <ul style="list-style-type: none"> <li>• O2</li> <li>• Dialysis</li> <li>• Constant power source</li> <li>• Blood sugar monitoring</li> </ul> <p><b>Food Services</b></p> <ul style="list-style-type: none"> <li>• Special diets</li> <li>• Caterer</li> </ul> <p><b>Personal Assistance Services</b></p> <p><b>Transportation Services</b></p> <ul style="list-style-type: none"> <li>• Para transit Services</li> <li>• Public Transportation</li> </ul> <p><b>Assistance Animals</b></p> <ul style="list-style-type: none"> <li>• Emergency veterinary services</li> </ul> <p><b>Shelter Maintenance Services</b></p> <ul style="list-style-type: none"> <li>• Servicing for accessible portable toilets, hand washing units, etc.</li> <li>• Disposal of bio-hazard materials</li> </ul> <p><b>FNSS equipment</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment</li> </ul>
<p>Source</p>	<p>BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 2</p>

## Staffing the Shelter

Emergency managers and shelter planners should integrate in the staffing plan people with expertise regarding children and adults with and without disabilities who have access and functional needs. Agencies in the stakeholder group are often a good resource for providing shelter staff with appropriate experience. Reference section on **Stakeholder Coordination**.

### Operational Tool #14 - Staffing the Shelter

Personal Assistance Services	Guidance for providing personal assistance service in general population shelters that include children and adults with access or functional needs
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> in conjunction with FEMA: <a href="http://www.fema.gov">www.fema.gov</a> Appendix 5

## Assessment Teams

Prior to a disaster or emergency, emergency managers and shelter planners should have in place a team(s) that can assess the needs of children and adults with and without disabilities who have access or functional needs. An entity may want to develop a process to credential these teams. One example of a team is the California Functional Assessment Service Team (FAST) described below. The FAST training is a DHS approved course.

### Operational Tool #15 - Assessment Teams

Functional Assessment Service Team (FAST)	<p>The FAST responds to the needs of people in a shelter who have access or functional needs. The purpose of the FAST program is to conduct assessments of people with these needs as they arrive at the general population shelters. The assessment evaluates the functional needs a person has and determines resources necessary to support these needs in the general population shelter.</p> <p>The FAST may be deployed as shelters are opened and remain there until they are no longer needed. They can also transfer to another shelter as needed or request to deploy to shelters as jurisdictions become aware of their existence during major events.</p> <p>FAST consists of trained government employees and personnel from community-based organizations and non-governmental organizations ready to respond and deploy to disaster areas to work in shelters. The FAST members should have extensive knowledge of the populations they serve, their needs and available services and</p>
---	--

	<p>resources including housing, benefit programs and disaster aid programs. They assist in meeting essential FNSS so people can maintain their usual level of independence during disasters and emergencies. FAST frees up other emergency resources to focus on emergency incidents rather than on mitigating complications.</p> <p>FAST planning includes:</p> <ul style="list-style-type: none"> <li>• training teams</li> <li>• establishing a Memorandum of Understanding with individuals or organizations that will participate in the FAST</li> <li>• maintaining contacts at the state, tribal, regional and local level</li> </ul>
Source	<p>Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency, Office for Access and Functional Needs  <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> click on Office for Access and Functional Needs          To access the DHS approved FAST course (CA-049-REST) go to:  <a href="http://www.dss.cahwnet.gov/dis/PG1909.htm">http://www.dss.cahwnet.gov/dis/PG1909.htm</a>.          Homeland Security Grant Program and Emergency Management Program Grant funds can be used to implement this program.          (California Department of Social Services)</p>

**Shelter Layout**

Plans should direct that when a general population shelter is set up the cots and other furniture items are placed in such a way that routes are accessible to people who use wheelchairs, crutches or walkers. Protruding objects in ANY area where people walk throughout the shelter should be eliminated. Accessible routes should connect the sleeping quarters to the food distribution and dining quarters, to the bathrooms, and to the activity areas. (Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters)

Operational Tool #16 - Shelter Layout

Estimating shelter capacity	<ul style="list-style-type: none"> <li>• 20 square feet per person should be available for short-term or evacuation shelters and up to 40 square feet per person for sheltering longer than 72 hours</li> <li>• People who use wheelchairs, lift equipment, a service animal and personal assistance services can require up to 100 square feet</li> </ul>
Source	Sheltering People with Disabilities, Draft Space and Layout

**Shelter Intake**

Emergency managers and shelter planners should include in their plans specific strategies for complying with the legal mandate that people with disabilities must be able to access the same programs and services as the general population. Individuals are not required to provide information about their disability, access or functional needs but the opportunity to provide that information must be given. Any time an individual requests an accommodation based on his or her disability, the required services should be provided even if not previously requested.

**Operational Tool #17 - Shelter Intake - Assessment**

Initial Intake and Assessment Tool	Tool for use when registering a person at a general population shelter to determine if he/she has a health or mental health need. This form is meant to be used to document an interview, not to be given to residents. Consideration should be given that forms may contain personally identifiable health information subject to privacy laws.
Source	HHS American Red Cross Initial Intake and Assessment Tool, Appendix 4 <a href="http://www.acf.hhs.gov/ohsepr/snp/docs/disaster_shelter_initial_intake_tool.pdf">http://www.acf.hhs.gov/ohsepr/snp/docs/disaster_shelter_initial_intake_tool.pdf</a> .

**KEY CONSIDERATIONS IN PLANNING FOR SHELTER OPERATION**

Segregating children and adults with and without disabilities who have access or functional needs and those with whom they are associated from general population shelters to “special needs” shelters is ineffective in achieving equitable program access and violates Federal law. People with disabilities are entitled by law to equal opportunity to participate in programs, services and activities in the most integrated setting appropriate to the needs of the individual. Additionally, children and adults with and without disabilities who have access and functional needs should not be sheltered separately from their families, friends and/or caregivers because services they require are not available to them in general population shelters.

**Dietary**

Plans should include provisions to ensure meals and snacks are provided to all shelter residents including children and adults with specific dietary needs and restrictions (e.g. people with diabetes or severe allergies to common food ingredients, baby formulas) Plans should also include a process for responding quickly to unanticipated, but legitimate, dietary needs and restrictions that are identified when a resident is admitted to the shelter. It is critical that information about any special dietary needs or restrictions be obtained, documented and

communicated to the entity responsible for meal and snack preparation immediately. Food preparation may need to be adjusted (e.g. food may need to be pureed) to meet resident needs.

#### Operational Tool #18 - Dietary - Agreement

Resources for Meeting Dietary Needs	Develop a memorandum of agreement or contract with a local organization(s) that has demonstrated capacity to provide meals and snacks to large populations including: <ul style="list-style-type: none"> <li>• hospitals</li> <li>• local restaurants or cafeterias</li> <li>• schools</li> <li>• non-profits with a feeding crew</li> </ul>
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

In order to meet all the needs of all people in the shelter menus that are low sodium, low fat and low sugar should be developed for general population shelters and should include specific instructions regarding what to purchase in order to prepare each meal. Organizations contracting to prepare meals and snacks should also anticipate and be prepared to provide meals for persons with other dietary restrictions (e.g. vegetarian, gluten free meals, kosher meals, meals for people who are allergic to peanut oil and by-products).

#### Operational Tool #19 - Dietary - Menu

One day menu for general population shelter	Menu for general population shelters including modifications for persons who are diabetic, require reduced sodium, pureed diets and infants and children
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 7

### Service Animals

Under the ADA, a service animal is any animal that is individually trained to provide assistance to a person with a disability. Most people are familiar with dogs that guide people who are blind or have low vision. But there are many other functions that service animals perform for people with a variety of disabilities. Examples include alerting people who are deaf or hard of hearing to sounds; pulling wheelchairs; carrying or retrieving items for people with mobility disabilities or limited use of arms or hands; assisting people with disabilities to maintain their balance or stability; alerting people to, and protecting them during, medical events such as seizures; and working or performing tasks for individuals with psychiatric, neurologic, or intellectual disabilities, such as waking up a person with depression, assisting a person with Alzheimer’s in way-finding, retrieving misplaced objects for persons with traumatic brain injury, protecting a

child with autism from self injury, or orienting an individual with schizophrenia to their environment.

Many emergency shelters do not allow residents or volunteers to bring their pets or other animals inside. But shelters must make exceptions to "no pets" or "no animals" policies to allow people with disabilities to be accompanied by their service animals. Service animals are not pets and are therefore not subject to restrictions applied to pets or other animals.

While dogs are the most common type of service animal, other types of animals can also be service animals. There are also no limitations on the size or breed of dogs that can be used as service animals.

Many service animals are easily identified because they wear special harnesses, capes, vests, scarves, or patches. Others can be identified because they accompany individuals with visible disabilities and the functions they perform can also be readily observed. When none of these identifiers are present, shelter staff may ask only two questions to determine if an animal is a service animal:

- (1) "Is this a service animal required because of a disability?" and
- (2) "What work or tasks has the animal been trained to perform?"

If the answers to these questions reveal that the animal has been trained to work or perform tasks or services for a person with a disability, it qualifies as a service animal and must be allowed to accompany its owner anywhere other members of the public are allowed to go, including bathrooms, areas where food is served, and almost all areas where medical care is provided. Questions about the nature or severity of a person's disability or ability to function may not be asked. The ADA also does not permit shelter staff to question a person's need for a service animal or to exclude a service animal on the grounds that shelter staff or volunteers can provide the assistance normally provided by the service animal. Under the ADA, shelter staff may not require a license, certification, ID tag, medical certificate, or any other type of documentation for a service animal.

#### Operational Tool #20 - Service Animals - Definition

ADA Best Practices Tool Kit, Chapter 7 Addendum 1	The ADA and Emergency Shelters: Access for All in Emergencies and Disasters, pages 6-7
Source	<a href="http://www.ada.gov/pcatoolkit/chap7shelterprog.pdf">http://www.ada.gov/pcatoolkit/chap7shelterprog.pdf</a>

In addition to the requirements set out in the ADA, the shelter may be covered by the Fair Housing Act (FHA). The FHA affords individuals with disabilities the right to use service animals in housing.

## Operational Tool #21 - Emotional Assistance Animal

Stop hold;

This subject will be addressed in a future annex, attachment or edit

Plans should direct that prior to an emergency or disaster the following issues should be addressed:

- areas where animals can be housed, exercised and toileted should be identified and communicated in alternative accessible formats in each general population shelter
- a reliable source for food and supplies (water bowls, leashes, collars) for the animals should be located and agreements be made to ensure that these items are available

The form below can be used to identify and provide instructions for caring for a service animal. It should be clear that providing this information is optional.

## **Communications**

Effective communication is essential during an emergency or disaster. Children and adults with and without disabilities who have access or functional needs should be given the same information provided to the general population using methods that are understandable and timely. The ADA states that a public entity shall take appropriate steps to ensure that communication with applicants, participants and members of the public with disabilities are as effective as communication with others. Effective communication requirements also apply to private and non-profit entities providing sheltering services.

Plans should direct that, prior to an emergency or disaster, the auxiliary aids and services necessary to meet the communication needs of all persons in the shelter are identified and immediately available. Where possible, emergency managers and shelter planners should already have contracts and/or memorandums of agreement in place with the vendors who can provide these items and services.

## Operational Tool #22 - Communications - Strategies

### Communication Strategies

General

Assign volunteers ahead of time to provide one-on-one assistance to residents who need help in providing and receiving effective communication throughout the sheltering process (i.e. completing forms)

Blind and low vision

Provide Braille, large and high contrast print, audio recording, readers

Deaf or hard of hearing, speech disability	Provide qualified sign language or oral interpreter, augmentative communication device, post message in central location, have notepads, pens and pencils
Intellectual Disability	Present information slowly; use simple language and speak in short sentences
Source	FEMA: Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing and Human Services <a href="http://www.fema.gov/oer/reference/index.shtm">http://www.fema.gov/oer/reference/index.shtm</a>
Source	Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters <a href="http://www.ada.gov/pcautookit/chap7shelterprog.pdf">http://www.ada.gov/pcautookit/chap7shelterprog.pdf</a>

### Operational Tool #23 - Communications - Devices

Communication Devices	All communication devices must be accessible to people with access or functional needs
Telephone	Access to teletypewriter (TTY or TDD or CapTel)
Television	Accessible captioning
Computers	Equipment and programs that make computers accessible to people who are deaf, blind, those who have intellectual or mobility disabilities
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

In each case the type of auxiliary aid or service required depends on several factors, including the length, complexity and importance of the communication and the person’s language skills and history. For example, it is no help to have an American Sign Language (ASL) interpreter available to communicate with deaf residents if the resident uses Signed English or other forms of communication.

### **Bathing and Toileting Needs**

Whenever bathing and toileting facilities are available in a general population shelter they must include accessible bathing and toileting facilities for children and adults. If a shelter does not have accessible facilities or if there are very limited accessible facilities available, plans should include ways this limitation will be addressed. This can include agreements with private contractors to provide these facilities.

### Operational Tool #24 - Bathing and Toileting Ratios – Red Cross

Portable accessible	Red Cross ratio: The American Red Cross recommends that on average there should be one toilet for every 20 persons in the shelter. Count only
---------------------	---

showers, toilets and sinks	those facilities that will be accessible to shelter residents and shelter staff.
Source	American Red Cross Mass Care Standards and Indicators, Version 011-072209

Many emergency managers and shelter planners look for specific ratios regarding the number of toilet rooms, showers, and baths to provide at an emergency shelter. In the context of the ADA Standards, the obligation will depend on what type of toilet facility is provided: e.g., a single-user toilet room, a toilet room with stalls.

Generally, each toilet room with stalls must have at least one fully accessible, Standards-compliant water closet/stall. (See 28 C.F.R. pt. 36, App. A, ADA Standards for Accessible Design §§ 4.1.2(6), 4.16, 4.17, 4.18, 4.19, 4.22, Figs. 29, 30, 31, and 32.) This includes appropriate side and rear grab bars, sufficient clear floor space, the toilet seat must be between 17-19 inches from the finished floor, and the centerline of the toilet must be 18 inches from the side wall, among several other requirements. For further explanation and a tool to determine adequacy to meet the ADA's requirements, see ADA Best Practices Toolkit, Chapter 7 Addendum 3: ADA Checklist for Emergency Shelters: [www.ada.gov/pcatoolkit/chap7shelterchk.htm](http://www.ada.gov/pcatoolkit/chap7shelterchk.htm)

If there are 6 or more water closets/stalls in a toilet room, then one of the stalls, in addition to the accessible stall, must be an ambulatory stall, with parallel grab bars and an outward swinging door. (See 28 C.F.R. pt. 36, App. A, ADA Standards for Accessible Design §§ 4.22.4, 4.26, and Fig. 30(d)). When portable toilet units are clustered together at emergency shelters, at least 5% of each cluster must be accessible portable toilet units, identified by the International Symbol of Accessibility. (See 28 C.F.R. pt. 36, App. A, ADA Standards for Accessible Design § 4.1.2(6)).

Standards also exist for the provision of baths and showers when provided. None of these requirements prohibit, and emergency managers are encouraged to include, more accessible facilities than required or mandated by Federal law, so long as they are otherwise Standards-compliant.

### **Quiet Area**

Plans should include a strategy for providing a quiet area within each general population shelter. The stress that is created during and after an emergency or disaster is increased as a result of the noise and crowded conditions of a shelter. Without access to a quiet room or space some people (elderly persons, people with psychiatric disabilities and parents with very young children, children and adults with autism) will be unable to function in a shelter environment.

(Chapter 7 Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters: <http://www.ada.gov/pcatoolkit/chap7shelterprog.pdf> )

**Mental Health Services**

Because there are differences in State and local laws, rules and regulations related to the provision of mental health services, it is important that, early in the planning process, emergency managers and shelter planners seek guidance from people with disabilities and others with access and functional needs and appropriate State and local authorities regarding these matters.

Emergency managers and shelter planners should include in the mental health staffing plan people with expertise regarding children and adults with and without disabilities who have access and functional needs. Agencies in the stakeholder group are often a good resource for shelter staff with appropriate experience. (Reference section on **Stakeholder Coordination.**)

Ideally, plans should include a directive to pre-identify a licensed mental health professional(s) who will be present in a general population shelter at all times. If that is not possible due to a lack of resources then plans should provide that a licensed mental health professional is on call to a shelter at all times. Where possible, a psychiatrist should also be on call at all times.

**Operational Tool #25 - Mental Health Services**

Sources for Mental Health Services	Sources include colleges and universities (faculty and students), mental health organizations, social services agencies and places of worship.  The New Jersey Division of Mental Health Services (DMHS) within the New Jersey Department of Human Services (NJDHS) The Division of Mental Health Services has over 120 contracted community mental health provider agencies.
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>
Source	<a href="http://www.state.nj.us/humanservices/dmhs/disaster">http://www.state.nj.us/humanservices/dmhs/disaster</a>

**Medical and Dental Services**

Because there are differences in State and local laws, rules and regulations related to the provision of medical and dental care, it is important that, early in the planning process, emergency managers and shelter planners seek guidance from appropriate State and local authorities regarding these matters.

Children and adults with and without disabilities who have access or functional needs who require medical services may not be excluded from a general population shelter. Plans should direct that, at a minimum, medical care that can be provided in the home setting (e.g., assistance in wound management, bowel or bladder management, or the administration of medications or use of medical equipment) is available to each general population shelter.

Plans should be in place for addressing medical and dental care decisions at all times. This could include making contract/agreements prior to an emergency or disaster for the personnel and supplies necessary to a set up and staff a first aid station at each shelter site. Having these plans in place is intended to prevent inappropriate transfers to medical facilities. This will benefit the whole community by maximizing resources and limiting medical surge.

A comprehensive list of emergency medical and dental services in the area should be maintained at all times.

#### Operational Tool #26 - Medical Station

Onsite Medical Staff	Provide OTCs Implement methods to minimize contagion Make referrals for emergency medical and dental treatment
Medical Station	Staff with a minimum of 1 RN and 1 paramedic at all times
On-call medical staff	Maintain on-call Physician and psychiatrist 24/7
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

#### Operational Tool #27 - First Aid Station

Onsite Medical Staff	Provide OTCs Implement methods to minimize contagion Make referrals for emergency medical and dental treatment
First Aid Station	Staff with 1 licensed health professional (minimum licensure is EMT) at ratio of 1:100 shelter residents at all times
Source	American Red Cross <a href="http://www.redcross.org">www.redcross.org</a>

Plans should also include a requirement to document any medical care provided at the shelter and a strategy for accomplishing this.

#### Operational Tool #28 - Medical Services - Form

Resident Health Care Record	Form to document a resident's visit to the first aid station and any off-premises medical or dental care
-----------------------------	--

Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 8
--------	---

In the event of a medical or dental emergency, plans should direct shelter staff to call 911 and refer residents for medical or dental care as appropriate.

**Medication**

Because there are differences in State and local laws, rules and regulations related to the storage, preparation, administration, documentation and disposal of medications, it is important that, early in the planning process, emergency managers and shelter planners seek guidance from appropriate State and local authorities regarding these matters.

The fact that a person has or requires medications is not a basis for excluding him/her from a general population shelter. Plans should include procedures for obtaining, storing, dispensing, documenting and disposing of medications in a general population shelter.

Plans should ensure that shelter residents have access to medications. One way to accomplish this is to have contracts or agreements in place with a pharmacy or pharmacies to make available medications to shelter residents. This will minimize the time a resident has to go without necessary medications.

**Operation Tool #29 - Medication**

Filling Prescriptions	When a pharmacy(s) is part of a chain of pharmacies, the pharmacist may be able to obtain information about a shelter resident’s medications by checking records kept in a centralized location away from the community where the emergency or disaster occurred.
Storage	As a rule, residents are responsible for safeguarding, storing and administering their own medication. If that is not practical (due to need for refrigeration, concerns regarding drug security or the ability of the resident to self-medicate), residents’ prescription medications should be kept in a locked container used exclusively for that purpose at the first aid station.
Disposal	If medications are kept in the first aid station, staff should return all resident medications, including those that have been discontinued or have passed the expiration date, when the resident is discharged from the shelter. Needles or hypodermic syringes with needles attached must be disposed of in bio-hazard containers.
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 9

**Operational Tool #30 - Medication – Emergency Prescription Assistance Program (EPAP)**

Program Description	EPAP, a joint program of FEMA and the Department of Health and Human Services, provides an efficient way for pharmacies to process claims for prescription medications and limited durable medical equipment (DME) for individuals who have no insurance coverage and are from an area declared as a disaster by the President. Claims for individuals with private insurance, employer-sponsored coverage, public insurance or other third party coverage are not eligible for payment under the EPAP.
Services Provided	30 day supply of essential pharmaceutical and DME lost as a direct result of the disaster or as a secondary result of loss or damage caused while in transit from the emergency site to the designated shelter facility.
Participating Pharmacies	Any enrolled pharmacy in the U.S. and its territories
Source	<a href="http://www.hhs.gov/aspr/oepo/epap/index.html">http://www.hhs.gov/aspr/oepo/epap/index.html</a>

Sections 403 (a) (2) and (3) (B) and 502(a) (7) of 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.

<http://www.fema.gov/about/stafact.shtm>

**Transportation Services**

Children and adults with and without disabilities who have access or functional needs may require transportation services while in shelters and for re-entry into the community. Emergency managers and shelter planners should see that plans include strategies to ensure that accessible vehicles, ambulances and drivers are available to the shelter.

Accessible vehicles should be able to transport wheelchairs, scooters or other mobility aids as well as equipment and supplies (e.g. portable oxygen, portable toilets, communication devices, services animals). Even if accessible public or private transportation is ordinarily available, there should be a contingency plan for transporting people if this transportation is disrupted.

**Operational Tool #31 - Transportation Services**

Transportation Accessible Resources	Potential accessible resources include:
-------------------------------------	---

	<ul style="list-style-type: none"> <li>• Local school districts with lift equipped school buses</li> <li>• Community EMS services</li> <li>• Vans from places of worship</li> <li>• Local assisted living facility vans</li> <li>• Local community and public transit vehicles</li> <li>• Para transit services</li> <li>• Dial-a-Ride</li> <li>• Fixed route buses</li> <li>• Area Agencies on Aging</li> <li>• Regional center vendors</li> <li>• Taxi systems</li> <li>• Non-medical emergency services</li> <li>• Adult day health care vehicles</li> <li>• Airport car rental shuttle buses</li> <li>• Airport shuttle buses</li> <li>• Older adults center vendors</li> <li>• Health care center vendors</li> </ul>
Source	Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency, Office for Access and Functional Needs ( <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> click on Office for Access and Functional Needs)
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

Plans should include

- an agreement or contract with transit providers in place prior to an emergency or disaster
- a pre-determined process for reimbursing transit providers for their services

Note that transportation providers may have pre-arranged agreements with multiple entities that would result in insufficient services if an emergency affected an entire State or region.

Operation Tool #32 - Transportation Services - Form

Transportation Request	Form to request resident transportation for: <ul style="list-style-type: none"> <li>• appointments and activities while living at the shelter</li> <li>• returning home or to temporary house at discharge</li> </ul>
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 10

## KEY CONSIDERATIONS IN PLANNING FOR TRANSITION/RECOVERY

### Transitioning Back to the Community

In order for children and adults with and without disabilities who have access or functional needs to transition back to their community it is important to provide them a reasonable amount of time and assistance to locate suitable housing when they cannot return to their former homes. In the past, shelters have sometimes required people needing FNSS to move to hospitals, nursing homes or other institutions because they could not quickly locate suitable housing or the supportive services they needed to live on their own. As a result, some people who once lived independently in their own homes have found themselves institutionalized soon after an emergency or disaster occurred.

To comply with ADA requirements and assist people in avoiding unnecessary institutionalization, emergency managers and shelter planners should include in their plans strategies for children and adults disabilities and others with access or functional needs to have the time and assistance they need to:

- return to their homes; or
- locate new homes in the most integrated setting that is appropriate to their needs

Organizations providing direct services to people with disabilities and others with access or functional needs should be included in all local assistance and disaster recovery efforts to:

- promote coordination with one other
- maximize resources
- eliminate duplication

### Operational Tool #33 - Transitioning Back to the Community

<p>Gap Analysis Tool for:</p> <ul style="list-style-type: none"><li>• Re-entry</li> <li>• Demobilization</li></ul>	<ul style="list-style-type: none"><li>• Trigger point established for when to return children and adults</li><li>• Transport plan for individuals unable to get home from transportation assembly points</li><li>• Trigger points established for when to demobilize transit resources</li><li>• Procedure established to check-out emergency evacuation resources</li><li>• Procedure established to debrief demobilizing personnel</li><li>• Procedure established to debrief children and adults</li><li>• Demobilization procedures reviewed at least annually</li></ul>
--	--

Source	Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency, Office for Access and Functional Needs; <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> click on Office for Access and Functional Needs
--------	---

Every effort should be made to move residents back to the least restrictive environment.

#### Operational Tool #34 - Transitioning Back to the Community - Recovery

Possible Recovery Needs	<ul style="list-style-type: none"> <li>• Short &amp; long-term housing and wrap-around housing (Accessible)</li> <li>• Communication</li> <li>• Replacement of durable medical equipment and assistive technology</li> <li>• Personal assistance services</li> <li>• Transportation</li> <li>• Financial assistance</li> </ul>
Source	Guidance on Planning and Responding to the Needs of People with Access and Functional Needs, California Emergency Management Agency; <a href="http://www.oes.ca.gov/">www.oes.ca.gov/</a> Click on Office for Access and Functional Needs

#### Operational Tool #35 - Transitioning Back to the Community – Re-entry

Re-entry Planning Strategy	<p>Prior to an emergency/disaster:</p> <ul style="list-style-type: none"> <li>• locate and document all available accessible hotel/motel rooms in the community</li> <li>• develop contracts/agreements with these entities to reserve resources for people with access or functional needs</li> <li>• determine a process for reimbursing businesses for these resources</li> </ul>
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>

## Closing the Shelter

It is important to remember that shelters are temporary and every effort should be made to close the shelter by identifying and using the resources necessary to return residents to suitable, accessible housing that continues to meet their access and functional needs. The goal is always to support individuals toward self sufficiency.

### Operational Tool #36 - Closing the Shelter

Considerations when closing a shelter	<p>Consider:</p> <ul style="list-style-type: none"> <li>• impact of the emergency or disaster on the home or environment of a person with access or functional needs (i.e. person’s home is not damaged but rest of the neighborhood is gone, power out, etc.)</li> <li>• the urgency of the need to return the shelter to normal conditions,</li> <li>• availability of accessible transportation resources</li> </ul>
Source	<p>Kansas Statewide Emergency Management  <a href="http://www.srskansas.org/">http://www.srskansas.org/</a>            click on SRS Statewide Emergency Management, click on Assisting Individuals with Functional Needs During Evacuation and Sheltering, scroll down to Functional Needs Shelter Deactivation</p>

Recovery is typically the longest and most difficult part of an emergency or disaster for all residents of a community. It is further complicated when people with disabilities and others with access or functional needs do not have access to personal assistance services, service animals, friends, neighbors, neighborhood businesses and even family members.

### Operational Tool #37 - Closing the Shelter- Discharging Residents

Considerations when discharging a resident requiring FNSS	<p>Form documenting a resident’s discharge from the facility including confirmation that a resident</p> <ul style="list-style-type: none"> <li>• determined from police or other emergency management personnel in his or her community that he/she can return</li> <li>• Contacted his or her landlord or neighbor to determine whether his her house is habitable</li> <li>• Confirmed that any prior in-home services are restored (e.g. Meals on Wheels, Mental Health Authority, Personal Assistance Services)</li> <li>• Confirmed access to businesses necessary to return home (e.g. grocery store, pharmacy)</li> </ul>
Source	<p>BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a> Appendix 11</p>

Emergency managers and shelter planners can do little to counter some of the conditions people with FNSS face during the recovery phase. They can, however, develop strategies so that the services and functional needs most critical are restored or addressed as a priority during this phrase.

Operational Tool #38 - Closing the Shelter - Recovery

<p>Recovery Plan Considerations</p>	<ul style="list-style-type: none"> <li>• Making allowances at blockades, shelters and other impacted areas for access to persons providing personal assistance services, home health aids, visiting nurses, interpreters, support or service animals and other individuals crucial to immediate functional needs of individuals</li> <li>• Identifying the impact on children and adults with and without disabilities who have access and functional needs of an interruption in utility services</li> <li>• Planning for accessible shelter and appropriate temporary housing needs</li> <li>• Addressing how people with disabilities and others with access or functional needs who are employed by businesses that are able to open soon after a disaster will get to work</li> <li>• Involving representatives of the functional needs community in “after action reviews” or “hot wash reports” in order to capture the true impact of the disaster and to improve plans for the future</li> </ul>
<p>Source</p>	<p>New Hampshire Functional Needs Guidance – Support Document to the State Emergency Operations Plan, available online at:  <a href="http://www.nh.gov/safety/divisions/hsem/stateemergplan/index.html">http://www.nh.gov/safety/divisions/hsem/stateemergplan/index.html</a></p>

Ideally, emergency managers and shelter planners should include in the State plan the infrastructure needed to support recovery long before an emergency or disaster occurs.

## Glossary

**Access** - the ability to fully use and enjoy and integration into any programs, services, activities, goods, facilities, privileges, advantages, or accommodations provided by a public or private (for-profit or not-for-profit) entity, or to any entity to which it contracts, which provides emergency services, including sheltering, for individuals with disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them. Access may include modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods.

**Access and Functional Needs** – Those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them. Access and functional needs may include modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods. Examples of "access and functional needs" services may include a reasonable modification of a policy, practice, or procedure or the provision of auxiliary aids and services to achieve effective communication, such as, among many others: (1) an exception for service animals in an emergency shelter where there is a no-pets policy; (2) the provision of way-finding assistance to someone who is blind to orient to new surroundings; (3) the provision of transferring and toileting assistance to an individual with a mobility disability; and (4) the provision of an interpreter to someone who is deaf and seeks to fill out paperwork for public benefits.

**Action Plan** - A plan developed by a case manager and resident(s) to assist and support that individual or family in obtaining transitional or permanent living arrangements

**Assistance Animal** - Any animal that is individually trained to provide assistance or perform tasks for a person with a disability

**Cap Tel** – A communication system that provides written captions of everything a caller says on a built-in display

**CART** – Computer Assisted Real time Translation

**Consumable Medical Supplies (CMS)** – Medical supplies (medications, diapers, bandages, etc) that are ingested, injected or applied and/or are one time use only

**Disability** - The term "disability" has the same meaning as that used in the ADA Amendments Act of 2008, P.L. 110-325, as incorporated into the ADA. See <http://www.ada.gov/pubs/ada.htm> <<http://www.ada.gov/pubs/ada.htm>> for the definition and specific changes to the text of the ADA. State laws and local ordinances may also include individuals outside the Federal definition.

**Durable Medical Equipment (DME)** – Medical equipment (e.g. walkers, canes, wheel chairs, etc.) used by persons with a disability to maintain their usual level of independence.

**First Aid Station** – Dedicated section in the shelter where residents receive first aid and/or referrals for emergency medical, mental health or dental care

**Functional Needs Support Services (FNSS)** – Functional Needs Support Services (FNSS) are defined as services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS includes reasonable modifications to policies, practices and procedures, durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS) and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in late stages of pregnancy, elders and those needing bariatric equipment.

**Least restrictive environment** - The opportunity for adults and children with disabilities and others with access or functional needs to be with non-disabled peers, to the greatest extent possible. They should have access to the general shelter activities or any other programs and services that non-disabled persons can access. Generally, the less opportunity a person with a disability has to interact with non-disabled persons (peers,) the more the shelter (placement) is considered to be restricted.

**Medical Staff** - Licensed or certified physicians, registered nurses, licensed vocational nurses, emergency medical technicians, paramedics

**Mental Health Professional** – A person who is licensed to provide counseling

**Personal Assistance Services** – Services that assist children and adults with activities of daily living e.g. bathing, toileting, eating, etc.

**Service Animal** – Any animal that is individually trained to provide assistance to a person with a disability

**Shelter** – A temporary facility which provides housing and basic services until persons can return home or obtain temporary or permanent house elsewhere

**Staff** – Persons who are assigned a position in the shelter and who may or may not be paid for their services

**TDD** – Telecommunications Device for the Deaf

**TDY** - Teletypewriter

**Universal cot** - A Universal/Accessible cot that meets the following recommended criteria:

- Height 17”-19” without [below] the mattresses
- Width – minimum 27”
- Weight capacity – 350+ pounds.
- Flexible head and feet position.
- Rails, if any, must be positioned or moveable in such a way as to allow for wheelchair access. No IV pole)

**Volunteers** – Persons who are assigned staff positions in a shelter and meet the qualifications of that position but are not paid for their services

## **Appendices**

- Appendix 1 ADA Checklist for Emergency Shelters
- Appendix 2 FORM: Shelter Services Provider Contact Information
- Appendix 3 Durable Medical Supply Sample List
- Appendix 4 Consumable Medical Supply Sample List
- Appendix 5 Guidance on Providing Personal Assistance Services
- Appendix 6 FORM: HHS American Red Cross Initial Intake and Assessment Tool
- Appendix 7 One Day Menu for General Population Shelters Providing Functional Needs Support Services
- Appendix 8 FORM: Resident Health Care Information
- Appendix 9 FORM: Medication Administration Record
- Appendix 10 FORM: Transportation Request Information
- Appendix 11 FORM: Resident Discharge Information

## Operational Tools\*

- Operational Tool #1 - Stakeholder Coordination
- Operational Tool #2 - Planning Shelter Capacity
- Operational Tool #3 - Locating the Shelter
- Operational Tool #4 - Evaluating the Shelter – Site Selection Tool
- Operational Tool #5 - Florida Shelter Selection Checklist
- Operational Tool #6 - San Jose California Shelter Assignment Checklist
- Operational Tool #7 - Durable Medical Equipment (DME) List
- Operational Tool #8 - Consumable Medical Supplies (CMS) List
- Operational Tool #9 - Communication Devices
- Operational Tool #10 - Resource for Assistive Technology
- Operational Tool #11 - Legal Authority – DME, CMS, Communication Devices
- Operational Tool #12 - Locating Services
- Operational Tool #13 - Documenting Service Providers
- Operational Tool #14 - Staffing the Shelter
- Operational Tool #15 - Assessment Teams
- Operational Tool #16 - Shelter Layout
- Operational Tool #17 - Shelter Intake – Assessment
- Operational Tool #18 - Dietary - Agreement
- Operational Tool #19 - Dietary - Menu
- Operational Tool #20 - Service Animals – Definition
- Operational Tool #21 - Emotional Assistance Animal
- Operational Tool #22 - Communications - Strategies
- Operational Tool #23 - Communications - Devices
- Operational Tool #24 - Bathing and Toileting Ratios – Red Cross
- Operational Tool #25 - Mental Health Services
- Operational Tool #26 - Medical Station
- Operational Tool #27 - First Aid Station
- Operational Tool #28 - Medical Services - Form
- Operational Tool #29 - Medication
- Operational Tool #30 - Medication - EPAP
- Operational Tool #31 - Transportation Services
- Operational Tool #32 - Transportation Services - Form
- Operational Tool #33 - Transitioning Back to the Community
- Operational Tool #34 - Transitioning Back to the Community - Recovery
- Operational Tool #35 - Transitioning Back to the Community – Re-entry
- Operational Tool #36 - Closing the Shelter
- Operational Tool #37 - Closing the Shelter – Discharging Residents
- Operational Tool #38 - Closing the Shelter - Recovery

Operation Tool – The “Operation Tools” in this document are excerpts and examples taken from various agency and jurisdictional documents throughout the United States. While they are not meant to dictate a State’s policies or procedures they do present ideas and practices that can be adapted to fit each State’s specific needs.

Appendix 1 ADA Checklist for Emergency Shelters

Appendix 2 – FORM: Contact Information for Shelter Services Providers

This is a small sample of the services you should have in place prior to an emergency or disaster

<b><u>Services for Persons Requiring FNSS</u></b>	<b>Account Number</b>	<b>Vendor Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Communications Providers</b>				
Interpreters (Spanish, sign language, etc.)				
Television with captioning				
Information technology/computer services				
TTY – TDD				
Computer Assisted Real time Translation (CART)				
Note taking				
<b>Medical Staffing Services</b>				
On-site nursing services				
Emergency medical services				
Mental Health Services				
Emergency dental services				
Pharmaceutical Services				
<b>Resource suppliers</b>				
O2				
Dialysis				
Constant power source				
Blood sugar monitoring				
<b>Food services</b>				
Special diets				
Caterer				

<b>Personal assistance services</b>				
<b>Transportation services</b>				
Para transit Services				
Public Transportation				
<b>Service animals</b>				
Emergency veterinary services				
<b>Shelter Maintenance Services</b>				
Servicing for accessible portable toilets, hand washing units, etc.				
Disposal of bio-hazard materials				
<b>FNSS equipment</b>				
Durable Medical Equipment				

Appendix 3 – Durable Medical Supply Sample list

DME (for children and adults)			
	<b>Equipment</b>	<b>Quantity</b>	<b>Type</b>
	3 in 1 Commode for over toilet use (300 lb capacity)	5	Each
	Assorted utensil holder	8	Each
	Accessible Cots	100	Each
	Beds, bariatric, on wheels, up to 600 lbs	6	Each
	Bedside Commodes (3ea w/300 lb capacity; 2ea w/450 lb capacity)	5	Each
	Canes, Quad (6ea-small base; 2ea-large base; 2ea-bariatric)	5	Each
	Canes, White	3	Each
	Comfort box (1ea knit pant, 1ea t-shirt, 1ea pair sox, hygiene items)	10	Box
	Crutches, Adult	3	Pair
	Crutches, Pediatric	3	Pair
	Dressing aid sticks	5	Each
	Handheld shower w/84" hose	4	Each
	Independent toilet seats w/safety bars	4	Each
	IV Pole 5 Castor	3	Each
	Patient lift w/2 mesh slings (450 lb cap) (Hoyer lift)	2	Each
	Privacy screen, 3 panel w/castors	10	Each
	Refrigerator, counter height, no freezer (for meds)	2	Each
	Sheets, flat, fitted for bariatric bed (200 thread count or higher)	6	Each
	Shower Chair w/back rest (4ea-400 lb capacity; 2ea-Bariatric)	6	Each
	Egg crate padding -10 beds and 6 wheelchairs	10/6	Each
	Walker, dual release (4ea-standard w/wheels; 2ea-heavy duty w/wheels; 2ea-Bariatric w/out wheels; 2ea-standard w/out wheels)	10	Each
	Medical Cot w/mattress & half side rails	4	Each
	Wheelchair ramps, portable (1ea-10'; 1ea -6')	2	Each
	Wheelchair transfer boards	8	Each
	Wheelchairs, Adult (7ea w/footrests; 3ea w/elevating leg rest)	4	Each
	Wheelchairs, Adult Extra Large (to 450 lb capacity; 1ea w/footrest; 1ea w/elevating leg rest)	2	Each
Wheelchairs, Pediatric (1ea-w/footrest; 1-ea w/leg rest)	2	Each	

## Appendix 4 – Consumable Medical Supplies

<b>CMS</b> (for children and adults)	Note 1: Planning estimate is based on 100 person shelter population for one week Note 2: All liquid items must meet TSA standard (3.4 oz or less) in case of aerial evacuation			
	<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Notes</b>
	Antibacterial wipes/ towelettes	40 Pack	100	
	Bag, plastic	13 gallon	100	
	Nutritional Supplemental Drinks for Kids/children (over 12 months of age), ready to drink (i.e.- Pedia-sure)	Dispensed by medical authority in shelter	28-120 fl. oz. per day in no larger than 8 oz bottles / 196 - 658 per week	
	Magnifying glasses (standard)		2	
	Paper Cup lids	for 12 oz cups	1 case	
	Bendable drinking straws		1 case	
	Duct tape		12 rolls	
	Waterproofing pads (i.e.- CHUX)	standard size	10 boxes of 24	
	patient care gloves non-latex	disposable	6 boxes	
	Non-latex cleaning gloves	disposable	4 boxes of 100	
	Bio-hazard bags	For medical bio-waste	1 box of 24	
	Bleach, Chlorine		2 gallons	
	Bucket 2 1/2 gallon		10 each	
	Paper Towels		20 rolls	
	Hand Sanitizer		6 each large	

Hand Sanitizer		100 each individual	
Baggies (large/small)		10 boxes each	
Instant Ice	pkg of	12	self contained break to use
Instant Heat	pkg of	12	self contained break to use
Emesis Basin (shallow)	each	12	plastic 8.5"
Bedpans	each	2 disposable w/o cover	Resistant to stains & cracks * 350-pound weight capacity * Contoured design molded plastic for adults
Bedpans	each	10 disposable w/o cover	Resistant to stains & cracks * Dimensions: 14" L x 11" W x 2.5"D * Weight capacity: 250 pounds
Urinals - male	each	8 disposable w/cover	Plastic, disposable Male Urinal with Cover - Translucent
Distilled Water (for humidifiers)	gallon	10	Ok
Nutrition drink for diabetics (i.e. - Glucerna)	each	48 (8 oz bottles)	Plastic bottle contains ingredients that contribute to blood glucose management and support cardiovascular health. For people with diabetes. For the use as a supplement, snack, or meal as a part of a diabetes management plan

	Nutrition drink (i.e.-Ensure)	each	48 (8 oz. reclosable bottle)	Source of concentrated calories and is high in protein to help patients gain or maintain healthy weight. It is a complete and balanced oral nutritional supplement that can be used with or between meals or, in appropriate amounts, as a meal replacement.
	Trach Care Tray	each	2	W-Forceps. Sterile, single-use. Compact and disposable. All necessary components for care and cleaning of trach site. Tray includes removable basin, (2) latex-free gloves, trach brush, drape, 36" twill tape, (2) cotton tipped applicators, (2) pipe cleaners and (4) 4 x 4 gauze and plastic forceps.
	Scissors - Blunt-end		2 each	Ok
	Scissors- Sharp & Curved		2 each	Ok
	Back Support	Each	2	Universal back support fits a range of sizes. Wide, elastic support base; Overlapping elastic compression panels; Adjustable and removable shoulder straps.

Cervical Collar- Universal Size	Each	4	Soft foam collar is slightly contoured for comfort. 1" thick foam is covered with stockinet and has loop/lock closure. Universal style fits most; 2 1/2 inches wide at the chin, fits neck circumference 12-22"
Automatic Blood Pressure Cuff - Adult with batteries X-large	Each	2 with x-large adult cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Automatic Blood Pressure Cuff - Adult with batteries standard	Each	2 with standard cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Auto Blood Pressure Cuff - Child with batteries	Each	2 with child cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Saline Solution (wound wash)	Each	12	A sterile saline solution (0.9%) for flushing and cleansing superficial wounds.
Pill Crusher		6 each	Ok
Pill Cutter		6 each	Ok
Diapers, Adult	Extra-Large	3 cases of 20	Ok
Diapers, Adult	Large	3 cases of 20	Ok
Diapers, Adult	Medium	3 cases of 20	Ok
Diapers, Adult	Small	3 cases of 20	Ok
Pull-Up Adult Diapers	small	1 cases of 20	Ok
Saniwipe Disinfectant Towels		2 pkgs	Textured cloth for a rigorous disinfection in the most stringent medical environments and continuous exposure to bodily fluids and blood.

	Sterile 4 x4		2 boxes of 100	100 % cotton sponges of fine mesh gauze for Wound Debriding, Prepping, Packing, Dressing and General Wound Care
	Sterile gauze sponges 2 x 2		2 boxes of 50	100 % cotton sponges of fine mesh gauze for Wound Debriding, Prepping, Packing, Dressing and General Wound Care
	ABDs	sterile wound gauze pads (not the blue pads)	1 case (approx 200)	ABD Pad Sterile 8 X 10 In. Soft, non-woven layer for patient comfort and fluff filler for absorbency. All four edges are sealed to prevent lint residue and leaking. Sterile, in single peel back sleeve. Sterile.
	Ace Bandages (2")	rolls	2 boxes	Economy Woven Elastic Bandage 2" x 4.5yd Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.

	Ace Bandages (3")	rolls	2 boxes	Economy Woven Elastic Bandage 3" x 4.5yd Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
	Ace Bandages (4")	rolls	2 boxes	Economy Woven Elastic Bandage 4" x 4.5yd Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
	Ace Bandages (6")	rolls	2 boxes	Economy Woven Elastic Bandage 6" x 4.5yd Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
	Application, cotton-tipped (6" long, 100 per box)		2 boxes	Ok
	Bandage Gauze Roll (2")		6 dozen	cover-roll bandage 2"x10 yd

	Bandage Gauze Roll (4")		6 dozen	cover-roll bandage 4"x10 yd
	Cotton Balls		4 bags of 50	100% cotton balls
	Colostomy Appliance		2 packages	dependant on manufacturer
	Colostomy Wafers		2 boxes of 10	individually wrapped size 4" x 4" wafer with flange (skin protector)
	Colostomy Paste		4 tubes (2 oz)	IB Ostomy Paste 2 Oz Tube. Pectin based, skin barrier paste helps protect the skin around stomas and fistulas to prevent skin irritation and to fill-in uneven skin surfaces.
	Colostomy Skin Preps		1 box of 50 wipes	No-Sting Skin-prep Wipes. Forms protective film to prepare skin for tapes and adhesives.
	Colostomy Ileostomy Bags (pouches)	11" drainable colostomy/ileostomy bag (pouch)	1 boxes of 10	1 box of 10, cut to fit, drainable colostomy/ileostomy pouch
	Telfa Dressings, sterile		2 boxes	Absorbent cotton pad. Superior "Ouch less" TELFA dressing won't disrupt healing tissue by sticking to wound. Each dressing individually wrapped in peel-open envelope. Ideal as primary dressing for lightly draining wounds. Bonded on both sides with perforated non-adherent film; can be cut to any shape without separating. Sterile. Size~3" x 4"

General antiseptic cleansers (i.e.- BZK Towelettes)		2 boxes of 100	Bzk Towelettes 5X7 In. Used for general antiseptic cleansing for patients and staff, each towelette is saturated with benzalkonium chloride 1:750. Contains no alcohol. Latex-free.
Alcohol Prep Pads		4 boxes of 100	100 pads per box
K-Y Jelly		4 tubes	large
Peroxide		4 bottles	16 oz
Betadine scrub solution		4 bottles	16oz
Adhesive, non-allergic (1"paper tape)		6 each	1"x 11 yds.
Adhesive, non-allergic (2"paper tape)		6 each	2"x11 yds.
Safety Pins		1 box	Nickel plated steel * Each pin closed * Secure safety head * 1.75" * Box of 1440
Medicine Cups		2 packages 100	1 oz
Hand asepsis towelettes		4 packages pk/160	antimicrobial hand wipe
batteries – assorted		1 packages each	AAA/AA/9 VOLT/C/D
batteries - hearing aid		1 packages each	assorted
Spray Bottle	plastic	4 each	6 oz
Blood Glucose Meter Kit		4	Allows for alternate site testing and stores up to 300 test results. Includes meter, carrying case, lancing device, 10 lancets, control solution normal, alternate site testing cap

test strips – diabetic		2 boxes of 50	50 strips per box
Velcro double sided (loop & hook)	1,2&4 inch	6 rolls (2 or each)	2 rolls ea of 1" 2" 4"x 50 yds.
Nebulizer		2	FIO (2) settings adjustable from 35% to 100%. It has ports for a feed set and an immersion-type heater. Capacity~350ml^
Isolation Mask		1 box of 50	Fluid-resistant, polypropylene outer facing with ear loops
Foley catheter		10 each	Cath Foley Sil 12Fr 5Cc. An All Silicone Foley Catheter that is designed for enhanced comfort and elimination of concerns regarding potential health risks that may be associated with repeated exposure to latex devices.
intermittent catheter Male		25 each	Cath Intmt Rdrbr 8Fr 16In. All-purpose, urethral, X-ray opaque with funnel end and round, hollow tip. Two opposing eyes. Sterile. SizeA~16" ^SizeB~8 Fr^
Condom catheters- Male		25 each	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W foam strap.
intermittent catheter Female		25each	Intmt Pvc Pls Cath F 14 Fr 6.5. Sterile. Clear polyvinyl chloride with matte finish, smooth rounded tip, funnel end. SizeA~6 1/2" ^SizeB~14 Fr^

external catheter Male		25 each	Cath Ext Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W foam strap.
spray adhesive, medical		5 cans	Medical Adhesive Spray 3.2 Oz. Increases the adhesion to skin for pouches, wound drainage collectors and fecal incontinence systems.
removal wipes		1 box of 50	Universal adhesive remover for tapes, adhesives, and hydrocolloid skin barriers
leg bags assorted sizes sm/med/lg	500ml x 3 600ml x 3 950ml x 3	9 (3 of each)	T-Tap Leg Bag 500ML. Sterile. Secure, comfortable, soft vinyl bags, with flutter valve and Velcro strap. Latex-free. SizeA~500ml^StyleA~With latex-free tubing and connector^ Sterility~Sterile^
cannulas nasal oxygen tubes (disposable)		5 each	Nasal cannula, extra soft, curved tip, with 7ft. (213 cm.) crush - resistant tubing
regulators, O2		2	Oxygen Regulator with overall length less than 4" and weighs just 6.9 ounces. Lightweight aluminum body with brass sleeve and brass internals. Downward facing outlet port
bedside drainage collectors		3	2000cc drainage bag with drip chamber, sample port and universal hanging device.

power strips		5	6 ft length
battery chargers - universal		2	for recharging wheelchair batteries and other battery powered equipment
extension cords		3	50 ft length
T.E.D. compression Stockings		1 each med/lg/XL	Support Hose
chemical free shampoo & body wash		2 (8 oz bottles)	Hypoallergenic cleanses - rinse free * Contains Aloe Vera Gel, no alcohol
Chemical free spray cleaner		2 (8 oz bottles)	gentle cleanser contains Acemannan Hydrogel - No rinse, Non-irritating
air pump (bicycle type)		1	for wheelchair tires w/composite head fitting Presta, Schrader, and Woods/Dunlop valves without switching internal parts

Appendix 5 - Guidance for Providing Personal Assistance

# Appendix 6 –Form: HHS American Red Cross Initial Intake and Assessment Tool

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. <b>If life threatening, call 911.</b>	
4. Observation for the interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/NO	<b>If life threatening, call 911.</b> 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.	<b>*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.</b>
 <b>STOP HERE!</b> 	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			
<b>HEARING</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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?		Sign language? Lip read? Use a TTY? Other (explain).	
<b>VISION/SIGHT</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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.	
<b>ACTIVITIES OF DAILY LIVING</b>	<b>Circle</b>	<b>Ask all questions in category.</b>	<b>Comments</b>
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.	
<b>NUTRITION</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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.	
<b>IMPORTANT! HS/DMH INTERVIEWER EVALUATION</b>			
<b>Question to Interviewer:</b> 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.	
<b>Question to Interviewer:</b> Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
<b>NAME OF PERSON COLLECTING INFORMATION:</b>	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.

Appendix 7 – One Day Menu

**One Day Menu**

One day menu	Regular	Diabetic	Reduced Sodium	Pureed	Infant
Breakfast	Orange Juice 6 oz Grits Scrambled Egg Bacon Biscuit/ Margarine Coffee or Tea Milk skim or 2% 8oz	Orange juice 6 oz Grits Scrambled Egg Bacon Biscuit/Margarine Coffee or Tea Milk skim 8oz.	Orange Juice 6 oz. Grits Scrambled Egg – no salt when cooking Biscuit/Margarine Coffee or Tea Milk skim 8oz.	Orange juice 6 oz Grits Scrambled Egg pureed Biscuit/Margarine pureed Coffee or Tea Milk skim 8oz.	Formula and baby food
Lunch	Hamburger on bun Potato chips Peaches in juice Cookie Ketchup/Mustard Coffee or Tea Milk skim or 2% 8 oz.	Hamburger on bun Potato chips Peaches in Juice Sugar free cookie Ketchup/Mustard Coffee or Tea Milk skim 8 oz	Hamburger (no salt when cooking) on bun Potato chips Peaches in juice Cookie Ketchup Coffee or Tea Milk skim 8 oz	Hamburger on bun pureed Mashed potatoes Peaches in juice pureed Cookie pureed Ketchup/Mustard Coffee or Tea Milk skim 8 oz	Formula and baby food
Diner	Turkey and Gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim or 2% 8 oz	Turkey and Gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz	Turkey and low sodium gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz	Turkey and gravy pureed Dressing pureed Carrots pureed Pears in juice pureed Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz	Formula and baby food
Source	BCFS: <a href="http://www.bcfs.net/emergencyservices">www.bcfs.net/emergencyservices</a>				

Appendix 8 – FORM: Resident Health Care

**RESIDENT’S HEALTH CARE RECORD**

Name of Resident \_\_\_\_\_ Assigned resident #: \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_

Date	Time	Complaint	Treatment





Appendix 10 – FORM: Transportation Request

**TRANSPORTATION REQUEST FORM**

Date request \_\_\_\_\_ Time: \_\_\_\_\_

Name of Requester \_\_\_\_\_

Name of Resident needing transportation \_\_\_\_\_

Assigned Resident #: \_\_\_\_\_

Additional Family Members to be transported \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of pick up location \_\_\_\_\_

Purpose of the trip: Medical Need \_\_\_\_ Return Home \_\_\_\_ Other \_\_\_\_

Name of destination: \_\_\_\_\_

Contact at the discharge destination: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Any special equipment or transportation (wheelchair van, stretcher, etc.)  
needed for persons listed above:

\_\_\_\_\_

Luggage to be transported if at discharge: \_\_\_\_\_

\_\_\_\_\_

Date and Time for pick up \_\_\_\_\_

Date and Time for return to shelter if applicable: \_\_\_\_\_

Transportation arranged \_\_\_\_ Yes \_\_\_\_ No

If no, explain: \_\_\_\_\_

Requested notified of action on request \_\_\_\_ Yes \_\_\_\_ No

Date and time of notification \_\_\_\_\_

Notified by whom: \_\_\_\_\_

Appendix 11 FORM: Resident Discharge

**RESIDENT DISCHARGE**

Discharge date: \_\_\_\_\_ Name of Shelter \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Assigned resident #: \_\_\_\_\_

Names of Persons Being Discharged with resident

Name	ID#	Age	Sex	Race

Discharge on their own? Yes \_\_\_ No \_\_\_

Discharged to another agency? Yes \_\_\_ No \_\_\_ If yes, what agency? \_\_\_\_\_

Agency contact person: \_\_\_\_\_ Agency Phone # \_\_\_\_\_

Forwarding address of resident: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Signature of person completing the form

Date