



ADA Live!

EPISODE 8: EMERGENCY SHELTER PREPAREDNESS: TWO PERSPECTIVES

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Presenters: Marilyn Self, American Red Cross - Georgia Region
Cheri Hofmann, Southeast ADA Center

Host: Mary Morder, Southeast ADA Center

VOICE-OVER ANNOUNCER: Blog Talk Radio. (Music) Welcome to WADA ADA Live! Talk radio. Brought to you by the Southeast ADA Center, your leader for information, training and guidance on the Americans with Disabilities Act. And here's your host.

MARY MORDER: Good afternoon, everyone and welcome to WADA ADA Live! On behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University, and the ADA National Network, welcome to the eighth installment of ADA Live!. The topic of today's show is Emergency Shelter Preparedness. ADA Live! Listening audience, you can submit your questions about emergency shelters at any time on ADAlive.org. My name is Mary Morder and I'm responsible for materials development and I.T. support for the Southeast ADA Center. Now I'd like to introduce today's speakers.

Our first presenter is my colleague, Cheri Hofmann, who is distance learning coordinator and a technical assistance specialist for the Southeast ADA Center. Our second presenter is Marilyn Self, who is Regional Director, Disaster Support Functions, for the American Red Cross in the Georgia Region. Marilyn and I are members for the Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults. We've worked on creating emergency preparedness materials that can help everyone plan for emergencies in their community. A list of these documents and other resources will be added to the ADAlive.org website after this broadcast. Welcome to you both.

MARILYN SELF: Good morning.

CHERI HOFMANN: Hi, Mary.

MARY MORDER: Good morning Cheri. I would like to start with you. Can you tell us what the Americans with Disabilities Act requires when it comes to emergency shelters?

CHERI HOFMANN: Sure. I'll give you a quick overview of the ADA requirements. If listeners want more detailed information, they can call their Regional ADA center at 1-800-949-4232. Emergency Preparedness programs fall under state and local government programs, services and activities, which are covered in Title II of the ADA.

And one of their primary responsibilities is to protect residents and visitors from harm including assistance in preparing for, responding to, and recovering from emergencies and disasters. This means that emergency management programs, services, and activities need to be accessible to everyone including people with disabilities. This requirement also applies to third parties such as the American Red Cross, private nonprofit organizations and religious entities working with the state and local government.

It's important to understand that under the ADA, emergency sheltering programs must not exclude or deny benefits to people with disabilities. This means that emergency managers and shelter operators should ensure that shelters are physically accessible to people with disabilities.

The ADA also requires state and local governments to administer their services, programs, and activities for people with disabilities in the most integrated setting appropriate to their needs.

And the ADA requires shelters to make reasonable modifications to policies, practices and procedures when necessary to avoid discrimination against a person with a disability.

Finally, they may must make sure that shelter staff are prepared to communicate effectively with people with vision, hearing, or speech disabilities.

However, the ADA generally does not require state or local emergency management programs to take actions that would fundamentally alter the nature of the program, service, or activity or impose undue financial or administrative burdens.

MARY MORDER: Thanks, Cheri. I understand that you have both a personal and professional experience with emergency preparedness. Can you tell us a little more about this?

CHERI HOFMANN: Sure. I'm part of the technical assistance staff for the Southeast ADA Center. So I often research and answer questions about the ADA and emergency preparedness. For several years I was also a member of the Florida Disability Task Force on Emergency Preparedness for people with disabilities.

I have only stayed in a shelter twice as an adult. The first time was in 1985 and it was a terrible hurricane in Biloxi, Mississippi called Elena. I was moved from the hospital with a premature baby, my son Quinn. And it was three days and two nights on cement floors, no windows, and no privacy. Although everyone helped each other, it was definitely an experience you can never forget. This was 1985 before the ADA. I have a profound hearing loss and I don't use hearing aids, but I do read lips very well.

I would say the hardest thing for me during the whole time was communicating with staff at the shelter and them back to me. We were in the dark for most of this time, therefore lip-reading was not really an option. Even though this was before the ADA was law, amazingly enough when I told them I cannot hear, the staff tried to do their best to meet my needs and communicate with me. For instance, they took their time to make sure I understood all the emergency forms, where the restrooms were located, emergency exits, and where medical personnel were in the event I needed them for my son.

My next hurricane experience was in a shelter during Hurricane Opal in 1995. This time the ADA was the law– but the shelters in Florida seemed to have gone south, and that's no-pun intended. The shelter staff seemed less concerned that I couldn't hear, they were more concerned about getting all of us into rooms, and settled in. The registration process is what I remember the most. They talked at the speed of light, and wanted me to answer quickly. But, that wasn't going to happen because they were having me fill out important paperwork with emergency contacts, and so much more.

Keep in mind the ADA was still new and most of us who had disabilities would not have known to ask for anything. But when I look back now, I remember seeing several people in wheelchairs that stayed in them the entire time. While we rested on the floors, with blankets and pillows – they had no place to go.

I also remember that they would make announcements about the storm, how close it was et cetera. I couldn't understand what was being announced and my daughter,

who was fifteen at the time, was so scared by this point and she was not really telling me anything. So, basically I had no idea what was happening.

Now I know things have improved since 1995 and that Marilyn is going to tell us more about this later.

MARY MORDER: Yes, thanks Cheri. In the second half of our show, Marilyn Self will be talking about how the American Red Cross shelters in Georgia are prepared to serve the needs of people with disabilities.

ADA Live listening audience, if you have a question about emergency preparedness, you can submit it at any time at on our online forum at ADALive.org.

Now a word from our sponsors.

VOICE OVER ANNOUNCER: The Southeast ADA Center is your leader in providing information, training and guidance on the Americans with Disabilities Act and disability access tailored to the needs of business, government and individuals at local, state, and regional levels. The Southeast ADA Center, located in Atlanta, Georgia, is a member of the ADA National Network and serves eight states in the Southeast region. For answers to your ADA questions, contact the ADA National Network at 1 800 949 4232.

MARY MORDER: Welcome back to the second part of our program. Our topic today is Emergency Shelter Preparedness.

Cheri, can you tell us some more about what emergency managers should do to be prepared to meet the needs of people with disabilities in the event of a disaster?

CHERI HOFMANN: Well, the first thing for shelters to do is to identify disability-related needs ahead of time and make plans to meet those needs during an emergency. One way to do this effectively is to involve people with a range of disabilities in the planning process.

They need to make sure that shelters are physically accessible to people who use wheelchairs. And they also need to plan how they will communicate with people who are deaf or have hearing impairments.

Another thing is to understand where people with disabilities should go in an emergency: Don't just assume that people need to be in special needs or medical shelters just because they have a disability. Remember, the ADA requires that people with disabilities be served in the most integrated setting appropriate to their needs.

Most people with disabilities can be housed in mass care shelters with their families, friends, and neighbors and do not need to be diverted to the special needs or medical shelters.

It is also important to remember to respect the rights of people with disabilities to make the choices about where to shelter. Some communities have designated shelters for people with a specific disability. Such as designated shelters that have interpreters for people who are Deaf. The ADA does not prohibit offering these types of shelters, but it does prohibit requiring that people with disabilities stay there.

MARY MORDER: What are some of the specific requirements under the ADA?

CHERI HOFMANN: Well, according to the Department of Justice guidelines for shelters, shelter operators cannot require a person with a disability to bring a personal care attendant with them.

If a person with a disability needs the services of a personal care attendant in their daily life, but he or she doesn't have one when they arrive at the mass care shelter, that shelter – or a medical or special needs shelter – cannot deny emergency shelter services to that person with a disability.

One thing that the ADA does require is that emergency managers and shelter operators make reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination. A reasonable modification must be made unless it would impose an undue financial or administrative burden.

MARY MORDER: I see. Can you give us some examples of reasonable modifications?

CHERI HOFMANN: Yes, one modification they can make is to modify “no pet” policies to welcome people who use service animals. Many emergency shelters do not allow residents or volunteers to bring their pets inside. But shelters must generally modify “no pet” policies to allow people with disabilities to be accompanied by their service animals.

Another is, most shelter operators restrict residents' and volunteers' access to the kitchen. But people with medical conditions such as diabetes may need immediate access to food to avoid serious health consequences. Shelter operators need to make reasonable modifications to kitchen policies so that residents—and volunteers—with disability-related needs can have access to food and beverages when needed.

Another modification concerns sleeping arrangements. Shelter operators typically provide one standard type of cot or mat for use by shelter residents. However, some

people have disability-related needs for special types of bedding or cannot use mats placed on the floor. Shelter operators should know where and how specialized bedding units can be obtained in a timely manner.

MARY MORDER: Can you give us some examples of some disability-specific things that emergency shelter staff could do to accommodate the needs of people with disabilities?

CHERI HOFMANN: I can give you a few examples. Shelters should be prepared to meet the needs of persons with psychiatric or emotional conditions that can be aggravated during stressful, emergency situations. For example, staff should allow them to go to a quieter area away from noise and crowds, if possible.

People who are blind or visually impaired would benefit from being given an orientation tour of the shelter by one of the staff, by showing them where the restroom and the kitchen facilities are in relation to their bed or their cot.

Shelters should also plan ahead for how they will communicate with people who have hearing impairments.

If electricity is still available, make sure that all the TVs have the captions turned on.

Identify who has a hearing impairment and arrange to have the staff use an iPad or pen and pencil to relay information.

Some shelters have interpreters on hand. People who are deaf may want to be moved to one of those shelters.

MARY MORDER: Cheri, thanks for all of this great information. One more question. Where can people find out more about the ADA requirement for emergency shelters?

CHERI HOFMANN: They can visit the Department of Justice website at ada.gov, where they can find Chapter 7 of the “ADA Best Practices Tool Kit for State and Local Governments.” It covers emergency management under Title II of the ADA and includes several checklists for emergency planners and managers.

Two other good resources are the “State of Georgia Functional and Access Needs Support Services Toolkit” and the “TIPS Guide for First Responders,” produced by GA Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults.

MARY MORDER: Great and thank you, Cheri. We will also post a list of Emergency Preparedness Resources on the adalive.org website following this broadcast. We will pause for a word from our sponsors and be right back.

VOICE-OVER ANNOUNCER: The ADA National Network provides information, guidance and training on the Americans with Disabilities Act tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten regional ADA centers in the United States providing local assistance to ensure that the ADA is implemented wherever possible. The ADA National Network is not an enforcement agency, but a helpful resource supporting the ADA's mission to make it possible for everyone with a disability to live a life of freedom and equality.

MARY MORDER: Welcome back, everybody. Now we will be talking with Marilyn Self, who is Regional Director of Disaster Support Functions for the American Red Cross, in the Georgia Region.

Marilyn, the state of Georgia is prone to severe weather events and emergencies such as flooding, tornadoes and coastal hurricanes. What does the Georgia Region of the American Red Cross do to prepare for the needs of persons with disabilities before and during these types of events?

MARYILYN SELF: Well, Mary, providing for people with disabilities or other medical needs is not new to the Red Cross – it has always been part of our policy. However, during the past 7 or 8 years, we've significantly increased our capabilities to meet the expectations of our clients and to meet the requirements of the new governmental guidelines. We're working to be able to provide more support to clients who are less able to perform the basic activities of daily living without some assistance.

And just to be clear, the Red Cross has always admitted service dogs to our shelters. We still do not allow pets, nor do we allow comfort animals or therapy animals, but that's consistent with federal guidance.

However, we do understand that pets are a part of the family. And we don't want people staying in harm's way because they're afraid that there won't be a safe place for their pets. So we do make sure that there is a safe place for pets to be housed as near to the shelter as possible and hopefully close enough so that their humans can still visit them and take care of them.

We also have added some pieces of durable medical equipment to our usual shelter supplies. Some of those are small things like transfer boards or visual translators. Some canes and walkers. In addition, we've been purchasing cots that are universal cots that are higher and carry a heavier weight load and some medical cots and put those in our sheltered trailers. They're limited in numbers, but they should be available in all shelters.

We have added some larger equipment to our disaster field supply centers around the country. So for disasters that are larger and last longer periods of time, we can order that equipment. That includes things like portable commode chairs, wheelchairs, shower chairs.

In Georgia, the Red Cross is part of the state coalition that you mentioned earlier. And we work to identify the needs of our clients and the resources to address them.

And through this coalition we're working to develop relationships with groups to provide American Sign Language interpreters, to provide services for those who are blind and to provide personal assistance services in some cases.

Also, in Georgia the Red Cross was active in creating a partnership with two agencies -- Georgia Emergency Management Agency and FODAC or Friends of Disabled Adults and Children.

The FODAC group refurbishes used medical equipment and keeps it available for people. So we arranged for GEMA to purchase several sets of Durable Medical equipment to be available whenever it is needed that is kept on the FODAC floor and deliver it wherever it is needed in the state. And they also package it so that shelters can request just the equipment that they need.

For example, bedding units will have hospital beds and mattresses and other heavier duty beds for people who need that. Feeding units will have adaptive equipment to assist with clients who have difficulty feeding themselves. Communication units have signaling devices and electronic translators. The mobility assistance units have canes, wheelchairs, walkers and ambulation belts to assist clients who need that. The toilet units and bathing units contain commode chairs, portable shower chairs, and hand held shower units and those kinds of things.

The Red Cross has also worked with Georgia Emergency Management to identify the most commonly requested items of durable medical equipment. That was based on the experience of Red Cross nurses in shelters across the country over a three year period.

And GEMA, Georgia Emergency Management Agency, purchased some of those items to be placed in shelter trailers in local communities. Those items include walkers, wheelchairs, portable commode chairs and privacy screens.

Locally our chapters are working to identify additional sources for durable medical equipment so they can borrow it for smaller events or until larger caches can be transported to them.

In identifying additional shelter sites, Red Cross partners with local organizations who serve people with disabilities, with local emergency management, environmental health and others to look for and survey shelters to determine whether or not they're accessible for people in wheelchairs -- to identify potential barriers and to identify way to overcome those barriers. So the sites are usable for everyone.

MARY MORDER: Thanks Marilyn, that's great. How does the Red Cross train staff and volunteers?

MARYILYN SELF: Well, there's a number of strategies involved and they start with standardized national training courses. Some are those are made available online and some are instructor led. And those course include information on the new FEMA functional needs services support guidelines and they include information from the ADA, on accommodations that are needed.

In addition to the courses, we have shelter drills and exercises for our staff to participate in. And we've invited participants in those exercises who are blind or deaf. Some who use wheelchairs and some who have brain injuries. We've had participants who are speakers of other languages or who can provide American Sign Language translation.

We've even had guests who have service dogs. And they participate as residents in the shelter exercise and then provide feedback to the staff on how well we did on meeting their needs and addressing them. That's been really helpful to our volunteers who are working in shelters so that they're more aware of the needs of our clients who have disabilities and how to address those needs. And it also helps them to identify behaviors that they need to avoid or to adopt.

In basically the Atlanta area, we've conducted additional workshops just on Functional Needs Support Services and how to make appropriate accommodations. And we've been fortunate enough there to have Subject Matter Experts who have disabilities or work with people who have them, to be able to share their viewpoints with our participants.

Sometimes we've been able to include exercises for our volunteers to quote experience what it's like to have limited use of their hands or loss of sensation or fine motor movement. To have hazy vision as you would with cataracts. Or we've had them work with wheelchairs or walkers and tried to maneuver them through a typical

shelter environment to have them anticipate the kind of problems or difficulties our residents may have.

MARY MORDER: Great. How does the Georgia Region of the American Red Cross handle the specific needs of people with disabilities during these types of emergencies and can you give us an example?

MARYILYN SELF: Sure. During the snowstorms and ice storms this past February, we had several shelters that had lots of residents who had the kinds of typical problems that we deal with all the time.

In one of the shelters, there were a number of people who had caregivers with them at home but when the power went out, the caregivers were not comfortable with keeping them there. So they took them to the hospital, even though the residents required no acute care at all. Most of them were on oxygen or oxygen generators. So the hospital arranged to transfer them to the Red Cross shelter. And then the Red Cross staff was able to arrange for portable oxygen tanks and in a couple of cases was able to retrieve their oxygen generators from their homes and get them brought to the shelters so they could use them there.

There was also someone who needed dialysis, and we coordinated with his usual dialysis center to get him transported there for his treatment and then return to the shelter for lodging.

There were lots of people with diabetes who required medication replacement and diet coordination. That's almost a routine situation in every shelter now. So we were able to get additional things for them.

Quite a number of the people were in wheelchairs or required other mobility support equipment. In this case, most of them were able to bring their equipment to the hospital, I mean to the shelter with them. But there was a hospital nearby and a nearby nursing facility who were willing to loan equipment if it was needed.

Access to medical cots was needed for several people who couldn't manage the transfer from a wheelchair to a regular cot. Or they needed additional elevation at head or feet. So we did have medical cots in our shelter trailer and were able to borrow some others from the local public health department.

The majority of shelter residents during the storm were really typical of what you would expect to see in a situation when homes are not damaged. They were people who were in fragile health or dependent on some kind of power-assisted device who were afraid to be at home without power or couldn't manage effectively without power.

MARY MORDER: Thank you, Marilyn. How does the Georgia Region of the American Red Cross address the needs of persons with cognitive, visual or hearing impairments who come to the shelters during a disaster or emergency?

MARYILYN SELF: Good question, Mary. We continue to work closely with many of the governmental and nonprofit agencies who work with these clients all the time to increase our awareness of the needs of people with these kinds of disabilities and to enhance our ability to meet them.

There's no one solution. Generally you have to work with each client to determine what their need is and what they feel will serve them best. And that's probably one of the biggest lessons we need to learn is to ask the client.

For example, if they've lost their glasses, we can replace those using in kind coupons that have been donated to us. And we might be able to find a source to replace hearing aids or we can contribute to the cost of replacing them. A lot of times all that's needed is to get new batteries and we make those arrangements.

We have preprinted signs with the shelter rules already made up with large letters. And those are prominently posted in shelters. And we also post important notices for people who cannot hear or who may not be able to see well when we're making announcements.

We have pen and paper available for people for whom that is a more effective means of communication. And we're working on a memorandum of understanding to obtain American Sign Language translators. But we will provide a tour of the facilities for people who have limited vision. And we'll frequently assign another resident if not a staff member to help them with way finding while they're in the shelter.

We also solicit the help of other residents to keep the aisles clear and to keep cots in place to make it easier for clients with limited vision to be able to move around safely.

For clients who require a more quieter environment, we can try to provide more privacy and put them in a separate room if the facility permits that or has that option. But if that's not available, then we may be able to just provide a corner and some screens for privacy and try to make it as quiet as possible for them.

Another thing that helps for some people is to do some strategic placement of their cots. Either put them nearer the restrooms if that's what they need. Or if they need more observation, maybe nearer the nurses' station. Or in an area with brighter light or dimmer light depending on what their needs are.

MARY MORDER: Thanks, Marilyn. We know that requirements for emergency shelters may vary from state to state, and we recommend that people with disabilities check with their emergency management agency to find out what their state requires.

What can people with disabilities expect when they come to a shelter?

MARYILYN SELF: Well, Mary, I can only really address what American Red Cross shelters are like. And we do need to remember that not all shelters are Red Cross Shelters.

But in general, I think all residents can expect to find kind people who are going to welcome them and do everything they can to make them comfortable. They may have a limited knowledge of what the clients need and about how to accommodate those needs. But our clients can help us by telling us what their needs are and how they would like to be treated and what accommodations they need.

They can expect to find a warm or relatively cool, safe, dry haven that is out of harm's way.

There will be three meals a day served and almost continuous snacks. In the beginning, food may be commercially prepared and limited in options during the first day or two, depending on the conditions in the sheltering community. But hot meals are almost always available by the third day at the latest. We will make accommodations for special diets like diabetic and vegetarian meals. That's easily done and we do that pretty routinely. And as soon as feasible, we will make every effort to accommodate other special diets and cultural preferences as we are able to do that.

Cots and blankets are available to everyone, except under mass evacuation conditions like hurricane evacuation. In those cases cots may be limited and will be assigned based on health needs.

They can expect to have access to services like translators, but they may be very limited at first. And other strategies will be employed until the more desirable solution is available.

I think it is important for people to anticipate that a shelter is a lifeboat. It's not a luxury cruise ship. So cots are not the most comfortable. Privacy is practically not existent. Noise levels can be very disturbing, and every preference cannot be satisfied but their needs will be addressed.

Clients can help us by being as self-sufficient as possible if they have particular needs. For example, we would suggest that those who have a really restricted diet bring a two

day supply of any specialty foods or snacks that they would need. But otherwise, they don't need to bring food. We'll take care of that.

We do request that our clients bring their medications if possible, along with their names and contact numbers for their usual healthcare providers and pharmacies, because we may need those in order to get medications replaced.

If they use electronic equipment and bring it with them, then bring the chargers for the equipment that they depend on and extra medical supplies if possible. If at all possible, it would help if they could bring instruction manuals for their medical equipment. We're going to do everything we can to accommodate their needs, but it's a dialogue and it's something that we'll work on together.

MARY MORDER: Thank you, Marilyn. You've given us some great information.

At this time, I would like to thank our guest speakers, Cheri Hoffman and Marilyn Self. And thank you also to our ADA Live! Listening audience. The Southeast ADA Center is grateful for your support and participation in this series of WADA ADA Live! broadcasts. Remember, you may submit your questions about any of our ADA Live! topics by going to ADALive.org.

If you have questions about the ADA, please contact your Regional ADA center at 1-800-949-4232. That's 1-800-949-4232. All calls are free and confidential.

Please join us next month on the first Wednesday, June 4th, when we will be talking to William Botten from the U.S. Access Board about outdoor recreational facilities. See you next month on WADA ADA Live!

VOICE-OVER ANNOUNCER: Thank you for listening to ADA Live! Talk radio. Brought to you by the Southeast ADA Center. Remember to join us the first Wednesday of each month for another ADA topic, and you can call 1-800-949-4232 for answers to your ADA questions.

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