

# The Region V Hospital Committee’s Special Needs Alternate Care Site Plan

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# DEFINING “SPECIAL NEEDS” POPULATIONS

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Special Needs (HHS): *“A population whose members may have additional needs before, during, and after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures, who have limited English proficiency, or who are non-English speaking; or who are transportation disadvantaged.”*

A definition of a medical needs resident is an individual who meets the following criteria:

1. Is unable to make sheltering arrangements on their own **AND**
2. Is not acutely ill **AND**
3. Has one or more medical and/or psychiatric conditions that require a level of medical care or assistance that exceeds what a general shelter is able to provide.

It is anticipated that these alternate care facilities (both general population and Medical Needs) will be dynamic environments and individuals may need to be reevaluated and reassigned from a Medical Needs Shelter to a general shelter or vice-versa during their tenure.

The purpose of an Alternate Care Site (ACS) is to provide limited medical care that is necessary to sustain life. The presence of any of the aforementioned conditions does not necessarily qualify a person for admittance into the ACS. Triage personnel will use a “problem-based” approach considering the varying degrees of severity rather than a disease or condition-based approach. Consideration will also include whether or not a caregiver/helper is present.

The importance of advanced planning in developing and implementing Functional Needs Support Service (FNSS) in general population shelters cannot be overstated and cannot wait to be identified and put into place once 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 entire community by creating unnecessary surges on emergency medical resources.

It is the intent of this plan to provide guidance to emergency planners, alternate care facility personnel, and supporting agencies to appropriately distinguish people who have functional needs from those who have medical needs.

The Region V Hospital Committee’s Special Needs Alternate Care Site Plan is a part of a larger state-wide

disaster plan that facilitates collaboration between community agencies to provide sites that are capable of providing safe refuge for individuals who require the supervision of a health care professional during the time

of a disaster. The alternate care sites serve individuals with minor health, mental or medical conditions who require professional oversight and assistance but who do not require hospitalization. This Special Needs Alternate Care Site Plan includes information on:

- Identification – how staff that might be operating the Alternate Care Sites (ACS), can adequately identify Special Needs Populations, so that they can be accurately triaged
- Communication – ideas / tools to be able to communicate with different Special Needs Populations that might present to the ACS
- Supplies – some supplies that might be beneficial to have on hand at ACS
- ACS Treatment – based on the scope of the ACS, how these patients will be triaged and treated along with other patients

## IDENTIFICATION & INTAKE

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Often the task of identifying residents with special needs and then providing services when needed appears overwhelming to emergency planners. The problem is exacerbated by the fact that hazardous events and disasters generally stretch emergency services and limit personnel who can be directed toward that effort in a hazardous event. It is important to note that individuals are not required to provide information about their disability or access or functional needs, but the opportunity to provide that information must be given. It is imperative for alternate care site personnel, emergency managers, and disaster relief volunteers to 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. An individual request for an accommodation, based on disability, should be provided even if not requested during the initial intake. Unless residing in special facilities, those with cognitive, mental, or emotional problems are the least likely to be recognized as having special needs without self-identifying.

Advocacy groups are an important component in the special needs communities, including direct service providers or non-service providers. Both types should be involved in identifying individuals with special needs as they can bring specialized information, subject-matter experts, and additional resources to the table. These organizations frequently find themselves being the lifeline to people with special needs during and after a crisis. Special efforts should be made to include them in the planning process with the understanding that as advocates, these groups will bring their own agenda to the table.

[http://emc.ornl.gov/publications/PDF/Population\\_Special\\_Needs.pdf](http://emc.ornl.gov/publications/PDF/Population_Special_Needs.pdf)

This identification problem can be addressed by coordinating state and local agencies providing services to special-needs groups, not-for-profit advocacy groups, and community outreach programs prior to the event. Coordinating resources to address the needs of special needs populations involves identifying stakeholders, agencies, non-governmental organizations, health-care providers and grassroots organizations that work with disadvantaged individuals or persons with special needs. Relying on a single agency to coordinate resources will not result in the outcomes needed to support the process, thereby requiring the identification of a Special Populations Liaison Team (SPLT) for all parties involved.

# SPECIAL POPULATIONS LIAISON TEAM

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The Special Populations Liaison Team will work alternate care site personnel to address the needs of those residents of the region who are deaf and hard of hearing, totally and legally blind, those with physical, cognitive, or developmental disabilities, persons with mental illness, and those with limited English proficiency, who may require special assistance following an emergency or disaster.

The SPLT will provide guidance to ensure access to emergency response and recovery services for the vulnerable and hardest to reach populations and will assist with the response to the needs of people in an alternate care site who have access or functional needs. The purpose of the SPLT is to educate alternate care site personnel and disaster relief organizations on how to conduct accurate assessments of people with these needs as they arrive at the general population shelters. These assessments evaluate the functional needs a person has and determines resources necessary to support these needs in the general population shelter.

SPLT will be comprised of personnel from community-based organizations and non-governmental organizations ready to respond and deploy to disaster areas to work in alternate care sites with the members having extensive knowledge of the populations they serve, their needs and available services and resources including housing, benefit programs and disaster aid programs. They will assist in meeting essential Functional Needs so people can maintain their usual level of independence during disasters and emergencies.

# ALTERNATE CARE SITE INTAKE PROTOCOL

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The American Red Cross has extensive experience opening general population shelters and providing mass care services to people affected by different types of disaster and have recently developed an intake and assessment tool in partnership with the US Department of Health and Human Services. The most recent version of this tool from June 2008 is included as the primary intake resource. At a minimum, the alternate care site intake process will ascertain needs related to critical services such as prescription medications, personal care assistance, dietary needs, etc. The following list of items will be addressed in an alternate care site intake process and are included on the attached form:

- \_ Medicine
- \_ Equipment or electricity to operate equipment
- \_ Caregiver/personal assistant support
- \_ Service animals
- \_ Severe environmental, food or medication allergies
- \_ Hearing assistance
- \_ Sign language
- \_ Visual assistance
- \_ Mobility assistance

Staff members who are doing the initial intake process with alternate care site residents will have access to language and sign language interpreters to assist those with functionally defined communication needs such as those demonstrated by limited English proficient populations and individuals who are deaf or hard-of-hearing. They will also have access to medical and behavioral personnel who can make determinations regarding medical and mental health care.

The intake tool will provide a starting point for both determining the needs of individuals as they come into the alternate care site and the resources individuals have brought with them. The utilization of this tool will assist in helping to more quickly meet the functional and access needs of alternate care site clients.

**SEE APPENDIX A FOR THE FOLLOWING:**

Intake and Evaluation

American Red Cross Initial Intake and Assessment Tool

# SEE APPENDIX A FOR THE FOLLOWING:

## Intake and Evaluation

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____	Shelter Name/CLT/ISB#: _____	DRO Name #W: _____	
Family List Name: _____		Does the family need language assistance/interpreter? _____	
Name(s) of gender of all family members present: _____			
Home Address: _____		Home Phone: _____	
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Close	Action to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/NO	If life threatening, call 911. If Yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
<b>STOP HERE!</b> REFER to: HS Yes, No // DMH Yes, No // Interviewer Initials: _____			
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
DISASTER AND SUPPORT INFORMATION	Close	Action to be taken	Comments
How do you best describe or understand the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you take a condition that requires any special medication to support? (Diabetes, diabetes, applies, insulin, oxygen, dialysis, or any applicles, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you please try looking 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	Close	Action to be taken	Comments
Do you take any medication 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 take the medication with you?	YES / NO	If No, identify medications and process for replacement.	

Form No. 9-20-03

Initial Intake and Assessment Tool

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Close	Action to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to the first, ask the next two questions. If No, skip the 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 consultation with the shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (specify).	
VISION	Close	Action to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to the first, ask the next two questions. If No, skip the next two questions.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining vision questions and go to activities of daily living section.	
Do you use a white cane?	YES / NO	If Yes, ask the next two questions. If No, skip the next two questions.	
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, coordinate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Close	Action to be taken	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, contact 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 two questions. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
DIET	Close	Action to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify shelter manager.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify shelter manager.	
MENTORSHIP / HUMAN RELATIONS EVALUATION	Close	Action to be taken	Comments
See client in interview. Has the person been able to express their needs and make choices?	YES / NO	If No or unclear, consult with HS, DMH and shelter manager.	
See client in interview. Can the shelter provide the assistance and support needed?	YES / NO	If No, coordinate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/DMH Signature:		Date:

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Form No. 9-20-03 2 Initial Intake and Assessment Tool

# SEE APPENDIX A FOR THE FOLLOWING:

## Intake and Evaluation

### Alternate Care Site Intake and Evaluation Tool

ALTERNATE CARE SITE INTAKE/EVALUATION FORM

Last Name:		First Name:		Middle Initial:	Last 4 digit of SS: XXX-XX-XXXX
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Date of Birth:	Telephone:	Primary Language:
Street Address:		Lot/Apt #	City:	Zip Code:	
Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Relative <input type="checkbox"/> Other If other, please explain: _____					
Mailing Address (if different):		City:	Zip Code:	Mobile Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Emergency Contact Name:		Relationship:	Telephone:		
Out of Town Emergency Contact Name:		Relationship:	Telephone:		
Caregiver Name:		Relationship:	Telephone:		
Only immediate family living in household or caregiver can accompany you to the alternate care site.					
Primary Doctor's Name:			Home Health Agency if applicable:		
Telephone:			Telephone:		
Name Your Medical Issues: (Bring List of Medications with you to the Alternate Care Site):					
Are you under the care of HOSPICE? <small>HOSPICE patients do NOT need to complete the remainder of this form. Contact your HOSPICE caregiver to arrange for special needs shelter and/or transportation.</small>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
TRANSPORTATION: Do you need a ride to the Alternate Care Site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mobility Assessment: (Check all that apply)			Electric Dependent (Check all that apply)		
<input type="checkbox"/> I can walk independently <input type="checkbox"/> I use a cane <input type="checkbox"/> I use a walker <input type="checkbox"/> I use a wheelchair/cooler <input type="checkbox"/> I have partial use of limb <input type="checkbox"/> I am confined to bed <input type="checkbox"/> I use a lift to get in/out of bed or out of toilet <input type="checkbox"/> I have a hearing impairment <input type="checkbox"/> I am deaf <input type="checkbox"/> I have a visual impairment <input type="checkbox"/> I am blind			<input type="checkbox"/> Feeding Pump <input type="checkbox"/> Suction Pump <input type="checkbox"/> Nebulizer <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> CPAP/BIPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Concentrator <input type="checkbox"/> Dials <input type="checkbox"/> Other _____ <input type="checkbox"/> Oxygen If checked complete the following: No. of hrs. daily _____ Liter Flow _____ Portable Tank <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cognitive/Communication Assessment: (Check all that apply)			Special Care: (Check all that apply)		
<input type="checkbox"/> Mental Illness <input type="checkbox"/> Alzheimers / Dementia <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Depression <input type="checkbox"/> I do not communicate verbally <input type="checkbox"/> I use an augmentative communication device			<input type="checkbox"/> Open Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinence <input type="checkbox"/> I need a nurse or caregiver to administer medication to me		
<input type="checkbox"/> I have a trained service animal. If checked, what kind: _____					
<small>By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. The information contained here will be kept confidential.</small>					
Signature of Individual Guardian				Date Signed	
Return form to: (INSERT ALTERNATE CARE SITE CONTACT INFORMATION HERE! -ADDRESS, FAX, EMAIL)					
For Other Use Only (Special Needs):					
<input type="checkbox"/> ACS <input type="checkbox"/> Special Needs Shelter <input type="checkbox"/> Hospital <input type="checkbox"/> Dials <input type="checkbox"/> Aq/q Services <input type="checkbox"/> Other					

Failure to complete the entire form WILL delay your evaluation!

# **TRIAGE SCREENING**

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Initial questions will be asked of alternate care site individuals as they enter into the facility to determine whether they may have a medical emergency or are presenting significant emerging symptoms. The alternate care site will use the most current Assessment and Intake Tool for initial triage.

The following establishes reasonable triage criteria the Alternate Care Site's qualified medical professional might employ during a public health event resulting in a large scale displacement of citizens from their normal place of residence. These criteria should be considered in determining whether an individual with special medical needs should be taken to an Alternate Care Site (ACS) or to a hospital for emergency care and admission screening. Those exhibiting critical and/or emergency health indicators should receive immediate emergency care by EMS or qualified staff onsite, until transport can be achieved. Those answering "Yes" on the alternate care site Initial Intake and Assessment Tool question "Do you have medical or health concern or need right now" should receive immediate attention.

The consensus criteria for those individuals who do not require immediate care in an acute care facility, but have medical needs to the degree that their health and well-being may be in jeopardy (especially under the extraordinary conditions that may prevail in the circumstances surrounding mass displacement of residents):

- Those individuals who depend on a caregiver to assist with the accomplishment of activities of daily living (ADLs) and for whom a care-giver and a safe environment are not available.
- Those individuals who are technologically dependent; i.e., require oxygen and/or some type of mechanical device to sustain normal function and enable ADLs, e.g., oxygen concentrators or portable O2 units, respirators, access to periodic dialysis treatment, etc.
- Those individuals who are dependent on specialized medications in order to maintain their health status and for whom those medications are unavailable due to the circumstances. This may include those who have been on home IV therapy.
- Additionally, some individuals may be at high risk during a "population displacement" event who would not otherwise be at risk. Examples include pregnant and the newborn or post-surgical patients recently released from a hospital

### LEVEL OF CARE TRIAGE MATRIX

Condition	General Shelter	Medical Needs Shelter (ACS)	Medical Management Facility (Hospital)
Alzheimer 's disease (ALZD)	Early	Moderate, cooperative, Not a flight risk.	Advanced. Confined to a bed; nonverbal; Refusal to eat; totally dependent
Ambulating Difficulty (walker, cane, crutches)	✓	If other information may indicate a need	
Ameliorating Lateral Sclerosis (ALS) wheelchair		Wheelchair-user, able to transfer from chair to bed	Advanced, Confined to a bed, totally dependent
Aphasia (communication difficulty)		✓	
Arthritis	Self-ambulating	Wheelchair-user, able to transfer from chair to bed	Confined to a bed, requires pain management
Asthma	✓	Requires nebulizer treatments	Unstable, requires urgent medical evaluation, O2 sat below %
Bronchitis	✓	If requires nebulizer treatments	Unstable, requires urgent medical evaluation, O2 sat below %
Cardiac	Stable, oral meds	Controlled with Med.	Unstable –Having SOB & Angina
Cerebral Palsy	Stable	✓	Severe, Confined to a bed, total dependent
Cerebrovascular Accident (CVA)		Wheelchair-user, able to transfer from chair to bed.	Confined to a bed
Chronic Obstructive Pulmonary Disease (COPD)		Oxygen Use	Oxygen dependent, end stage
Colostomy	✓	Assistance needed	Post surgical ostomy
Comatose			✓
Contagious, severe infection			Hepatitis, Tuberculosis, Measles or mumps in adult
Continuous Ambulatory Peritoneal Dialysis(CAPD)			✓
Cystic Fibrosis	Stable	Needs meds	Respiratory Compromise
Dementia		Able to follow instructions, not a flight risk	End stage, Confined to a bed
Diabetes/Hyperglycemia	Insulin and diet controlled	Insulin Administration Assistant monitoring	Brittle diabetic, glucose over on dialysis
Eating and Swallowing Disorders	✓Eating disorder under control	Stable anorexia/bulimia under treatment. Swallowing disorders requiring thickeners and gastric feedings.	No gag reflex, history of aspiration requires suction airway management

Edema	✓ Mild, related to position or non-acute injury as in a sprain	Related to mild CHF and position	Acute CHF or other metabolic condition requiring urgent medical management
Examples	American Red Cross Evacuation Center	Special Needs Shelter	Medical Management Facility
Emphysema	Not oxygen dependent	Oxygen use, minimal monitoring	Oxygen dependent, end stage
Foley Catheter	Stable	Management & Foley Change	Catheter management post surgical procedure
Fractured Bones	✓	Pin site Care Dressing Changes	Acute injury requiring monitoring and pain management
High Blood Pressure/ Hypertension	Stable	Monitor, assistance with medications	Uncontrolled, requires urgent medical management
Hip Replacement	>6 months	<6 months	
Ileostomy	✓	Requires assistance in self-care	Recent surgical procedures
Intellectual Disability	✓	Requires assistance in self-care; communication	
Knee replacement	>6 months	<6 months	
Medical Equipment Attachments		G-Tubes	IV, NG –Tubes, Central Venous <b>CATHETERS OR TRACHEOTOMY</b> Tube (newly placed or requires frequent suctioning)
Migraine Headaches	✓		
Multiple Sclerosis	Self-ambulating	Wheelchair-user	Confined to a bed
Muscular Dystrophy	Self-ambulating	Wheelchair-user	Confined to a bed
Neuromuscular Disorders	Self-ambulating	Wheelchair-user	Confined to a bed
Osteoarthritis/Osteoporosis	Self-ambulating	Wheelchair-user	Confined to a bed
Parkinson's Disease			Advanced
Psychosis	Controlled	Controlled	Uncontrolled
Respirator Ventilator Dependent			✓
Seizures	Controlled	Med Assistance Needed	Uncontrolled
Skin Rashes	Sores/Non-Fluid	Open sores; draining, dressing changes	Infectious
Sleep Apnea	Non-electric dependent		Electric dependent, CPAP
Upper respiratory infection	✓	✓ Isolation	Requires urgent medical evaluate Fever/O2 sat %
Urinary Tract Infection	✓		
Wheelchair Transferable	Mobile with minimal Assistance	Wheelchair bound with Other conditions	Confined to a bed

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# COMMUNICATION

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In addition to persons who are non-English speaking, other residents within the alternate care site will also require accommodations to ensure their access to all written and verbal communications. The alternate care site manager will need to ensure that all persons receive/understand alternate care site announcements for their safety and well-being.

- 1 *Important Communication Considerations* Be aware of the following needs.
- 2 *People with Visual Disabilities*– Consider the need to make printed information accessible and to provide a verbal orientation when people with visual disabilities encounter a new environment (i.e., upon entering a disaster alternate care site). See alternatives for written information below.
- 3 *People who are Deaf or have Hearing Impairments*– For many persons who are deaf, sign language is the primary means of communication. People who are hard of hearing typically have functional speech and communicate primarily through speech.
- 4 *Persons with Developmental or Cognitive disabilities*– In general, persons with developmental or cognitive disabilities may have trouble processing information unless it is presented simply and slowly.
- 5 *Disaster victims in general*– Some persons may not fully understand the extent of what is happening in the alternate care site. Take time to listen carefully or to explain again.
- 6 *Improving Communication until Resources Arrive* The following are ways to support communication access until resources arrives (see the subsection that follows).
- 7 *To Meet Most Basic Communication Needs*– Have note pads, pens and pencils available at the alternate care site for staff or volunteers to use in communicating with Deaf or hearing-impaired persons and with persons who seem disoriented. Keep language simple and draw pictures if necessary. Whenever there are spoken alternate care site announcements, these same announcements need to be summarized in writing and posted on a central message board. Flashing lights could precede the announcement so that alternate care site residents with hearing loss are informed that an announcement is forthcoming. If electricity is available, it might be possible to use an electronic board to provide short scrolling text of what was said.
- 8 *Alternatives for Written Information*– The usual options include Braille, large print (16 point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, always communicating any written information orally may be adequate for people who are visually impaired.

- 9 *Hearing Aids* – Hearing aids amplify background noise and alternate care site environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.
- 0 *Comprehension* – Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly; use simple language and speak with short sentences.
- 1 *Repeat Back* – Have the person repeat back what you said as a check to see if you are being understood.
- 2 *Disaster victims in general* – Some persons may not fully understand the extent of what is happening in the alternate care site. Take time to listen carefully or to explain again.
- 3 *Resources to Help with Communication Access* (requests for these resources may be referred to the Special Populations Liaison Team for acquisition):
- 4 *ASL Interpreters* – A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication. The alternate care site manager can contact the associated Acute Care Facility or Hospital to have an ASL interpreter provided for the alternate care site.
- 5 *TTYs or CapTel Phones* – For telephone communication, once telephones are operational, persons who are deaf might require a telephone device that transmits typed text (TTY or TDD). CapTel phones also receive text of the other person’s speech, but allow for much faster communication as they go through a different relay service. Again, the alternate care site manager can contact the hospital to fill this need.
- 6 *Captioning* – Captioning provides a visual representation for verbal communication and for the audio portion to video communication. Captioning includes both open/closed captioning where the audio being captioned appears visually in a scroll box on the TV screen. Real-time captions involve a trained captioner typing out a visual representation of the verbal communication.
- 7 *Assisted Listening Devices* – Any type of device that will help the person to function better in day-to-day alternate care site communication situations.

## **SUPPLIES** - *Anticipated Alternate Care Site Resource Requests may include:*

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- Personal Care Assistance (In Home Supportive Services)
- American Sign Language (ASL) Interpreters
- Transfer Boards
- Ostomy supplies
- Air Mattresses, Egg Crate Foam Mattresses, or Foam Pads
- Higher Cots (for safe transfer)
- Hearing Aide Batteries of different sizes (including batteries for cochlear implants)
- Portable TTY or TDD Phones (telecommunication device for persons who are deaf)
- Video Phones
- Portable Ramps
- Shower Chairs
- Equipment for recharging wheelchair batteries
- Large Handled Eating Utensils
- Two Handled Drinking Mug
- Flexible Straws
- Disposable Briefs
- Barrier Masks (or fabric facial masks)
- Toilet Lifters or Portable Accessible Commode
- Insulin and other Medications
- Oxygen
- Wheelchairs, canes and other mobility aids
- Medical supplies
- Disposal of medical supplies
- Blender or Cuisinart (for people with modified diet needs)
- Magnifier with minimum 4x strength
- Computer with Screen Reader programming
- Communication Boards
- Ipad and/or Ipad
- White or blackboard displays in shelters

## **TREATMENT** - *Personal Care Considerations*

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Some persons with disabilities are fully independent, while other persons may require moderate assistance within the alternate care site. Respect the independence of all alternate care site residents to the extent possible. Let people with disabilities make their own determination about what level of care and assistance they need. Where assistance is needed, community volunteers, or other alternate care site residents, may provide that assistance. If a personal attendant is employed to help with care needs at home, ask the person if their attendant is available to provide that same support in the alternate care site. In fact, the individual may ask for personal assistance. Agencies that provide personal care assistance can also be contacted to provide additional supportive services, however, an individual must first give their permission before a request is made.

### 1) *People with Mobility Disabilities:*

- *Transfer Assistance* – Some persons using a wheelchair may need assistance transferring from their chair to a bed or cot, but can then proceed without assistance. Ask for advice on safe methods before lifting or moving the person. If you are unsure, or untrained in providing transfer assistance, ask for help.
- *Meals* – Ask if the person would like assistance when going through feeding lines.
- *Cot Space* – Assign a cot space in an area where access to other facilities like eating areas and restrooms does not take the person through an obstructed area.
- *Sleeping Accommodations* – Persons who have paraplegia (loss of function in lower body) or quadriplegia (paralysis of both arms and legs) may experience circulation problems and require a softer sleeping surface than cots provide. An air mattress can alleviate this discomfort.
- *Battery Charging* – A person using a motorized wheelchair or scooter will need a place within the alternate care site to recharge their batteries.

### 2) *People with Visual Disabilities:*

- *Reading and Mobility Assistance* – Volunteers can help as sighted guides or readers.
- *Cot Space* – Locate sleeping space along a wall or in a corner to make it easier to find. Also, keep doors closed or wide-open – a person who is blind regards a partially open door as fully open without realizing an obstruction waits.

3) *People with Developmental or Cognitive Disabilities* – Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of persons with developmental or cognitive disabilities.

4) *People Who Are Deaf or Hearing Impaired* – Volunteers can help with basic communication needs – writing or slowly repeating instructions.

5) *Visible Tension and Anxiety* – People with and without disabilities react to disasters differently. All disaster victims experience some emotional impact. If a person within the alternate care site becomes agitated, help them find a quiet corner away from the confusion to reduce stress. Keep your communication simple, clear and brief. If the person appears to be delusional, don't argue with them or try to "talk them out of

it.” Just let them know you are there to help them. Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.

- 6) *Persons dependent on medical equipment or home health care* will need to bring the equipment, and/or the personal support they receive at home, with them to the alternate care site. An area of the alternate care site can be sectioned-off to provide for more privacy.
- 7) *Privacy Area* – Create a section of the alternate care site that is separate from the other alternate care site residents for use as a “privacy room”. Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, other alternate care site residents -- some elderly persons, persons with psychiatric disabilities, and even parents with very young children -- may benefit from a quieter space.
- 8) *Alternate Care Site Isolation Area* – Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. To the extent possible and for the benefit of all alternate care site residents, a no scent policy is advisable in the alternate care site, which extends to using non-scented alternate care site supplies and cleaning materials. People with seriously weakened immune systems (e.g., some persons with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within alternate care sites.

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**INTAKE AND EVALUATION TOOLS**

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**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 <b>right now</b> ?	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>

**STOP HERE!**

REFER to: HS Yes  No  DMH Yes  No  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.

**ALTERNATE CARE SITE INTAKE/EVALUATION FORM**

**Failure to complete the entire form WILL delay your evaluation!**

Last Name:	First Name:	Middle Initial:	Last 4 digit of SS: XXX-XX-
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Date of Birth:	Telephone:	Primary Language:
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Street Address:	Lot/Apt #	City:	Zip Code:
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Living Arrangements:  
 Alone  With Relative  Other If other, please explain: \_\_\_\_\_

Mailing Address(if different):	City:	Zip Code:	Mobile Home?: <input type="radio"/> Yes <input type="radio"/> No
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Local Emergency Contact Name:	Relationship:	Telephone:
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Out of Town Emergency Contact Name:	Relationship:	Telephone:
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Caregiver Name:	Relationship:	Telephone:
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**Only immediate family living in household or caregiver can accompany you to the alternate care site.**

Primary Doctor's Name: Telephone:	Home Health Agency if applicable: Telephone:
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Name Your Medical Issues: (Bring List of Medications with you to the Alternate Care Site):

Are you under the care of HOSPICE? *HOSPICE patients do NOT need to complete the remainder of this form. Contact your HOSPICE caregiver to arrange for special needs shelter and/or transportation.*  
 Yes  No

**TRANSPORTATION: Do you need a ride to the Alternate Care Site?  Yes  No**

Mobility Assessment: (Check all that apply) <input type="checkbox"/> I can walk independently <input type="checkbox"/> I use a cane <input type="checkbox"/> I use a walker <input type="checkbox"/> I use a wheelchair/scooter <input type="checkbox"/> I have partial use of limb <input type="checkbox"/> I am confined to bed <input type="checkbox"/> I use a lift to get in/out of bed or on/off toilet <input type="checkbox"/> I have a hearing impairment <input type="checkbox"/> I am deaf <input type="checkbox"/> I have a visual impairment <input type="checkbox"/> I am blind Cognitive/Communication Assessment: (Check all that apply) <input type="checkbox"/> Mental Illness <input type="checkbox"/> Alzheimer's / Dementia <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Depression <input type="checkbox"/> I do not communicate verbally <input type="checkbox"/> I use an augmentative communication device	Electric Dependent (Check all that apply) <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Suction Pump <input type="checkbox"/> Nebulizer <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> CPAP/BPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Concentrator <input type="checkbox"/> Dialysis <input type="checkbox"/> Other <input type="checkbox"/> Oxygen If checked complete the following: No. of hrs. daily      Liter Flow      Portable Tank <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> I have a trained service animal If checked, what kind: _____	Special Care: (Check all that apply) <input type="checkbox"/> Open Wound <input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinence <input type="checkbox"/> I need a nurse or caregiver to administer medication to me
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*By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. The information contained here will be kept confidential.*

**Signature of Individual/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_**

**Return form to: (INSERT ALTERNATE CARE SITE CONTACT INFORMATION HERE! – ADDRESS, FAX, EMAIL)**

For Office Use Only (Check all that apply):  
 ACS  Special Needs Shelter  Hospital  Dialysis  Aging Services  Other \_\_\_\_\_

# APPENDIX B

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## ADDITIONAL RESOURCES & PLANNING COMPONENTS

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# SHELTER/ALTERNATE CARE SITE CHECKLIST

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## PERSONAL HEALTH CONCERNS

- I have a visual impairment
- I have a hearing impairment
- I have a developmental/cognitive impairment
- I have bowel/bladder incontinence
- I have unstable hemodialysis
- I need help with my medications
- I have allergies

## MOBILITY / SPECIAL EQUIPMENT (check all that apply to you):

- Cane
- Walker
- Wheelchair
- Scooter (electric)
- Service animal
- Feeding tube, blender, liquid food
- Quadriplegic
- Paraplegic
- Amputee
- Oxygen dependent
- Nebulizer
- CPAP / BiPAP

## ALTERNATE CARE SITE NEEDS

- Emergency Public Shelter
- Alternate Care Site
- Medical Management/Hospital

## TRANSPORTATION NEEDS

- I will provide my own transportation to the alternate care site
- I need a ride to the alternate care site. I require the following type of transportation:
- I can walk to a bus pickup point
- I can walk limited distances only
- I am ambulatory with assistive device
- I require a wheelchair / scooter for mobility – need accessible bus or van
- I am confined to a bed – require stretcher/ambulance transport

**Special Care Alternate Care Site may be required for the following conditions (please check all that apply to you):**

# SHELTER/ALTERNATE CARE SITE CHECKLIST

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The physician in charge of the Health Department will review each application and assign the shelter most appropriate based upon the information provided on this application. It is advised that you bring a Companion or Caregiver if you are assigned to either a Special Care Shelter or Alternate Care Site/Hospital Shelter.

\_\_\_\_\_ Walks less than 100 feet without assistive device

Wheelchair User

Oxygen dependent  liters per minute

Ostomy,  Foley,  External catheter,  Self-catheter

Recent hospital discharge (physician/patient judgment)

Transfers with assistance but weighs less than 300 lbs.

Home peritoneal dialysis

Unable to make independent judgments for own welfare (i.e. Alzheimer's, dementia, etc.)

Terminally ill (Hospice shelter as first preference)

Requires constant, reliable source of electricity

Chronic wounds/ulcers requiring dressing changes

Medical equipment required at least 4 times daily (i.e. IV pump, nebulizer, etc.)

Requires assistance or supervision with medications, IM or IV injections

Other – give details below

**Medical Management/Hospital may be required for the following conditions (check all that apply to you):**

Your doctor must send us written authorization in the form of a letter or script, dated for the current year, stating the reasons for hospital sheltering before a shelter will be assigned. Shelteree takes original script or letter with him/her if evacuated.

Confined to Bed

Weighs more than 300 lbs. and requires personal or mechanical assistance (Hoyer) with transfers

Ventilator dependent

Combative, prone to wander, violent tendencies

Medical equipment other than oxygen required continuously (specify below)

Additional medical information:

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# REPORTING GUIDELINES TO BE CONSIDERED

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## 1. Types of Special Needs Categories

- a. Level 0: Persons who have no medical needs, but require transportation assistance for evacuation.
- b. Level 1: Persons dependent on others or in need of others for routine care (eating, walking, toileting, etc.) and children under 18 without adult supervision.
- c. Level 2: Persons with physical, sensory, psychiatric, cognitive or developmental disabilities.
- d. Level 3: Persons requiring assistance with medical care administration, monitoring by a nurse, dependent on equipment (including dialysis), assistance with medications, and mental health disorders.
- e. Level 4: Persons outside an institutional facility care setting who require extensive medical oversight (i.e. IV chemotherapy, ventilator, life support equipment, hospital bed and total care).
- f. Level 5: Persons in institutional settings such as hospitals, long-term care facilities, assisted living facilities, and state schools.

## 2. Special Needs Sheltering

Special Needs Shelters are refuges of last resort to maintain the current health, safety, and well being of the medically dependent individuals who are acutely ill, or individuals who meet a multitude of human needs both physical and psychological under adverse conditions, to the extent possible.

- a. Levels 1 and 2 who can live independently or who have caregivers accompanying them may be housed in a general population shelter. Facilities should provide nearby space for caregivers, family members, and provide appropriate care for companion pets.
- b. Level 3 and Levels 1 and 2 with or without caregiver support may be housed in an alternate care site or in designated areas within a general population shelter. Facilities should include space for caregivers, family members, and provide appropriate care for companion pets.
- c. Level 4 will be housed in an acute care hospital, long-term care facility, or alternative care site.
- d. Level 5 will be a facility-to-facility transfer (i.e. hospital to hospital, long-term care to long-term care, long-term care to hospital, assisted living to assisted living, etc.).

## 3. Transportation of Evacuees Who Have Special Needs

- a. Level 0-1: mass transit (accessible buses/vans, trains, airplanes) or personal autos
- b. Level 2: mass transit (accessible buses/vans, trains, airplanes) or personal autos
- c. Level 3: mass transit, personal autos, and accessible buses/vans
- d. Level 4: ground or air ambulance, mass transit or accessible buses/vans
- e. Level 5: ground or air ambulance, mass transit or accessible buses/vans

# Emergency Preparedness and Individuals with Disabilities

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## Tips for First Responders

Distributed With Permission By:



912 Market Street  
Parkersburg, WV 26101  
304-422-3151 / [www.arcwd.org](http://www.arcwd.org) / [info@arcwd.org](mailto:info@arcwd.org)

Dear First Responder:

Whether you are responding to an emergency caused by natural forces such as a fire, flood or tornado, or one caused by a terrorist attack, you may encounter persons with some type of disability who will require assistance. Some disabilities, such as those involving physical impairments may be obvious. Other disabilities, such as mental illness, are more difficult to detect. In many cases, you can't tell just by looking at the person whether they have a disability.

Many first responders have requested quick, easy- to-use procedures for assisting persons with disabilities. These tip sheets provide information about many types of disabilities you can use during emergencies as well as during routine encounters. They are not meant to be comprehensive, but contain specific information that you can read quickly either before or while you are actually responding to an incident.

If you would like more information about how to best assist persons with disabilities or have suggestions for future editions of this guide, please contact us.

## Seniors

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### **Always ask the person how you can best assist them.**

- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- Older people may fear being removed from their homes be sympathetic and understanding and explain that this is temporary.
- Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?
- If the person has a vision loss, identify yourself and explain why you are there. Let the person hold your arm and then guide them to safety.
- If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.
- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calming voice. Ask yes or no questions: repeat them if necessary. Maintain eye contact.

## People with Service Animals

---

### **Traditionally, the term “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals.**

- Remember – a service animal is not a pet.
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- Plan to evacuate the animal with the owner. Do not separate them!
- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You must accept that he/she has a disability. If you have doubts, wait until you arrive at your destination and address the issue with the supervisors in charge.
- The animal need not be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability – please be understanding and treat the animal as a service animal.
- A service animal must be in a harness or on a leash, but need not be muzzled.

## People with Autism

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### Communication

- Speak calmly - use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.

Allow extra time for the person to respond.

- The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.

Avoid using phrases that have more than one meaning such as "spread eagle" "knock it off" or "cut it out".

Visually check to see if there is wallet identification or an ID bracelet that identifies the person as having an autism spectrum disorder.

- Some people with autism don't show indications of pain - check for injuries.
- 
- 

### Social

- Approach the person in a calm manner. Try not to appear threatening.
- The person may not understand typical social rules, so may be dressed oddly, invade your space, prefer to be farther away from you than typical, or not make eye contact.

## People who are Blind or Have A Visual Impairment

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- There is a difference between visual impairment and blindness. Some people who are "legally blind" have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don't be afraid to use words like "see," "look," or "blind."
- State the nature of the emergency and offer them your arm. As you walk, advise them of any obstacles.
- Offer assistance but let the person explain what help is needed.
- Do not grab or attempt to guide them without first asking them.
- Let the person grasp your arm or shoulder lightly for guidance.
- They may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- If leading several individuals with visual impairments, ask them to guide the person behind them.

## **People with Autism**

~~Remember that you'll need to communicate any written information orally.~~

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- When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- If the person has a service animal, don't pet it unless the person says it is ok to do so. Service animals must be evacuated with the person.
- Refer to the section on People with Service Animals.

## **People Who are Deaf or Have A Hearing Impairment**

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- There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids on.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not increase clarity.
- If possible, flick the lights when entering an area or room to get their attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Check to see if you have been understood and repeat if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient – the person may have difficulty understanding the urgency of your message.
- Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- While written communication should work for many people, others may not understand English well enough in English to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

## **People Who Have A Mental Illness**

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- You may not be able to tell if a person has a mental illness until you have begun the evacuation procedure.
- If a person begins to exhibit unusual behavior, ask if they have any mental health issues you need to be aware of. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly and in a normal speaking tone.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If they are confused, don't give multiple commands – ask or state one thing at a time.
- Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.
- If the person is delusional, don't argue with them or try to "talk them out of it". Just let them know you are there to help them.
- Ask if there is any medication they should take with them.
- Try to avoid interrupting a person who might be disoriented or rambling – just let them know that you have to go quickly.
- Don't talk down to them, yell or shout.
- Have a forward leaning body position – this shows interest and concern.

## People with Mobility Impairments

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- Always ask the person how you can help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. Ask!
- Here are some other questions you may find helpful.
  - "Are you able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair?"
  - "You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance."
  - "Do you have full use of your arms?"
- When carrying the person, avoid putting pressure on his or her arms, legs or chest. This may result in spasms, pain, and may even interfere with their ability to breathe.
- Avoid the "fireman's carry." Use the one or two person carry techniques.

### Crutches, Canes or Other Mobility Devices

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why.
- Ask if you can help by offering to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

### Evacuating Wheelchair Users

- If the conversation will take more than a few minutes, sit down to speak at eye level.
- Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Ask before you assume you need to help, or what that help should be.

### Carrying Techniques for Non-Motorized Wheelchairs

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

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

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

## **Motorized Wheelchairs**

- Motorized wheelchairs may weigh up to 100 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what, if any, angle to tip the chair backward.
- Turn the wheelchair's power off before lifting it.
- Most people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

## **People with Cognitive Disabilities**

---

### **Say:**

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

### **Show:**

- Your picture identification badge (as you say the above).
- That you are calm and competent.

### **Give:**

- Extra time for the person to process what you are saying and to respond.
- Respect for the dignity of the person as an equal and as an adult (example: speak directly to the person).
- An arm to the person to hold as they walk. If needed, offer your elbow for balance.
- If possible, quiet time to rest (as possible, to lower stress/fatigue).

### **Use:**

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.

**Predict:**

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

**Ask for/Look for:**

- An identification bracelet with special health information.
- Essential equipment and supplies (for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Mobility aids (for example, assistance or service animal).
- Special health instructions (for example: allergies).
- Special communication information (for example, is the person using sign language)?
- Contact information.
- Signs of stress and/or confusion (for example, the person might say [s] he is stressed, look confused, withdraw, start rubbing their hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

**Repeat:**

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

**Reduce:**

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

**Explain:**

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

**Share:**

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

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Designed by Crick Design 505-296-8408

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# Emergency Shelter Accessibility Checklist

An Assessment Tool for  
Emergency Management Staff and Volunteers

Produced by Connecticut State Office of  
Protection and Advocacy for Persons with Disabilities

Checklist format courtesy of Americans with Disabilities Act Coalition of  
Connecticut, Inc.

For technical assistance, please contact Elanah Sherman at 860-297-4322 (V), 860-297-4380 (TTY), 800-842-7303 (V/TTY) or [Elanah.Sherman@po.state.ct.us](mailto:Elanah.Sherman@po.state.ct.us)

PLEASE NOTE: THE PAGES FROM THIS POINT ON  
REFLECT THE PAGE NUMBERING OF THE ORIGINAL  
DOCUMENT THAT WAS ADDED AS AN APPENDIX TO THIS PLAN.

This checklist has been developed to assist in assessing and improving the accessibility and usability of emergency shelters and evacuation facilities. It represents a selection of requirements and may not always reflect the most recent code updates. This checklist is not intended to assess whether a facility fully complies with all building codes or other legal requirements, or to serve as a substitute for formal inspections conducted by duly authorized public health and safety officials.



# Introduction

Accessibility cannot be assessed simply by taking a quick look around or noting the presence or absence of features like ramps and automatic doors. Nor is it safe to assume that a building used as a school or for some other public purpose will automatically meet the accessibility needs of people seeking shelter, even if it is relatively new. The only way to be sure is to actually check.

Valid accessibility assessment involves a methodical, area-by-area examination with lots of measuring and trying things out. Are the parking and drop-off areas level and smooth or is the pavement cracked, cratered, or excessively sloped? How much force is needed to open the doors? Once the doors are open, how wide are the doorways? If there is a ramp, how steep is it? (If it is too steep, a person who uses a wheelchair may not be able to climb it or safely descend.) And, does it have railings that help people pull themselves up while keeping them from drifting over the edge? If a ramp leads up to a doorway, is there a big enough platform at the top to allow a person using a wheelchair, walker or crutches to open the door without rolling backwards or risking a fall? Is the interior "path of travel" wide enough to maneuver a wheelchair or walker? Are there any loose or broken floor tiles, projecting thresholds, lips or other tripping hazards? Do water fountains, counters or shelves stick out from the walls in such a way that a blind person or a person with low vision might walk into them? Can the signs identifying key rooms and other features be read in Braille? What about bathrooms and dining areas - is there enough space to turn around in a wheelchair, and are fixtures at the right heights and reach ranges? Can door hardware and plumbing controls be operated with a closed fist? There are dozens of questions and lots of details to check out.

This checklist is intended to provide a comprehensive approach to asking and answering basic questions that should be explored when assessing the accessibility of facilities being considered for use as emergency shelters. While no accessibility standards have yet been officially promulgated for emergency shelters, the dimensions and features referenced are generally accepted as useful and appropriate for providing basic access to public facilities. However, please note that meeting the standards stated in this checklist does not necessarily mean that a particular building complies with all accessibility-related code or regulatory requirements. The goal of the checklist is to surface conditions that could present problems for people with various disabilities who are seeking emergency shelter. It is not intended, and does not purport to identify all the issues that potentially affect the accessibility of a particular building or the programs that are normally housed in it.

What if problems are identified? Unless there are major structural barriers, it is quite possible that minor modifications or temporary solutions can be found to afford access for emergency sheltering purposes. For instance, if there are too few accessible parking spaces marked out in the parking area, temporary signs and traffic cones can be used to reserve additional accessible spaces. Portable ramps can often bridge a step or two, and there are commercially available devices that can ease transitions over "bumps" and high thresholds. Door closers can usually be



adjusted to facilitate opening; floor mats can be removed; lever hardware can be clamped to old-fashioned round door knobs; toilet stalls can sometimes be expanded by removing partitions and stringing shower curtains. While some buildings may present too many problems to overcome, adaptive solutions might be found to cure accessibility problems in others.

For assistance in thinking about such temporary "work-arounds", or for help or advice with any accessibility assessment questions, feel free to contact Elanah Sherman or Gretchen Knauff at the Office of Protection and Advocacy for Persons with Disabilities (OPA). They can be reached at (800) 842-7303 (voice/TTY).

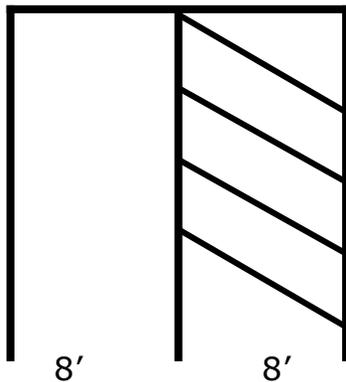
### **HINTS ON USING THIS CHECKLIST**

1. Begin by assembling a few basic measuring tools: a tape measure, a two-foot level and a spring gauge to measure door opening resistance.
2. Unless you have prior experience assessing accessibility, it is best to involve people who have experience. You can contact OPA (see above), or seek volunteers from a local disability commission or advocacy group. However, be aware that there is no one "average person with a disability". The term "disability" covers a broad range of human experience, and includes conditions that affect mobility, strength, endurance, dexterity, sensation and communications as well as information-processing, memory and emotional/behavioral issues. Try to work with people who represent, or are genuinely knowledgeable about the needs of people with different types of disabilities.
3. Work from the outside in. Begin by assessing parking, walkways, drop off areas, exterior ramps and entrances, then proceed to interior spaces - corridors, assembly rooms, dining and sleeping areas, toilet and shower rooms, and then any special service areas or communications features. Proceeding in this sequence parallels the experience of people as they arrive, register, are assigned space, and conduct various typical shelter activities. Following this sequence, it is less likely that you will miss things.
4. Not all facilities have or need elevators or ramps to meet accessibility requirements; some may not have other features referred to in the checklist. The key question is whether there are any barriers that would prevent a person with a disability from having equal access to any functional area within the shelter, or any shelter services.
5. Use the "comments" space provided in each section to note conditions that exceed minimum requirements, need attention or correction, or that might be readily improved upon. Also note any precautions that shelter staff should

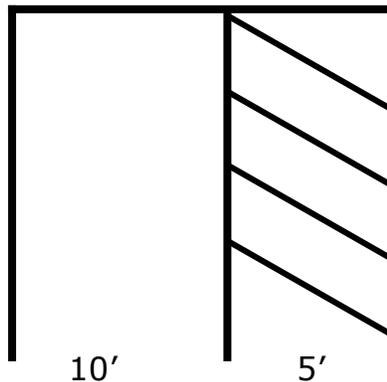
take to correct unsafe conditions, rearrange furniture, post signs and provide for the availability of temporary ramps or other equipment that will be needed to overcome physical or communications barriers.

# Accessible Parking Spaces

Created after October 1, 2004



**Van Accessible Space**



**Non Van Accessible Space**

Van Accessible Spaces – Must be at least 16' wide (8' space and 8' of crosshatch).

Non Van Accessible Spaces – Must meet the requirements of Connecticut General Statutes 14-253a. Such spaces must be at least 15' wide (10' space and 5' of crosshatch).

The crosshatch may be on either side of the accessible parking space.

All accessible parking spaces should be on level ground as close to an accessible entrance as possible. If there are multiple accessible entrances, the spaces should be distributed between or among the entrances.

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## PARKING (Page 1 of 2)

The number of handicapped parking spaces associated with a facility; the signage used to designate them; the width of the cross-hatched access isles (needed for vehicle ramps and lifts to operate and for various transfer techniques); their proximity to accessible entrances; the overall condition of the paved surfaces; and, any uneven transitions between travel surfaces can all greatly affect accessibility. Legal requirements for the number and type of handicapped parking spaces vary depending on type of facility and overall size of parking area. Generally there will be a minimum of 1 accessible space for every 25 total parking spaces up to the first 100 spaces. At least one, and no fewer than one of every eight accessible spaces must be van accessible. Numbers increase with the size of the parking lot, but the required ratios diminish. **NOTE:** People who need accessible parking are among the demographic groups most likely to seek public shelters. Meeting minimum legal requirements for parking spaces may not prove sufficient. Where possible, shelter planners should be prepared to designate additional accessible parking spaces on a temporary basis.

### PARKING SPACE AVAILABILITY

# of overall spaces in lot \_\_\_\_\_

# of accessible spaces \_\_\_\_\_

# of van-accessible spaces \_\_\_\_\_

### ACCESSIBLE SPACES

Are accessible spaces closest to accessible entrance?

**Yes**    **No**

Is there an access aisle for each handicapped parking space that is on an accessible route leading to an accessible entrance (access aisles are marked by diagonally cross hatching)?

For car spaces, is the minimum width 10' for the vehicle and 5' for aisle?

For van accessible spaces is there a minimum of 8' for vehicle parking and 8' for the aisle?

**Comments:**

# Notes and Comments

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## PARKING (Page 2 of 2)

### VAN-ACCESSIBLE GARAGE HEIGHT

**Yes**   **No**

Is there a minimum 98" vertical clearance at parking space?

Does the driving route from entrance to exit have a minimum 98" vertical clearance?

### SIGNAGE

Do signs display international access symbol above grade at each space and bear words:

"handicapped parking permit required" and "violators will be fined"?

At van accessible spaces, is there an additional designation indicating "van accessible space"?

### SURFACE CONDITION

Smooth firm pavement; no cracks or level changes more than 1/2"

Slope less than or equal to 1:20

No water ponding

Grate openings max. 1/2" & perpendicular to route of travel

### CURBCUT TO PATHWAY

Curbcut min. width 3' excluding sloped sides

Center slope not to exceed 1:12 unless insufficient space

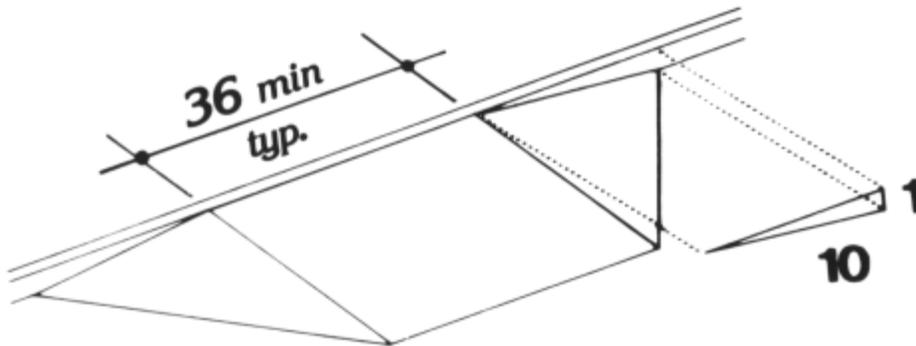
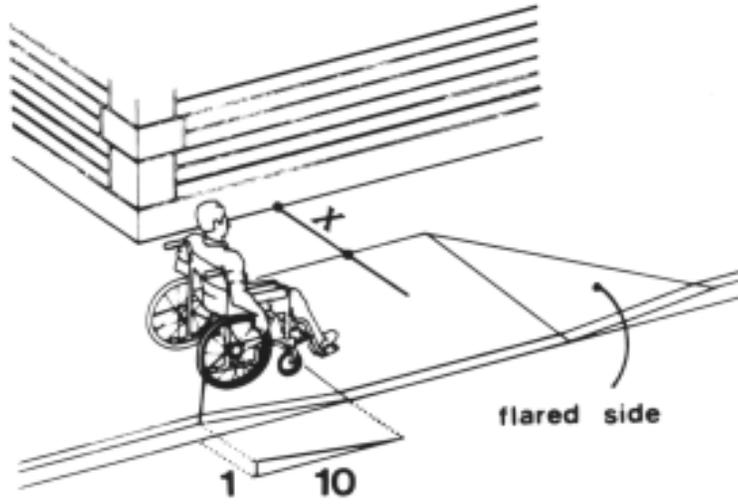
Slope of flared sides not to exceed 1:10

Curbcut does not protrude into pedestrian path

Max 1/2" lip at edge of road

### COMMENTS:

# CURB CUTS/CURB RAMPS



## **Built-Up Curb Ramp**

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## DROP-OFF & ENTRANCE AREAS

### LOCATION

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Is drop-off area within 100 feet of accessible entrance                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a 5' wide access aisle adjacent to & parallel to vehicle pull-up space? | <input type="checkbox"/> | <input type="checkbox"/> |

### SURFACE CONDITION

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Is pavement smooth (no cracks or level changes more than 1/2")?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Is slope less than or equal to 1:20?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is path of travel slip resistant and free from water ponding?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any grate opening sizes a max. of 1/2" & perpendicular to route of travel? | <input type="checkbox"/> | <input type="checkbox"/> |

### CURBCUT TO PATHWAY

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Is min. width of any curbcut 3' excluding sloped sides?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Does center of slope not to exceed 1:12 (unless insufficient space)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does slope of flared sides not exceed 1:10?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Curbcut does not protrude into pedestrian path                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Max. 1/2" lip at edge of road  | <input type="checkbox"/> | <input type="checkbox"/> |

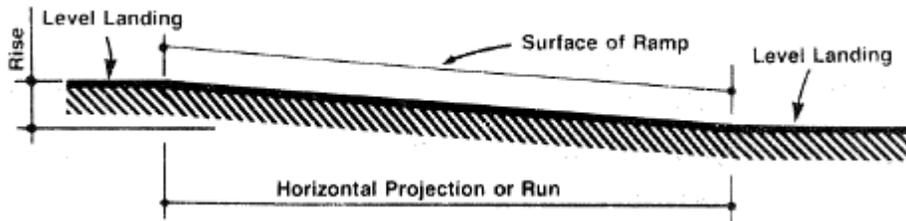
### ACCESSIBLE ENTRANCE

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Is designated shelter area within 100 feet of accessible entrance? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**Note:** If more than 100 feet, route of travel should be marked with signs and provided with seating to allow people who experience difficulty walking distances to rest.

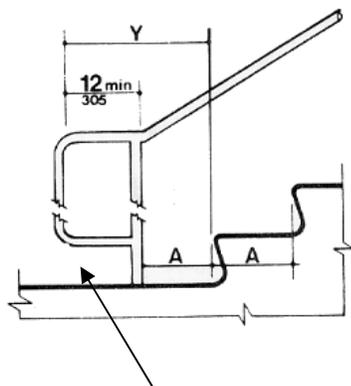
**COMMENTS:**

# RAMPS and HAND RAILS

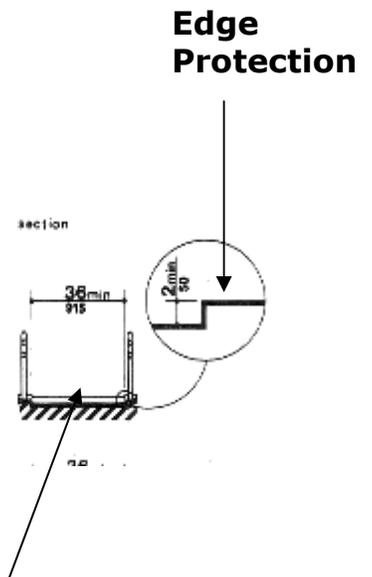
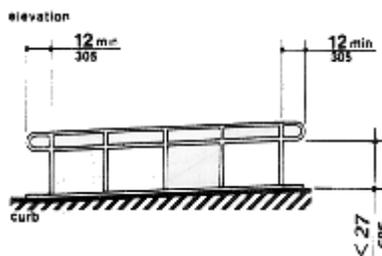


## Measuring Slope

**Slope = Rise of Ramp divided by the Run or Length of Ramp**  
**In other words for every 1" of rise, there must be at least 12" of ramp**



**Extension at bottom of run between hand rails**



**Minimum width-3 feet**

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

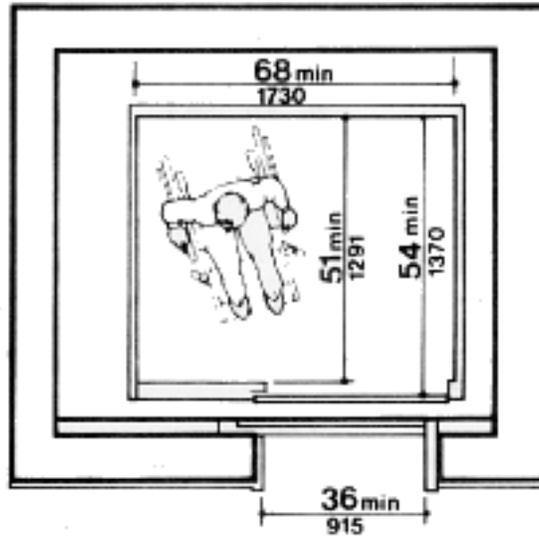
## RAMPS

Well designed and constructed ramps can be used to provide both exterior and interior access. However, for safety as well as usability it is important that ramps meet certain minimum specifications, as indicated below:

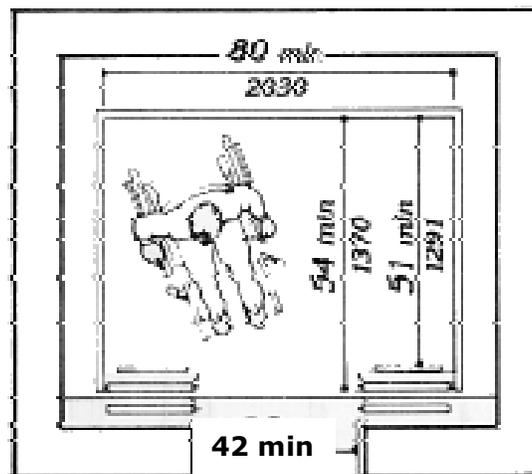
	<b>Yes</b>	<b>No</b>
Slope of ramp between 1:12 and 1:20	<input type="checkbox"/>	<input type="checkbox"/>
Minimum width 3 feet between handrails	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip surface without cracks	<input type="checkbox"/>	<input type="checkbox"/>
Level platform at bottom, every 30 feet, and/or at every change of direction, and at top	<input type="checkbox"/>	<input type="checkbox"/>
Minimum platform is 5 ft. by 3 ft. if ramp is straight or 5 ft. by 5 ft. if ramp changes direction	<input type="checkbox"/>	<input type="checkbox"/>
Ramps & landings with sheer drops have protection (railings, curbs etc.) to prevent slipping off edges	<input type="checkbox"/>	<input type="checkbox"/>
Railing on left side (if horizontal run is greater than 6 feet)	<input type="checkbox"/>	<input type="checkbox"/>
Railing on right side (if horizontal run is greater than 6 feet)	<input type="checkbox"/>	<input type="checkbox"/>
Handrail is 34"-to-38" above ramp surface	<input type="checkbox"/>	<input type="checkbox"/>
Handrail extends minimum 1 foot beyond ramp at top	<input type="checkbox"/>	<input type="checkbox"/>
Handrail extends minimum 1 foot beyond ramp at bottom	<input type="checkbox"/>	<input type="checkbox"/>
Handrail diameter is 1-1/4" to 1-1/2"	<input type="checkbox"/>	<input type="checkbox"/>

### COMMENTS:

# ELEVATORS



**Inside Dimension of Elevator Cars (Side Off-Centered Door) Location**



**Inside Dimension of Elevator Cars (Centered Door) Location**

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

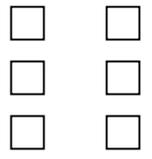
## ELEVATORS

Elevators can greatly enhance the accessibility of multistory buildings. However, because electrical service may be interrupted in an emergency event, shelter planners should consider whether reliable power will be available to operate a facility's elevators before counting on them to ensure accessibility during an emergency. If elevators are to be considered as an element of a shelter facility's accessibility, they should meet the following minimum requirements:

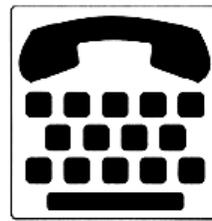
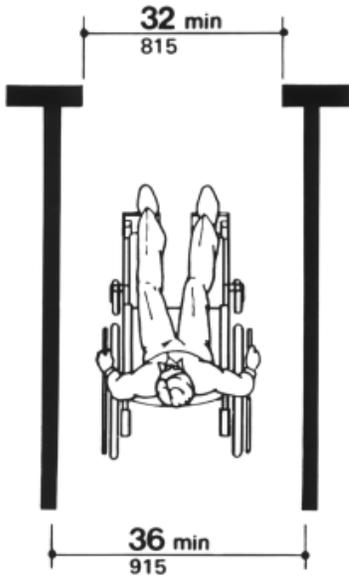
# of floors served \_\_\_\_\_

# of elevators in bank \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Elevator entrance is self-leveling to within 1/2 inch of lobby floor	<input type="checkbox"/>	<input type="checkbox"/>
Door opening a minimum of 36"	<input type="checkbox"/>	<input type="checkbox"/>
Reopening device activates when cab door is obstructed; door remains open min. of 20 seconds		
Cab size minimum 51" deep by 68" wide if door is off-center		
Cab size minimum 54" deep by 80" wide if door is centered	<input type="checkbox"/>	<input type="checkbox"/>
Top control on panel is maximum 54" high for side reach and 48" for front reach	<input type="checkbox"/>	<input type="checkbox"/>
Emergency controls and telephone at bottom of panel		
Raised symbols and lettering for all control buttons and emergency controls		
Raised and Braille floor designations on elevator doorjamb at 60" height	<input type="checkbox"/>	<input type="checkbox"/>
Middle of buttons at landing max. 42" high	<input type="checkbox"/>	<input type="checkbox"/>
Audible signals in elevator cab and at landings		
<b>COMMENTS:</b>	<input type="checkbox"/>	<input type="checkbox"/>

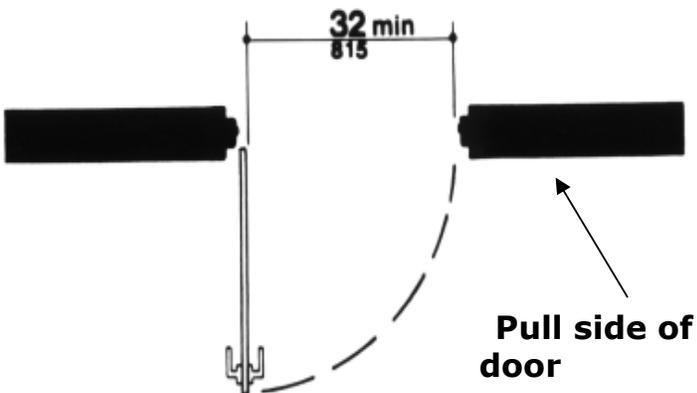


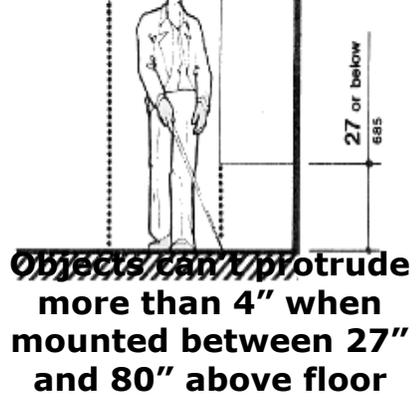
# CORRIDORS and Common Areas



(C)  
International TDD Symbol

**Examples of  
Signage**





# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## CORRIDORS & COMMON AREAS

(Page 1 of 2)

The dimensions and requirements listed below can be applied to both the permanent features of a facility and to "corridors" and common areas created by portable partitions, furniture and other temporary arrangements needed for shelter operations.

**NOTE:** In estimating space requirements for registration area, health care and social services agencies, computer work stations, etc., be sure to allow sufficient room for wheelchair access (4 foot aisles and 5 foot turning circles).

If identical corridors exist on other floors, list floors numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

# of doors leading into other corridors \_\_\_\_\_

# of doors leading into rooms \_\_\_\_\_

### CORRIDOR & DOORS

	Yes	No
36" minimum clear route, except at doors	<input type="checkbox"/>	<input type="checkbox"/>
At doors minimum clear width of 32"	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 18" clearance beside latch on pull side of each door (24" required in CT Code)	<input type="checkbox"/>	<input type="checkbox"/>
Threshold beveled and maximum 3/4" high	<input type="checkbox"/>	<input type="checkbox"/>
Hardware operable with closed fist (levers, not knobs)	<input type="checkbox"/>	<input type="checkbox"/>
Easy to open (max. pressure 5 lbs.) and slow to close (minimum 3 seconds)	<input type="checkbox"/>	<input type="checkbox"/>

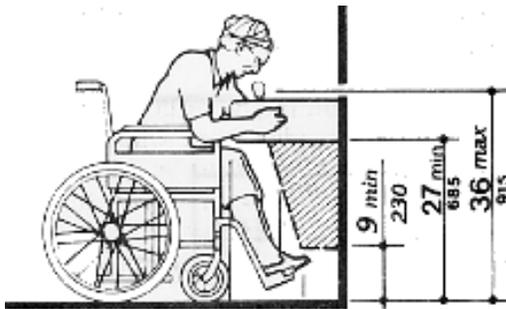
### SIGNAGE

Signage raised and in Braille identifying restroom located on wall, near latch side, 60" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Directional signs to accessible toilet rooms at non-accessible toilet rooms	<input type="checkbox"/>	<input type="checkbox"/>
Directional signs to TTY machine (if present)	<input type="checkbox"/>	<input type="checkbox"/>

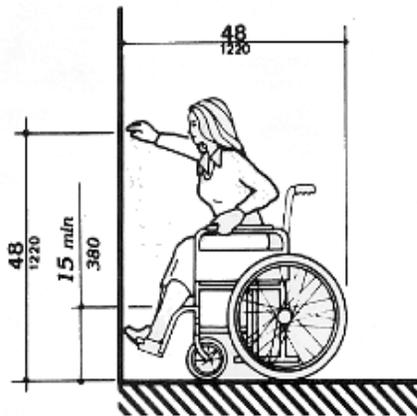
### WIDTH & FLOOR SURFACE

Wall-mounted objects protrude no more than 4" when mounted between 27" and 80" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Carpet is securely fastened with exposed edges attached to floor	<input type="checkbox"/>	<input type="checkbox"/>

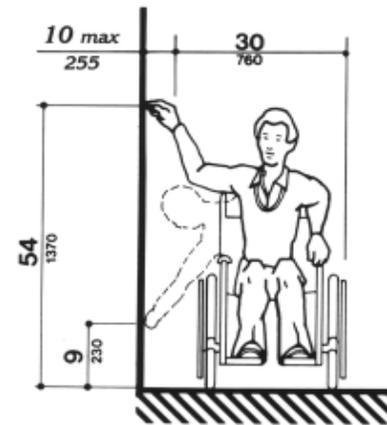
# CORRIDORS and Common Areas



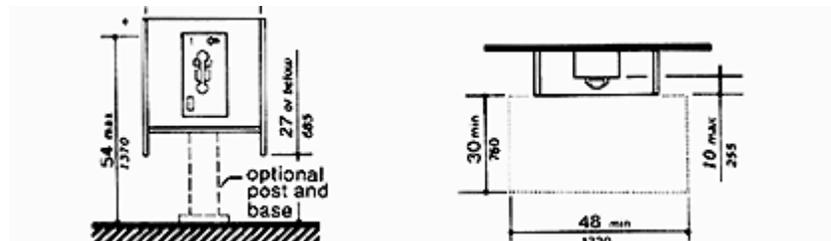
**Drinking Fountain**



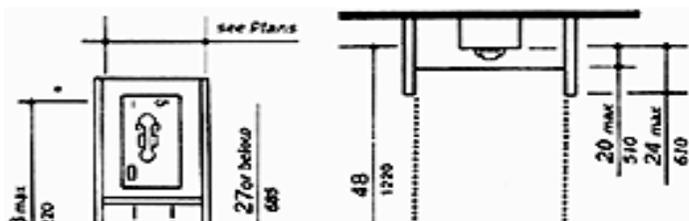
**Forward Reach**



**Side Reach**



**Telephone Side Approach**



## **Telephone Front Approach**

# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## CORRIDORS & COMMON AREAS

(Page 2 of 2)

### WIDTH & FLOOR SURFACE (CONTINUED)

	Yes	No
Doormats anchored at all edges	<input type="checkbox"/>	<input type="checkbox"/>
Edge strips at any change in materials	<input type="checkbox"/>	<input type="checkbox"/>
Floor surfaces are stable, firm and slip resistant	<input type="checkbox"/>	<input type="checkbox"/>

### TELECOMMUNICATIONS

Clear floor space 30" by 48" in front of phone	<input type="checkbox"/>	<input type="checkbox"/>
Dial, handset and coin slot max. 54" above floor for side reach; 48" if front reach	<input type="checkbox"/>	<input type="checkbox"/>
If there are 4 indoor phones, at least one has TTY	<input type="checkbox"/>	<input type="checkbox"/>
At least one telephone per floor is amplified and accessible	<input type="checkbox"/>	<input type="checkbox"/>
Length of receiver cord minimum 29"	<input type="checkbox"/>	<input type="checkbox"/>
Are all television sets capable of displaying closed captions?	<input type="checkbox"/>	<input type="checkbox"/>

### DRINKING FOUNTAINS

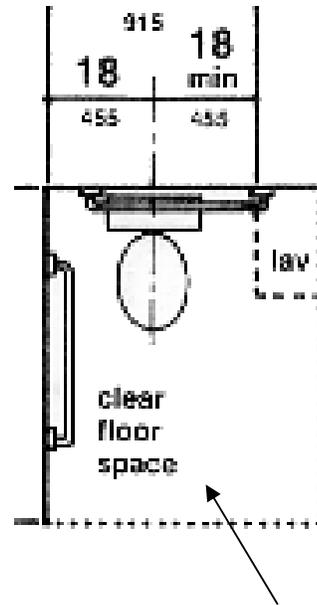
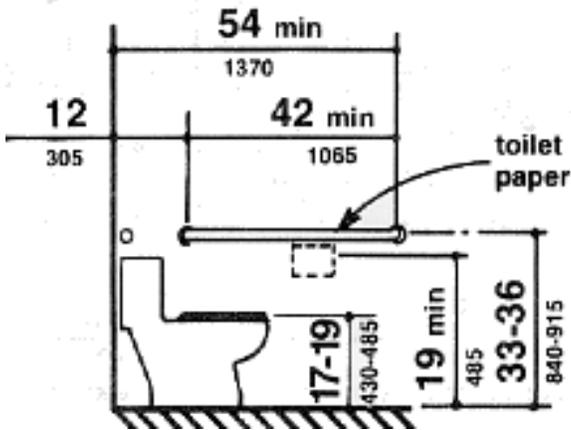
Clear floor space 30" by 48" in front of fountain	<input type="checkbox"/>	<input type="checkbox"/>
Controls operable with closed fist	<input type="checkbox"/>	<input type="checkbox"/>
Level of spout maximum 36" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Clear knee space min. 27" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Spout control on or near front edge	<input type="checkbox"/>	<input type="checkbox"/>

### ALARM SYSTEM / CONTROLS

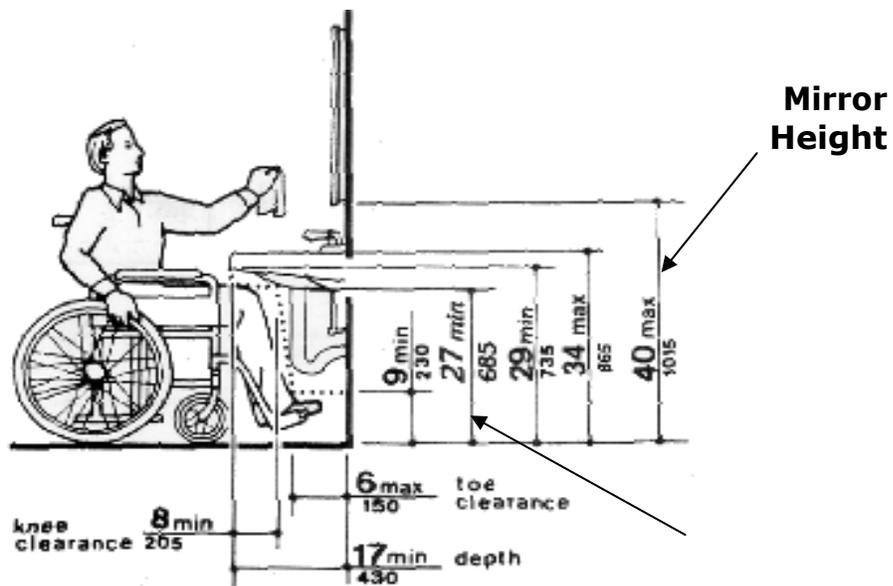
thermostats, intercoms and fire pull boxes:		
* maximum 54" above floor (side reach)	<input type="checkbox"/>	<input type="checkbox"/>
* maximum 48" above floor (forward reach)	<input type="checkbox"/>	<input type="checkbox"/>
Flashing signal on fire alarm system	<input type="checkbox"/>	<input type="checkbox"/>

### COMMENTS:

# RESTROOMS



**Clear Floor Space**  
**Minimum 5 foot diameter**  
**Turning space**



**Knee  
Clearance**

# Emergency Shelter Accessibility Checklist

Date:

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## RESTROOMS (page 1 of 2)

Accessible restroom facilities should meet the requirements listed below.

<b>MAIN DOOR</b>	<b>Yes</b>	<b>No</b>
Clear width minimum 32"	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 18" unobstructed wall clearance beside latch on the pull side of door (24" preferred)	<input type="checkbox"/>	<input type="checkbox"/>
Threshold beveled and maximum 3/4" high	<input type="checkbox"/>	<input type="checkbox"/>
Hardware operable with closed fist	<input type="checkbox"/>	<input type="checkbox"/>
Easy to open (max. pressure 5lbs.) and slow to close (minimum 3 seconds)	<input type="checkbox"/>	<input type="checkbox"/>
Signage raised and in Braille identifying restroom, on latch side wall with centerline 60" above floor	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLEAR TURNING SPACE</b>		
Minimum 5 foot diameter turning space	<input type="checkbox"/>	<input type="checkbox"/>
<b>SINK</b>		
Sink rim is maximum 34" high	<input type="checkbox"/>	<input type="checkbox"/>
Front edge is min. 17" from back wall	<input type="checkbox"/>	<input type="checkbox"/>
Knee space is min. 27" high	<input type="checkbox"/>	<input type="checkbox"/>
Faucets are operable with closed fist	<input type="checkbox"/>	<input type="checkbox"/>
Waste & hot water pipes below lavatory (sink) are insulated	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACCESSORIES</b>		
Bottom of at least one mirror is max. 40" from floor	<input type="checkbox"/>	<input type="checkbox"/>
Highest operable of all dispensers at maximum 48" above floor (if forward reach), 54" (if side reach)	<input type="checkbox"/>	<input type="checkbox"/>
<b>URINALS</b>		
Rim maximum 17" above floor	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

# Notes and Comments

# Emergency Shelter Accessibility Checklist

Date:

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Surveyor:

## RESTROOMS (Page 2 of 2)

Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_

### TOILET STALL

Toilet is: (**Circle one**) Wall-Hung (WH) or Floor-mounted (FM)

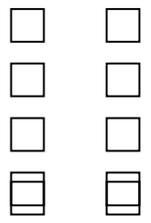
	<b>Yes</b>	<b>No</b>
Option 1. Minimum width 60" & depth 56" (WH) or 59" (FM)	<input type="checkbox"/>	<input type="checkbox"/>
Option 2. Minimum width 48" & depth 66" (WH) or 69" (FM)	<input type="checkbox"/>	<input type="checkbox"/>

### TOILET STALL DOOR

Clearance width minimum 32"		
Minimum 18" beside latch on the pull side	<input type="checkbox"/>	<input type="checkbox"/>
Latch operable with closed fist	<input type="checkbox"/>	<input type="checkbox"/>
Coat hook maximum 54" above floor for side reach and 48" for front reach	<input type="checkbox"/>	<input type="checkbox"/>
Pull device on inside of door 6" from hinge side		

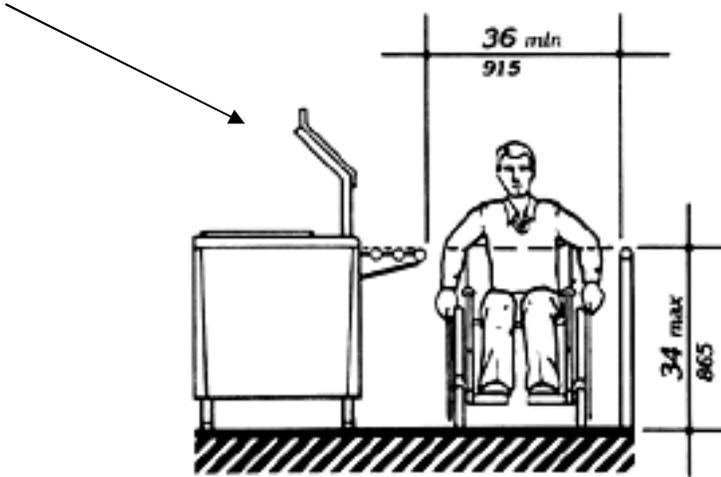
### TOILET

Top of toilet seat 17- to - 19" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Centerline of toilet 18" from side wall	<input type="checkbox"/>	<input type="checkbox"/>
Grab bars mounted parallel to floor 33-to-36" above floor:		
* 36" long on back wall		
* 42" long on side wall		
* 1-1/2" space between grab bar and wall	<input type="checkbox"/>	<input type="checkbox"/>
* Bars are 1-1/4 to 1-1/2 inches in diameter	<input type="checkbox"/>	<input type="checkbox"/>
Swing-away bar mounted parallel to side bar, 30" above floor fixed or locked when in use)		

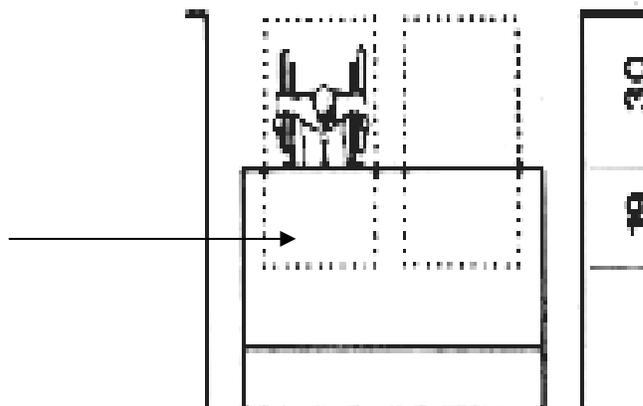


# DINING AREA

Access  
Aisle



Depth



# Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

## DINING AREA

Accessible dining facilities should meet the following requirements:

# of overall seats in fixed-seat dining facility \_\_\_\_\_

# of accessible spaces provided \_\_\_\_\_

### SEATING IN FIXED SEAT FACILITIES

**Yes No**

At least 5% - and no fewer than one - accessible spaces at tables/places at counter are provided

Dining spaces at tables or counters provide -

\* minimum 27" from floor in knee clearance

\* 30" in width

\* 19" in depth

Tabletop is maximum 34" from floor

### FOOD SERVICE LINES

Food lines provide minimum 36" access aisle (42" recommended)

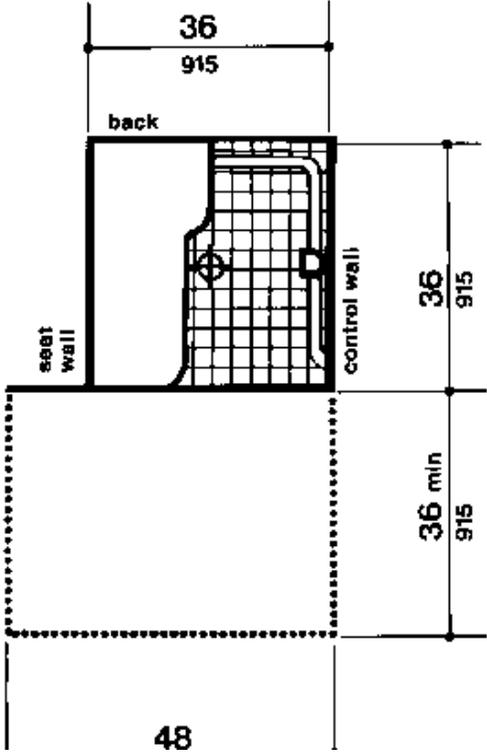
Tray slides no higher than 34"

### COUNTERS

At least 36" of counter no more than 36" high

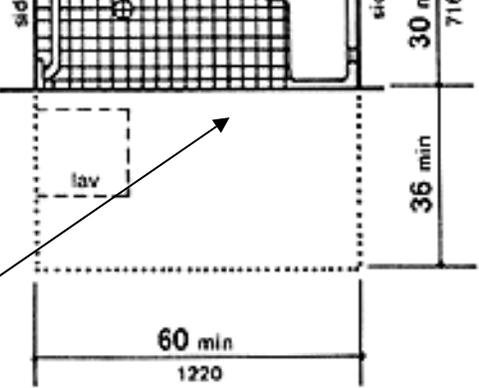
### COMMENTS:

# SHOWERS



# TRANSFER SHOWER

Seat or bench  
runs full  
depth of stall



## Emergency Shelter Accessibility Checklist

Date:

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# SHOWERS (page 1 of 2)

Optimally, a facility will be equipped with one or more "roll-in" or "transfer" shower stalls. These stalls are sized and equipped to accommodate people who need to sit on a bench while showering, and who may use a wheelchair or other mobility device. If no designated accessible shower stall exists, portable shower chairs or benches may help. However, some people will need back support as well as a bench to sit on, and everyone will need to be able to reach the controls while seated. Also, bear in mind that portable seats may be less stable.

Accessible shower facilities should meet the requirements listed below:

	<b>Yes</b>	<b>No</b>
Shower stall located on accessible route	<input type="checkbox"/>	<input type="checkbox"/>
No curb, raised threshold or vertical rise of more than 1/2" at stall entrance.	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 36" wide unobstructed maneuver space at approach to shower stall to facilitate front and side transfers to shower seat	<input type="checkbox"/>	<input type="checkbox"/>
Stall dimensions - 3' x 3' or 3' x 5'	<input type="checkbox"/>	<input type="checkbox"/>
Fixed or fold down shower seat (recommend that seat be fixed folding seat to provide greater stability than portable benches) mounted so top of seat in transfer position is at 17" - 19" above floor (recommend 18" to facilitate level transfer from typical wheelchair seat height to seat)	<input type="checkbox"/>	<input type="checkbox"/>
Seat or bench runs full depth of stall	<input type="checkbox"/>	<input type="checkbox"/>
If 3' x 3' stall, seat mounted on wall opposite controls; if 3' x 5' stall, seat mounted on wall adjacent to controls.	<input type="checkbox"/>	<input type="checkbox"/>
Adjustable height shower head on hose at least 60" long usable as fixed or hand held. (Exception: if shower facility is unmonitored and vandalism is a problem, fixed shower head mounted at 48" above floor is allowed)	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

# Notes and Comments

## Emergency Shelter Accessibility Checklist

Date:

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### SHOWERS (page 2 of 2)

	<b>Yes</b>	<b>No</b>
The adjustable height shower head mounted on slide bar adjustable from 36" to 60"	<input type="checkbox"/>	<input type="checkbox"/>
Water and temperature controls have accessible hardware (workable without grasp, bend or twist of wrist)	<input type="checkbox"/>	<input type="checkbox"/>
Controls mounted no higher than 48" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Grab bars located to assist transfers and offer stability while seated (but should not intrude into area at back of seat)	<input type="checkbox"/>	<input type="checkbox"/>
Grab bars 1-1/4" to 1-1/2" diameter mounted 1-1/2" from wall	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

# Notes and Comments

## Emergency Shelter Accessibility Checklist

Date:

Site:

Surveyor:

# SLEEPING ROOMS

Suggested specifications for "accessible" cots along with minimum floor space requirements are contained in "Universal Access Sheltering Space and Floor Plan Considerations". However, because facilities differ, other sleeping room arrangements may be necessary and, in some cases, even more desirable. The following specifications can be used in addition to the minimum space and furniture configurations referred to in the "Considerations" document:

	<b>Yes</b>	<b>No</b>
Sleeping arrangements with access aisle at least 4' in width	<input type="checkbox"/>	<input type="checkbox"/>
Bed or cot should be movable to provide additional maneuver space as needed on either side to facilitate transfers	<input type="checkbox"/>	<input type="checkbox"/>
Accessible bed or cot with mattress minimum of 36" wide, with height of 17" to 19" above floor	<input type="checkbox"/>	<input type="checkbox"/>
Mattress and box spring, if provided, firm enough to provide reasonably stable surface for transfer to and from wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
Additional storage, if provided, located on accessible route With clear floor space for a forward or parallel approach	<input type="checkbox"/>	<input type="checkbox"/>
Hardware accessible (lever or loop type, usable without pinch, grasp or twist of the wrist)	<input type="checkbox"/>	<input type="checkbox"/>
Shelves or closet rods, if provided, located within accessible reach ranges (max. 48" high for forward approach, 52" for side approach)	<input type="checkbox"/>	<input type="checkbox"/>

### COMMENTS:

## REFERENCES

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This guide was developed by The Arc of the Mid Ohio Valley. For more information regarding trainings and resources on Emergency Planning for Special Populations, please contact:

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[www.arcwd.org](http://www.arcwd.org)

Materials can be downloaded from [www. arcwd.org](http://www.arcwd.org)

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Other references:

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### **Red Cross Initial Intake and Assessment Tool -**

[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)

**Alternate Care Site Intake Form - Hillsborough County Health Department - Tampa, Florida**

**Emergency Shelter Accessibility Checklist -** Produced by Connecticut State Office of Protection and Advocacy for Persons with Disabilities

**Fact and Statistics -** [http://emc.ornl.gov/publications/PDF/Population\\_Special\\_Needs.pdf](http://emc.ornl.gov/publications/PDF/Population_Special_Needs.pdf)

**Reporting Guidelines -** City of Austin Disaster Ready:

<http://www.ci.austin.tx.us/disasterready/>

**Level of Care Triage Matrix -** Spokane Regional Health District



