

Accessible Sites: Inclusive and Equitable Access to Emergency Sites

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I. Introduction

This guide provides a foundational understanding of accessibility planning for emergency sites such as Evacuation Shelters, Service Centers, and Family Assistance Centers or Reunification Centers. This guide is originally researched and authored by Samantha Clements, and is written through a lens of equity and inclusion to capture planning concerns that are not traditionally included when discussing accessibility. While comprehensive, this guide may only include some planning concerns and needs to be continually revised and edited to reflect changes in terminology, laws, and general understanding of access and functional needs.

There are a lot of variables that need to be kept in mind when determining if a particular site or building can work for and emergency activation. While many trusted community organizations may not have space themselves, they may know of spaces that could be used for a shelter or as an emergency site. It's best to cultivate these relationships and identify space prior to an activation. Depending on the disaster or situation you are responding to it is vital to consider things like transportation and if the site requires people to live in a different community than their own (i.e.: is it far from their children's schools, from stores where they can get the necessities, their jobs, etc.) Sometimes sites may not be fully accessible, and changes need to be made prior to opening and time of to ensure the public can get as much use of the space as possible. Finally, there can be extenuating circumstances of the emergency or disaster that make it harder to find accessible safe spaces to use. It is expected that Emergency Management agencies put forth a good-faith effort to find and create accessible sites.

This guide is a reference material and not meant for use time of or in place of just in time training. Information provided here should be reviewed and internalized prior to an activation.

II. Physical Access

When running an accessible emergency site there are two elements to consider 1) the accessibility of the facility itself and 2) the access to the programs being run at the site. The Americans with Disabilities Act (ADA) and subsequent access standards provide technical guidance for new construction as well as remediation of existing facilities. However, many facilities or large portions of a particular site used in an emergency may not be fully accessible and while the Department of Justice has provided ADA guidance for emergency shelters it can be difficult to enact time of. Emergency management and other responding partners need to determine if the building is accessible and what needs to be done time of (programmatic fixes, covered in the following section) This section helps outline some key concepts of physical site accessibility, setting up a clear path of travel, and how to identify spaces for public use.

Resources:

- The U.S. Access Board ADA Accessibility Standards
<https://www.access-board.gov/ada/guides/chapter-1-using-the-ada-standards/>
- U.S. Department of Justice ADA Checklist for Emergency Shelters
<https://archive.ada.gov/pcatoolkit/chap7shelterchk.htm>

A. Physical Access Terms and Concepts

1. Slopped Surfaces

The slope or grade of a surface is the proportion of vertical height (rise) to horizontal length (run) and can be described as a ratio, a degree, or as a percentage. The ADA design standards require a ramp if the level changes by 1/2 inch. You can measure slope with a digital level or a carpenter's level.

2. Ramps

Ramps are an important means of providing a stair free pathway into and through a building. Permanent / built in ramps are ideal compared to portable ramps which may not meet all requirements and may not be properly secured when installed time of. There are many components in a traditional ramp that need to be measured to ensure it is actually accessible.

- Width - 36 inches wide, measured from handrail to handrail.
- Rise - No more than 30 inches high.
- Runs / Running slope - 1:12 / 4.76° / 8.33%. (There is no limit on how many runs a ramp can have, but a lot even with landings may be too strenuous for many to use.) Cross slope is the slope or grade of a surface perpendicular to the running slope; 1:50, or 1.15°, or 2%.

- Level Landing - Must be present at the top and bottom of a ramp. Intermediate landings must be present when the ramp changes direction, and after runs 30 feet long. Landings need to be 60 inch long and have the same width of the run itself.
- Handrails - Required on both sides when rise is more 6 inches high; need to be between 34 - 38 inches high consistently. Extensions 12 inch long required at the top and bottom of runs.
- Edge protection - Curb or some other barrier used to ensure nothing easily falls off the side of the run; should be 4 inches high.

3. Curb Ramps¹

Curb ramps are cut into a curb to allow for easier access to a sidewalk. There are several types of curb ramps. Features and requirements of an accessible curb ramp depend on the type.

- Perpendicular - Ramp that is perpendicular to the pedestrian path, users require an area to turn between the ramp and the pathway. There must be a smooth transition with no lip or change in level between the street and the ramp. Measurements are 36 inch wide, running slope 1:12 / 4.76° / 8.33%, cross slope of 1:48 / 1.19° / 2.08%, side flares 1:10 / 5.17° / 10%, top landing 36 inches long.
- Parallel - Ramp that falls in line with the pedestrian path. There must be a smooth transition with no lip or change in level between the street and the ramp. Measurements are 48 - 60inch wide, running slope 1:12 / 4.76° / 8.33%, cross slope of 1:48 / 1.19° / 2.08%, side flares 1:12 / 4.76° / 8.33%.
- Diagonal / blended - a depressed corner or blended transition that connects to another ramp to get user onto pedestrian path at an angle. The depressed corner should be less than 5% high, a level landing, side ramps at 1:12 / 4.76° / 8.33%.

4. Operable Parts

Operable parts refer to the handles, switches, and other hardware required to use fixed facility resources (i.e. the storage cabinet for a fire extinguisher but not the fire extinguisher itself.) In emergency sites this will likely include doors, bathrooms, fire extinguishers and fire alarms, as well as drinking fountains. There are three main elements to consider:

- Clear floor space - Objects must have clear and unobstructed space for someone to approach. A forward approach requires 30 inch minimum width and 48 inch minimum depth. If an item protrudes outward (explained more below) then toe and knee space must equal the amount of reach above the object. A side approach requires 48 inch minimum width and 30 inch minimum depth.

¹ https://www.codot.gov/business/civilrights/assets/curb-ramp-design-tool_v1-2_01-10-19.pdf

- Reach - the literal distance needed to handle the operable part. For unobstructed front approach or side approach reach should be between 15 - 48 inches. When an object protrudes more than 20 inches maximum reach is reduced to 44 inches for front approach, and if an object protrudes more than 10 inches maximum reach is reduced to 46 inches for side approach.
- Force - Objects should not require more than 5 pounds of force to operate. Parts need to be operable with one hand and not require tight grasping, pinching, or twisting of the wrist.

5. Doors

Accessible doorways need to be at least 32 inches wide 80 inches high with a flushed or limited threshold of 1/2 inch high. To measure the clear width of a door, the door must be opened to 90° and measured from the door jamb to the door itself. The door should close / swing no faster than 5 seconds. Internal doors should require less than 5 pound force to operate. Door hardware must allow for one hand operation, not require tight grasping, pinching, or twisting and be located within 34 - 48 inches above the floor.

There must be enough clear ground space for access to the door / door hardware, and if there is more than one door there needs to be 48 inches between the open door and face of the following door.

6. Protruding Objects

Protruding objects refers to parts of the facility that are attached to a wall and come out into walkways. Objects such as water fountains or fire extinguishers can limit the accessible paths of travel, accessibility of a program area, and become hazards for blind individuals. If there are objects that fall out of accessible limits of the ADA by protruding too far or hanging too low need to be remediated time of as addressed later in programmatic access. The accessible limits on protruding objects include:

- Vertical Clearance - Objects overhead cannot be lower than 80 inches from the ground. Objects above 80 inches are not subject.
- Horizontal Clearance - Measure the distance between the floor and the bottom of the protruding object. If the bottom is lower than 27 inches there is no limit on how far it can extend; if it is higher than 27 inches, it can only extend 4 inches from the wall.
- Post Mounted - An item may be mounted on a post or pylon. Objects above 27 inches can extend 12 inches from the post out into the path of travel.
- Recessed objects - Items can sit in alcoves but must still provide clear floor space and can still only extend 4 inches if above the 27 inches height.

A. Path of Travel

The accessible path of travel is how a disabled person will navigate through the site starting with wherever visitors arrive to the location, how they enter the building, and continuing through all the related program areas. You need to define an accessible path that largely mirrors the circulation path. Circulation path is a path anyone may take to go through the site, but there could be various architectural / physical barriers in the path that make it inaccessible. Some physical barriers can be temporary altered with programmatic fixes as described in the following section.

Note: Stamina is often not included in accessibility planning, but to provide a step-free pathway, accessible paths may cause issues for some visitors. For example, those with heart conditions or those with non-wheelchair mobility aids may find it more difficult to take a longer step free path. Try to keep the overall pathway shorter while still abiding by the ramp / slopped surface stipulations.

Resources:

- Accessible Routes
<https://www.access-board.gov/files/ada/guides/accessible-routes.pdf>

B. Accessibility Survey

The accessibility survey should be done prior to an activation in order to identify if the building is accessible, which parts of the facility can be used for emergency activation, and what changes need to be implemented prior to opening for public use. A checklist for use at sites is included in the appendices of this guide.

1. Exterior and Entrance

Includes adequate accessible parking, pavement and or sidewalks, and entry doorways. It is important to note if the accessible entrance is not the main entrance.

2. Entryway / Registration

Includes the interior doorway entrance, the frame and floor, as well as wherever registration will be set up.

3. Elevators / Platform Lifts

Accessible elevators may be necessary to travel to other program areas. The cars need to have a wide enough doorway, and the interior must be big enough to allow a wheelchair user to enter and turn around. Platform lifts may not be as prevalent but also require a wide entry and enough space to enter. When surveying the site also ask about backup power on site for these capabilities.

4. Restrooms

All restrooms used during the shelter's use must be evaluated for accessibility. This includes doorways, accessible stalls, hand washing stations and supplies. Identify additional space to be used for infant changing and bathing / cleaning. Note the location of each evaluated bathroom and space.

5. Dormitory

Dorm space must be evaluated for accessibility. This includes door ways, protruding objects, and other potential hazards. Once identified, cots need a clearance space of 36 inches and a clear path of travel through the room.

6. Cafeteria

Once identified the space needs to include a clear path of travel, accessible tables, and appropriate food selections. Be sure to also check for protruding objects and other possible hazards.

7. Additional Program Areas

Elevate any other spaces that may be used for emergency site activity such as a sensory room or space for preparing infants' food and feeding infants. This includes doorways, protruding objects, and other potential hazards. Also check if the space is along the accessible path of travel through the site.

8. Delivery and Miscellaneous

A big part of accessibility and inclusivity is having the right emergency supplies and access while the site is running. When evaluating the facility work with relevant staff to identify where supplies can be dropped off and stored. Facility should also have access to refrigeration for medical supplies, food, or medicine that requires cold storage. The facility may or may not have generators on hand. Work with staff to identify any backup power and if not where a generator could be dropped off and what length of cabling and what hookups would be needed.

III. Programmatic Access

Programmatic access refers to eliminating other barriers (besides physical / environmental barriers) that would keep members of the public from accessing the site and or services provided.

A. Architectural Programmatic Fixes

As detailed in part two, there is a lot of physical accessibility issues that should be taken into consideration prior to using a particular building or specific spaces. In an emergency you are using a facility not usually used as a public shelter or emergency site and adapting it for the public time of. Part of that adapting process can be remedying some of the physical access barriers that exist throughout the building. Some types of hazards and their solutions are below:

1. Clear Ground Space

Literally ensure walkways and standing space are clear from objects. This may look like picking up rugs that could cause someone to trip, moving trash cans or art displays to the side of a walkway or room, or rearranging furniture to ensure a clear pathway through a room.

2. Protruding Objects

Objects that extend more than 4 inches, 27 inches from the ground need to be noted on walkthroughs so they can be dealt with time of. You need to place an item under a protruding object to make it detectable for those who may not see it. While there aren't specific regulations for the size of the object, it needs to be high enough it can't be mistaken as a step or change in floor evaluation and should not be a trip hazard.

**Note water fountains may fall into this category, in that case they are not accessible, and you should plan on other means of distributing water to the public.*

3. Vertical Clearance

As with protruding objects, if there is an overhanging item that falls below the 80 inch minimum something needs to be placed under to make it detectable for those who may not see it. Another thing to watch for is 'reduced vertical clearance,' in which some but not all of an object or architectural feature has the appropriate clearance. For example, take bleachers in a school gymnasium - at its highest there is likely a clearance of 80 or more inches but the further you go under the bleachers the shorter that clearance gets. Objects need to be placed where clearance is under 80 inches.

4. Seating

Ensure that there is space for wheelchair users to sit at tables provided. For example, in a cafeteria or feeding operation, be sure to set up accessible tables if they are available or provide tables with space for wheelchairs.

You should have seating available for any emergency operation you are running on site. As mentioned before, stamina is not often accounted for and can be a major obstacle for those with mobility issues. Ensure you provide seating throughout the venue and at tables where someone may have to check in or fill out paperwork.

5. Reach & Operable Parts

Objects that fail to meet reach requirements or whose parts are unable to be used with one hand without punching, grasping or twisting of the wrist, may need to be replaced with alternatives.

C. Pets and Service Animals

Service Animals are included in the ADA and must be accommodated for. It is important to plan for pets in general in emergency shelters because people may not evacuate if they cannot bring their pets with them to public shelters. Emergency notifications and shared information should include whether non-service animal pets are allowed in evacuation shelters or not. Below are best practices and resources for handling pets in emergency sites.

Resources:

- Pets in Evacuation Centers, <https://www.cdc.gov/healthy-pets/emergency-preparedness/pets-in-evacuation-centers.html>
- PETS Act (FAQ,) <https://www.avma.org/pets-act-faq>
- Caring For Your Pets and Livestock After Wildfire, <https://afterwildfirenm.org/who-can-help/caring-for-your-pets-and-livestock-after-wildfire>

1. Service animals

Service animals are dogs trained to perform a specific task or work for their person.² Service animals are not required to be certified or professionally trained and they do not have to wear anything to indicate their role. If you are not sure that someone's dog is a service animal you are only allowed to ask two

² <https://www.ada.gov/topics/service-animals/>

questions: is the dog a service animal required because of a disability, and what work or task has the dog been trained to perform? Service animals must be allowed to accompany their person throughout the site. If at any time the dog is aggressive or no longer under control of its handler, work with the person to find an alternative location in the site for them and their animal.

2. Planning for animals

Partnerships with animal welfare organizations can greatly help support pet operations when the need arises. Planning meetings or task forces with relevant local government offices and organizations can help in blue sky by sharing preparedness information, hosting microchipping and vaccine clinics, and training volunteers to assist with animals in an emergency. Depending on what resources are available during an emergency those same organizations may be able to provide volunteers, animal supplies, and assist with reunification.

3. Pets in Shelters

In order to open a pet friendly shelter, you need to find and plan for a space onsite where animals can be kept throughout the duration of someone's stay at the shelter.

D. Program Areas and Additional Services

As mentioned in the accessibility survey section of this guide, you may need to plan for additional spaces throughout your facility - especially if people will be sheltering there. Depending on the nature of the incident and the purpose of the site people may need spaces where they can rest or unwind, take phone calls or work with service providers privately, or grieve. By including private spaces, spaces for families to tend to their children, and rooms for activities such as religious counseling or playrooms for kids - you can make the site more inclusive and ensure visitors have a better chance of getting the help they need.

Connecting with local organizations that serve under-resourced and marginalized people, communities, and populations takes a lot of pre-planning before an emergency or disaster strikes. By involving local organizations in your planning process, they will best be able to advise on the services their clients may need as well as how to get the services / service providers on scene at the site.

Resources:

- Certified Welcoming program, <https://certifiedwelcoming.org/>
- Relationship Building With Other Organizations: Guide for Attorneys, <https://www.ladrc.org/wp-content/uploads/2023/03/LADRC-Guide-Relationship-Building-with-Other-Organizations.pdf>

- FEMA Programs to Support Disaster Survivors,
<https://www.fema.gov/assistance/individual/disaster-survivors>

E. Language and Communication

Language access is a complex topic within programmatic access that including public messaging, interpretation and translation, and working with those who need communication support. Which is why it is presented in depth in the next section.

IV. Language & Communication³

There are several elements that help ensure messaging to the public is more accessible and inclusive. Spoken and print / digital messaging must be presented as accessible as possible and in additional languages besides English. Lastly, be careful of what words you use. Certain words or phrases could alienate certain communities or could be seen as exclusionary.

Resources:

- Disability-Inclusive Language Guidelines, <https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf>
- Inclusive Language 18f Content Guide, <https://guides.18f.gov/content-guide/our-style/inclusive-language/>
- Rethinking Comms Wordbank, <https://www.rethinkingcomms.co/wordbank>

A. Plain Language

According to the federal government information written in plain language allows for people to “find what they need, understand what they find, [and] use what they find to meet their needs.”⁴ You need to keep messages concise and as simple as possible without ‘dumbing it down.’ The checklist included below from [plainlanguage.gov](https://www.plainlanguage.gov) breaks down various plain language elements as well as how to write for websites and online messages.

Resources:

- Checklist for Plain Language, <https://www.plainlanguage.gov/resources/checklists/checklist/>

F. Multilingual Protocol

Language access also includes messaging provided in languages other than English. Sometimes those who do not speak English as their primary language are referred to as Limited English Proficient or LEP. It is important to establish your office’s protocol for translating and interpreting emergency information in all phases of a crisis.

Your multilingual protocol will include instructions and contacts for getting information translated and interpreted. Translation refers to when written materials are presented in

³ The Language and Communication section provides brief overviews of best practices regarding various modes of communicating with the public. Your Public Information, community outreach, and public warning specialists should work to fully understand accessible communication and put together agency guidelines or update guidelines already put in place.

⁴ <https://www.plainlanguage.gov/guidelines/>

additional languages. Interpretation refers to oral material rather than written. Every city / county may have different resources and language access policies already put in place. Check with local offices to see if they have contracts or vendors already identified. If not work with leadership, finance, community affairs, and logistics to identify those who can translate and how to get interpreters in place.

Interpreters should be on scene to help those coming into the emergency site. Note sign language interpreters interpret in American Sign Language and it is important to have them on scene, press conferences and other messages given to the public.

Your protocol should also include instructions about providing written information in Braille. Braille is more of an alphabet - used for writing and reading by blind and low vision individuals. Work with a Braille transcription vendor to get forms and handouts produced prior to an emergency.

Resources:

- Lost in Translation from Digital.gov,
<https://digital.gov/2012/10/01/automated-translation-good-solution-or-not/>
- Tips for Effectively Communicating with the Whole Community in Disasters,
<https://www.dhs.gov/sites/default/files/publications/tips-effectively-communicating-with-hole-community-disasters-08-28-17.pdf>
- National Association of the Deaf position statement on Accessible EM for Deaf and Hard of Hearing People,
<https://www.nad.org/about-us/position-statements/position-statement-on-accessible-emergency-management-for-deaf-and-hard-of-hearing-people/>

G. Documents, Webpages, and Social Media

As discussed in ‘Multilingual Protocol’ forms and other paperwork provided at the site should be available in other languages your community may speak and read. However, we also disperse emergency information online and via social media. We have to ensure the paperwork and tools we use with the public has to be accessible beyond just language.

1. Printed Documents

There are a lot of guidelines and information available to help produce accessible documents, some of which are linked below for more in-depth explanations. Essentially you should be mindful of using fonts that are large enough and readable, high enough contrast between colors, and the general layout of the document (enough margin space and correct text alignment.) Note that you should also have large print versions of your forms. Large print can be useful for those with low vision.

More Resources:

- Large Print Guidelines, <https://www.acb.org/large-print-guidelines>
- Creating Accessible Print Materials, https://www.vera.org/downloads/publications/print_materials_101617.pdf

2. Websites

The Web Content Accessibility Guidelines (WCAG) 2 was developed by many partners to help set a universal standard for accessible online content. WCAG is comprised of a few different principles: perceivable information and interface, operability, understandability, and robust. Basically, WCAG gives technical guidance that builds on the best practices for printed documents. WCAG has 3 levels of conformance; A is the minimum level, AA is medium and meets some legal standards, and AAA is the highest.

More Resources:

- Accessibility Principles, <https://www.w3.org/WAI/fundamentals/accessibility-principles/>
- How to Meet WCAG, <https://www.w3.org/WAI/WCAG22/quickref/>

3. Social Media

Social media is a huge part of how emergency managers communicate with the public. The technical guidance provided by WCAG is applicable for social media as well. Information should be proudly clearly and in multiple languages.

A lot of emergency posts have a graphic (charts or maps of affected areas for example) element included. It is important to include alternative text (alt text) and image descriptions detailing the contents of the graphic or video. Alt text is embedded in the picture and video and read to the viewer via screen reader. Image descriptions are included your captions.

Sometimes the smallest changes can help as well. Limit emoji use because the descriptions of the emojis can clutter the screen reader description of the overall message. Hashtags can be helpful for both sharing information with the public and getting information from the public. To make hashtags easier to read include them at the end of your message and capitalize the first letter of each word (usually referred to as camel case.)

More Resources:

- Social Media USC, <https://accessibility.usc.edu/accessibility-at-usc/digital-accessibility/social-media/>

- Creating Accessible Social Media Content - GAAD Toolkit,
<https://disabilityin.org/resource/creating-accessible-social-media-content/>
- Why you need image alt text and image descriptions,
<https://www.slice.agency/post/why-you-need-image-alt-text-and-image-descriptions>

4. Word Documents and Portable Document Format (PDFs)

Forms and fliers online for download will likely be available as Word documents or PDFs. No matter what file format you use both Word and Adobe have accessibility checkers and tools you can use to help double check your work.

The same general guidelines for printed materials apply for downloadable online documents; by offering these copies online you're simply allowing the public more options to access the information they need.

More Resources:

- Microsoft Word Documents Accessibility guide,
<https://support.microsoft.com/en-us/office/make-your-word-documents-accessible-to-people-with-disabilities-d9bf3683-87ac-47ea-b91a-78dcacb3c66d?ui=en-us&rs=en-us&ad=us>
- Creating accessible PDFs,
<https://helpx.adobe.com/acrobat/using/creating-accessible-pdfs.html>

H. Wayfinding

Wayfinding are the processes and cues people use to help orient themselves to so they can navigate throughout the space. There are a lot of cues that the public can use to navigate a space such as maps, signage, and spoken instructions. When setting up and using a facility or space for your emergency activation you will need to be mindful of the instructions you give and signage you use. You will likely be adapting a space to serve an alternative function such as an elementary school becoming an emergency shelter. Therefore, you will need to use your own cues to help the public and staff navigate the site while they are there.

1. Signage

Signage can serve as both a written and visual cue to indicate what the public should do or where they should go. You can design signs yourself or work with a fabricator. Working with a trusted fabricator is recommended for braille or tactile signage because most agencies and offices do not have the resources on hand

to make their own tactile signage. Signage should be provided in other languages.

You need to have signs for each room / program area you are using and directional signs to help individuals find their way between program areas.

More Resources:

- Four types of way finding signage,
<https://eptura.com/discover-more/blog/types-of-wayfinding/>
- Introduction to accessible signage,
<https://www.vistaprint.com/hub/an-introduction-to-accessible-signage>
- 6 tips for purchasing the tactile braille signage,
<https://ftsignage.com/6-tips-for-purchasing-the-tactile-braille-signage/>

2. Instructions

The best way to deliver accessible verbal instructions is to speak at a normal measured pace and use short and simple sentences. When delivering verbal directions either in a crowd or one-on-one be sure to pause between sentences so interpreters and translators can convey the message.

There can be many reasons why someone may have difficulty following your instructions. It's best to find a different way of giving the same information if someone is struggling to comprehend, and to have written copies of instructions they can reference later.

More Resources:

- Etiquette for interacting with people who are blind or have low vision,
<https://studentaffairs.vancouver.wsu.edu/access-center/etiquette-interacting-people-who-are-blind-who-have-low-vision>

I. Visual Supports

Visual support involves using visual elements such as icons, graphics, or photographs to enhance communication. For example, accessibility signs typically include the international symbol for accessibility (a person using a wheelchair) alongside text indicating accessible parking spots or bathrooms. Including icons and graphics in documents and signs can assist individuals with limited English proficiency, reading difficulties, or those experiencing panic or distress.

Note: It is incredibly helpful to have communication boards on hand. These use pictographs or icons that non-verbal persons or those with limited English proficiency can point to for quick communication.

Resources:

- Temple Free Downloadable Emergency Communication Aids,
<https://disabilities.temple.edu/assistive-technology/emergency-communication-aac-vocabulary/free-downloadable-emergency-communication-aids>
- Visual supports,
<https://www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/visual-supports>
- The Noun Project, <https://thenounproject.com>
- The Pros and Cons of Icons for Accessibility,
<https://www.audioeye.com/post/pros-cons-icons-for-accessibility/>

V. Health and Safety Planning

There are many safety concerns you must plan for: Individuals' safety due to the nature of the incident, how their level of safety could be compromised due to the emergency, and their physical safety while getting to and staying at your facility. Some sites such as a Facility Assistance Center (FAC) in the wake of a mass casualty event will heavily rely on plans and procedures to assist victims, survivors, and their loved ones - physical safety is a major concern in all emergencies / disasters. For example: incidents of domestic violence (DV) and intimate partner violence (IPV) often increase following an emergency due to the stress of the time and environment, many folks are more isolated in the aftermath, and there are less resources available to help. We also see a potential rise of human trafficking during high profile events like playoff games or the Super Bowl and parties such as Mardi Gras due to an influx of people, money, and the sometimes-chaotic atmosphere of the event.

Depending on the event you may need to support several operations at once - all sites should follow the same accessibility and inclusion guidelines laid out early throughout this guide. The following is a breakdown of additional measures to include / consider depending on the purpose of the site. Note: at all sites it is important to prioritize the mental and physical safety of the public as well as staff.

A. General Health and Safety Measures

The following are measures that should be followed to ensure staff and visitor health and safety:

- Create emergency plans for your facility including evacuation procedure and where to move visitors if they are sheltering there;
- Create rules for staff and visitors to follow while on site and post them generously;
- Implement hygiene promotion⁵ practices especially in events where access to water is limited;
- Provide cleaning supplies, cleaning protocols for shared spaces and equipment;
- Have face masks available and resupply so visitors and staff can continually mask while at the facility;
- Ensure that food safety standards are being followed.

⁵ 'Water, sanitation, and hygiene (WASH) best practices include hand washing, safe and timely waste removal, cleaning and sanitizing of spaces and surfaces, as well access to clean drinking water' retrieved from http://www.ben-harvey.org/UNHCR/WASH-Manual/Wiki/images/7/73/Global_WASH_Cluster_Hygiene_Promotion_in_Emergencies_Briefing_paper.pdf

It is important to work with other applicable state and local agencies, contractors, and community organizations to create safe sites for visitors and staff alike. Include them in the planning process and reiterate rules and expectations at every training, orientation, and shift change.

Resources:

- HUD Exchange's Emergency Practices to Enhance Safety at Congregate Shelter, <https://www.hudexchange.info/resource/6836/shelter-safety-guide/>
- APIC's guide 'Infection Prevention and Control for Shelters During Disasters' <https://apic.org/wp-content/uploads/2023/12/2023-10-IP-for-shelters4x.pdf>
- World Health Organization's guide 'Disaster evacuation shelters in the context of COVID-19' <https://iris.who.int/bitstream/handle/10665/336856/WPR-DSE-2020-033-eng.pdf?sequence=3&isAllowed=y>
- World Health Organization's guide 'Considerations for community hand hygiene practices in low- resource situations' <https://iris.who.int/bitstream/handle/10665/332382/WPR-DSE-2020-019-eng.pdf?sequence=5&isAllowed=y>

B. Electrical Power & Refrigeration

Having power available in your sites and shelters is very important. People need the opportunity to charge their phones and medical devices as well as store medication or food that require refrigeration. You should be prepared to supply surge protectors and help visitors safely charge their devices and equipment. Additionally, you should also provide refrigerators especially if refrigeration is not readily available at the facility. Visitors and staff that need to store cold medicine or foods need to always have access. However, the area should be supervised to ensure no one takes items not belonging to them.

Ideally there is already a generator on site that can help supply power to essential areas of the building. If there is no generator on site, you need to plan for how to get back up power running as soon as possible (easier done when facilities are pre-identified and assessed prior to use.)

Resources:

- ADA Presentations: Electric Power in Emergency Shelters, https://adapresentations.org/doc/4_9_15/Electric_Power_talk_for_April.pdf
- Healthcare Ready: Durable Medical Equipment During a Disaster, <https://healthcareready.org/wp-content/uploads/2022/01/20220126-Durable-Medical-Equipment.pdf>

- CDC Breast Milk Storage and Preparation, <https://www.cdc.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html>

C. Mental Health, Psychosocial Support, and Trauma

Disasters and emergencies can cause immense physiological distress and worsen mental health issues and or trauma individuals and communities may already be facing. Providing mental health and psychosocial support (MHPSS) is critical in humanitarian response and can help save lives. Visitors and staff may need access to a wide range of services or “interventions,” therefore you need to connect with local resources that can provide sustainable mental health and community care support.

Additionally, EM agencies and staff can adopt trauma-informed care principles into their planning and response. The main goal of incorporating trauma-informed care principles into our response and facilities is to better meet people where they are at when they come seeking resources and reduce further harm / re-traumatization throughout the emergency and recovery process.

What incorporating MHPSS best practices and becoming more trauma-informed may look like:

- Training staff in mental health / psychological first aid and having resources available to direct people to counseling in the shelter or at nearby organizations;
- Identifying and setting up space within the facility for those experiencing stress or overwhelming emotions can decompress privately;
- Provide accessible pamphlets and information on symptoms of trauma and stress so families and friends can better identify triggers and employ coping mechanisms.

Incorporating trauma informed practices is also helpful for staff. Depending on the nature and or duration of an event staff may also experience various triggers and burnout, which may make it harder to care for themselves. Creating a culture of care amongst staff that prioritizes harm reduction and self-compassion is important in both blue and gray sky days.

Resources:

- SAMHSA Principles of Trauma-Informed Care, <https://opentextbc.ca/peersupport/chapter/samhsas-six-principles-of-trauma-informed-care/>

- SAMHSA's Trauma-Informed Approach: Key Assumptions & Principles, https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf
- Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) from The National Child Traumatic Stress Network, <https://learn.nctsn.org/course/index.php?categoryid=11>
- Trauma-Informed Disaster Response Course from Performance.gov, <https://www.performance.gov/cx/life-experiences/recovering-from-a-disaster/outputs/1/>
- Autism and Intellectual Disabilities in Pennsylvania Emergency Preparedness Shelter Toolkit for Shelter Volunteers, <https://aidinpa.org/resource/ep-shelter-toolkits/>

D. Domestic Violence, Intimate Partner Violence, and Abuse

To best prepare for helping survivors that may be in your facility you need to collaborate with local providers that work with these individuals and keep them safe daily or regular basis. In this section we are discussing those who are impacted by any number of possible abuses. Domestic abuse (DV) and Intimate Partner Violence (IPV) refers to the relationship between the abuser and their victims,⁶ there are many different types of abuse.⁷ Some individuals or families may be fleeing an abusive situation in amidst a disaster and others may have been staying in a secure location that is now in jeopardy due to evacuations.

The following are recommended practices that can be implemented to help assist survivors and possible victims of abuse⁸:

- (Re)Design your intake process to protect the identity of those coming in and allows those affected to confidentially disclose their situation;
- Have a transportation plan to move survivors to safer locations;
- Assist local DV shelters to proactively plan for evacuations and other continuity of operations that include alternative residence for those staying there;

⁶ Domestic violence refers to abuse happening between individuals that cohabitate such as spouses or parents and children, intimate partner violence refers to abuse mainly in romantic relationships retrieved from <https://www.womenagainstabuse.org/education-resources/the-language-we-use>.

⁷ Retrieved from <https://www.thehotline.org/resources/types-of-abuse/>.

⁸ Some of these ideas are referenced a research paper about the effects of DV and Hurricane Katrina by Pam Jenkins and Brenda Phillips retrieved from https://www.researchgate.net/publication/236785236_Battered_Women_Catastrophe_and_the_Context_of_Safety_after_Hurricane_Katrina.

- Have safety information and resources staffed on site to connect survivors and those interested in services;
- Train staff on possible signs of abuse.

Resources:

- Sexual Violence in Disasters a planning guide for prevention and response, https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf
- Domestic Violence and Disaster: A Planning and Resource Guide for Domestic Violence, <https://nnedv.org/wp-content/uploads/2019/09/DV-Disaster-Planning-and-Resource-Guide-2015.pdf>
- Human Trafficking Blue Campaign DHS, <https://www.dhs.gov/medialibrary/collections/23516>

E. Family Assistance Centers

Initially you may set up a Family Reception Center (FRC) to quickly serve as a point of contact for family and friends searching for their loved ones following a mass causality event. The FRC should transition to a FAC as soon as possible and should continue to share information as well as provide social services. The location of the FAC(s) needs to be a safe distance away from the affected area and yet still accessible to the public.

When considering the location of accessibility of the space you also need to assess the amount of room available. A FAC must be able to serve several purposes and needs enough space to serve the public, survivors, and the deceased with dignity and privacy. The FAC needs to have separate spaces for reunification and death notification. The site should be secure and media access should be severely limited. While many may show up in person, it is also important to have a 'virtual' FAC set up to meet the needs of those not able to attend the FAC in person or are unable to travel to the location.

The FAC will also provide various links to resources available to those affected via representatives from various victim support organizations, state and or local agencies, as well as counseling and cultural support individuals and groups.

Resources:

- Helping Victims of Mass Violence and Terrorism: Response, <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/mvt-toolkit/response-rec-overly.html>

- New York State Mass Fatality Management Resource Guide,
<https://www.dhSES.ny.gov/system/files/documents/2021/09/nys-mass-fatality-resource-guide-final.pdf>
- Tips for Community Leaders: Establishing a Family Assistance Center (FAC),
<https://www.nmvvrc.org/media/tkgfidqq/establishing-family-assistance-center.pdf>
- DOJ Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies,
<https://www.nmvvrc.org/media/tw5lw23j/mass-fatality-incident-family-assistance-operations.pdf>

F. Evacuation Shelters

An evacuation center is the last resort for those who need to leave their homes in a disaster. Evacuating to and sheltering in a public emergency shelter can bring its own safety concerns. You can plan for transportation to help assist those in need of assistance getting to a shelter, shelter location should also be determined -in part - due to its location in regard to the disaster site and what transportation options exist.

Violence can occur in shelters, and shelter planning should include means to mitigate potential harm to visitors and staff. Due to the prevalence of assault following disasters many may be concerned about possibly sheltering with convicted sex offenders especially if they are a survivor and / or have children with them. Currently there is not a lot of concrete guidance on how to handle registered sex offenders evacuating and needing emergency shelter. Local shelters need to abide by state and local regulations. It is possible to include sex offender status as part of intake. If you include it in intake you can work with local law enforcement to determine where they should go - many states either have a separate area or separate shelters - policy should be determined prior to the opening of emergency shelters.

Resources:

- 'Emergency Evacuation Strategies for Every Community'
<https://www.kittelerson.com/ideas/evacuation-planning-principles-for-every-community/>
- Rural Health Information Hub's Rural Emergency Preparedness Toolkit Module 2: Rural Community Planning, Response, and Recovery,
<https://www.ruralhealthinfo.org/toolkits/emergency-preparedness/2/planning-response-recovery>

- Housing Sex Offenders in Emergency Shelters Memo 2015, <https://www.iaem.org/portals/25/documents/CHHS-Memo- Housing-Sex Offender-in-Emergency-Shelters.pdf>

VI. Demographic Concerns

Lastly there may be additional planning concerns for certain demographics, especially under resourced and ‘vulnerable’ populations and or communities. In order to best help members of the following groups / communities local and state agencies should foster strong relationships with trusted service providers. Many ‘vulnerable’ communities and individuals can remain a bit isolated and can be reached through organizations and people they interact with on a regular basis.

A. Older Adults and Caretakers

Some older adults may be more vulnerable in a disaster due to lack of resources, their medical conditions / health status, and social isolation. Those factors can make it difficult for older adults to safely evacuate or make it to other emergency sites. You can work with local departments of aging and other senior based support organizations to help reach out to older adults and ensure they receive emergency notifications and information.

Many older adults live in their own homes or with family and friends - not care facilities. Those living at home may rely on caretakers, either paid or volunteer, that may live with them (live in,) be locally based, or live farther away. It is important to allow aids and caretakers to remain with their people, and to help reunification efforts for older adults that arrive without anyone.

Older adults may quickly become overwhelmed and or scared in an emergency and could wander off. Visitors may have varying degrees of dementia or Alzheimer’s disease, and may not be able to easily identify themselves or give contact information for caretakers or loved ones. Establish MOUs and partnerships with caseworkers and staff from aging organizations to help assist on site.

Resources:

- AARP ‘Disaster Resilience Tool Kit’, [https://www.aarp.org/content/dam/aarp/livable-communities/tool-kits-resources/2022/AARP Disaster Resilience Tool Kit-singles-060122-.pdf](https://www.aarp.org/content/dam/aarp/livable-communities/tool-kits-resources/2022/AARP%20Disaster%20Resilience%20Tool%20Kit-singles-060122-.pdf)
- CDC ‘Identifying vulnerable older adults and legal options for increasing their protection during all-hazards emergencies; a cross-sector guide for states and communities’, <https://stacks.cdc.gov/view/cdc/11763>

- HHS ASPR Addressing the Needs of Older Adults in Disasters Web-Based Training, https://aspr.hhs.gov/at-risk/Pages/older_adults_needs_in_disasters_web-training.asp
x

J. Children

Children may have specific needs due to their family situation and personal daily needs - just like adults. However, due to their age, and therefore legal status as a minor, there may be additional concerns. Throughout this section the term 'guardian' is used rather than parent - a guardian has the legal right to make decisions for the child and have them in their custody but may not be the child's biological parent, additionally the child's parents may not custodial rights of the child.

Sites need to be safe and inviting for children and for those caring for children. Shelters need to include private and secure spaces where guardians can feed (including breastfeeding and pumping,) and clean babies and infants. These spaces need to be accessible and located near other program areas in use throughout the facility. All sites should include space for those experiencing sensory overload / overstimulation to use as needed.

Some children/minors may be alone at the site - they may be emancipated minors, non-emancipated minors but living separately from their guardians, or they may be temporarily separated. These children need safe spaces to stay in the shelter or site, with caseworkers or volunteers that have been trained and are cleared to work with children. Unaccompanied minors should go through the intake / registration process upon arrival, and their information should be used with appropriate agencies to notify their guardians. If the child has safety concerns have caseworkers, staff, and law enforcement liaisons that can help assist that child.

Resources:

- CDC's 'Creating Safe, Family-Friendly Spaces in Emergency Shelters', https://www.cdc.gov/infant-feeding-emergencies-toolkit/php/safe-spaces.html?CDC_AAref_Val=https://www.cdc.gov/nutrition/emergencies-infant-feeding/safe-spaces.html#cdc_generic_section_1-creating-a-family-friendly-space
- CDC's 'Supporting Young Child Feeding in Emergency Shelters', <https://www.cdc.gov/infant-feeding-emergencies-toolkit/php/shelter-support.html>
- Sheltering: Sensory Items fact sheet, <https://nationalmasscarestrategy.org/wp-content/uploads/2024/04/Sheltering-Sensory-Items-Final-Doc-in-MSWord-20240313-1.pdf>

- Save The Children's guide 'Protecting Children in Disasters', <https://www.savethechildren.org/content/dam/usa/reports/emergency-prep/GRGS-PARKS-REC-GUIDE.PDF>
- FEMA's guide 'Post-Disaster Reunification of Children: A Nationwide Approach', https://www.acf.hhs.gov/sites/default/files/documents/ohsepr/post_disaster_reunification_of_children.pdf
- National Association of County & City Health Officials' Planning for Unaccompanied Minors in Shelter Operations, <http://eweb.naccho.org/prd/?na622PDF>

K. Homeless / Unhoused

People who are homeless or unhoused⁹ can be particularly effected by emergencies and disasters. They may be experiencing additional issues beyond lack of housing, may be difficult to reach and warn prior to a disaster happening, and may not be able to evacuate or safely access state and local resources.

In the event of evacuation and sheltering some may go to local homeless shelters. Since these organizations already work with this population and can sometimes serve their specific needs best - it's good for emergency managers to form partnerships with those organizations. You can work with them to improve their COOP planning and emergency plans, including evacuation. You could also work to set up a support program where local EMs provide additional emergency supplies to handle an influx of individuals in their shelters. Some may come to evacuation shelters set up by local and state emergency management. Again, engage with your trusted service providers to help with notification and information about where shelters are located.

Note: some unhoused persons do not have permanent housing but do have cars or RVs. Consider designating safe parking lots and areas for those with vehicles to park and stay with their car / belongings outside of the affected area if possible.

No matter the type of site you are operating you should work with local organizations to get case workers on site to help provide resources and services. Those relationships with service providers and organizations will make it easier to set up alternative sites specifically for those experiencing homelessness.

Resources:

⁹ This guide uses both the terms 'homeless' and 'unhoused.' Homeless is the most prevalent term and often used in government publications but unhoused is embraced by many activists and advocacy organizations. Some also use 'people or person experiencing homelessness' because it is a person-first description of homelessness and puts the focus on the individual, retrieved from <https://www.architecturaldigest.com/story/homeless-unhoused>.

- HUD's Disaster Recovery Homelessness Toolkit: Response Guide, <https://www.hudexchange.info/homelessness-assistance/disaster-recovery-homelessness-toolkit/>
- HUD's Preparedness Checklist: Warnings and Notifications to People Experiencing Homelessness <https://files.hudexchange.info/resources/documents/DR-H-Preparedness-Checklist-Warnings-and-Notifications.pdf>
- NHCHC's article Integrating Homeless Service Providers and Clients in Disaster Preparedness, Response, and Recovery <https://nhchc.org/wp-content/uploads/2019/08/disasterbrief092014.pdf>

L. Immigrants, Migrants, and Refugees

Immigration status is a touchy subject. In terms of inclusive and accessible emergency sites: actively checking immigration status at the doors of a site or shelter will dissuade people from safely evacuating, accessing services they need, or finding loved ones in a crisis. There are important (sometimes legal) distinctions between the different worlds used to describe non-citizens. We have immigrants and migrants to describe those who possibly left their country of origin for better opportunities and of their own free will, and asylum-seekers and refugees to describe those who left due to fearing their own safety. Refugee is a legal status in the United States, and they can become lawful permanent residents and citizens whereas asylum-seekers are looking for refugee status but have not been approved yet.¹⁰

Non-citizens may be somewhat isolated, so it is important to connect and work with local organizations and established businesses in their communities to help with emergency notifications and messaging before, during, and after a disaster or emergency.

Resources:

- 'Establishing and Maintaining Inclusive EM with Immigrant and Refugee Populations', <https://welcomingamerica.org/wp-content/uploads/2021/04/Inclusive-Emergency-Management-Checklist.pdf>
- FEMA 'Qualifying for Disaster Assistance: Citizenship and Immigration Status Flyer,' <https://www.fema.gov/assistance/individual/program/citizenship-immigration-status/flyers>

M. LGBTQIA+

LGBTQIA+ is acronym that represents many identities in the queer and gender spectrum: 'lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual,

¹⁰ Retrieved from <https://www.rescue.org/article/migrants-asylum-seekers-refugees-and-immigrants-whats-difference>.

and the + holds space for the expanding and new understanding of different parts of the very diverse gender and sexual identities.¹¹ Members of the LGBTQIA+ community can sometimes be the target of emergencies such as the mass casualty shooting at the Pulse nightclub in Orlando and often face discrimination in the response and recovery phases of a disaster. Particularly in emergency sheltering couples and families are sometimes not allowed to shelter together or gain access to services offered, and transgender people can face difficulties accessing spaces that reflect their gender identity such as dormitories and bathrooms.¹²

These are some steps you can take to ensure you are serving the needs of LGBTQIA+ people on site:¹³

- Include LGBTQI+ community groups, stakeholders, and leaders in emergency preparedness planning and training.
- Train emergency shelter staff on LGBTQI+ inclusive practices and policies as well as culturally appropriate services.
- For assessment or intake forms that ask patients their gender or sex, use forms that are inclusive of transgender and non-binary people.
- Admit LGBTQI+ couples and families without requiring documentation of relationship status and never separate LGBTQI+ parents from their children or place LGBTQI+ partners in a singles shelter.
- Have clear policies that prohibit harassment, bullying, or unwanted engagement toward anyone, including LGBTQI+ individuals. Such policies should include specific processes for reporting incidents.
- Give individuals access to restroom and shower facilities that are consistent with their gender identity and equip shelters with gender-neutral restrooms.

There are federal and state laws that protect LGBTQIA+ people from discrimination and apply throughout the response and recovery phases of an emergency or disaster.

Resources:

- 'LGBTQIA+ Communities and Disasters,'
<https://disasterphilanthropy.org/resources/lgbtqia-communities-and-disasters/>
- 'Meeting the Needs of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) Individuals During Disasters and Emergencies,'

¹¹ There are many varieties of this and this guide uses LGBTQIA+ with the intention of it being inclusive and non-exclusionary. Gender Sexuality Resource Center 'LGBTQIA+ 101' retrieved from <https://www.gsrc.princeton.edu/lgbtqia-101>.

¹² <https://19thnews.org/2023/12/lgbtq-people-displaced-disasters-census-data/>

¹³ These are some but not all the best practices included in the ASPR Health and Human Services list, more can be seen from <https://aspr.hhs.gov/at-risk/Pages/Meeting-LGBTQ-Needs-During-Disasters-and-Emergencies.aspx>.

<https://aspr.hhs.gov/at-risk/Pages/Meeting-LGBTQ-Needs-During-Disasters-and-Emergencies.aspx>

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Appendix A: Glossary

Ableism: The discrimination against those with disabilities. It is often prevalent in words and actions that assume able bodied or non-disabled to be the norm and anything other is not normal. More information can be read about it in the disabled feminists' article "What is Ableism? Five Things You Should Know."

Access & Functional Needs (AFN): Term that evolved from FEMA's inclusion of those with disabilities. Access-based needs require ensuring that resources are accessible to all individuals. Function-based needs refer to restrictions or limitations an individual may have that require additional assistance before, during, and/or after an emergency (ASPR, 2015). Individuals with access and functional needs may include, but are not limited to, children, older adults, persons with limited English proficiency, and persons with limited access to transportation. (mass.gov Health and Human Services)

Americans with Disabilities Act (ADA): The Americans with Disabilities Act is a civil rights law passed in 1990 that addresses the needs of those with disabilities. The ADA is divided into five sections - Title I Employment; Title II Public Services, State and Local Government; Title III Public Accommodations and Services Operated by Private Entities; Title IV Telecommunications; and Title V Miscellaneous Provisions.

American Sign Language (ASL): An acronym for American Sign Language. A visual language that utilizes movement of hands, facial expressions, and body movements.¹⁴

Assistive Technology: Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

Communication Access Realtime Translation (CART): A speech-to-text interpreting service for anyone who needs communication access. CART can be done as live event captioning which is helpful for those with varying degrees of hearing as well as a tool for helping others follow along.

D/deaf: The uppercase D (Deaf) correspond to people who identify as culturally Deaf and are actively engaged with the Deaf community. The lowercase d (deaf) refers to the medical audiological condition of having hearing loss.¹⁵

Disability: Legally the ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

¹⁴ Individuals with Disabilities Education Act retrieved from <https://sites.ed.gov/idea/regs/b/a/300.5>.

¹⁵ Pressman, Heather. Art of Access : A Practical Guide for Museum Accessibility. Rowman & Littlefield Publishers, 2021.

Durable Medical Equipment (DME): Durable medical equipment (DME) describes medical equipment and supplies ordered by a healthcare provider for a patient's routine, long-term use. DME refers to a wide variety of devices to meet all manner of medical needs, including Nebulizers, CPAP/BiPAP machines, Catheters, Hospital beds, Wheelchairs, Blood glucose monitors.¹⁶

Erasure: A term that typically refers to the conscious ignoring of or indifference to particular individuals and or groups that effectively renders them 'invisible.' It can also refer to the removal of individuals or groups from larger narratives or conversations.

Equity: The creation of opportunities and access that lead to equal participation in programming. The creation of equity keeps in mind individuals and groups specific circumstances and recognizes that everyone comes from a difference place and has access to different resources. You can read more about diversity, inclusion, and equity at the National Council of Non-Profits.

Invisible Disability: 'Invisible' refers to disabilities that are not readily apparent. These disabilities can include health issues, cognitive conditions, and sensory processing disorder etc. are not as 'visible' as other physical disabilities sometimes are. Additional terminology includes non-visible, hidden, and non-apparent disability. When referring to someone, use the language they prefer in reference to their disability.

Limited English Proficiency (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.¹⁷

Memorandum of Understanding (MOU): A Memorandum of Understanding is a document that outlines the terms and understanding between two or more parties who intend to enter into a formal agreement or partnership. It serves as a starting point for negotiations and collaboration, allowing the parties involved to establish a common understanding of their objectives and responsibilities.¹⁸

Neurodivergence: Non-medical umbrella term for people whose brains and bodies process information and function differently from what we understand as 'normal' or neurotypical. Historically neurodivergence was treated as medical illness and stigmatized but culturally we are growing in our understanding of neurodiversity - which is the variety of ways people brains and bodies act and react.

Sensory Diversity: Individuals who are hypersensitive or hypo-sensitive to environmental stimuli. This can manifest as sensory seeking behaviors or sensory avoiding behaviors. (Art of Access,

¹⁶ Definitive Healthcare retrieved from <https://www.definitivehc.com/resources/glossary/d/durable-medical-equipment-dme>.

¹⁷ Retrieved from https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_OA_LEP_General_0.pdf.

¹⁸ Retrieved from <https://www.lawbite.co.uk/resources/blog/what-is-a-memorandum-of-understanding>.

Sensory Processing Disorder: Condition that affects how one's brain processes external stimuli such as things you hear, see, taste, smell, or touch. We understand this to mean sometimes people will react to that stimuli differently from what we perceive as 'normal.' In an emergency those with SPD may be more overwhelmed than others and we need to provide space and resources for them in the shelters and sites we operate.

Service Animals: any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.¹⁹

Trusted Messenger: Organizations and local community institutions that EM can partner with and foster working relationships with to ensure that all people get important emergency information and notification. Some groups may trust information coming from those partners, rather than the government.

Universal Design: Universal design is a concept in which products and environments are designed to be usable by all people, to the greatest extent possible, without the need for adaption or specialized design.²⁰

Visual Supports: A visual support refers to using a visual item, such as an object, photograph, sign or picture, to communicate. Visual supports aid and enhance communication. They provide children and adults with speech, language and communication needs (SLCN) with an alternative mode of communication.²¹

Wayfinding: The act and process of navigating a physical space. Staff and visitors can navigate the space using a variety of cues such as spoken directions, signage, and maps.

¹⁹Retrieved from <https://www.ada.gov/resources/service-animals-2010-requirements/>.

²⁰ Retrieved from <https://www.section508.gov/develop/universal-design/>.

²¹ Retrieved from <https://ncse.ie/wp-content/uploads/2021/06/Using-Visuals-to-Support-Communication.pdf>.

Appendix B: Laws & Regulations

The following are some of the applicable laws and regulations set to ensure accessible and fair access and are applicable throughout the entire disaster cycle.

Americans with Disabilities Act ²²

Title I: Employment

Title I requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others.

Title II: State and Local Government Activities

Title II covers all activities of State and local governments regardless of the government entity's size or receipt of Federal funding. Title II requires that State and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities. State and local governments are required to follow specific architectural standards in the new construction and alteration of their buildings. They also must relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities.

Title III: Public Transportation

The transportation provisions of title II cover public transportation services, such as city buses and public rail transit (e.g. subways, commuter rails, Amtrak). Public transportation authorities may not discriminate against people with disabilities in the provision of their services.

Title IV: Public Accommodations

Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources.

²² The definitions of the ADA, ABA, and Rehab Act retrieved from <https://www.ada.gov/resources/disability-rights-guide/>.

Title V: Telecommunications Relay Services

Title IV addresses telephone and television access for people with hearing and speech disabilities. It requires common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week.

Architectural Barriers Act

The Architectural Barriers Act (ABA) requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities.

Civil Rights Act of 1964 ²³

The Civil Rights Act of 1964 is labor law legislation that outlawed discrimination based on race, color, religion, sex, or national origin. It ended unequal application of voter registration requirements and racial segregation in schools, at the workplace and by facilities that served the general public (public accommodations).

Resources:

- Guidance to State and Local Governments,
https://www.dhs.gov/sites/default/files/publications/20_0207-guidance-emergency-preparedness-compliance.pdf

Rehabilitation Act of 1973

The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance.

Section 504

Section 504 states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under” any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service.

Section 508

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

²³ Retrieved from <https://library.law.howard.edu/civilrightshistory/blackrights/civilrightsacts>.

Appendix C: Accessibility Checklist

Facility Information

Name: _____

Address: _____

Point of Contact: _____

Exterior & Entrance

Includes adequate accessible parking, pavement and or sidewalks, and entry doorways. It is important to note if the accessible entrance is not the main entrance.

Parking

- c A parking lot with accessible parking spaces at the facility
[# of van access spaces (96in access aisle) _____, # of spaces (60in access aisle) _____]
- c Or are there Universal Parking Spaces (132in wide with a 60in access aisle)

Path of Travel to Entrance

- c An accessible route from parking and drop off areas to the building entrance (36in wide)
- c Does the route have any sidewalks / curbs? [# of curb ramps ____]
- c Does the route have any single run ramps present? (Slope ratio of 1:20 handrails between 34-38in from ground, 36in wide, edge protection, maximum rise 30in, maximum run of 30 ft, level landings 60in long top and bottom of ramp)
- c Does the route have any multi-run ramps present? (Slope ratio of 1:20 handrails between 34-38in from ground, 36in wide, edge protection, maximum rise 30in, maximum run of 30 ft, level landings 60in long between runs, level landings 60in long between top and bottom of ramp)

Entryway / Registration

Includes the interior doorway entrance, the frame and floor, as well as wherever registration will be set up.

- c There is a designated 'accessible' entrance at the facility
- c The 'accessible' entrance is the main entrance
- c The 'accessible' entrance is an alternative entrance (Accessible entrance should be the main entrance in most cases)

Doorways

- c Doorway width is at least 32 wide, clear door height is at least 80in
- c Door hardware can be used with one hand (Without tight grasping, pinching, or twisting, Max force 5 pounds, if not door must stay propped open)
- c There is an interior door
- c Doorway width is at least 32 wide, clear door height is at least 80in
- c Door hardware can be used with one hand (Without tight grasping, pinching, or twisting, Max force 5 pounds, if not door must stay propped open)
- c There is a turn radius of 30in x 48in for mobility aids between the exterior and interior door

Registration Area [Location: _____]

- c There is a clear path of travel from accessible entrance to the registration area (36in wide, free of protruding objects, free of steps and abrupt level changes over 1/2in)
- c Accessible route requires use of an elevator (Door 36in wide, depth between 51-54, width between 68-80in)
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Floor clear of trip hazards and uneven surfaces
- c Registration tables high enough for frontal approach for mobility users with knee clearance (Between 27in and 34in high)
- c Space for interpreters to interact with clients

Restrooms [Location: _____]

All restrooms used during the shelter's use must be evaluated for accessibility. Note the location of each evaluated bathroom.

- c There is an accessible bathroom present in the path of travel between program areas
- c There is braille signage on adjacent wall 60in from the floor
- c Doorway width is at least 32 wide, clear door height is at least 80in
- c Door hardware can be used with one hand (Without tight grasping, pinching, or twisting, Max force 5 pounds, if not door must stay propped open)
- c Turn radius of 60in circle or t-shape present in the restroom

Toilets

- c There is at least 1 accessible stall
- c The accessible stall is 60in wide by 56in deep (wall mounted toilet) or 59 deep (floor mounted)
- c The accessible stall has an outswing door, side and rear grab bars (36in long, 33in-36in high), and clear space next to toilet

Sink and Dispensers

- c Sinks are between 29in and 34in high
- c Sink pipes are insulated or user is somehow protected by contact
- c Dispensers have 30in x 48in clear space under, 4in or less protruding from the wall, 54in off the floor
- c There is space on sink surface to provide alternative products such as soap and towels

Dormitory [Location: _____]

Dorm space must be evaluated for accessibility. Once identified, cots need a clearance space of 36 inches and a clear path of travel through the room.

- c There is a route with no steps and no abrupt level changes to and from Dormitory space
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Accessible route requires use of an elevator (Door 36in wide, depth between 51-54, width between 68-80in)
- c Doorway width is at least 32in wide, clear door height is at least 80in
- c Floor clear of trip hazards and uneven surfaces
- c No protruding objects (Above 27in high and protrudes <4in)

Cafeteria [Location: _____]

Once identified the space needs to include a clear path of travel, accessible tables, and appropriate food selections.

- c There is a route with no steps and no abrupt level changes to and from Cafeteria space
- c Accessible route requires use of an elevator (Door 36in wide, depth between 51-54, width between 68-80in)
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Doorway width is at least 32in wide, clear door height is at least 80in
- c Floor clear of trip hazards and uneven surfaces
- c Counters or tables for serving food are between 28in to 34in
- c Dispensers are no higher than 54in above the floor
- c No protruding objects (Above 27in high and protrudes <4in)
- c If fixed sitting is provided, 5% of available seating are wheelchair accessible (Tables are between 28 – 30in high; spots are at least 30in wide, and knee clearance 19in deep and 27in high and protrudes <4in)

Restrooms [Location: _____]

All restrooms used during the shelter's use must be evaluated for accessibility. Note the location of each evaluated bathroom.

- c There is an accessible bathroom present in the path of travel between program areas
- c There is braille signage on adjacent wall 60in from the floor
- c Doorway width is at least 32 wide, clear door height is at least 80in
- c Door hardware can be used one hand with limited pressure (if not door must stay propped open)
- c Turn radius of 60in circle or t-shape present in the restroom

Toilets

- c There is at least 1 accessible stall
- c The accessible stall is 60in wide by 56in deep (wall mounted toilet) or 59 deep (floor mounted)
- c The accessible stall has an outswing door, side and rear grab bars (36in long, 33in-36in high), and clear space next to toilet

Sink and Dispensers

- c Sinks are between 29in and 34in high
- c Sink pipes are insulated or user is somehow protected by contact
- c Dispensers have 30in x 48in clear space under, 4in or less protruding from the wall, 54in off the floor
- c There is space on sink surface to provide alternative products such as soap and towels

Additional Program Areas

Depending on the event, different spaces may need to be added to the shelter. It's good practice to identify space for staff, medical use, sensory overstimulation, etc.

[Location: _____; Purpose: _____]

- c There is a route with no steps and no abrupt level changes to and from space
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Doorway width is at least 32in wide, clear door height is at least 80in
- c Floor clear of trip hazards and uneven surfaces
- c No protruding objects (Above 27in high and protrudes <4in)

[Location: _____; Purpose: _____]

- c There is a route with no steps and no abrupt level changes to and from space
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Doorway width is at least 32in wide, clear door height is at least 80in
- c Floor clear of trip hazards and uneven surfaces
- c No protruding objects (Above 27in high and protrudes <4in)

[Location: _____; Purpose: _____]

- c There is a route with no steps and no abrupt level changes to and from space
- c There is an ADA compliant ramp / sloped hallway (36in wide, slope ratio of 1:20 handrails between 34in-38in from ground, level landings 60in long)
- c Doorway width is at least 32in wide, clear door height is at least 80in
- c Floor clear of trip hazards and uneven surfaces
- c No protruding objects (Above 27in high and protrudes <4in)

Delivery & Misc.

If any space designated for shelter or program requires stairs an elevator must be identified within the path of travel with some form of backup power to ensure its continued operation. Also identify where DAFN supplies can be staged or delivered.

Electric Power & Refrigeration

- c There is a generator on site
- c There is room / a hookup for a generator
- c How much cabling would be needed for a temporary generator?
- c The generator powers the whole building (If not, where: _____)
- c There are refrigerators or coolers in secured locations that can be used for medical needs
- c _____

Receiving

- c There is a delivery receiving area separate from main / accessible entrance
- c Receiving area location: _____
- c External receiving doorway type: _____
- c External doorway: Pallets fit
- c If an interior doorway: Pallets fit
- c If pallets do not fit, is there a removable mullion? (only an option if there are multiple doors)

Storage

- c There is a storage location for unused / extra emergency supplies
- c Storage area location: _____
- c Storage doorway type: _____
- c Storage doorway: Pallets fit