Georgia Emergency Preparedness Coalition
for Individuals with Disabilities & Older Adults

Prepare. Plan. Stay Informed.

STATE OF GEORGIA FUNCTIONAL AND ACCESS NEEDS SUPPORT SERVICES TOOLKIT

The intent of this document is to provide local officials with tools to plan and provide reasonable accommodations for all citizens during disaster incidents.

SPRING 2014

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EXECUTIVE SUMMARY

Whole community planning is an important aspect of planning in emergency management. Individuals with functional and access needs (IFAN) have become more engaged in the emergency planning process as a result of lessons learned from Hurricane Katrina and other events. Functional Needs Support Services (FNSS) is a component of emergency response that can overwhelm local resources if there is not a plan in place to meet the needs of the population.

According to the 2010 US Census: American Community Survey, approximately 1.2 million (12%) Georgians are classified as having some type of functional and/or access need (hearing, visual, cognitive, ambulatory, self-care, independent living). Nationally, it is estimated that 20% of the US population has some type of functional and/or access need. These numbers are an indication of why it is important to consider the needs of the whole community while planning for emergencies and disasters.

Planning for individuals with functional and access needs (IFAN), with an emphasis on the provision of supportive services in emergency shelters, has been at the heart of discussions within the State of Georgia. State emergency planning partners within Georgia have been working to address these concerns since 2006 when they came together to form the State Americans with Disabilities Act (ADA) Working Group. At that time, key emergency management stakeholders as well as disability service providers began developing tools for local planners to aid with inclusive emergency coordination during disaster incidents.

In 2010, the Working Group became the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults. The Coalition developed **The State of Georgia Functional and Access Needs Support Services Toolkit**, hereafter called **the FNSS Toolkit**, to provide resources and information for FNSS planning, with a specific emphasis on FNSS shelter planning.*

The intent of this document is to assist local officials with tools that will enable them to provide reasonable accommodations for all citizens during disaster incidents. Specific examples are given for older adults and people with disabilities, but those with functional and access needs are a diverse part of every community. Working to address these issues at each level of government will help to improve overall efficiency, maximize resources, ensure equal access for all Georgians and ultimately enhance statewide emergency preparedness.

** This toolkit is adapted from the State of Texas Toolkit. Special Thanks to the State of Texas Functional Needs Support Services Integration Committee.*

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ACRONYMS

AAA	Area Agencies on Aging
ACS	American Community Survey
ADA	Americans with Disabilities Act
ARC	American Red Cross
ASL	American Sign Language
AT	Assistive Technology
CART	Computer Assisted Real Time Translations
CDC	Centers for Disease Control
CERT	Community Emergency Response Teams
CIL	Center for Independent Living
CMS	Consumable Medical Supplies
COAD	Community Organizations Active in Disasters
CPG	Comprehensive Preparedness Guide
DAS	(Georgia) Division of Aging Services
DBHDD	(Georgia) Department of Behavioral Health and Developmental Disabilities
DFCS	(Georgia) Division of Families and Children Services
DHS	(Georgia) Department of Human Services
DME	Durable Medical Equipment
DOJ	(U.S.) Department of Justice
EMA	Emergency Management Agency
ESF	Emergency Support Function
ESP	Enhanced Services Program Database
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
FODAC	Friends of Disabled Adults and Children
GaRRS	Georgia Radio Reading Service
GAO	Georgia Advocacy Office
GDPH	Georgia Department of Public Health
GDA	Georgia Department of Agriculture
GEMA	Georgia Emergency Management Agency
GIS	Geospatial Information Systems
GNAS	Georgia Nurse Alert System
ICS	Incident Command System
IMT	Incident Management Team
IFAN	Individuals with Functional and Access Needs
JIC	Joint Information Center
LEOP	Local Emergency Operations Plan
LEPC	Local Emergency Planning Committees
LTRC	Long Term Recovery Centers
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
OTC	Over-the-Counter Drugs
PAS	Personal Assistance Services
RLO	Regional Liaison Officer
RN	Registered Nurse
SOC	State Operations Center
SOP	Standard Operating Procedures
VOAD	Voluntary Organizations Active in Disasters

CHAPTER 1: INTRODUCTION

Overview of the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults (The Coalition)

The Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults (the Coalition) has played an important role in the development of guidance to assist with planning initiatives for individuals with functional and access needs.

The Coalition's purpose is to:

(1) Serve as a comprehensive clearinghouse between local advocacy groups serving individuals with disabilities and older adults and Georgia agencies responsible for emergency preparedness under the Georgia Emergency Operations Plan.

(2) Promote and maintain an active dialogue by serving as a conduit between individuals with disabilities and older adults, and Georgia agencies responsible for emergency preparedness under the Georgia Emergency Operations Plan.

(3) Provide subject matter expertise to: (a) Emergency response planners to ensure that all emergency plans incorporate the needs of people with disabilities and older adults, and (b) Organizations throughout Georgia that serve and advocate for people with disabilities and older adults enabling them to share disaster preparedness and response information with their constituencies.

Member Agencies:

Atlanta Area School for the Deaf

American Red Cross of Georgia

Center for Advanced Communications Policy-Georgia Institute of Technology

Department of Human Services, Division of Aging Services

Department of Human Services, Office of Facilities and Support Services

DeKalb County Emergency Management Agency

Federal Emergency Management Agency

Friends of Disabled Adults and Children

GACHI- Serving the Deaf and Hard of Hearing

Georgia Advocacy Office

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia Department of Public Health, Division of Health Prevention, Emergency Preparedness and Response

Georgia Emergency Management Agency

Georgia Radio Reading Service

Georgia State Finance and Investment Commission-State ADA Coordinator's Office

Gwinnett County Emergency Preparedness Coalition

Gwinnett, Newton, Rockdale County Health Departments

Portlight Strategies, Inc.

The Shepherd Center

Southeast ADA Center

Tools For Life-The Alternative Media Access Network, Georgia Institute of Technology Enterprise Innovation Institute

Contact information for the above agencies is in the appendices.

Overview of Functional Needs Support Services (FNSS)

The Federal Emergency Management Agency's (FEMA's) *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* uses a functional needs framework to determine which individuals might need help in an emergency. People who have functional or access needs will need support services during a disaster. FNSS are defined as services that enable individuals to maintain their independence in a general population shelter. The purpose of this section is to provide local jurisdictions with recommendations for meeting the needs of displaced populations with functional and access needs in a disaster/emergency.

The support services include the following:

- Reasonable modification to policies, practices, and procedures
- Durable medical equipment
- Consumable medical supplies
- Personal assistance services
- Other goods and services as needed

Sheltering Committee, Functional Needs Support Services Sub-Committee

The following individuals have worked to adapt the Texas Functional Needs Support Services Toolkit to the needs and resources in Georgia.

AGENCY	AGENCY REPRESENTATIVE
Department of Public Health- Division of Health Protection, Emergency Preparedness and Response	Betsy Kagey, ***Co-Chair*** Academic and Special Projects Liaison
Georgia Department of Human Services-Division of Aging Services	Jennifer Hogan, ***Co-Chair*** Disaster Preparedness Coordinator
Georgia Emergency Management Agency	Angela C. Barton Planning Section Manager
Georgia Department of Human Services- Office of Facilities & Support Services	Wendy Casey Emergency Support Function 6 Coordinator
Georgia State Financing & Investment Commission-State ADA Coordinator's Office	Mike Galifianakis State ADA Coordinator
Southeast ADA Center	Mary Morder Help Desk Specialist
GACHI-Serving the Deaf & Hard of Hearing	Kevin Steffy GATEDP Co-Coordinator, Outreach/ Training
Friends of Disabled Adults and Children	Ruth Rust Disaster Assistance Coordinator
American Red Cross of Georgia	Marilyn Self Manager-Disaster Readiness

Purpose and Scope

The purpose of this toolkit is to provide an overview of the information, products and services that are available within the State of Georgia to assist local partners and disability community stakeholders with Functional Needs Support Services (FNSS) planning. State partners have worked together on various initiatives to address FNSS planning needs locally, regionally and at the state level. This toolkit contains five chapters:

1) Introduction

- Overview of the Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults Coalition
- Overview of Functional and Access Needs Support Services
- Sheltering Committee, Functional Needs Support Services Subcommittee
- Purpose and Scope of the Functional and Access Needs Toolkit
- Legal Authority
- The State of Georgia Functional and Access Needs Definition

2) Including Individuals with Functional and Access Needs (IFAN) in Emergency Management Planning

- Step 1: Complete an Emergency Planning Assessment
- Step 2: Identify Potential Mass Care Partners
- Step 3: Review and Analyze IFAN Statistics for the Community
- Step 4: Identify and Invite IFAN Partners to the Planning Table
- Step 5: Identify FNSS Resources for Planning
- Step 6: Special Considerations to Effectively Include IFAN in your Planning

3) Overview of Sheltering in Georgia

- Overview of Sheltering in Georgia
- Process for Opening a Shelter
- American Red Cross Progression of Shelter Alert/Activation
- Shelter Staffing Recommendations
- Shelter Placement Guidance
- American Red Cross Process for Requesting FNSS Resources

4) Functional Needs Support Services and Resources

- General Resources
- Durable Medical Equipment (DME) Resources
- Consumable Medical Supply (CMS) Resources
- Pharmacy Support Services
- Personal Assistance Services (PAS) Resources
- Communication Tools for Individuals with Limited English Proficiency

Legal Authority

The Stafford Act and the Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters. The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA), regulations and agency guidance, as well as state counterparts, define the scope responsibilities.

Legal References

- *ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008. Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 C.F.R. pt. 35. Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 C.F.R. pt. 36. The Americans with Disabilities Act Title II Technical Assistance Manual (1993) and Supplement (1994). The Americans with Disabilities Act Title III Technical Assistance Manual (1993) and Supplement (1994).*
- *Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 794, as amended. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Federal Emergency Management Agency, 44 C.F.R. pt. 16. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39. Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 C.F.R. pt. 84 (Department of Health and Human Services). Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. pt. 104 (Department of Education). Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development, 24 C.F.R. pt. 8.*
- *Title VIII of the Civil Rights Act of 1968 ("Fair Housing Act"), as amended, 42 U.S.C. §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 C.F.R. pt. 100.*
- *The Architectural Barriers Act of 1968, as amended, 42 U.S.C. §§ 4151-4157. Construction and Alteration of Public Buildings, 41 C.F.R. pt. 101-19.*
- *The Homeland Security Act of 2002, 6 U.S.C. §§ 101-557, as amended.*
- *The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, as amended. Federal Disaster Assistance, 44 C.F.R. pt. 206.*
- *The Post-Katrina Emergency Management Reform Act, 6 U.S.C. § 761(d), as amended.*

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

Federal Laws Prohibiting Discrimination in Emergency Programs on the Basis of Disability

- Americans with Disabilities Act of 1990
- Stafford Act of 1988
- Rehabilitation Act of 1973
- Fair Housing Act Amendments of 1988
- Architectural Barriers Act of 1968
- Individuals with Disabilities Education Act of 1975
- Telecommunications Act of 1996

Each provides affirmative obligations and prohibitions of discrimination on the basis of disability.

No state or local government, or its contractors, in providing services may, by law, policy or contract, provide services below these standards without violating federal law.

The State of Georgia Functional Needs Support Services Definition Document was created in order to provide a basic understanding of the functional, access and medical needs of populations for consistent future planning purposes in Georgia. The FNSS workgroup included the Georgia Department of Public Health, the Georgia Department of Human Services, the American Red Cross, the Georgia Emergency Management Agency, the Georgia State Financing and Investment Commissions-State ADA Coordinator's Office and the Georgia Department of Behavioral Health and Developmental Disabilities.

State of Georgia Functional Needs Support Services (FNSS) Definition

In early 2012, state agencies were getting reports from locals about inconsistent messaging and planning related to FEMA and State FNSS guidance and requirements. To address these concerns, to provide clear and concise messaging and to present a unified approach, ESF 6 and 8 partners formed the State FNSS Working Group. The work group developed a Georgia-specific FNSS definition and presented this definition to local partners in May 2012. Once the definition was established, shelter placement guidance and planning considerations were developed. The official definition, titled: StateofGeorgiaDefinitions, FunctionalandAccessNeedsandMedicalNeedsPopulations is as follows:

Individuals with functional and access needs include (but are not limited to) people that have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may have functional needs include older adults, women in late stages of pregnancy and individuals needing bariatric equipment. The general assumption is that most persons with functional needs can function perfectly well in a general population shelter with proper support. An additional assumption is that the person with the access or functional need has the right to self-determination, whenever possible. Self-determination is a practice that asserts that the individual has the right and ability to assess their own needs, receive education about

their options and be involved in the decision making process. With the proper support, individuals with functional and access needs benefit equally from the services provided in general population shelters, and should almost always be housed in those shelters.

Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- Reasonable modification to policies, practices, and procedures
- Durable medical equipment (DME)
- Consumable medical supplies (CMS)
- Personal assistance services (PAS)
- Other goods and services as needed

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

- Ability to access temporary shelter facilities
- Communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services including federal, state, tribal and local benefits and services
- DME, CMS, and/or PAS that assist with the activities of daily living and individuals requiring accommodations specific to their condition are also encouraged to take their own supplies to the shelter
- Access to medications to maintain health, mental health and function
- Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
- Access to orientation and way-finding for people who are blind or have low vision
- Assistance for individuals with cognitive and intellectual disabilities
- Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities
- Access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
- Refrigeration for medications
- Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)
- Providing food and supplies for service animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste, and portable kennels for containment if requested)
- Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance and the transportation of equipment required in a shelter because of a disability
- Assistance locating, securing, and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual's functional support needs (e.g., accessible housing; housing with adequate space to accommodate DME; or housing located in close proximity to public transportation, medical providers, job or educational facility, and/or retail stores)

- Assistance with activities of daily living such as:
  - eating
  - taking medication
  - dressing and undressing
  - transferring to and from a wheelchair or other mobility aid
  - walking
  - stabilization
  - bathing
  - toileting
  - communicating
- Children and adults with and without disabilities who have access or functional needs who require medical services may not be excluded from a general population shelter. Plans should direct that, at a minimum, medical care that can be provided in the home setting (e.g., assistance in wound management, bowel or bladder management, or the administration of medications or use of medical equipment) is available to each general population shelter.

MEDICAL NEEDS POPULATIONS

- Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals.

Note: Persons with functional or medical needs have typically exhausted all other resources (family, neighbors, public transportation, etc.) and still need assistance for evacuation and/or sheltering before, during, and possibly after a disaster or emergency. These individuals typically reside in single homes or multiple family dwellings in the state and are not residents of hospitals, residential health care facilities, or any community-based residences or services that are already subject to emergency planning requirements.

CHAPTER 2: INCLUDING INDIVIDUALS WITH FUNCTIONAL AND ACCESS NEEDS IN EMERGENCY PLANNING

Including Individuals with Functional and Access Needs (IFAN) in Emergency Planning

One of the first questions most emergency managers and planners ask is “Where do we start?” This is a good question, and while the answer to this question could be as varied as the community being planned for, this section includes some tips and strategies for beginning FNSS Planning. Regardless of the starting point, the mindset should be for including the whole community in planning.

This means:

- Understanding and meeting the needs of the entire affected community
- Engaging partners of the community (public, private, and civic sectors) in defining IFAN needs of your community and devising ways to meet them
- Strengthening the assets, institutions, and social processes that work with IFAN on a daily basis to improve resilience and emergency management outcomes

This section includes six steps for FNSS Planning that are indicative of whole community planning including:

Step 1: Complete an Emergency Planning Assessment

Step 2: Identify Potential Mass Care Partners

Step 3: Review and Analyze IFAN Statistics for the Community

Step 4: Identify and Invite IFAN Partners to the Planning Table

Step 5: Identify FNSS Resources for Planning

Step 6: Special Considerations to Effectively Include IFAN in Emergency Planning

Note: While a majority of this section focuses on *shelter planning* for people with functional and access needs, these concepts can be applied to each phase of the emergency management cycle (preparedness, planning, response, recovery and mitigation).

Step 1: Complete an Emergency Planning Assessment

Review your current plans, processes and procedures to see if they include Functional and Support Services. Identify any gaps within current plans and keep in mind compliance with the Americans with Disabilities Act (ADA) requirements.

The Americans with Disabilities Act (ADA) requires shelters to afford equal access to all shelter services including (but not limited to) safety, food, services, comfort, information, a place to sleep (until it is safe to return home), and the support and assistance of family, friends, and neighbors.

Look at where you are, identify gaps, and identify what your current plans do. ADA is not just applicable to architecture issues.

Start with an assessment of your current plans and standard operating procedures, and ask the following questions:

- Do you have a process for input from IFAN, agencies and community based organizations representing IFAN in all phases of your emergency planning? These agencies/organizations include, but are not limited to, those that address preparation, notification, evacuation, transportation, sheltering, medical and social services, temporary lodging and/or housing, clean-up, and remediation.

- Do you seek input and participation from IFAN when you conduct exercises and otherwise test your preparedness?

- If you have a contract or other arrangement with any third party entities, (i.e., the American Red Cross, a volunteer agency or other local government) to provide emergency planning and/or emergency management or response services, does your contract or other documentation of your arrangement contain policies and procedures to ensure that the third party entities comply with ADA requirements?

If you have identified any gaps in your plans and processes, then consider working with your key partners on identifying community resources.

Step 2: Identify Potential Mass Care Partners

Once the initial planning assessment is complete, the next step will be to identify additional stakeholders. The core mass care planning partners include:

- Emergency Management Agencies
- American Red Cross Chapters
- Department of Human Services, Division of Family and Children Services
- District Public Health Offices
- Area Agencies on Aging

Below are examples of agencies/organizations at the local level that should be included in Emergency Support Function 6 planning for Functional Needs Support Services (FNSS), as well as potential roles and responsibilities for each of the partners.

A place to start for this step is the existing Local Emergency Operations Plan (LEOP). Within the plan, EMA Directors identify partner agency roles and responsibilities for inclusion in the LEOP for each Emergency Support Function.

Following are some examples of potential partner organizations and agencies which may be available at the local, county, regional or district office level:

- ADA Coordinator's Office
- Regional Healthcare Coalitions
- Behavioral health and developmental disabilities partners
- Local advocacy groups for individuals with functional and access needs
- Other non-governmental organizations including faith based organizations
- Civic clubs and organizations
- Local leadership
- Transportation service providers
- Law enforcement
- Others as determined by local jurisdiction

Within the State of Georgia, Department of Human Services (DHS) is the lead state coordinating agency for **ESF 6, Mass Care**. The American Red Cross is the lead voluntary agency for sheltering within the state. Knowledge of ESF 6 roles and responsibilities are key in overall FNSS planning considerations. Planning for FNSS should be incorporated into all phases of the emergency management cycle and should address shelter operations.

The following are some examples of **ESF 6 Partner roles and responsibilities**.

Human Services / American Red Cross

- Coordinate the planning for FNSS for all phases of the emergency management cycle, specifically in shelters.
- Coordinate with mass care partners to identify and provide alternate facility options for individuals unable to remain in shelters (e.g., hotel or personal care home). A list of community living options to utilize during the recovery phase of a disaster is available in the appendix.
- Integrate local advocacy groups and organizations that provide services to individuals with disabilities and/or functional and access needs into FNSS planning. These groups can assist in identifying the types of disabilities and/ or functional and access needs that are present in the community.
- FNSS shelter planning.
- Identify local resource providers of FNSS and, if possible, assist with the establishment of a Memorandums of Understanding (MOUs) or other agreements to provide FNSS resources to shelters if needed.
- Participation on Community Organizations Active in Disasters (COADs), Citizens Corps Councils, Local Emergency Planning Committees (LEPCs) and Medical Reserve Corps or community coalitions, and encourage the development of FNSS sub-committees to ensure whole community planning.
    - Note: one way to engage community partners is to identify and participate in existing community coalitions to avoid duplication of resources.

Aging Services

- Establish relationships with Area Agencies on Aging (AAAs) to pre-identify areas within communities with large groups of older adults that may need transportation or other types of assistance during a disaster.
- Identify and include representatives from groups and organizations that represent the interests of older adults for FNSS in general shelters.
- Identify the types of FNSS that may be needed to support older adults within the community.
- Establish agreements with equipment and service providers based on determined needs.

Behavioral Health and Developmental Disabilities (Mental Health)

- Identify and invite local and/or regional mental health providers to participate in FNSS planning.
- Provide assistance with identifying local mental health resources specific to the community that may be needed to support FNSS.
- Establish agreements with providers to offer these resources in shelters and as the need arises.

Public Health

- Identify alternate facilities that can accommodate individuals determined to have needs that cannot be met in a general population shelter. Alternate facilities should be chosen based on the degree of need for each individual and should be the "least restrictive" option possible depending upon that need.
- Establish agreements or MOUs with alternate facilities prior to an event and coordinate with local EMA and ARC to provide transportation for these individuals from the shelter to the alternate facility.
- Work with ESF 6 Partners to identify Functional Needs Support Services locally and assist with building the needed relationships to access these resources to support shelter operations.
- Coordinate healthcare staffing (primarily Registered Nurses) for FNSS, to assist with routine healthcare assessments, as requested by the FNSS Manager. All emergencies are handled by the local Emergency Medical Services provided, through "911" or designated emergency number.

Emergency Management

- Support ESF 6 Coordinator and provide overall coordination of disaster response and recovery.
- Develop communication plans and procedures to ensure all mass care partners are included in the planning process and have been trained on their roles and responsibilities in accordance with the LEOP.
- Develop communication plans with mass care agencies/organizations at the state level to support local operations if the need arises.

Georgia Department of Agriculture (GDA)

- Provides support to shelter operations through the provision of food and other necessary items for service dogs.
- Identifies and coordinates the location of pet friendly shelters near shelters to allow evacuees to care for their pets during disasters.
- Supports DHS and ARC in the provision of food and food services for shelters upon request.

Georgia Volunteer Organizations Active in Disasters (GAVOAD)

- Provides various services to support shelter operations such as child care assistance, feeding and other support.
- Provide assistance with recovery services after a disaster to help individuals regain their independence and return to, or as close as possible to, their pre-disaster standard of living.
- Provides assistance to individuals, families and local communities with additional support and services not related to shelters such as debris clearance, managing volunteers and donations, establishment Long Term Recovery Centers (LTRCs), etc.

Step 3: Review and Analyze Individuals with Functional and Access Needs (IFAN) Statistics for the Community

IFAN are a diverse group. Complex variations in the health status, living environments, and social situations of those with functional and access needs make it hard to plan for this population during emergencies.

For example, older adults are at increased risk of disease and death during emergencies because of factors such as the following:

- A higher prevalence of chronic conditions, physical disability, cognitive impairment, and other functional limitations
- Dependence on support systems for medical care, medication, food, and other essential needs
- Potential limitations in their mobility, their access to transportation, or other aspects of functional autonomy

Emergencies also can disrupt the support systems on which many IFAN rely. For many IFAN, independent living is made possible only with help from friends, family, and in-home services that provide meals, home-based health care, and assistance with chores and personal care needs. If some IFAN are not able to get the medications, equipment, or special care they need they can be at increased risk of complications and death during an emergency.

The majority (93%) of Medicare enrollees aged 65 years or older live in the community, rather than in nursing homes or other congregate settings. Nearly one-third of this group lives alone.[1]

Note: Since whole community planning is at times an overwhelming task, Step 3 focuses on shelter planning for individuals with disabilities. Each step can be applied to other vulnerable populations identified within your community for a whole community approach.

STRATEGIES AND OPTIONS FOR IDENTIFYING IFAN

The ability to identify which IFAN will have a functional or access requirement during an emergency is a primary obstacle to helping those in need during a crisis situation.

Among the many potential approaches for identifying IFAN populations for preparedness planning, the following three methods may assist planners:

1. Characterizing the population
2. Using Geographic Information Systems (GIS)
3. Building, using, and maintaining registries

[1] *ref: Federal Interagency Forum on Aging-Related Statistics. Older Americans 2010: Key Indicators of Well-Being. Washington, DC: U.S. Government Printing Office; 2010. www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Docs/OA_2010.pdf.*

Characterizing the Population

Officials at all jurisdictional levels need to understand the basic epidemiologic characteristics of the different populations encompassed in the IFAN. Epidemiologic data can be used to plan the delivery of services, medications, durable medical equipment and other materials needed to support this population during all phases of an emergency. For example, data that indicates a high prevalence of diabetes in a particular community can lead to more comprehensive stockpiling and planning for distribution of insulin during an emergency. Other categories of information that can help jurisdictions develop preparedness plans include:

- Demographic characteristics, including the number of older adults and their age, sex, and race/ethnicity, as well as the size and types of cultural subgroups
- Prevalence of chronic medical and behavioral health conditions, disabilities and functional limitations
- Prevalence of chronic conditions that require specific medications, durable medical equipment or special medical care
- Primary language and other languages spoken by significant portions of the population
- The proportion of older adults who live in the community and the ratio that live in independent living, assisted living or long-term-care facilities
- Residency patterns, including those that are permanent, seasonal or periodic
- The percentage of older adults who receive services through organizations such as the Aging Services Network, social service agencies or home health agencies and the proportion of community-dwelling adults who do not receive services from any organizations

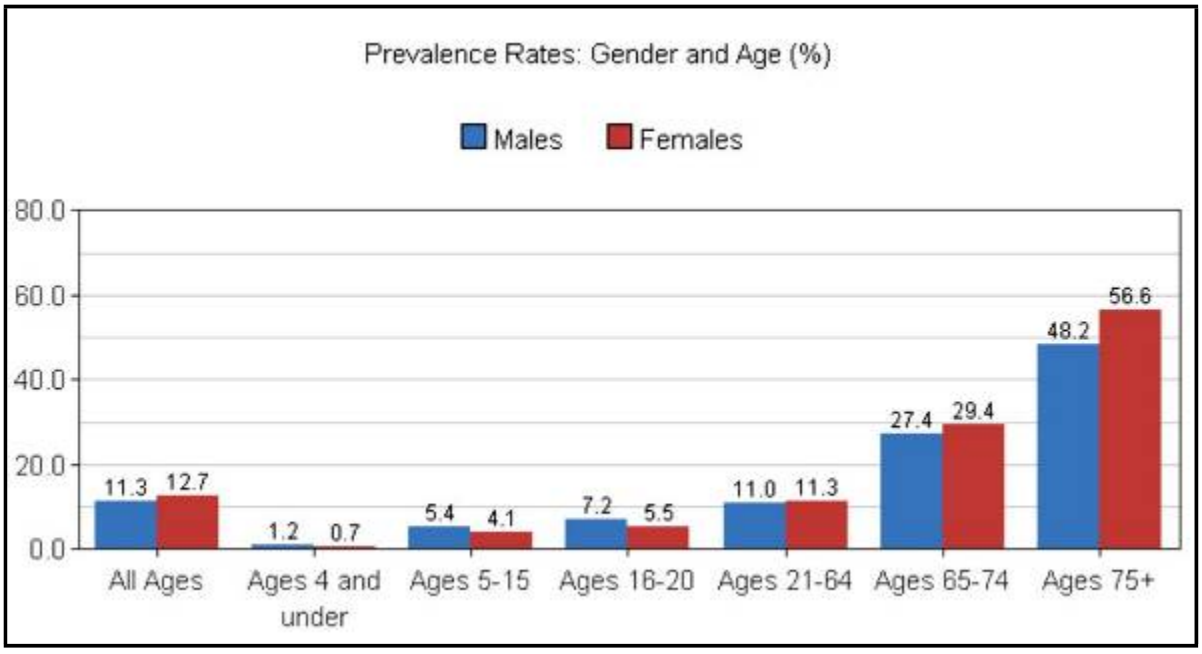
Potential sources for these data include the following:

- Community surveys
- Disease registries
- Hospital discharge databases
- Medicaid and Medicare databases
- U.S. Census

After the initial planning assessment and identification of potential stakeholders, the next step is to review data specific to your community in order to identify who lives in the community and their needs. According to the 2010 US Census, approximately 12.1% of the population in Georgia is considered to have a disability. This means that within Georgia, there are approximately 1.2 million individuals with some type of disability. The majority (38.2%) of these persons are 65 years and older (Table 1), and the prevalence rate increases in those 75 years and older (Figure 1).

TABLE 1: STATE OF GEORGIA DISABILITY CHARACTERISTICS			
Subject	**Total Population**	**Estimated Number of People With A Disability**	**Percentage of Population with A Disability**
Total population*	**9,619,740**	**1,161,966**	**12.1%**
Age Distribution of Persons with Disabilities			
under 5 years	673,981	7,461	1.1%
5 to 17 years	1,810,734	91,189	5.0%
18 to 64 years	6,088,938	663,904	10.9%
65 years and over	1,046,087	399,412	38.2%
* Civilian, non-institutionalized population Source: 2010 US Census, American Fact Finder (http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t)			

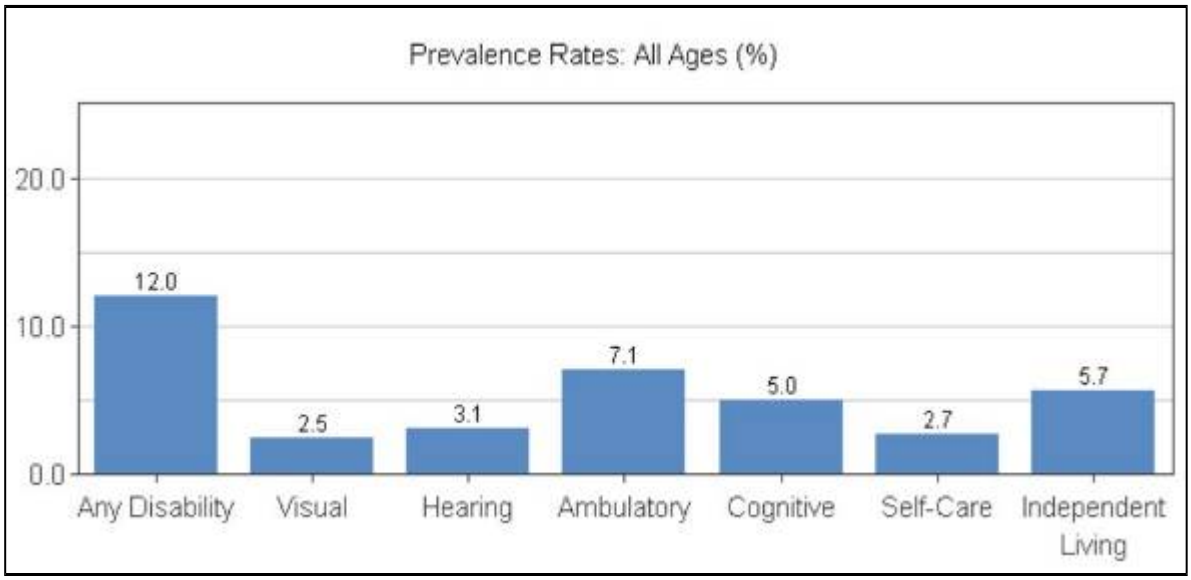
Figure 1: The prevalence of disability among non-institutionalized people by gender and age group in Georgia, 2011



Ref: www.ilr.cornell.edu/edi/disabilitystatistics, abstracted 2013

Note: Gaining an understanding of not only the number but the types of disabilities these data represent will help in planning for IFAN. The following figure provides a breakdown of the above data by type of disability.

Figure 2: Prevalence of disability among non-institutionalized people of all ages in Georgia in 2011



Ref: www.ilr.cornell.edu/edi/disabilitystatistics, abstracted 2013

Note: In planning for Functional Needs Support Services (FNSS), it is important to understand that each disability is based upon a spectrum or level of disability and not all persons with disabilities will need FNSS during an emergency.

Using Geographic Information Systems (GIS)

Many emergency managers are now using (GIS) mapping to locate concentrations of functional needs populations within their communities. Figure 3.0 geographically depicts percentages of individuals with disabilities by county using Geographic Information System (GIS) mapping tools.

When using mapping resources to identify concentrations of individuals with disabilities, or individuals with functional and access needs, there are several factors to consider when interpreting and displaying the data including:

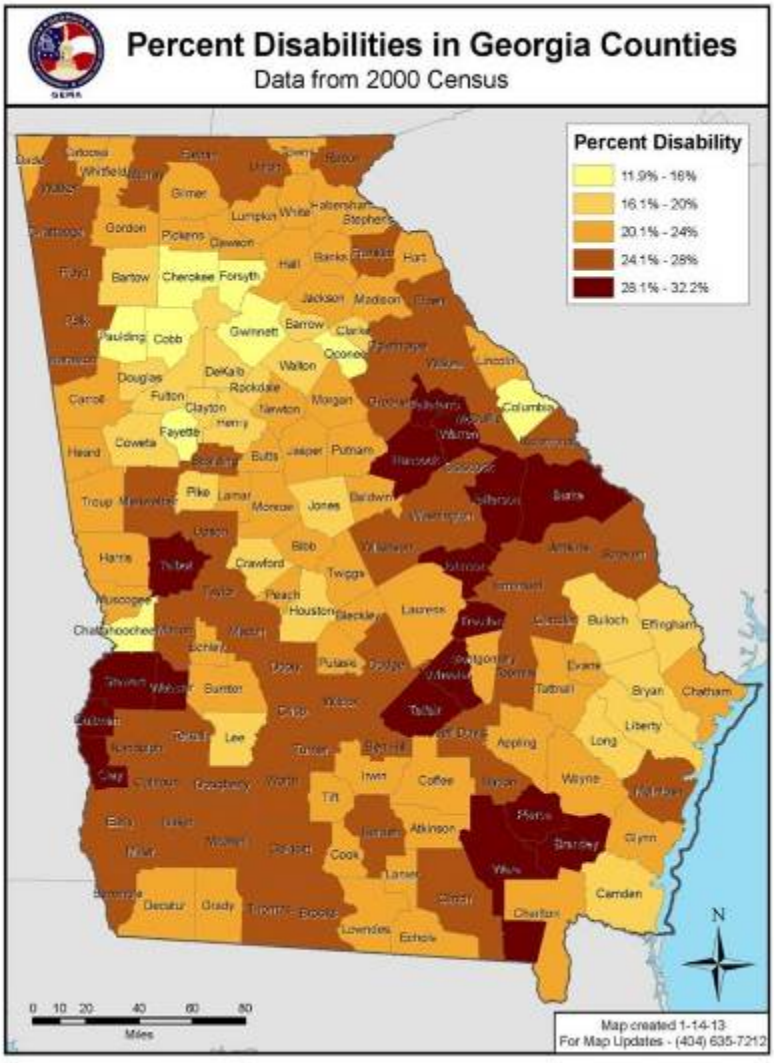
1) What is your ultimate goal for use of the data?
2) How can the data be represented in a way that will enable users to better allocate resources?
3) What types of other variables (i.e., hazards) significantly impact local capabilities for providing assistance to individuals with disabilities, or individuals with functional and access needs.

GIS relies on special software and available data to pinpoint geographic areas where individuals with disabilities are likely to live. Utilizing GIS to develop maps where individuals most likely reside can help emergency responders and disability service providers during a disaster know which areas may need priority attention or special consideration.

GEMA offers a Georgia-specific mapping tool called GODAWGS-the Georgia Online Disaster Awareness Geospatial System. GODAWGS is a web based geospatial visualization tool that allows the State Operations Center (SOC) to display information in relation spatially, creating a Common Operating Picture that Emergency Responders may use to assist them in drastically improving the situational awareness of response, recovery and coordination to both natural and man-made disasters. https://godawgs.gema.ga.gov

Figure 3 provides a visual image of disability by county within Georgia. The 12.1% overall average for the state includes those counties with fewer persons with disabilities, as well as those counties who have over 28% of their population with some type of disability. Note: These higher percentages may represent counties with a larger elderly population.

FIGURE 3: Percent of Georgia Population with Disabilities by County



It is vitally important to understand the local disability demographics (e.g., large concentrations of citizens with disabilities and senior housing communities). Most people with disabilities live and work independently and are dispersed among the population. To accurately plan, it is important to have a solid understanding of community demographics. Data on local city and county disability characteristics are limited. For this reason, it is suggested that local emergency managers use this information only as a guideline for predicting functional and access needs within their communities.

Note: Users of this guide are encouraged to investigate the needs of their local communities more thoroughly. To obtain local, regional, statewide and national data, local officials should work with local disability service providers and city/county planning departments.

Where To Go For Disability Data:

Note: There are many databases with information on individuals with disabilities; however the federal database provides a standard which can be used throughout the state and region. These data can be applied to your community population to get a broad estimate of how many persons within your community may have a functional and/or access need during an emergency. However, local agencies and non-governmental organizations may have information which better represents your community.

U.S. Census Bureau

The definition of a disability varies, therefore, the collection of disability statistics depends on the purpose for which it is being used and the survey collecting the information. The Census Bureau collects disability data from four surveys; however, other agencies also collect disability data. Depending on your needs, one survey may be more suitable than another. For more information, please visit www.census.gov/hhes/www/disability/disability.html.

The American Community Survey (ACS)

ACS is part of the National Center for Health Statistics since 2005, annually surveys American households on various demographic and socioeconomic parameters and disability data.
http://www.census.gov/acs/www/about_the_survey/american_community_survey/

The ACS replaced the decennial census long-form in 2010 and collects long-form-type information throughout the decade, rather than only once every 10 years. The ACS data provides a continuous stream of updated information for states and local areas.

Limitations of ACS data in Georgia:

- ACS is an ongoing survey of persons who reside in counties with a population great than 65,000. This means that there currently no specific data available for rural counties within Georgia. However, in the near future, ACS survey 5-year averages will be used to provide data estimates of all Georgia counties.
- Also, since the ACS is a household survey, people living in institutions such as nursing homes are not included.

To help with specific information on populations with disabilities, there are several websites that have taken the ACS data and made it more accessible for planners. Several of these sites are listed below.

American FactFinder

Provides access to data about the United States, Puerto Rico and the Island Areas. The data in American FactFinder come from several censuses and surveys. A guided tour of these data is available at
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml.

Disability Statistics.Org

This Cornell University website uses several data sources, including Current Population Survey, Census 2000 and the American Community Survey (ACS) to provide state-specific data on disability. http://www.disabilitystatistics.org/

Personal Assistance Service Center

The Center for Personal Assistance Services has compiled state and national data on the prevalence of overall disability and of self-care difficulty, by gender, age, race and ethnicity, type of disability, family income, recipient benefit, employment status and living arrangement. These statistics are based on tabulations from the 2009 American Community Survey (ACS) and provide county disability information for non-rural Georgia counties.
http://www.pascenter.org/state_based_stats/disability_stats/acs_counties.php?state=georgia&title=Populations+with+Disabilities%3A+Counties

Identifying at-risk populations within your community: Resources

There are many online resources with regard to at-risk populations. The following is a workbook and an eTool developed by the CDC to help walk you through the process of identifying and working with the at-risk population within your community.

PUBLIC HEALTH WORKBOOK to Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency
http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf

This document describes a process that will help planners to define, locate, and reach at-risk populations in an emergency. Additional tools are included to provide resources for more inclusive communication planning that will offer time-saving assistance for state, local, tribal, and territorial public health and emergency management planners in their efforts to reach at-risk populations in day-to-day communication and during emergency situations.

If you follow the process outlined in this document, you will begin to develop a Community Outreach Information Network (COIN)—a grassroots network of people and trusted leaders who can help with emergency response planning and delivering information to at-risk populations in emergencies. Building a strong network of individuals who are invested in their community's well-being, who are prepared and willing to help and who have the ability to respond in an emergency is just the start. You must also include network members in your emergency preparedness planning, test the capacity of your COIN to disseminate information through preparedness exercises and make changes to your preparedness plans based on the evaluation of those exercises.

The At-Risk Population's eTool is a companion to the above cited workbook:
http://www.orau.gov/SNS/AtRiskTool/

This tool will help you create a Community Outreach Information Network (COIN) to reach at-risk populations within your community in an emergency. It provides information and tools on creating a Community Outreach Information Network (COIN) for more efficient information distribution to those populations. Navigating through the eTool is simple and provides step by step information and planning tools.

Building, Maintaining and Using Registries

Note: The following section on registries was developed by the CDC and is included in this document as a discussion of several types of registries, as well as information on the resources needed to develop and maintain a registry.[2]

In the context of emergency preparedness, the purpose of a registry is to identify before an event occurs those individuals who may need special attention or help before, during, or after an emergency. Registries can be based on the specific type of help a person needs (e.g., medical, transportation or other special needs), or they can be used for the broader purpose of identifying any person who might need any type of help during an emergency. Many jurisdictions also use registries as a way to provide information to older adults on how to prepare for emergencies.

Three Types of Registries Include:

- **Special needs registries** may have a broad scope, listing any person who might need help during an event, or be limited to specific special needs (e.g., individuals with specific types of physical or mental disability, impaired mobility, dependence on medication or medical equipment or limited cognitive function).
- **Medical needs registries** are limited to individuals who have specific, identifiable medical needs. These registries may require documentation from a doctor about the person's specific diagnosis and medical requirements (e.g., for oxygen, dialysis or other life threatening disorders).
- **Transportation registries** identify people who cannot evacuate a location or area before an event without help (e.g., older adults, people with special or medical needs).

Development, Maintenance, and Resources

Local registries are often the product of collaborations between government entities, community groups and social service providers. In some jurisdictions, registries are developed and maintained by a local or state government entity, such as the Office of Emergency Management. In areas where funding is limited (e.g., rural areas), groups may pool their resources to develop regional registries.

To account for changes in place of residence, special needs and other factors for people already registered, as well as for incremental additions, registries must be updated regularly. Keeping registries up-to-date is difficult because the number of potential registrants is always changing as people visit or move into or out of a given area.

Registry development and maintenance requires sustained staffing and resources. Some jurisdictions fund registries through emergency response funds, while others rely on volunteers and community collaboration.

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[2] *Identifying Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities Atlanta: U.S. Department of Health and Human Services; 2012.*

Methods for collecting information on registrants may include the following:

- A Web form individuals or their family/advocates can use to submit and update their information
- A central phone number that people can call to register
- Social service workers or volunteers who collect information from clients when they apply for other public health services
- Direct-mail registration forms that people can fill out and return

Liability

Jurisdictions may be concerned about liability and about creating the expectation that, by enrolling an individual into a registry, help is guaranteed. To address this concern, many jurisdictions require that registrants be fully informed about the following:

- With whom the information will be shared
- How information will be used
- Security measures in place for protecting information
- The type of help that may be available
- Limitations on help (e.g., help is not guaranteed)

Effectiveness

Registries are used with varying degrees of effectiveness and are influenced by factors such as geography, demographics, perceived risks, requirements for updates and maintenance, and resource allocation.

Communities should fully assess whether registries are an efficient, effective way to identify their specific needs population, and communities need to determine whether they can support and maintain a registry with their existing resources.

Step 4: Identify and Invite Individuals with Functional and Access Needs (IFAN) to the Planning Table

Once emergency coordinators have conducted a planning assessment, identified ESF 6 stakeholders and reviewed local demographics, the next step is to invite representatives of the largest IFAN communities to planning meetings. There are a variety of ways to incorporate IFAN into the planning process. When considering who to invite to meetings, it is important to have a good understanding of community demographics.

Gathering demographic information will be a good starting point for understanding the areas of greatest vulnerability and for identifying the best representatives from the disability community. Based on the national average of the population with functional and access needs, take the population of any community and divide by five (20%). The result approximates the number of residents with functional and access needs in your community. As seen on the Georgia map of percent disabilities by counties, some communities will have a larger or smaller proportion of IFANs. Remember, as valuable as statistics are as a planning tool, they only provide emergency coordinators with an overview of the IFAN population within your community. What is more important is the experience of the person with functional and access needs. In planning, the following questions should be considered:

- What is it like to be a person with a disability during and after an emergency?
- Can warnings be heard or understood?
- Can the home or workplace be exited quickly?
- Can a person with an access need move about the community after evacuating?
- Are there necessary or even vital daily items (medicines, power supplies, medical devices) that are not likely to be available in shelters?
- Are basic services, like restrooms and showers, available and accessible?
- Does the person require assistance from a caregiver?

These questions are not always easy to answer. That is why it is imperative to analyze needs and form meaningful partnerships with advocacy groups or persons with functional and access needs, directly, to ensure planning is comprehensive.

Emergency managers can draw from community representatives to establish an advisory committee on developing functional and access needs support services (FNSS). The committee should consist of a cross-section of community residents with disabilities and unique functional needs, as well as, representatives from local emergency management agencies, service provider organizations, advocacy groups and local government agencies.

An emergency manager has a variety of choices for establishing an advisory committee on emergency preparedness for people with disabilities. Popular options include:

a) Development of a stand-alone committee
b) Development of a sub-committee as part of the local disaster planning group
c) Development of a committee as a component of the local Citizen Corps Council

Planners should keep in mind that having a disability, either by birth, disease, age or accident, is part of the human experience. Involving and listening to people with disabilities provides the best insights for addressing their needs.

Emergency planners should:

- Work with disability service providers to identify those in the community who might have functional needs ahead of a disaster or emergency. Doing so results in an improved emergency plan, a better determination of resource needs and more informed actions and decisions.
- Customize awareness and preparedness messages and materials for specific groups of people and put them in alternative and accessible formats, thereby increasing the ability of these individuals to plan and survive in the event of an emergency. Such preparedness allows appropriate allocation of critical personnel, equipment and assets during the response period, and it reduces 911call volume.
- Educate citizens with disabilities about realistic expectations of service during and after an emergency, even while demonstrating a serious commitment to their functional needs. Such education results in a more cooperative relationship with local authorities and enhances their appreciation of the concerns of people with disabilities. It also leads to improved response by the entire community.
- Learn and gain from the knowledge, experiences, and non-traditional resources the disability community can bring to a partnership effort with emergency professionals. By utilizing and embracing members of the disability community as partners in the planning process, as well as in drills and exercises, emergency personnel often discover creative solutions before they are needed. These solutions may benefit not only the disability community but also the general population. As mentioned earlier, the state has a coalition designed to address disability-related issues in emergency management and to put together inclusive plans. In addition, there are some good examples of local coalitions within the state, including Gwinnett County, Clayton County, Macon-Bibb and Augusta-Richmond County. These committees include emergency management, first responders, disability organizations and advocates, and hospital associations.
- Work with institutional and industry-specific groups that are not typically considered emergency service resources, but that can offer valuable and timely support to emergency professionals. Identifying these groups ahead of time will lead to a better prepared service community that is able to take

on responsibilities during an emergency. It also leads to a unified team able to quickly assess and communicate service gaps during an emergency. Examples include Durable Medical Equipment and Consumable Medical Supplies service providers and independent living centers.

- Use local Community Emergency Response Teams (C.E.R.T.) to engage and train individuals from the disability community. Local jurisdictions are encouraged to actively recruit persons with disabilities to serve on CERT teams in order to meet FNSS requirements in your jurisdictions.

Note: The most effective way to view emergencies through the eyes of people with disabilities is to involve community members with disabilities in the planning and preparation process, including drills and exercises.

Individuals with disabilities have differing capabilities, opinions, needs, and circumstances, and no one individual or organization speaks for all people with disabilities.

Step 5: Identify FNSS Resources for Planning

There are a variety of existing resources available to local coordinators and responders seeking to include people with disabilities in emergency management programs. It is not necessary to "reinvent the wheel"; emergency managers should seek to tap into existing partnerships to maximize efforts. Many groups already work with government and civic officials to ensure that people with and without disabilities work harmoniously on issues of common concern. Some common categories of representation are government organizations, non-governmental organizations, associations and institution participants, advocacy groups, local groups serving specific and general disability populations, and volunteer organizations.

Government Organizations

Usually, the best place to start in selecting and involving disability representatives is the local ADA Coordinator, the disability agency or task force within the county commissioner or mayor's office. **If a public entity has 50 or more employees, it is required to designate at least one responsible employee to coordinate ADA compliance.** Typically, officials in these organizations can assist in identifying a cross-section of disability representatives within the community. Following is a breakdown of the various organizations and agencies that represent the interests of individuals with disabilities and/or functional and access needs. Links to these organizations can be found on the State ADA Coordinator's website (http://ada.georgia.gov/emergency-preparedness) under Emergency Preparedness.

State of Georgia Agencies

- Georgia State Financing & Investment Commission- State ADA Coordinator's Office
- Department of Human Services-Division of Aging Service
- Department of Human Services-Office of Facilities and Support Services
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Public Health
- Southeast ADA Center
- Georgia Department of Community Health Refugee
- Governor's Council on Developmental Disabilities
- Local Americans with Disabilities Act Coordinator for city, county and universities
- Local Independent School Districts that provide services and resources to children with disabilities.

Non-Governmental Organizations

- American Red Cross-Atlanta
- Friends of Disabled Adults & Children (FODAC)

Associations and Institution Participants

- Center for Advanced Communications Policy – Georgia Institute of Technology
- Tools for Life – The Alternative Media Access Network – Georgia Institute of Technology Enterprise Innovation Institute
- Atlanta Alliance on Developmental Disabilities
- Georgia Association of the Deaf, Inc.
- Brain Injury Association of Georgia
- Cystic Fibrosis Foundation – Georgia Chapter
- Epilepsy Foundation of Georgia
- Georgia Association for Prader-Willi Syndrome
- Institute on Human Development and Disability
- Shepherd Spinal Center
- Spina Bifida Association of Georgia, Inc.
- Additional examples of associations and institutional partners are:
  - Representatives from the home-based care industry, such as the local Visiting Nurse Service and the Home Health Aides Association
  - Residential healthcare facilities, such as nursing homes, skilled care homes and assisted living facilities

Advocacy Groups

It is important to include representatives from advocacy groups in the disability community, such as:

- Access Center for Independent Living
- AID Atlanta, Inc.
- AIDS Alliance for Faith and Health
- Georgia Advocacy Office (GAO)
- Disability Connections
- Disability Link
- Emory Autism Resource Center
- National Alliance on Mental Illness (NAMI) - Georgia
- Statewide Independent Living Council of Georgia, Inc.

Local groups serving specific and general disability populations (e.g., people who are blind, deaf, or have limited mobility or cognitive disabilities)

- GACHI, Serving the Deaf and Hard of Hearing, local offices available
- Georgia Radio Reading Service (GaRRS)
- Asperger Syndrome Partners & Individuals Resources, Encouragement & Support (ASPIRES)
- Atlanta School for the Deaf GA Parent/Infant Network/Education
- Autism Society of America – Greater Georgia Chapter
- Bainbridge Advocacy Individual Network, Inc. (BAIN)
- Center for the Visually Impaired
- Families of Autism/Asperger's Syndrome Care, Educate, Support (F.A.C.E.S.)
- Families of Children Under Stress (FOCUS)
- Fragile Kids Foundation
- Georgia ARC Network
- Georgia Mental Health Consumers Network (Consumers of MHDDAD Services)
- Georgia Parent Support Network
- Georgia Rehabilitation Outreach, Inc.
- Jewish Family and Career Services of Atlanta
- Parent to Parent of Georgia
- Centers for Independent Living (CILs)
- Individuals with disabilities who, though not affiliated with a group, are known to emergency professionals and who are willing to participate in the planning efforts

It is extremely important to select a range of people in terms of both affiliation and disability. Involving people with all major types of disabilities, including sensory, physical, mental, and cognitive disabilities, as well as their caregivers, helps to establish the most complete picture possible of the effect of disasters on people with unique functional needs. A broadly based working group will be able to assist emergency management planners in anticipating the true impact of the disaster on the overall community. This leads to a more detailed, comprehensive and thoughtful response plan for any community.

In addition to identifying potential partners, it is helpful to understand service delivery areas for each agency or organization. **One tool that has proven to be very valuable is the use of service delivery area maps for the various stakeholder and partner agencies. These maps are available for reference in the appendix.**

Step 6: Special Considerations to Effectively Include Individuals with Functional and Access Needs in Emergency Planning

Each step mentioned is extremely important for inclusion of people with disabilities in emergency management programs. Completing an emergency planning assessment, identifying ESF 6 Stakeholders, completing a disability data review and analysis, inviting disability representatives to the planning table and maximizing existing resources are all keys to successful collaboration. However, Step 6 is equally important and will ensure long lasting successful partnerships with the disability community. **It is important to realize that people with disabilities, even more than other demographic segments of the population, are not a homogeneous group. Remember, the "disability community" is one that people can "join" at any time.**

Use People First Language (Language is Important)

Positive language empowers. When writing or speaking about people with disabilities, it is important to put the person first. ***Group designations such as "the blind," "the retarded" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities.*** Further, words like "normal person" imply that the person with a disability is not normal, whereas "person without a disability" is descriptive but not negative. Table 2 shows examples of positive and negative phrases.

TABLE 2: "AT A GLANCE" GUIDE FOR USING PEOPLE FIRST LANGUAGE

People First Phrases	Negative Phrases
person with an intellectual, cognitive or developmental disability	retarded; mentally defective
person who is blind or person who is visually impaired	the blind
person with a disability	the disabled, handicapped
person who is deaf	hearing impaired; deaf and dumb
person who is hard of hearing	suffers a hearing loss, the deaf
person who has multiple sclerosis (MS)	afflicted by MS
person with cerebral palsy (CP)	CP victim
person with epilepsy, person with seizure disorder	epileptic
person who uses a wheelchair	confined or restricted to a wheelchair
person who has muscular dystrophy (MD)	stricken by MD
person with a physical disability	crippled; lame; deformed
person without a disability	normal person (implies that the person with a disability is not normal)
unable to speak, uses synthetic speech	dumb; mute
person with psychiatric disability or a person with a mental illness	crazy; nuts
person who is successful, productive	has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability)
person with chronic pain disorder	pained person

This section outlines some etiquette considerations to keep in mind while working with individuals with different types of functional and/or access needs and disabilities.

Ask before you help

Just because someone has a disability, don't assume he or she needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. If the person does want help, ask how before you act.

Be sensitive about physical contact

Some people with disabilities depend on their arms for balance. Grabbing them-even if your intention is to assist-could knock them off balance. Avoid patting a person on the head or touching his or her wheelchair, scooter or cane. People with disabilities consider their equipment part of their personal space. Additionally sometimes people with disabilities have a sensitivity to touch and touching them can put them in a life threatening situation. When in doubt, ask how you can help.

Think before you speak

Always speak directly to the person with a disability, not to his companion, aide or sign language interpreter. Making small talk with a person who has a disability is simple; just talk to him as you would with anyone else. Respect his privacy. If you ask about his disability, he may feel like you are treating him as a disability, not as a human being; however, many people with disabilities are comfortable with children's natural curiosity and do not mind if a child asks them questions.

Don't make assumptions

People with disabilities are the best judge of what they can or cannot do. Don't make decisions for them about participating in any activity. ***Depending on the situation, it could be a violation of the ADA to exclude people because of a presumption about their limitations.***

Respond graciously to requests

When people who have a disability ask for an accommodation at the meeting location, it is not a complaint. It shows they feel comfortable enough in your establishment to ask for what they need. If they get a positive response, they will probably be more inclined to tell others about your fairness and consideration in providing equal access to the emergency planning process.

Evacuating and Transporting IFAN

Local planners should plan for individuals who do not have transportation and those who may need accessible vehicles in order to safely evacuate. To overcome these challenges, emergency planners should work with local emergency preparedness partners to identify local resources and existing transportation plans. These partners include city, county, and state departments of transportation and transit agencies, who can help to identify and transport residents in emergencies.

For example:

Evacuating and transporting vulnerable older adults in emergencies can be challenging for emergency planners. A 2005 AARP survey found that:

- 15% of adults aged 50 years or older would not be able to evacuate their homes without help. Of this group:
  - 50% would need help from someone outside their household
  - 25% of adults aged 75 years or older would need help[3]

Older adults are also more likely to not have access to a car, and many use medical equipment or assistive devices that are hard to transport. Even older adults with cars may need more time to prepare than younger adults because of difficulties driving in heavy traffic or medical conditions that make it unsafe for them to sit in traffic for long periods. Another challenge for emergency officials is that some people may not want to evacuate. Reasons include a distrust of government, fear of not returning home, previous experiences in shelters and concerns about pets.

Depending on the emergency, officials can use different types of evacuation methods.

- *Multi-tiered evacuations* may be useful when officials know when a hazard (such as a hurricane) is likely to occur. Under this strategy, older adults are encouraged to evacuate before other groups to reduce stress and the amount of time spent in traffic.
- *Publically assisted evacuation* plans identify ways to provide transportation to people who cannot evacuate on their own (e.g., because they do not own a car or cannot drive).

Registries can be used to identify older adults who know in advance that they will need help.

[3] *Identifying Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities Atlanta: U.S. Department of Health and Human Services; 2012.*

Sheltering in Place, Social Distancing and Other Forms of Isolation

A majority of older adults live in the community rather than in institutional settings, and many are only able to live independently with help from friends, family members, caregivers or in-home services that provide meals, home-based health care, and help with chores and personal care needs.

Some emergencies require isolation measures such as sheltering in place or keeping a physical distance from other people during a disease outbreak (called *social distancing*). Isolation from their support network may make community-dwelling older adults more vulnerable during an event or disaster, and these potential risks should be addressed in preparedness plans (see Figure 4).

Figure 4: Planning Concerns for IFAN Sheltering in Place, Social Distancing and Other Forms of Isolation

Emergency Action	Definition of Action	Planning Concerns
Sheltering in place	Occurs when people are warned to remain indoors and to make a shelter out of the place where they are located. Sheltering in place may be necessary during an event such as a chemical spill or radiation emergency.	• Promoting personal preparedness. • Communicating risk in accessible formats • Educating the public about safety issues
Social distancing	Refers to infection control measures that limit the spread of pandemic influenza or other infectious agents by reducing the opportunity for people to come in contact with infected persons	• Planning for disruptions in access to routine medical care • Managing obstacles for in-home service providers to make health visits, deliver meals or perform other home-based services • Managing limitations in the continuity of operations plans of home health care agencies
Isolation due to circumstances	Occurs when people are isolated at home because of weather or other environmental events, such as an ice storm or flooding that interrupt normal daily activities.	• Planning for disruptions in access to routine medical care • Managing obstacles for in-home service providers to make health visits, deliver meals or perform other home-based services • Managing limitations in the continuity of operations plans of home health care agencies

Sources: CDC, www.bt.cdc.gov/planning/shelteringfacts.asp and CDC, Social Distancing Law Project materials, www.cdc.gov/phlp.

CHAPTER 3: OVERVIEW OF SHELTERING IN GEORGIA

Overview of Sheltering in Georgia

At the core of the many discussions around emergency management planning for individuals with functional and/or access needs and disabilities has been how people with functional needs are accommodated in shelter environments. The main question has been *"How do you provide equal access to the services provided in a shelter that allows for all residents to maintain a reasonable level of independence at the shelter?"* To answer this question and to effectively plan inclusively, it is important to be aware of how shelter operations work within the State of Georgia. This section will provide an overview of shelter operations within Georgia.

Sheltering in Georgia includes mass care and feeding support for individuals who must evacuate their homes due to a disaster or incident. Shelters must meet the nationally accepted standards of the American Red Cross and will ideally, remain open no longer than 30 days, at which time other arrangements will be made for temporary housing in coordination with local, regional, state and federal agencies.

While in a shelter, individuals can expect basic short term accommodations. These may include snacks, beverages, cold meals or sandwiches, hygiene kits and usually a cot and blanket. In emergency evacuation shelters, cots may be in limited supply and be assigned to those with the most urgent need, usually based on health conditions. If the need for longer term sheltering is identified, additional resources and services will be provided. These may include cots, blankets, hot meals, and additional assistance with equipment for those with functional needs.

Process for Opening a Shelter

There is a process for opening and supporting shelters on the local level, and each ESF 6 Partner Agency plays a valuable role in opening shelters and ensuring that individuals with disabilities and functional and access needs are reasonably accommodated during their stay. Additional partner agencies provide support to shelter operations and are identified in the State Mass Care Shelter Plan:

Agency	Role in Sheltering
American Red Cross (ARC):	• The ARC is the lead voluntary agency for sheltering in Georgia and works closely local EMAs to provide shelters and disaster relief services to citizens forced to leave their homes during a disaster. • ARC provides daily meals and snacks, cots, blankets and comfort kits, limited first aid, health services and mental health counseling. • ARC coordinates with DHS, local DFCS, and GDPH (ESF 8) to provide support to shelters when needed. • ARC also provides access to the ARC Safe and Well website which can assist families in locating relatives from whom they have been separated.
Local Emergency: Management Agencies local (EMAs):	• Local EMAs coordinate disaster response within their community. • Assist in identifying and establishing shelters for impacted populations in their community and in support of statewide events. • Local EMAs will conduct shelter operations according to their LEOPs. If necessary, local EMAs will request additional support for shelters through GEMA.

Georgia Emergency Management Agency (GEMA):	• GEMA's mission is to protect life and property and to prevent and/or reduce the negative impact of natural and man-made events in Georgia. • GEMA provides support to shelters through logistics and coordination of volunteer agencies. • GEMA disseminates public information related to shelter locations and provides preparedness information to the public.
Georgia Department of Human Services (DHS):	• DHS is the lead state agency for sheltering in Georgia under the Governor's Executive Order. • DHS coordinates with the American Red Cross to assist local EMAs in providing shelters throughout the state so citizens will have a safe haven from storms and other dangers that require them to evacuate their homes and communities. • DHS provides staffing and logistical support for shelters through the DFCS, the DAS and through coordination with the GEMA, partner agencies and volunteer organizations.
Georgia Department of Public Health (GDPH):	• The GDPH coordinates and provides staffing support to ARC and DHS in shelters based on available resources and other public health priorities. • GDPH coordinates healthcare staff to shelters to assist with the assessment of individuals with functional and access needs and coordinates healthcare staff with expertise in basic first aid and health services to supplement ARC health services staff after ARC has depleted its immediate nursing resources. • GDPH is responsible for identifying alternate facilities where individuals who are not able to reside in a shelter may receive resources and services that can better meet their needs. • GDPH is responsible for obtaining MOUs with alternate facilities prior to a disaster, if possible and should arrange for transportation of these individuals from the shelter to the alternate facility. • Transportation will be handled in coordination with GEMA and the ARC. GDPH also coordinates with local jurisdictions to assist in locating appropriate accommodations for individuals who must be cared for in a hospital setting requiring more intense medical care.
Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD):	• DBHDD provides treatment and support services to people with mental illnesses and addictive diseases and support to people with developmental disabilities. • DBHDD supports DHS, ARC and GDPH in shelters by providing staff with expertise in crisis counseling and mental health to assist with assessments of shelter residents and the provision of services to those residents, shelter staff and other responders and their families.
Georgia Department of Agriculture (GDA):	• The GDA provides support to shelter operations through the provision of pet shelters, pet food and other necessary items for pets and service animals. • GDA also identifies and coordinates the location of pet friendly shelters near general shelters to allow evacuees to care for their pets during disasters. • GDA also supports DHS and ARC in the provision of food and food services for shelters when requested.

Friends of Disabled Children and Adults (FODAC):	• FODAC provides home health (mobility and daily living) equipment to people of any age or disability, temporary or permanent, for medically necessary and medically helpful reasons. • When called upon, FODAC can provide this equipment to shelters to support the needs of individuals with functional and access needs in shelters or in support of any mass care response.
Georgia Advocacy Office (GAO):	• GAO can provide information and referral, support and services to individuals with disabilities, mental illness and the elderly in shelters if requested.
Georgia Organizations Active in Disasters (GAVOAD):	• GAVOAD is a coordinated group of statewide volunteer organizations that provide various services to individuals, families and local communities during disasters. • GAVOAD support is coordinated through GEMA by the Volunteer Agency Liaison or directly through coordination with DHS. GAVOAD organizations can provide many types of services to shelters and individuals within shelters. • Some of these services include, but are not limited to, day care assistance and feeding. GAVOAD can also assist with providing recovery services after a disaster to help individuals regain their independence and return to or as close to their pre-disaster standard of living.

American Red Cross Progression of Shelter Alert/Activation

The following is the American Red Cross's protocol for opening a shelter in Georgia.

1. Communication occurs between local EMA and Red Cross regarding need for shelter. Either Red Cross or local EMA can initiate communication. Red Cross Disaster Services works closely with all local governmental entities (i.e., Emergency Management Offices—including police/sheriff/fire departments, Health Departments, etc.) to make informed decisions.
2. Upon knowledge of "individuals with immediate, emergency living needs caused by any disaster situation" Red Cross disaster services activates and begins immediate determination of the following:
   - The approximate location/boundaries of the disaster damage
   - The approximate numbers of families that are affected
   - The types of emergency living needs
   - The likelihood of a shelter being needed
3. Once the determination has been made that a Red Cross shelter should be opened, a facility will be chosen based on type of disaster, location in relation to families in need, size, length of time the shelter is anticipated to be necessary and availability of the facility, among other considerations.
4. Red Cross will call the contact individual at the selected facility. An "opening time" will be determined by mutual agreement of Red Cross and the facility representative. Red Cross will then notify the shelter team that the shelter will open.

5. Shelter Team is activated and plans for the following functions to be covered (in approximate sequence):
   - Shelter Management
   - Registration
   - Feeding
   - Health Services
   - Logistics
   - Sleeping/Dorm Management
   - Client Services
   - Staff Recruitment/Placement
6. Red Cross activates shelter support and feeding support volunteers for ARC headquarters.
7. Red Cross communicates with the following:
   - Red Cross Disaster Public Affairs for media contact
   - Government Liaison for pertinent related disaster information
   - Other partners with resources pertinent/applicable for response situation, i.e., Food Bank, SPCA, communications personnel for ham radio, etc.
8. Red Cross maintains regular communication throughout the shelter operation with EMA and partner agencies.

Shelter Size and Layout Considerations

Estimating Shelter Capacity- The standards used by the American Red Cross are:

- 20 square feet per person should be available for short-term sheltering and up to 40 square feet per person for sheltering longer than 72 hours.
- Individuals with functional and access needs i.e., who use wheelchairs, lift equipment, a service animal and personal assistance services can require up to 100 square feet.

Shelter Staffing Training Requirements

Each shelter operator is required to complete ARC Shelter training to work as a shelter volunteer or as a shelter supervisor. The basic shelter operations course for all staff is 8 hours. Shelter Managers complete an additional one-day course.

Each of the two courses instructs participants on shelter operations and expectations of all volunteers and shelter supervisors. Shelter staff may all be Red Cross volunteers or may be composed of a mixture of Red Cross volunteers and staff, volunteers from DFCS, volunteers from other state agencies or partner organizations.

Shelter Functions

Local jurisdictions have the responsibility for utilizing all area resources before requesting state assistance. Jurisdictions can find potential shelter staffing in a variety of locations, including:

- Local Jurisdiction Personnel
- Voluntary Agencies
- Service and Faith Based Organizations
- Community Emergency Response Teams (CERT)
- Students from Area Universities (consider working with the university to develop a method for students to obtain credits for working in a disaster shelter)
- Private Industry (local community businesses)
- Local Nursing Associations
- Georgia Nurse Alert System (GNAS)
- SERVEGA for Medical Reserve Corps and Other Volunteers
- Private Industry
    - Medical staffing agencies
    - Home health agencies
- Public Health Department Staff

Only those positions which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. Staffing will depend on the scale and duration of the incident/operation/shelter. The following are the key shelter functions:

Shelter Management- Provide administrative support and supervision for all functions in the shelter and ensure that the occupants' needs are being met.

Registration- Ensure that all shelter occupants are registered upon arrival. Maintain system for checking occupants in and out when they leave for any period of time. Manage the system of record keeping for shelter registrations.

Feeding- Supervise the food preparation and service in shelter. Ensure that the needed supplies for the food service are available. Keep accurate records of food and supplies received and expended.

Dormitory Management/Sleeping- Set up sleeping areas. Ensure that residents have assigned areas for sleeping. If applicable, coordinate placement of cots and blankets in area.

Disaster Health/Mental Services- Under the direction of the DHS consultant at chapter disaster operations, ensure shelter personnel's health and safety, monitor for disease prevention, provide first aid as needed and maintain records of health services provided.

Client Services- Organize and administer child care, recreation, transportation and other services as needed.

Staff Recruitment/Records- Recruit, place and support staff assigned to the shelter. Provide opportunities to shelter residents to serve as volunteers in the shelter. Maintain records of all workers that assist with shelter operation (including name, address and phone number).

Logistics- Provide support for the use of the facility. Ensure the safety, security, and sanitation for the shelter. Procure, store and distribute supplies and equipment at the shelter.

Shelter Placement Guide

This section of the toolkit will discuss shelter intake and placement. This Shelter Placement Guide is to assist Shelter supervisors, American Red Cross Health Services, American Red Cross Disaster Mental Health, and local Public Health representatives to decide whether an individual should remain at a shelter or be placed in an alternate facility that can better serve their needs.

Alternate facilities include, but are not limited to, nursing homes, private care homes, independent living centers, motels/hotels or another general shelter with appropriate resources to meet the individual's needs. Appropriate alternate facilities, transport and transfer of individuals moving to an alternate facility will be coordinated by local, district and state public health, the lead agency for Emergency Support Function (ESF 8) in conjunction with the American Red Cross, ESF 6 (Mass Care) and local Emergency Management Agencies.

This information should be used in conjunction with the assessments conducted upon the individual's entry into the shelter. If an individual has an immediate medical need, staff should call 911/local emergency services access number for transport to a hospital. Staff recommendations should be discussed with each individual and include information on services immediately available at the shelter and those that would be more readily available at an alternate facility. If an individual chooses not to follow the recommendation of shelter staff, ARC Health Services/local Public Health representatives may ask the individual to sign an informed consent. Staff should ensure that the individual signing understands that they have made the choice to remain at the shelter against the recommendation of trained staff and that certain equipment and/or services may not be immediately available at the shelter.

This tool was developed by the State FNSS Working Group to provide overall guidance to local jurisdictions in support of FNSS planning for general shelters.

It may be modified to reflect the specific plans of each local jurisdiction for determining placement of individuals in general shelters versus alternate facilities.

FIGURE 5: SHELTER PLACEMENT GUIDE

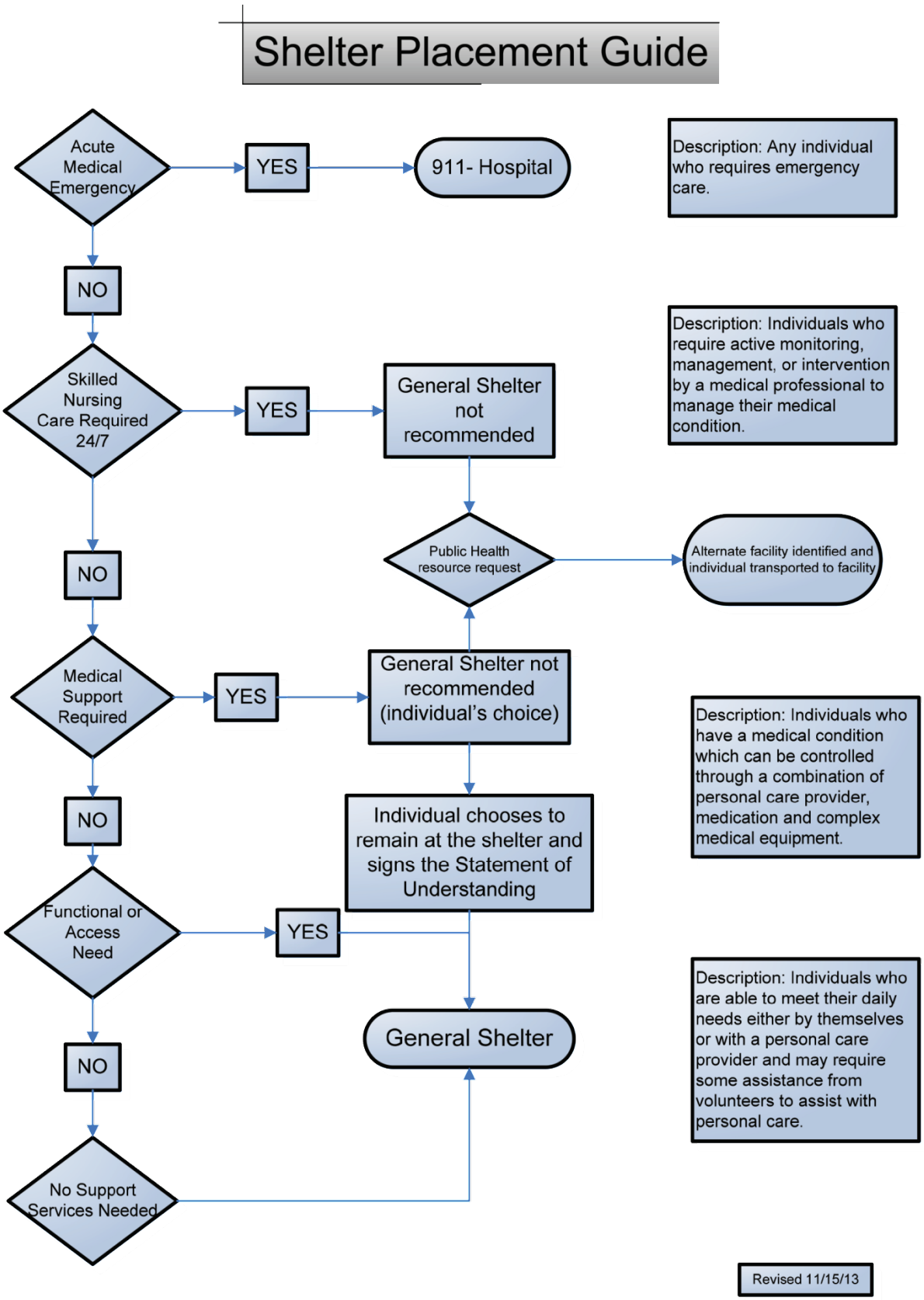


FIGURE 6: AMERICAN RED CROSS CMIST MODEL WORKSHEET

CMIST Worksheet **Total number of family included on this form _____.**

DATE:	**CLIENT/FAMILY NAME:**	**COUNTY/STATE:**
Client location in shelter:		**Interviewer:**

This is a document to cover possible considerations for scenarios of access and functional needs. This is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.

COMMUNICATION	
NEED:	**ACTION:**
☐ Access to auxiliary communication service	☐ Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) ☐ Provide visual public announcements ☐ Provide qualified sign language or oral interpreter ☐ Provide qualified foreign language interpreter
☐ Access to auxiliary communication device	☐ Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper.
☐ Replacement of auxiliary communication equipment	☐ Provide replacement eyeglasses ☐ Provide replacement hearing aid and/or batteries
MAINTAINING HEALTH	
NEED:	**ACTION:**
☐ Special diet ☐ Food Allergies_____(type)	☐ Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____(diet type)
☐ Medical supplies and/or equipment for every day care (including medications) *not* related to mobility **For replacement eyeglasses or hearing aid, see Communication* **For assistive mobility equipment (e.g., wheelchair), see Independence*	***Refer to Disaster Health Services*** *to provide or procure one or more of the following:* ☐ Replacement medication ☐ Wound management/dressing supplies ☐ Diabetes management supplies (e.g., test strips, lances, syringes) ☐ Bowel or bladder management supplies (e.g., colostomy supplies, catheters) ☐ Oxygen supplies and/or equipment
☐ Assistance with medical care normally provided in the home setting ☐ Allergies (environmental or other high risk)_____(type) **For medical treatments that are **not** normally provided in the home setting (e.g., dialysis), see Transportation*	***Refer to Disaster Health Services*** *to provide assistance with one or more of the following:* ☐ Administration of medication ☐ Storage of medication (e.g., refrigeration) ☐ Wound management ☐ Bowel or bladder management ☐ Use of medical equipment ☐ Universal precautions and infection prevention and control (e.g., disposal of bio-hazard materials, such as needles in sharps containers)
☐ Support for pregnant women ☐ Support for nursing mothers; ☐ Infant care availability	☐ Provide support by ongoing observation ☐ Provide support and/or room for breastfeeding women ☐ Assure diaper changing area is available
☐ Access to a quiet area	☐ Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
☐ Access to a temperature-controlled area	☐ Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
☐ Mental health care (e.g., anxiety and stress management)	☐ ***Refer to Disaster Mental Health Services***

FIGURE 6: AMERICAN RED CROSS CMIST MODEL WORKSHEET

CMIST Worksheet **Total number of family included on this form _____.**

INDEPENDENCE	
NEED:	**ACTION:**
☐ Durable medical equipment for individuals with conditions that affect mobility	☐ Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches) ☐ Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench) ☐ Provide accessible cot (may be a crib, inclined head or other bed type)
☐ Power source to charge battery-powered assistive devices	☐ Provide power source to charge battery-powered assistive devices
☐ Bariatric accommodations	☐ Provide bariatric cot or bed
☐ Service animal accommodations	☐ Provide area where service animal can be housed, exercised, and toileted ☐ Provide food and supplies for service animal
☐ Infant supplies and/or equipment	☐ Provide infant supplies (e.g., formula, baby food, diapers, crib)
SERVICES, SUPPORT AND SELF-DETERMINATION	
NEED:	**ACTION:**
☐ Adult personal assistance services ☐ Child personal assistance services **Incl. general observation and/or assistance with **non-medical** activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.*	☐ Identify family member or friend caregiver ☐ Assign qualified shelter volunteer to provide personal assistance services ☐ Contact local agency to provide personal assistance services ☐ Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources.
TRANSPORTATION	
NEED:	**ACTION:**
☐ Transportation to designated facility for medical care or treatment ☐ Transportation for non-medical appointment	☐ Coordinate provision of accessible shelter vehicle and driver for transportation ☐ Contact local transit service to provide accessible transportation

Actions:

☐ No needs identified
☐ Contact Shelter Manager
☐ Contact Disaster Mental Health Services
☐ Agency, *please provide agency name*

_____

☐Other_____

Followup/Resolution/date_____

_____

Disaster Health Services print name/signature/date_____

FIGURE 7: SAMPLE SHELTER PLACEMENT RECOMMENDATION FORM & STATEMENT OF UNDERSTANDING

TO BE COMPLETED BY ARC HEALTH SERVICES/PUBLIC HEALTH REPRESENTATIVE
(Based on Information from the ARC "Initial Intake and Assessment Tool")

Name: _____ Age/DOB: _____ Tracking #: _____

- Does the individual need immediate medical attention? Yes / No
- Does the individual have a medical condition that requires a nurse or doctor on a daily basis in their home or at a medical office? Yes / No
  If yes, recommend alternate facility with medical support capability
- Does the individual have a serious medical condition about which they are concerned? Yes / No
  If yes, refer to Shelter Placement Guidance
- Does the shelter have the ability to meet their needs? Yes/No
  If no, recommend alternate facility (could be another shelter with appropriate support/resources)
- Does the individual appear to be appropriately alert and cognizant of the current situation? Yes/No
  If no, refer to Shelter Placement Guidance

Please indicate below any needs that cannot be addressed at the shelter and any additional concerns based on the individual assessment (provide detailed information on reasons for recommendation):

_____
_____
_____

Recommended Shelter Type (circled): GENERAL ALT FACILITY
Facility Name and Location (if known or TBD): _____
_____

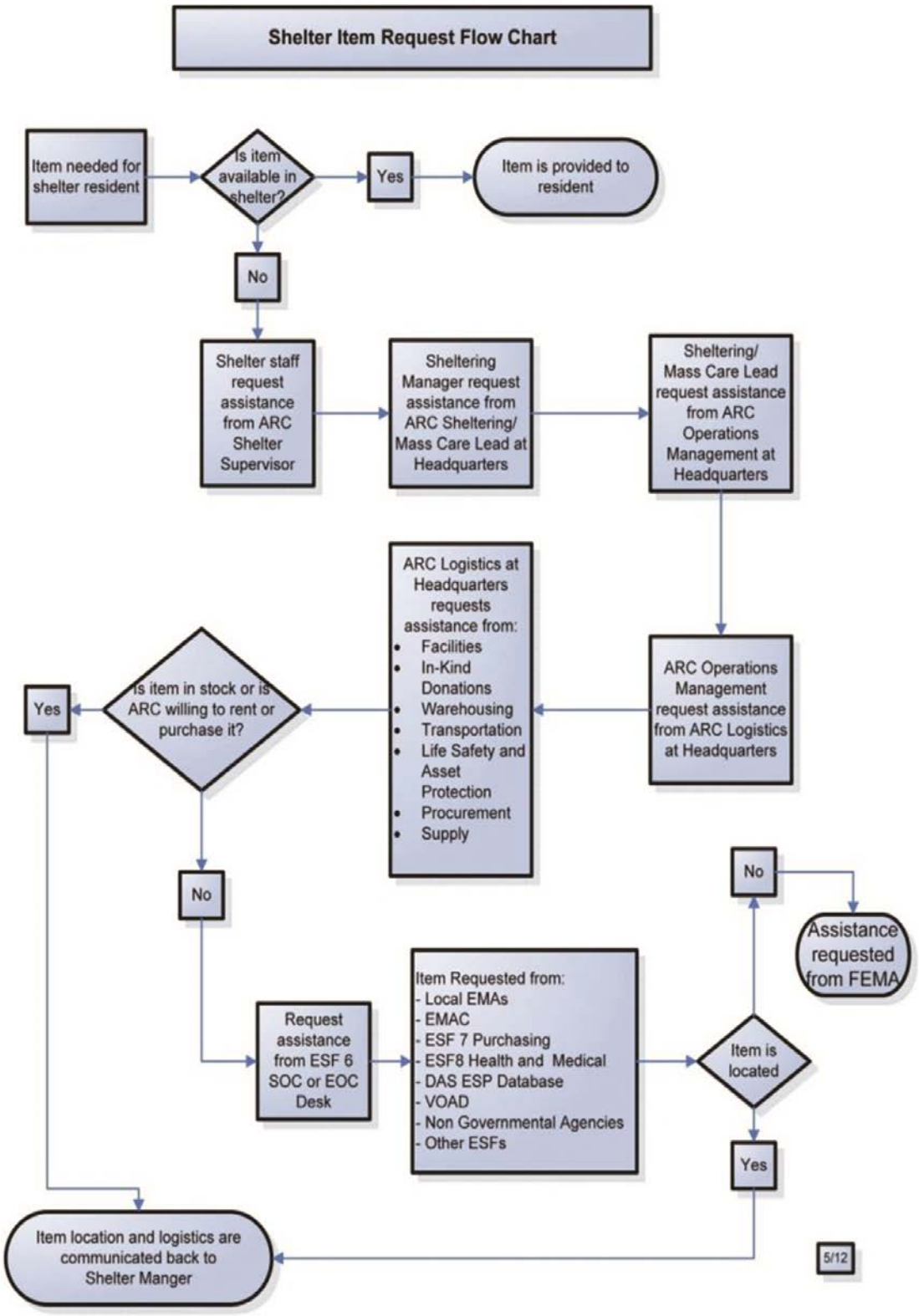
INDIVIDUAL STATEMENT OF UNDERSTANDING: After being assessed by an ARC Health Services or public health representative at the shelter, I acknowledge that **I have been recommended for placement in an "alternate facility" that can provide appropriate medical support to meet my immediate or long-term medical needs**. The reasons for the recommendation were explained to me, and I have had the opportunity to ask questions related to my placement. I understand that the purpose of the "alternate facility" is to provide medical care and resources to individuals whose medical needs exceed the level of care typically available in a General Shelter. I understand that the services and medical care available at the General Shelter *may not meet my immediate or long term medical needs*. However, against the recommendation of a trained professional, **I choose placement in a General Shelter.**

Print Name: _____ Sign Name: _____
(Individual/Parent or Guardian)
Date: _____ Phone: _____ Alt Phone: _____

ARC/Public Health Rep Name: _____ (Print) Date: _____
Title: _____
Signature: _____

Once the client intake and assessment have been completed, shelter workers will have a clearer understanding of FNSS needs of residents. The ARC has a process for requesting FNSS resources and services through their existing chain of command. The shelter supervisor contacts ARC Logistics and requests the needed equipment or service. The logistics manager searches locally, if the ARC is not able to locate the equipment or service locally, ARC Logistics searches regionally, then statewide, then nationally. See Figure 14.0 for the resource request process outline.

FIGURE 8: ARC PROCESS FOR REQUESTING FNSS RESOURCES



CHAPTER 4: FUNCTIONAL NEEDS SUPPORT SERVICES AND RESOURCES

Functional Needs Support Services (FNSS)

This section of the toolkit will:

- Give a description of the service type
- Give examples of the service type
- Provide some sources available locally, regionally, statewide and nationally

Key stakeholders from local agencies, businesses, disability organizations, community-based organizations and faith-based organizations that serve functional needs populations within the jurisdiction should be identified and included in emergency planning committees. The resources and capabilities of each entity should be assessed and integrated into short and long-term plans in order to ensure that management of functional needs starts at the local level before escalating to state and federal levels of government.

Most cities and counties have local resources for FNSS. It is recommended that local jurisdictions establish working relationships and/or contingency contracts with local suppliers.

The support services include the following:

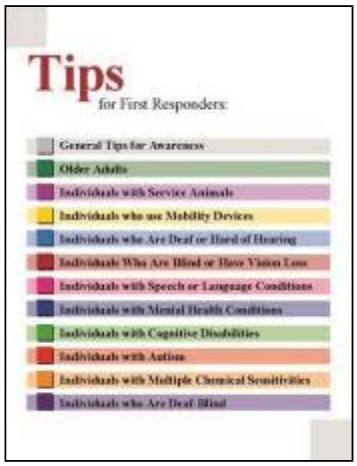
- Reasonable modification to policies, practices, and procedures
- Durable medical equipment
- Consumable medical supplies
- Personal assistance services
- Other goods and services as needed

General FNSS Resources

Description: Resources and services listed in this section address multiple types of functional needs support services. In addition, many of the resources identified in this section are available and accessible around the whole state.

Examples: Includes different types of equipment to meet the various functional and access needs-accessibility, mobility, communications support, toileting/bathing, feeding support, bedding, dressing and additional medical supplies. **Items A-K through page 60 were developed by the Coalition or supplied by Coalition Members.**

A. TIPS Guide for First Responders



This quick reference guide* provides specific, practical tips for working with people who have a wide range of disabilities including people with service animals, mobility challenges, cognitive disabilities or mental illness, the blind or those with vision loss, and the deaf or hard of hearing. The information is color-coded for easy access before, during and after a crisis. The TIPS guide can be useful for anyone new to working with individuals with functional and access needs.

** adapted from New Mexico's TIPS Guide*

B. Establishment of Statewide Disability Network

Through an invitation letter from GEMA, the Coalition invited organizations throughout Georgia that serve and advocate for people with disabilities and older adults for the purpose of:

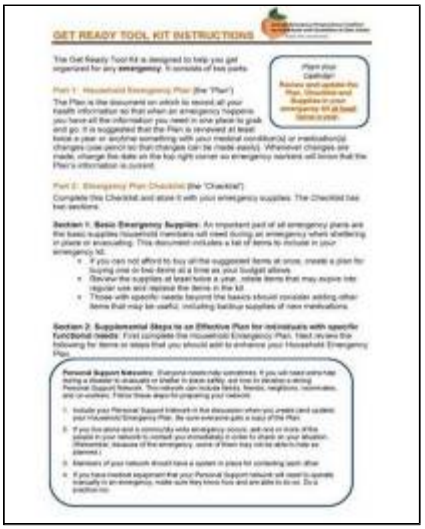
(a) enabling those organizations to share Georgia's disaster preparedness and response information with their constituencies; and

(b) to ensure that state and local emergency planning incorporates the needs of individuals with functional and access needs.

The community network currently consists of 52 stakeholder organizations around the state and continues to grow. Network members receive information, tools and tips about emergency preparedness and are invited to participate in Coalition sponsored Train-the-Trainer sessions specifically geared towards assisting their clients and customers with their emergency preparedness plans.

C. Emergency Preparedness Brochure

This brochure was created as a reference to help individuals with disabilities and older adults prepare for emergencies.


GET READY TOOL KIT INSTRUCTIONS

D. Get Ready Tool Kit

The Get Ready Tool Kit consists of two parts:

Part 1: Household Emergency Plan (The Plan)

Part 2: Emergency Plan Checklist (The Checklist) The Plan is a form for individuals to record all the health information for their household. When an emergency happens, all information needed is in one place to grab and go. The checklist consists of two sections:

a. Basic Emergency Supplies
b. Supplemental Steps to an Effective Plan for individuals with functional and access needs.

The first section includes a list of items to include in basic emergency kits and the second section identifies items to enhance existing household emergency plans for individuals with functional and access needs.

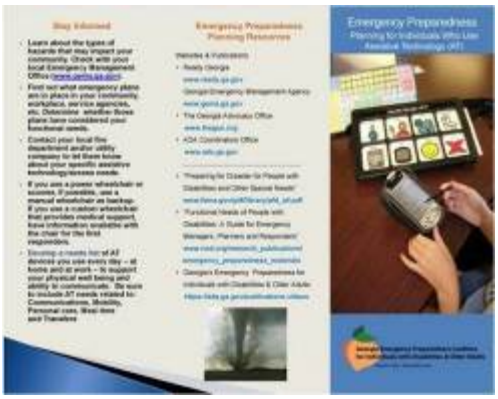
E. Train-The-Trainer Workshop

The Train-The-Trainer Workshop trains professionals, family members and advocates working with individuals with functional and access needs. The workshop trains the audience on presenting the Get Ready Tool Kit and how to assist the audience to complete the tool kit. The course is FREE of charge and participants will receive a certificate for their participation. For information on scheduling a Train-The-Trainer Workshop for your community, contact the State ADA Coordinator's office.

F. NOAA Weather Radio Special Needs Flyer

The Functional and Access Needs NOAA Weather Radio Flyer was created to inform the public about the availability of the NOAA Weather Radio adaptation accessories for purchase. Some of the accessories include strobe lights, pillow vibrators, bed shakers and special text features that are designed to notify individuals who are blind, deaf or hard-of-hearing of severe weather alerts and warnings. These accessories will enable individuals with functional and access needs to make informed decisions about their personal preparedness.

G. Planning for Individuals who Use Assistive Technology (AT)



Individuals who use Assistive Technology (AT) have unique emergency planning and response needs. This brochure was created to provide information about Assistive Technology options and resources within the State of Georgia. The brochure is intended for use by disability service providers as well as individuals with functional and access needs to assist them in better preparing for disaster or emergency situations.

H. Emergency Preparedness Fact Sheets

The Coalition has developed Fact Sheets that focus on specific types of emergency and disaster situations that may impact Georgians. Currently the developed Fact Sheets available are General Preparedness, Earthquakes, Tornadoes, Hurricanes, Extreme Heat and Winter Weather Advisories. The Fact Sheets are disseminated and posted monthly to coincide with existing preparedness observances and disaster incidents and events.

I. Communications Access Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties Quick Reference Guide

This Guide was created to provide insight to emergency managers, emergency planners, shelter supervisors, the local public safety community, disability service providers and individuals with disabilities about the various options available to provide accessible emergency information to individuals who are deaf, hard of hearing or have speech difficulties during emergency/disaster situations. The Guide has been developed in a poster format and lists out multiple communication options, including CapTel, Closed Captioning, Communication Boards, Pen/Pencil/Paper, Pre-recorded, Messages/Information in ASL, Sign Language Interpreters, NOAA Weather Radios with Accessories, TTY/TDD, Video Phone, Video Relay Service and Video Remote Interpreting.

J. Coalition Information Fact Sheet

This Fact Sheet was created to provide emergency managers, disability service providers and public health officials information about the resources available through the Coalition. The Fact Sheet is a one-page document that briefly summarizes the mission of the Coalition, lists out the member agencies, list out the different sub-committees and gives a brief explanation of the planning initiatives for the existing year.

All resources can be found within the Appendix of this document. Additionally, Coalition materials are available for free on the Georgia State ADA Coordinators website (http://ada.georgia.gov/emergency-preparedness).

Hard copies are also available by contacting the Georgia State ADA Coordinator's office.

K. The Enhanced Services Program (ESP) Database

The Georgia Area Agencies on Aging maintain an extensive database, ESP, of **services of interest to seniors** and **people with disabilities**. The general public can access part of the online search tool at http://georgiaservicesforseniors.org.
This online search tool contains information on some of Georgia's most requested services.

However, if someone needs more in-depth information on these or other services they should contact their Area Agency on Aging by calling 1-866-552-4464.

During a disaster or while recovery is taking place, anyone needing resources for housing, durable medical equipment, hospice or other topical information (examples are listed below), the ESP database can be an important resource to access.

The following are primary categories of information in the database:

- Abuse/Neglect
- Adult Day Care
- Advocacy Assistance
- Brain Injury/Spinal Cord Injury
- Care Management
- Caregiver Services
- Developmental Disabilities
- Emergency Management Organizations
- Emergency Response Systems
- End of Life Planning
- Financial Assistance
- Geriatric Assessment
- Health Centers/Clinics
- Health Conditions/Disease
- Health Supportive Products
- Healthcare Hospitals
- Home Based Services
- Home Care Providers
- Home Health Agencies
- Hospice Care/Palliative Care
- Housing Options
- Housing Services
- Information/Referral
- Insurance Programs
- Legal Services
- Leisure/Recreational
- Medicaid Waiver/ Demonstration Programs
- Mental Health
- Nursing Homes
- Nutrition Services
- Personal Care Homes
- Prescription Programs
- Supportive Services
- Transportation Assistance

L. AAA Activities and Services

Aging Services Network

The Aging Services Network, created under the authority of the Older Americans Act (OAA), is responsible for helping to maintain the dignity and welfare of older adults. It is an essential partner in preparedness planning for the vulnerable older population. The Aging Services Network in Georgia is made up of the Georgia Department of Human Services, Division of Aging Services, 12 Area Agencies on Aging (AAAs), numerous county government agencies and small non-profit agencies that provide services (e.g., home health care or meal delivery) to older adults.

The AAA's One-Call "Gateway" to Aging Services – 1-866-552-4464

- Home Aid Solutions (care coordination, meals, bathing, dressing, homemaking, etc.)
- Disability Services (ramps, rails, modification, assistive devices, education and more)
- Caregiver Support (individual guidance, support groups, training, respite, adult day care)
- Wellness Programs (senior fitness classes, training for organizers, medication education)
- Georgia Cares (prescription cost solutions, Medicare and health insurance education)
- Ombudsman Program (preserving residents' rights in long-term care facilities)
- Elderly Legal Assistance (individualized services for low-income seniors)
- Elder Abuse Prevention (public education about abuse, exploitation, neglect and fraud)
- Civic Engagement (through our volunteer recruitment program, gives individuals the opportunity to donate their time to aiding seniors throughout the region)

Area Agency on Aging Contacts:

Northwest Area Agency on Aging Counties: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield	P.O. Box 1798 Rome, Georgia 30162-1798 1-800-759-2963 706-802-5506 Fax: 706-802-5508 Web: www.nwgrc.org
Legacy Link Area Agency on Aging Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White	Main Office: 508 Oak Street, Suite 1 Gainesville, Georgia 30501 1-800-845-5465 770-538-2650 Fax: 770-538-2660 Web: www.legacylink.org
Atlanta Regional Commission Area Agency on Aging Counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale	40 Courtland Street, NE Atlanta, Georgia 30303 1-800-676-2433 404-463-3333 Fax: 404-463-3264 Email: aginginfo@atlantaregional.com Web: agewiseconnection.com
Southern Crescent Area Agency on Aging Counties: Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spaulding, Troup and Upson	Main Office: 13273 Highway 34 East Franklin, Georgia 30217 1-866-854-5652 706-407-0033 (Franklin area) 678-552-2838 (Atlanta area) Fax: 770-854-5402 (Atlanta area) 706-675-9210 (Franklin area) Email: scaaa@scaaa.net Web: www.scaaa.net
Northeast Area Agency on Aging Counties: Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe and Walton	305 Research Drive Athens, Georgia 30605 1-800-474-7540 706-369-5650 Fax: 706-425-3370 Web: www.negrc.org
River Valley Area Agency on Aging Counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor and Webster	Main Office: 1428 Second Avenue Columbus, Georgia 31902 1-866-552-4464 Fax: 770-854-5402 Fax: 706-256-2940 Web: www.rivervalleyrcaaa.org
Middle Area Agency on Aging Counties: Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs and Wilkinson	175-C Emery Highway Macon, Georgia 31217 1-888-548-1456 478-751-6466 Fax: 478-751-6517 Email: aging@mg-rc.org Web: www.middlegeorgiarc.org/aaa.php

Central Savannah River Area Agency on Aging Counties: Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington and Wilkes	3023 River Watch Parkway, Suite A Augusta, Georgia 30907 1-866-552-4464 706-210-2018 Fax: 706-210-2024 Web: www.csrarc.ga.gov
Heart Area Agency on Aging Counties: Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler and Wilcox	331 West Parker Street Baxley, Georgia 31513 1-888-367-9913 912-367-3648 Fax: 912-367-3640 Web: www.hogarc.org
Southwest Area Agency on Aging Counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas and Worth	1105 Palmyra Road Albany, Georgia 31701 1-800-282-6612 229-432-1124 Fax: 229-483-0995 Web: www.sowegacoa.org
Southern Area Agency on Aging Counties: Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner and Ware	1725 South Georgia Parkway, West Waycross, Georgia 31503 1-888-732-4464 912-287-5888 Fax: 912-285-6126 Email: wttaft@sgrc.us Web: www.sgrc.us
Coastal Area Agency on Aging Counties: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long and McIntosh	127 F Street Brunswick, Georgia 31521 1-800-580-6860 Fax: 912-262-2313 Web: crc.ga.gov

M. GaMap2Care- Find Facility

Finding information about a specific facility or facility type (nursing home, personal care home) in the state is a simple matter of using our new GaMap2Care mapping application or our Find a Facility search tool.

Please note: There is a new type of licensed facility called “Assisted Living Community” that has not yet been included in these search tools. Assisted Living Communities are Personal Care Homes that serve 25 or more residents, employ certified medication aides and have opted to become licensed as Assisted Living Communities. To see a list of currently licensed Assisted Living Communities visit: http://dch.georgia.gov/gamap2care-find-facility

N. Centers for Independent Living

Centers for Independent Living are non-residential, community-based organizations, governed and staffed by people with disabilities that offer a wide variety of services to consumers with disabilities and their families. The foundation of these services is the peer-to-peer relationship, where people with disabilities act as mentors for other people with disabilities, showing them by example how to help themselves and to live independently. The core services that CILs provide are:

- Individual Advocacy and Systems Advocacy
- Peer Counseling
- Information and Referral
- Independent Living Skills Training

Depending on the needs of the communities they serve, CILs may provide other services that vary from one center to another. Contact information for the CILs located within the state:

No.	Organization Name	Website	Address	City	Zip Code	Phone
1	Access Center for Independent Living	http://www.access4il.org	430 Prior Street, Suite 120	Gainesville	30501	770-534-6656
2	Bain Center for Independent Living	http://www.baincil.org	314 Shotwell Street	Bainbridge	39818	229-246-0150
3	Disability Connections	http://www.disability connections.com	170 College Street	Macon	31201	478-741-1425
4	Disability Link	http://www.disabilitylink.org	755 Commerce Drive, Suite 105	Decatur	30030	404-687-8890
5	Disability Link-Northwest		411 Broad Street	Rome	30161	706-314-0008
6	Living Independence for Everyone, Inc. (LIFE)	http://www.liefcil.com	12020 Abercom Street	Savannah	31419	800-948-4824
7	Middle Georgia CIL, Inc.		170 College Street	Macon	31201	478-741-1425
8	Multiple Choices Center for Independent Living	http://www.multiplechoices.us/mcilgraphics.aspx	850 Gaines School Road	Athens	30605	706-549-1020
9	Statewide Independent Living Council of Georgia	www.silcga.org	755 Commerce Drive Suite 145	Decatur	30030	770-270-6860
10	Walton Options for Independent Living Inc.	http://www.waltonoptions.org	PO Box 519 948 Walton Way	Augusta	30903	706-724-6262

O. ADA Guide for Local Government Emergency Preparedness

This website is sponsored by the Department of Justice. One of the most important roles of local government is to protect its citizens from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility. Having these programs accessible is also required by the Americans with Disabilities Act of 1990 (http://www.ada.gov/emergencyprepguide.htm).

Americans with Disabilities Act

An ADA Guide for Local Governments

Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

One of the most important roles of local government is to protect their citizenry from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility. Making these programs accessible is also required by the Americans with Disabilities Act of 1990 (ADA).

A police officer uses written notes and hand gestures to tell a man who is deaf to evacuate.

A man using a wheelchair enters a paratransit van provided so he can evacuate from his home.

A family, including a woman with a service animal, arrives at a shelter.

PLANNING

If you are responsible for your community's emergency planning or response activities, you should involve people with disabilities in identifying needs and evaluating effective emergency management practices. Issues that have the greatest impact on people with disabilities include:

- notification;
- evacuation;
- emergency transportation;
- sheltering;

DURABLE MEDICAL EQUIPMENT

Durable Medical Equipment

Despite best efforts and advance planning, some persons will arrive at the shelter without durable medical equipment (DME).

Description: **Durable medical equipment** is any medical equipment used in the home to aid in a better quality of living. It is medical equipment used by persons with a disability to maintain their usual level of independence. Note: A person who uses durable medical equipment may or may not have a medical need.

DME meets these criteria:

- Durable (long-lasting)
- Used for a medical reason
- Not usually useful to someone who isn't sick or injured
- Used in your home

Examples: DME includes

- Air-fluidized beds
- Blood sugar monitors
- Canes (however, white canes for the blind aren't covered)
- Commode chairs
- Continuous Positive Airway Pressure (CPAP) machine
- Crutches
- Home oxygen equipment and supplies
- Hospital beds
- Infusion pumps (and some medicines used in infusion pumps if considered reasonable and necessary)
- Nebulizers (and some medicines used in nebulizers if considered reasonable and necessary)
- Patient lifts (to lift patients from bed or wheelchair by hydraulic operation)
- Suction pumps
- Traction equipment
- Walkers
- Wheelchairs
- Nebulizers
- Transfer boards
- Accessible and/or bariatric cots
- Privacy screens

Resources for Durable Medical Equipment

One of the primary sources for the acquisition of durable medical equipment (DME) is **Tools for Life**. Tools for Life, Georgia's Assistive Technology Act Program, is dedicated to increasing access to and acquisition of assistive technology (AT) devices and services for Georgians of all ages and disabilities so they can live, learn, work and play independently and with greater freedom in communities of their choice.

Other Sources for Obtaining Reused/Gently Used DME/AT Devices:

The Georgia AT Depot	Georgia AT Depot is a state-wide buying Cooperative for Assistive Technology for customers in the State of Georgia. The Georgia AT Depot is modeled after the Maryland AT Co-op, which has operated a successful cooperative buying program since 1998 (http://www.atdepot.org/).
gTRADE	gTrade is Georgia's Online Equipment Exchange, encourages members to offer AT and DME for sale or donation to others who may benefit from using technology unneeded by others (http://www.gtradeonline.org/).
FODAC	Friends of Disabled Adults and Children (FODAC) is Georgia's statewide provider of home health equipment and durable medical equipment. FODAC has distributed 20,000 wheelchairs and thousands of other pieces of DME since 1986. Internationally, 65 countries have received some equipment over those years (www.fodac.org). FODAC has indicated that they are willing to partner directly with local jurisdictions to supply DME to support disaster survivors in their communities.
The Dollars and Sense Funding Guide	The Dollars and Sense Funding Guide is an online database with possible funding sources and strategies to obtain funding for assistive technology (http://web-helps.net/DS_Search/).

If local resources are not available for DME equipment then the following may be available:

GEMA Shelter Trailers

In 2012, GEMA purchased the top five pieces of Durable Medical Equipment typically requested in American Red Cross Shelters around the country. This included wheelchairs, walkers, transfer boards, walking canes, raised toilet seats and privacy screens. The equipment is stored in shelter trailers across the state in the communities that are most likely to host evacuees during a disaster incident and can be accessed upon request.

GEMA Warehouse Durable Medical Equipment

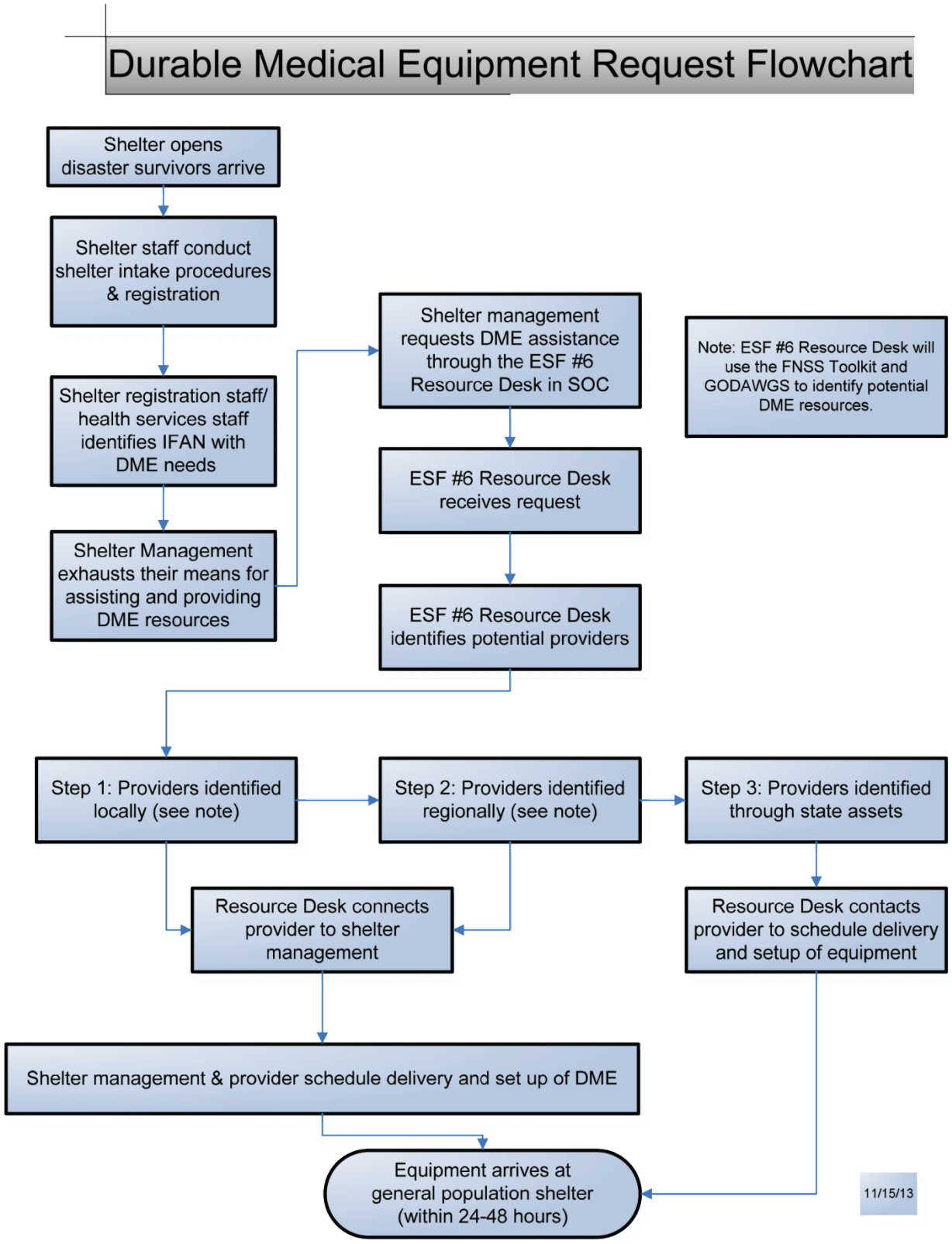
In 2013, GEMA worked with state approved medical equipment vendors to purchase Durable Medical Equipment that could be stored and accessed for delivery to shelters. GEMA collaborated with FODAC to receive, palletize and store the equipment in the organization's Stone Mountain warehouse to ensure that the equipment could be accessed and transported to support local disaster response operations upon request.

Figure 16.0 depicts the process for requesting durable medical equipment/ consumable medical supply resources through the State Operations Center, ESF #6. This equipment and supplies are intended to be activated in a major or catastrophic event impacting Georgia. **Local partners should pre-identify locations within their communities, counties and regions that can meet these needs and exhaust all possibilities before requesting this state cache of equipment.**

FEMA Process for Requesting Durable Medical Equipment Cache

In 2012 FEMA entered into contract with various durable medical equipment providers around the country. **DME can be requested from FEMA through the State of Georgia to assist with disaster response and recovery effort.** The request must be made through the state and a Presidential Disaster Declaration is required for request.

FIGURE 9: DURABLE MEDICAL EQUIPMENT REQUESTS THROUGH THE STATE



CONSUMABLE MEDICAL SUPPLIES

Consumable Medical Supplies

Description: Consumable Medical Supplies (CMS) are those non-durable supplies and items that enable recipients to increase their ability to perform activities of daily living. Consumable Medical Supplies are of limited usage and must be replaced on a frequent basis.

Consumable Medical Supplies are non-durable medical supplies that:

- Are usually disposable in nature
- Cannot withstand repeated use by more than one individual
- Are primarily and customarily used to serve a medical purpose
- Generally are not useful to a person in the absence of illness or injury
- May be ordered and/or prescribed by a physician

Examples:

- Adult disposable briefs
- Catheters
- Wipes
- Disposable gloves
- Surgical masks
- Disposable or washable bed, or chair pads and adult sized bibs
- Ensure or other food supplements
- Feeding tubes and supplies
- Dressings
- Hearing aid batteries, cords and routine maintenance and cleaning

CMS Resources:

Consumable Medical Supplies will be available at local pharmacies, durable medical equipment suppliers or local stores (i.e., Target and Wal-Mart).

If local resources are not available for DME equipment then the following may be available:

GEMA Shelter Trailers: Between 2009- 2010, GEMA partnered with local EMA's to identify host shelter communities. The communities that agreed to host shelters were awarded shelter supply trailers. Each trailer around the state contains Consumable Medical Supplies required to operate shelters. Supplies include (but are not limited to) briefs, bandages, disposable patient care gloves, cotton supplies, cold packs, hot packs, thermometers, alcohol, stethoscopes, wet wipes, baby bottles, oral syringes and CPR Pocket masks.

PHARMACY SUPPORT SERVICES

Pharmacy Support Services

During a disaster event, people will arrive at shelters without their pharmaceutical medicines. In order to maintain independence and reduce medical crisis events, these medicines will need to be replaced as soon as possible.

Description: A **pharmaceutical drug** also referred to as a **medicine** or (loosely) **medication**, can be roughly defined as any chemical substance intended for use in the medical diagnosis, cure, treatment or prevention of disease.

American Red Cross Pharmacy Support

The Red Cross has the ability to offer shelter resident replacement medications during their stay. The procedure for replacing essential prescription medications for shelter residents includes the following:

- Red Cross will contact the pharmacy where the resident has been getting their medication. If it is inaccessible or too far away, they will have the prescription transferred to a pharmacy nearer the shelter. Verify first that the prescription is current, and when the last refill was obtained to be sure the resident had the medication and was taking it regularly. Check all current prescriptions on file to be sure all needed prescriptions are replaced.
- If there is insurance coverage, determine if the refill is eligible for coverage. Pharmacists may have the ability to get insurance companies to pay for emergency refills due to disasters. Pharmacists have the knowledge and ability to access appropriate authorities for authorization of emergency refills for Medicaid covered residents.
- Prescriptions from large chain pharmacies are generally available at any store within their chain through computerized records.
- If there are no refills available on a resident's prescription, ARC Health Services will contact their health provider (or clinic) for a new prescription and have it called in to a designated pharmacy nearby.
- If the resident does not know what medications they were taking, ARC Health Services will contact their health provider (or clinic) for a list of medications, get prescriptions and have it called in to a designated pharmacy nearby.
- If the resident's pharmacy and usual health care provider cannot be reached, ARC Health Services can arrange for them to be seen at the nearest urgent care center, clinic or emergency room where they can be evaluated and receive new prescriptions. ARC Health Services will negotiate the lowest possible rate and will open a case for the resident so a debit card can be issued to cover the expense.
- The Shelter Supply Officer will pick up the prescription(s) and pay for them with a Red Cross purchase card.
- Sometimes the resident has insurance coverage or personal means to pay for their medication and will only need assistance with making logistical arrangements to obtain their medication.

- If Red Cross does provide medications to a resident, generally only a 1-2 week supply is purchased for the time the resident is expected to be in the shelter. Once the resident leaves the shelter, case workers and ARC Health Services will evaluate the resident's ongoing needs and may authorize up to a month's refill on all medications, including those refilled while the resident stayed in the shelter.

Note to Planners: Public Health personnel may be requested to fill the role of the ARC Health Services representative and should be aware of the Red Cross procedures for medications in shelters. In addition, Public Health may be requested to assist with obtaining and/or coordinating medications and other resources for shelters.

Department of Public Health, Pharmacy Section

The mission of the Pharmacy Section of the Department of Public Health is to provide current drug and disease information and/or coordinate the acquisition of high quality, cost-effective pharmaceuticals to health professionals working within the public health system, for use in disease prevention and the promotion of the health and well-being of Georgians.

The Pharmacy Director plans, organizes, and directs the pharmacy service programs of the Department of Public Health by coordinating the activities of pharmacists, other division and district health professionals and administrative and technical personnel involved in the statewide delivery of drugs and vaccines to public health clinics.

Pharmaceuticals are ordered and distributed through District Drug Coordinators from pharmacy manufacturers, pharmacy wholesalers, the Division or TB pharmacy, or other contracted organizations.
(http://health.state.ga.us/programs/pharmacy/)

PERSONAL ASSISTANCE SERVICES RESOURCES

Personal Assistance Services

Description: Personal Assistance Services (PAS) formal and informal services provided by a person that enable children and adults to maintain their usual level of independence. A Personal Assistant (PA) could be a family member, friend or professional. Other names for this person are attendant or caregiver.

Examples:

- Assist persons in maintaining their usual level of independence activities of daily living such as grooming, eating, bathing, toileting, dressing and undressing, walking/transferring, maintaining health and safety, taking medications, communicating, and accessing programs and services.
- Provide support to persons with intellectual, cognitive and mental health conditions
- Provide interpreters and/or other communication support to assist persons who require communication assistance deaf or hard of hearing and blind or low vision, speech disabilities, language/cultural differences
- Provide assistance to individuals who have conditions that affect mobility
- Provide assistance to children and adults with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.)
- Provide assistance to children and adults with temporary limitations (post-surgery, injuries, pregnancy, etc.)
- Provide assistance to children and adults who require dialysis

PAS Resources:

Center for Personal Assistance Services: The PAS Center provides research, training, dissemination and technical assistance on issues of personal assistance services (PAS) in the United States. The services and information accessed through the PAS Center website can be utilized to provide FNSS Services to individuals during disaster and emergency incidents. (http://www.pascenter.org/state_based_stats/index.php?state=georgia)

The following are some examples of Promising Practices in PAS:

Caretracker - IHSS Public Authority in Santa Barbara County, CA (http://www.pascenter.org/emergency/Caretracker_Promising_Practice.php)

Shelter Volunteer Caregiver Training Emergency Management Disability and Aging Coalition (EMDAC) in Louisiana (http://www.pascenter.org/emergency/Shelter_Volunteer_Promising_Practice.php)

Using Medical Reserve Corps for PAS in shelters -Missouri State Emergency Management Agency (http://www.pascenter.org/emergency/Reserve_Corps_Promising_Practice.php)

State Personal Care Programs- States have the option of offering personal care services (PCS) as a Medicaid benefit. States have considerable discretion in defining PCS but programs typically involve non-medical assistance with activities of daily living (e.g., bathing and eating) for participants with disabilities and chronic conditions. Unlike waivers, the PCS benefit must be available to all categorically eligible groups but states can opt to include the medically needy (those who spend down to the state standard because of medical expenses). (http://www.pascenter.org/state_based_stats/PAS_contact_info.php?state=georgia&title=Contact+Info+for+Medicaid+PAS)

FEMA's MOU with National Personal Assistant Service Company: The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288), as amended after the hurricane season of 2005, assigned new authorities to FEMA, including the provision of services to individuals with functional and access support needs in congregate facilities. FEMA awarded the PAS contract to augment the ability of states, tribes and territories to help individuals with functional and access needs maintain their health, safety and independence in congregate facilities after a Presidential declaration. **FEMA has contracts with two personal assistance services providers. The PAS contract provides two levels of support to help individuals with functional and access needs maintain their independence in congregate facilities, including:**

- Basic personal care, such as grooming, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety.
- Higher level of care, including changing dressings on wounds (such as pressure point sores), administering medications / injections (such as insulin), catheterization, and respiratory care (to include mechanical ventilation) when allowed by the state or territory.

A maximum of 50 PAS staff per contractor will deploy a minimum of 24 hours after the task order has been issued and funding has been secured. Eligible applicants are state, tribal, or territorial governments that request FEMA to provide PAS in congregate facilities after a Presidential declaration.

COMMUNICATION TOOLS FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Communication Tools for Individuals with Limited English Proficiency

The purpose of this section is to provide local jurisdictions with recommendations for meeting the various needs (including, but not limited to, assistive technology and communication needs) of displaced populations with functional and access needs in a disaster/emergency.

Description: Individuals with or without disabilities who have access or functional needs should be given the same information provided to the general population using methods that are understandable and timely. Planning for effective communication requires pre-emergency planning for auxiliary aids and services to meet the communication needs of all shelter residents.

Examples:

- Hearing Aids
- TTY/TDD Phones
- CapTel Phones (for captioned telephone)
- Computer Access Realtime Translation (CART)
- Hearing Aid Batteries (different sizes including batteries for cochlear implants)
- Synthesizers (used with PCs for text-to-speech)
- Screen Readers
- Screen Magnification Programs
- Scanning Systems for Low Vision Users
- Videophone
- Video Remote Interpreter
- Pencil and Paper

GACHI, Serving the Deaf & Hard of Hearing: Established in 1989, GACHI is a statewide nonprofit organization that provides a variety of assistive services to the deaf and hard of hearing, their family members, friends, and local state and federal agencies. In addition to the main office in Decatur, GACHI operates satellite offices in Columbus, Cedartown, Augusta, Macon and Hinesville. Services offered include:

- **Advocacy**, including educating others about ADA, encouraging customers to foster self-determination as well as empowerment and independence
- **Information and Referral** locating resources and referrals geared toward individuals with hearing loss and speech issues and the people surrounding them
- **Community Education & Outreach** educating others primarily through workshops and special event as well as outreaching letting others know about GACHI, **The Georgia Telecommunications Equipment Distribution Program**, offering free telecommunication devices to qualified applicants (http://gachi.org/GATEDP)

Communications Access Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties: This Guide was created to provide insight to emergency managers, emergency planners, shelter supervisors, the local public safety community, disability service providers and individuals with disabilities about the various options available to provide accessible emergency information to individuals who are deaf, hard of hearing or have speech difficulties during emergency/disaster situations.

The Guide has been developed in a poster format and lists out multiple communication options, including: CapTel, Closed Captioning, Communication Boards, Pen/Pencil/Paper, Pre-recorded Messages/Information in ASL, Sign Language Interpreters, NOAA Weather Radios with Accessories, TTY/TDD, VideoPhone (vp), Video Relay Service (VRS) and Video Remote Interpreting (VRI). The Guide is housed on the ADA Coordinators website. (http:// ada.georgia.gov)

General Effective Communication Requirements under Title II of the ADA: Provides tools and requirements for communicating with all audiences including those with disabilities. (http://www.ada.gov/pcatoolkit/ch3_toolkit.pdf)

Georgia Registry of Interpreters for the Deaf website: www.garid.org

This booklet is available for order at http://www.dawnsign.com/100-signs-for-emergencies.

APPENDICES

List of Appendices

1) Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults Agency Members Contact Information

2) Georgia Stakeholders: Maps

   - Georgia Public Health Districts Map
   - Georgia Department of Human Services, Division of Family and Children Services Regional Map
   - American Red Cross of Georgia Chapters Map
   - Medical Reserve Corp Units of Georgia Regional Map
   - Georgia Department of Behavioral Health and Developmental Disabilities Regional Map
   - GACHI, Serving the Deaf and Hard of Hearing Regional Offices Map
   - DHS, Division of Aging Services Planning and Service Areas Map, Area Agencies on Aging Regions
   - Georgia Independent Living Center Regions Map
   - Georgia Regional Commissions Map
   - GEMA Field Coordinator Areas

3) Community Living Options Post Disaster

Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults Agency Members

Contact Information

Atlanta Area School for the Deaf
Phone: (404) 296-7101
VP: (404) 537-1222
Website: www.aasdweb.com

American Red Cross of Georgia
Phone: 1(866) RC-HELPS (1-866-724-3577) to reach your local chapter
Website: www.redcross.org

Center for Advanced Communications Policy-Georgia Institute of Technology
Phone: (404) 385-4614
Website: www.cacp.gatech.edu/

Department of Human Services, Division of Aging Services
Phone: 1(866) 55-AGING (552-4464)
Website: http://aging.dhr.georgia.gov

Department of Human Services, Office of Facilities and Support Services
Phone: (404) 651-6316
Website: http://dhs.georgia.gov/office-facilities-support-services

DeKalb County Emergency Management Agency
Phone: (770) 270-0413
Website: http://web.co.dekalb.ga.us/DK_Police/pol-dema.html

Federal Emergency Management Agency
Phone: (770) 220-5200
Website: www.fema.gov

Friends of Disabled Adults and Children
Phone: (770) 491-9014 or 1-866-977-1204
Website: www.fodac.org

Georgia Advocacy Office
Phone: (404) 885-1234
or Voice or TDD: 1(800) 537-2329
Website: www.thegao.org

GACHI- Serving the Deaf and Hard of Hearing
Video Phone: 404-492-8472
Voice/TTY: (404) 292-5312
Voice/TTY Toll Free: (800) 541-0710
Fax: (404) 299-3642
Website: www.gachi.org

Georgia Department of Behavioral Health and Developmental Disabilities
Phone: (404) 657-2258
Website: www.dbhdd.georgia.gov

Georgia Department of Public Health, Division of Health Prevention, Emergency Preparedness and Response
Phone: (404) 657-2700
Website: www.health.state.ga.us

Georgia Emergency Management Agency
Phone: (404) 635-7000
or 1(800) TRY-GEMA (in Georgia only)
Website: www.gema.ga.gov/
www.ready.ga.gov

Georgia Radio Reading Service
Phone: (404) 685-2820, Toll Free (800) 672-6173
Website: www.garrs.net

Georgia State Finance and Investment Commission-State ADA Coordinator's Office
Phone: (404) 657-7313
TTY: (404) 657-9993
Website: www.ada.georgia.gov

Gwinnett County Emergency Preparedness Coalition
Phone: (770) 995-3339
www.gwinnettcoalition.org
www.gwinnetthelpline.org

Gwinnett, Newton, Rockdale County Health Departments
Phone: (770) 339-4260
Website: www.gnrhealth.com

Portlight Strategies, Inc.
Phone (Voice/TTY), (770) 330-5653
or (843) 817-2651
Website: www.portlight.org

The Shepherd Center
Phone (Voice/TTY) (404) 352-2020
Website: www.shepherd.org

Southeast ADA Center
Toll Free Phone (Voice/TTY): (800) 949-4232
Phone (Voice/TTY) (404) 541-9001
Website: www.adasoutheast.org

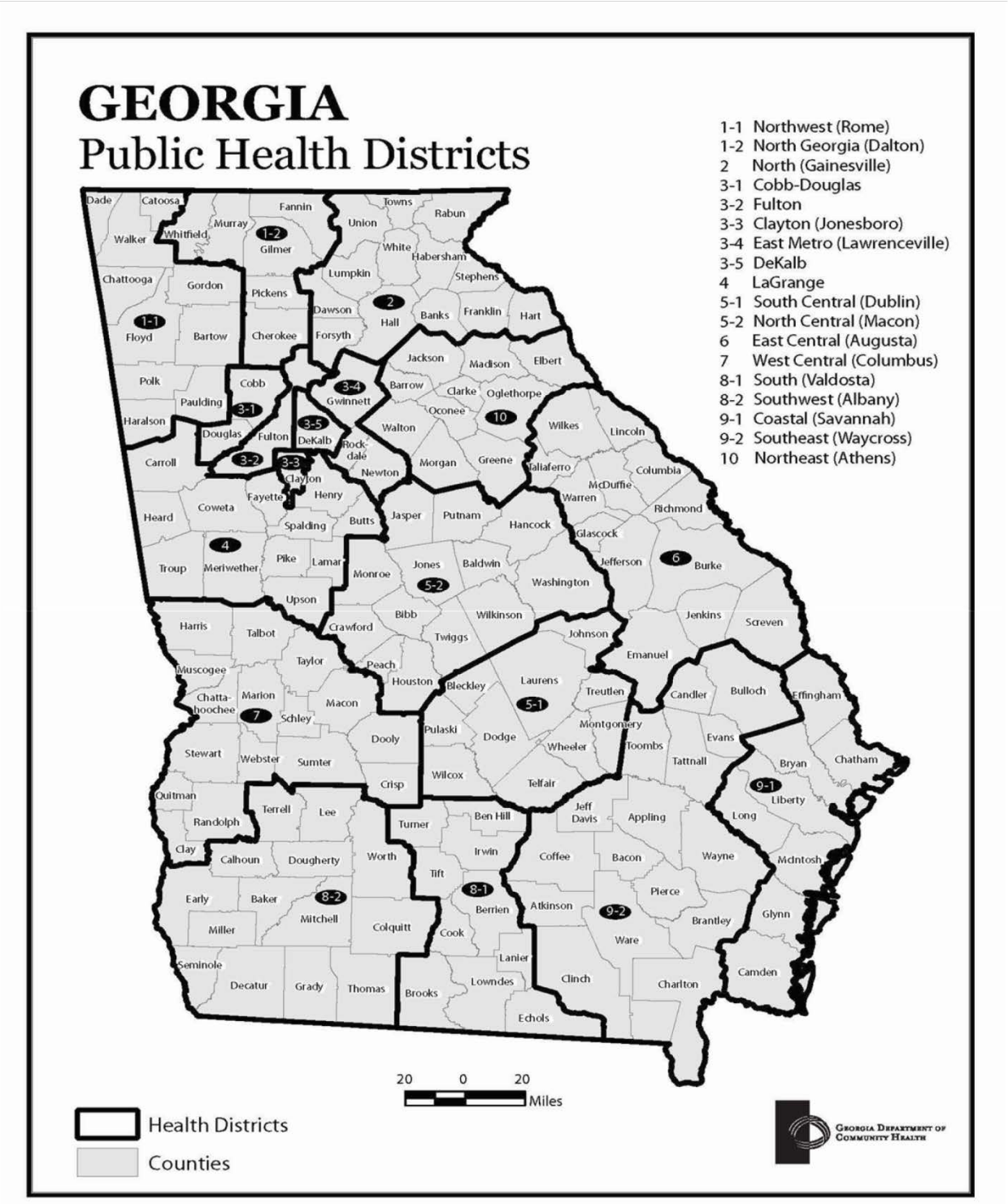
Tools For Life-The Alternative Media Access Network, Georgia Institute of Technology Enterprise Innovation Institute
Phone: (404) 894-0541
Toll Free: (800) 497-8665

MAPS

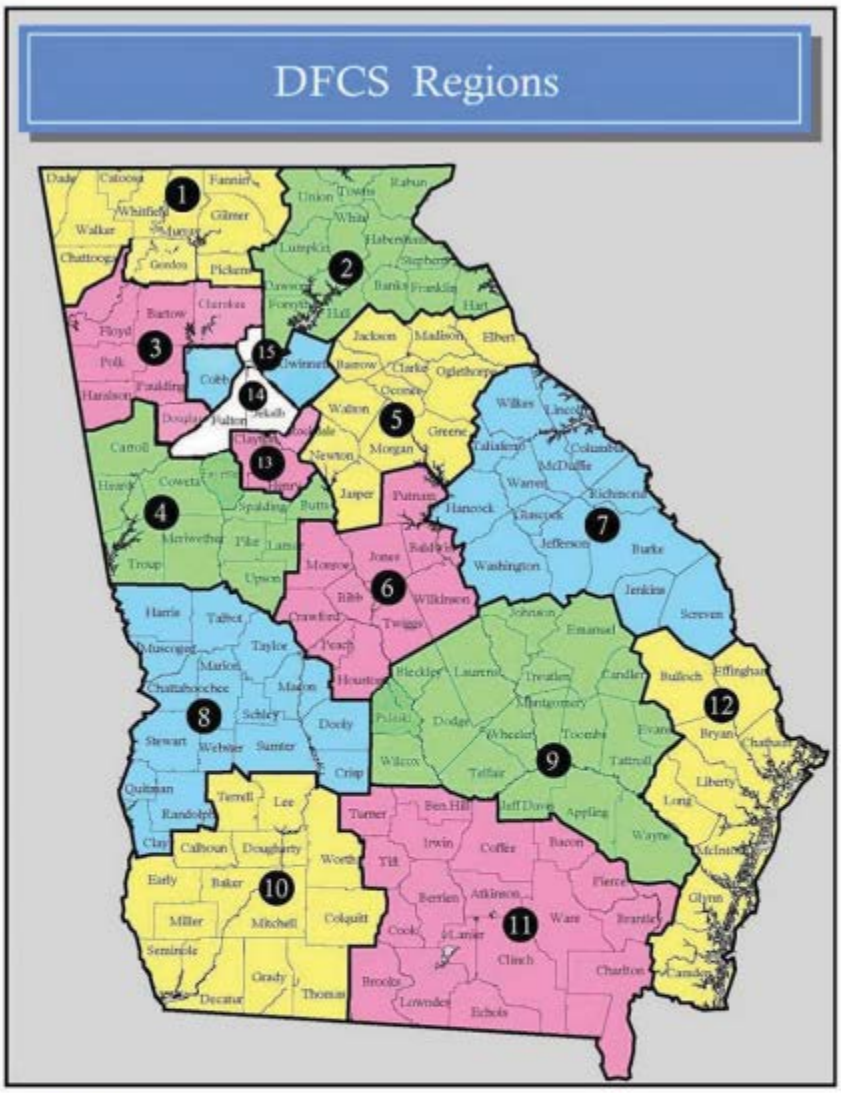
The following are several Georgia maps of potential stakeholders broken down by service delivery region or area around the state. Each agency, association and organization has different designated regions within the state. When planning, you will need to identify the specific district, chapter or region for your locality. Please note that this is not a complete set of maps of all potential stakeholders.

A. Georgia Public Health Districts Map
B. Georgia Department of Human Services, Division of Family and Children Services Regional Map
C. American Red Cross of Georgia Chapters Map
D. Medical Reserve Corp Units of Georgia Regional Map
E. Georgia Department of Behavioral Health and Developmental Disabilities Regional Map
F. GACHI, Serving the Deaf and Hard of Hearing Regional Offices Map
G. DHS, Division of Aging Services Planning and Service Areas Map, Area Agencies on Aging Regions
H. Georgia Independent Living Center Regions Map
I. Georgia Regional Commissions Map
J. GEMA Field Coordinator Areas

A. GEORGIA DEPARTMENT OF PUBLIC HEALTH (www.health.ga.us)



B. GEORGIA DEPARTMENT OF HUMAN SERVICE, DIVISION OF FAMILY AND CHILDREN SERVICES (dfcs.dhs.georgia.gov)



Region 1
Catoosa, Chattooga, Dade, Fannin, Gilmer, Gordon, Murray, Pickens, Walker, Whitfield

Region 2
Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White

Region 3
Bartow, Cherokee, Douglas, Floyd, Haralson, Paulding, Polk

Region 4
Butts, Carroll, Coweta, Fayette, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson

Region 5
Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, Walton

Region 6
Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Putnam, Twiggs, Wilkinson

Region 7
Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Region 8
Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster

Region 9
Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Pulaski, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox

Region 10
Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Region 11
Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware

Region 12
Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh

Region 13
Clayton, Henry, Rockdale

Region 14
DeKalb, Fulton

Region 15
Gwinnett, Cobb

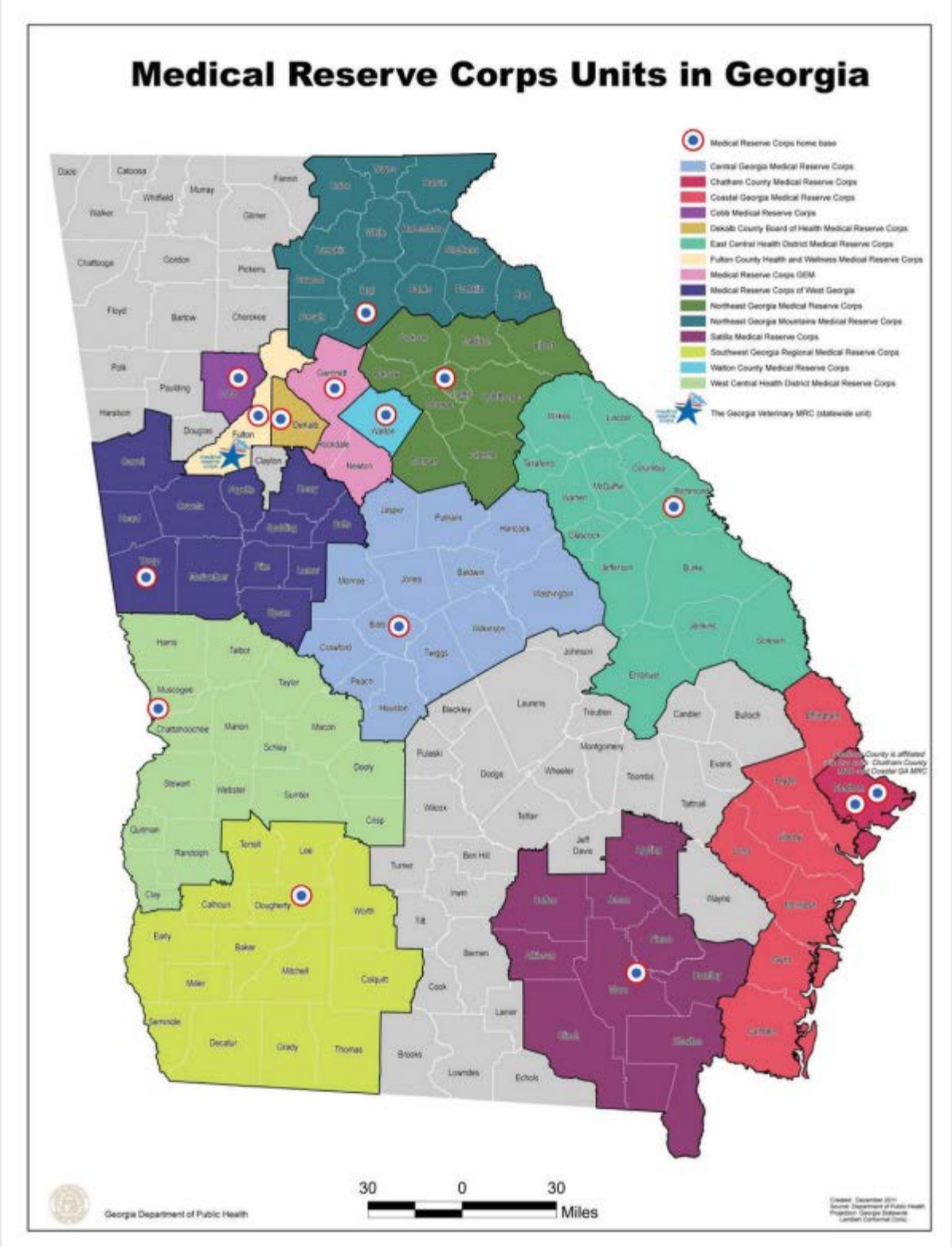
DHS
Georgia Department of Human Services

Updated April 2013

C. AMERICAN RED CROSS OF GEORGIA (http://www.redcross.org)

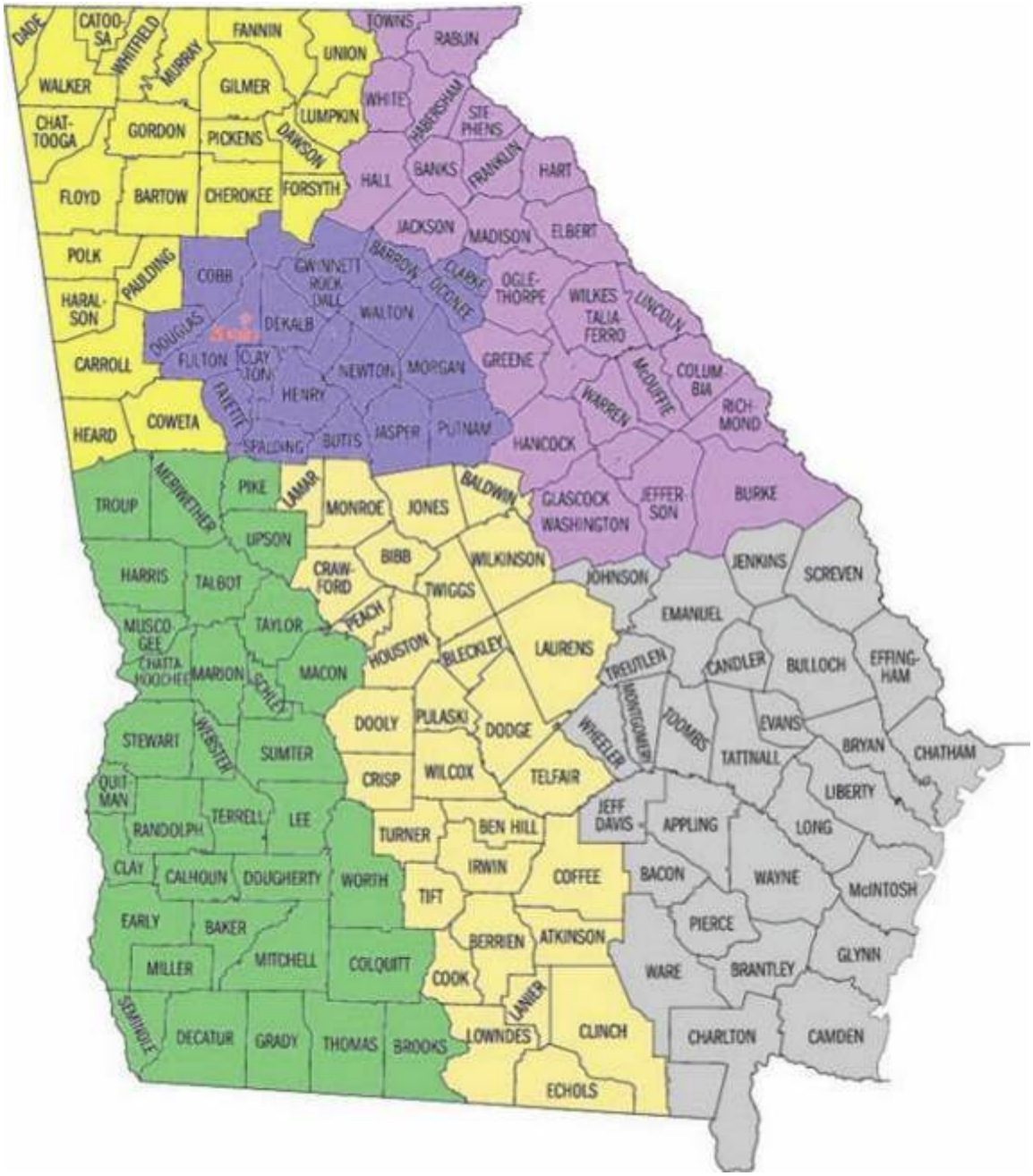
D. MEDICAL RESERVE CORP UNITS OF GEORGIA

(https://www.medicalreservecorps.gov**)**



E. GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (www.dbhdd.georgia.gov)

F. GACHI, SERVING THE DEAF & HARD OF HEARING
(www.gachi.org)

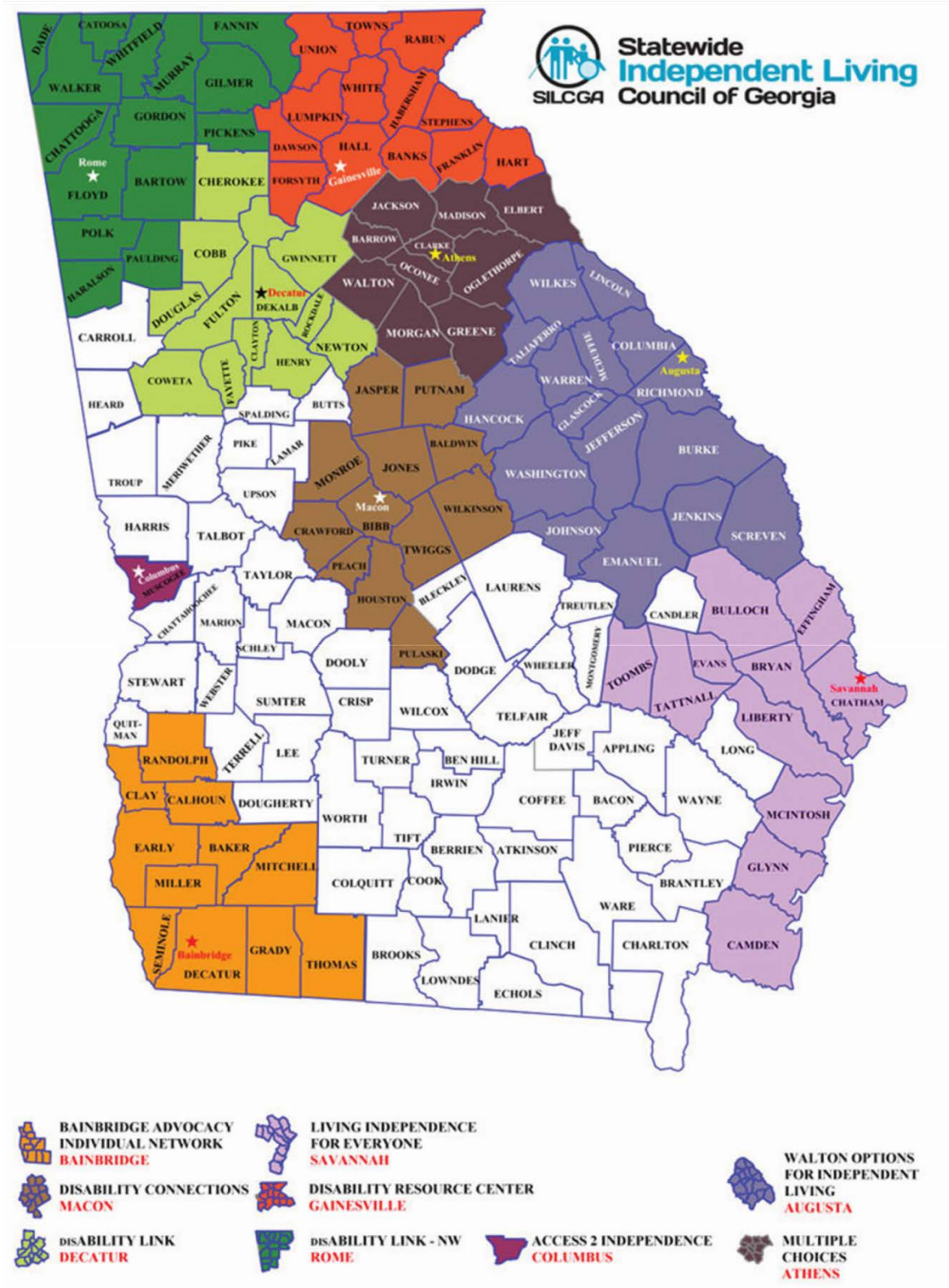


G. DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES, AREA AGENCIES ON AGING (http://aging.dhs.georgia.gov)

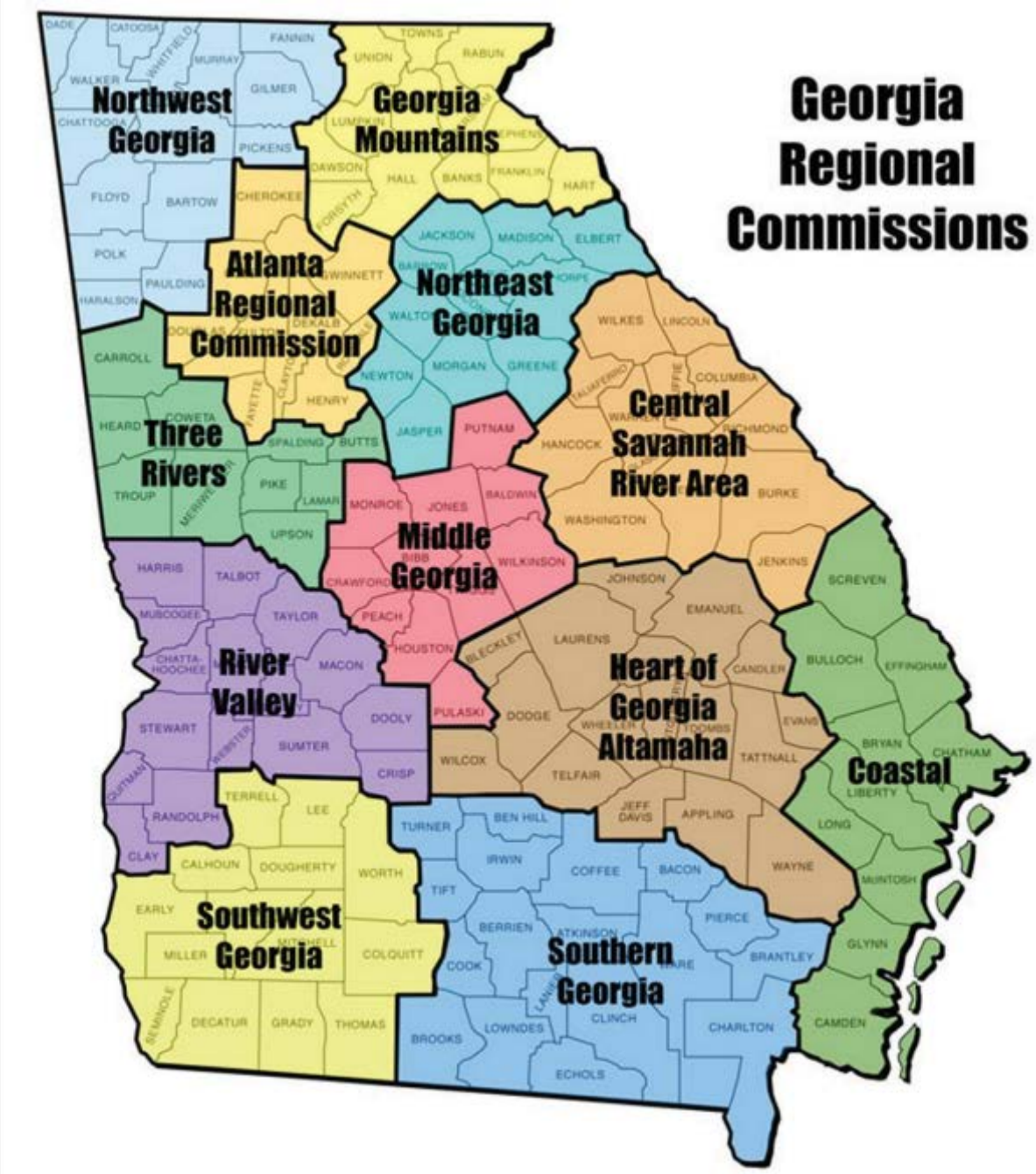
DHS Division of Aging Services
Planning and Service Areas

Effective 7-1-2000
PSA/AAA Names Effective August 2009
The Area Agency on Aging Planning and Service Areas are designated by DHS Division of Aging Services and may be different from the new Regional Commissions

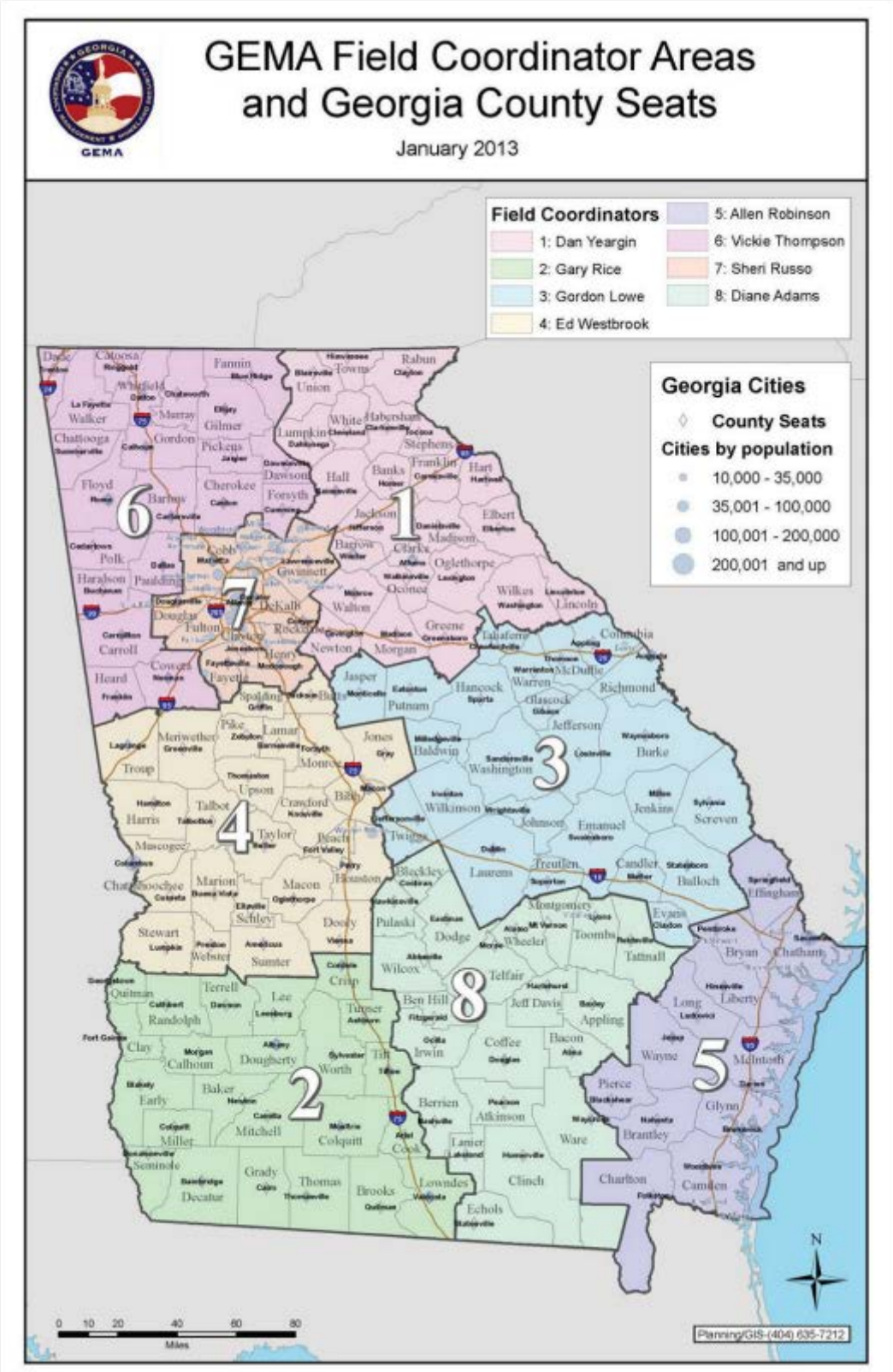
H. GEORGIA INDEPENDENT LIVING NETWORK (http:ljwww.silcga.org)



I. GEORGIA ASSOCIATION OF REGIONAL COMMISSIONS
(http://garc.ga.gov**)**



J. GEMA FIELD COORDINATORS (www.gema.ga.gov)



Community and Facility Living Options
Post Disaster

Type	Authority	Description
Assisted Living	Authority O.C.G.A. Secs. 31-2-7 and 31-7-1 et seq.	▪ "Assisted living community" or "community" means a personal care home serving 25 residents or more that is licensed by the department to provide assisted living care. ▪ "Assisted living care" means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide and the provision of assisted self-preservation. ▪ Assisted living services, such as help with grooming, bathing, taking medications and ambulation, are called "personal services." Communities that offer personal care services in Georgia are different from nursing homes in that they do not provide skilled nursing care to patients. Assisted living is for seniors who require a lesser amount of assistance and medical care than residents of nursing homes, and who are still able to enjoy an amount of independence from a caretaker.
Boarding Home	(For more information, contact the local Business License and Inspections Department or Planning Commission.)	▪ A boarding home is a congregate living arrangement between landlord and tenant in which the tenant may share the common areas of the home, a bedroom and bath with other tenants. ▪ The provision of laundry services, transportation, money management, and activities are established by the landlord and tenant. ▪ The landlord shall not provide supervision of person, supervision of medications, assistance with activities of daily living, or nursing services. ▪ A list of available boarding homes in a community will be listed in the ESP database and accessed for free, by calling the Area Agency on Aging at 1-866-552-4464.
Community Living Arrangement	Authority O.C.G.A. Sec. 37-1-22	▪ Any residence, whether operated as a for profit or not for profit, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage ▪ CLAs are financially supported, in whole or in part, by funds designated through the Department of Behavioral Health and Addictive Diseases. ▪ 'Personal services' means provision of services, on a daily basis, that include, but are not limited to, individual assistance with or supervision of medications, ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting. ▪ 'Supports, care, or treatment' means specific services that are provided to the resident in the Community Living Arrangement, coordinated by the administrator as necessary, or reasonably requested by the resident and that include but are not limited to: mental health services, habilitation, rehabilitation, social services, medical, dental, and other health care services, education, financial management, legal services, vocational services, transportation, recreational and leisure activities, and other services required to meet a resident's needs."

Community and Facility Living Options

Post Disaster

Personal Care Home	Authority O.C.G.A. Secs. 31-2-4, 31-7-2.1, 37-7-12.	▪ "Any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services." ▪ For two or more adults who are not related to the owner or administrator by blood or marriage; ▪ 'Personal Services' includes, but is not limited to, individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting;"
Private Home Care	Authority O.C.G.A. Sec. 31-7-300 et seq.	▪ Private home care provider' or 'provider' means any person, business entity, corporation, or association, whether operated for profit or not for profit, that directly provides or makes provision for private home care services through: 1) its own employees or agents; 2) contractual arrangements with independent contractors; or 3) referral of other persons to render home care services, when the individual making the referral has ownership or financial interest in the delivery of those services by those other persons who would deliver those services. ▪ 'Private home care services' means those items and services provided at a patient's residence that involve direct care to that patient and includes, without limitation, any or all of the following: 1) nursing services, provided that such services can only be provided by a person licensed as a Registered Professional Nurse or licensed Practical Nurse in accordance with applicable professional licensing statutes and associated rules; 2) personal care tasks; and 3) companion or sitter tasks. ▪ Private home care services shall not include physical, speech, or occupational therapy; medical nutrition therapy; medical social services; or home health aide services provided by a home health agency. ▪ 'Residence' means the place where an individual makes that person's permanent or ""temporary home, whether that person's own apartment or house, a friend or relative's home, or a personal care home, but shall not include a hospital, nursing home, hospice, or other health care facility licensed under Chapter 31-7-1 *et seq.* ▪ 'Personal care tasks' means assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; and may include but is not limited to proper nutrition, home management, housekeeping tasks, ambulation and transfer, and medically related activities, including the taking of vital signs only in conjunction with the above tasks. ▪ 'Companion or sitter tasks' means the following tasks which are provided to elderly, handicapped, or convalescing individuals: transport and escort services; meal preparation and serving; and household tasks essential to cleanliness and safety."

(For more information, contact Healthcare Facilities Regulation at 1-800-878-6442.)