

# Tips for First Responders:

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## **Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults**

American Red Cross of Georgia (ARC)

Atlanta Autism Consortium

Center for Advance Communication Policy, Georgia Institute of Technology

DeKalb Emergency Management Agency (DEMA)

Federal Emergency Management Agency (FEMA)

Friends of Disabled Adults and Children (FODAC)

GACHI, Serving the Deaf & Hard of Hearing

Georgia Advocacy Office (GAO)

Georgia Department of Behavioral Health and Developmental Disabilities  
(DBHDD)

Georgia Department of Human Services, Division of Aging Services (DAS)

Georgia Department of Human Services, Office of Facilities and Support  
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Georgia Department of Public Health, Division of Health Protection, Office of  
Emergency Preparedness and Response (DPH)

Georgia Emergency Management Agency (GEMA)

Georgia Emergency Management Interpreting Initiative (GEMINI)

Georgia State Financing and Investment Commission-

State ADA (Americans with Disabilities Act) Coordinator's Office

Gwinnett Coalition Emergency Preparedness Committee

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The State of Texas Functional Needs  
Support Services Integration Committee

The Oklahoma Developmental Disabilities Council

## **Dear First Responder:**

Emergencies are stressful enough, but they may be especially traumatic for individuals with disabilities. As a first responder, you must consider the unique needs of people with disabilities in an emergency.

Some disabilities are easily identifiable, while others may be less apparent to a casual observer.

This quick reference guide provides specific, practical tips for working with people who have a wide range of disabilities. The information is color-coded for easy access before, during, and after a crisis.

Remember, as a first responder, people depend on you to provide critical assistance when they are most vulnerable. Hopefully, this information will help you assist the individuals you serve during an emergency.

For more information about how to assist people with disabilities, refer to the resource section at the back of this guide. Thank you for what you do, and for taking the time to review this information.

Sincerely,

Georgia Emergency Preparedness Coalition for Individuals with Disabilities  
and Older Adults


## General Tips for Awareness

- Be respectful and courteous when working with individuals with disabilities and older adults.
- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or an artificial limb can usually shake hands (Shaking hands with the left hand is an acceptable greeting).
- If you offer assistance, wait until the offer is accepted, then listen to or ask for instructions.
- Do not use first names unless requested to do so by the person you are assisting.
- Relax. Do not be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Do not be afraid to ask questions when you are unsure of what to do.
- Upon arrival, ask or look for an identification bracelet with special health information, essential equipment and supplies, medication, mobility aids, special communication information, signs of stress and/or confusion, and emergency contact information to reach the person's family. By being prepared and observant before you offer help to an individual in distress, you may reduce the person's stress and confusion during an emergency.

## Older Adults

*Always ask Older Adults how you can best assist them.*

- Older Adults may respond slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient!
- Older Adults may fear being placed in a nursing facility against their will. Assure them they are merely receiving medical treatment, not being taken to a nursing or care facility.
- Older Adults may fear being removed from their homes. Explain that this relocation is most likely temporary.
- Before moving older people, assess their ability to speak, see and hear; adapt rescue techniques for sensory impairments.
- Older Adults with a hearing loss may appear disoriented and confused when in reality they cannot hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it is not, can you get a new battery to make it work? See the tip sheet for People Who Are Deaf or Hard of Hearing for more information.
- If the person has vision loss, identify yourself and explain why you are there. Offer the person your elbow as a guide to moving them to safety; otherwise speak continuously while they follow you to safety. Let the person hold your arm and then guide them to safety. See the tip sheet for People Who Are Blind or Have Visual Difficulties for more information.

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- Ask the person what medications they are taking and where their medications are stored. If possible, gather all medications before evacuating. Most people keep all their medications in one location in their homes. If they cannot bring their medications, ask if they have a list of their medications, an emergency contact number for their health care provider(s) and their family emergency contact.
  - If the person is disoriented or not responding to you, they may have dementia or be in shock. Turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly and calmly, using short words. Ask "yes" or "no" questions, and repeat them if necessary. Maintain eye contact.



## Individuals with Service Animals

*Traditionally, the term "service animal" referred to seeing-eye dogs. However, now a service animal is a dog that is individually trained to do work or perform tasks for a person with a disability. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties.*

*In addition, there is a special provision for miniature horses under the ADA and entities covered by the ADA must modify their policies to permit miniature horses where reasonable.*

For more information on persons with disabilities who use service animals, see ADA 2010 Revised Requirements: Service Animals at [www.ada.gov/service\\_animals\\_2010.html](http://www.ada.gov/service_animals_2010.html)

- Remember - a service animal is not a pet. Service animals are allowed to go anywhere a person could go, including food preparation and medical areas.
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. If you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- A service animal is an extension of the person who uses it. These animals should be evacuated with the person who uses it.



- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. If you have doubts, provide care and service first. When you arrive at your destination, address the issue with the supervisor in charge.
- If the animal is out of control or presents a threat to the individual or others, first let the owner attempt to control the animal; if this is unsuccessful, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You must accept that he or she has a disability.
- People with psychiatric and emotional disabilities may have a companion animal. Although companion animals are not considered service animals under the ADA Amendments, these animals can be just as important to the individuals as a service animal is to an individual with a physical disability.
- Service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices.
- Every effort should be made to ensure the service animal is evacuated with the person.
- Refer to the section in this Tips Guide on People with Service Animals.

## Individuals who use Mobility Devices

A mobility device (e.g. wheelchair, walker, etc.) is an extension of the person who uses it. These devices should be evacuated with the individual.

However, if it is impossible to evacuate an individual's wheelchair, please make every effort to bring the wheelchair transfer board and/or seat cushion.

**(Note:** For individuals who use upper floors, an evacuation (stair) chair or similar device may need to be provided).

- Always **ask** the person how you can help before attempting to assist. Even when there is an urgent need to evacuate, respect their independence. Do not make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but **can** then proceed without assistance. Ask!
- Here are some questions you may find helpful:
  - "Are you able to stand or walk without the help of a mobility device like a cane, a walker or a wheelchair?"
  - "You might have to [stand] [walk] for quite a while on your own. Will this be all right? Please be sure to tell someone if you think you need assistance."
  - "Are you able to use your arms?"
- When carrying people, avoid putting pressure on their arms, legs or chest. This may cause spasms or pain, and may even interfere with their ability to breathe.
- If possible, avoid using the fireman's carry. Use the one-person or two-person carry technique.

## Crutches, Canes or Other Mobility Devices:

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand holds the crutch or cane. Do not interfere with the person's movement unless you are asked, except when absolute speed is the primary concern. If this is the case, tell the person what you will need to do and why.
- Offer to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

## Evacuating People Who Use Wheelchairs:

- If the conversation will take more than a few minutes, sit down to speak to the person at eye level.
- People who use wheelchairs are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Do not assume you need to help, or presume to know what kind of help to give. Ask first.

## Non-Motorized Wheelchairs:

Whenever possible, the in-chair carry is the most desirable technique to use.

- **One-person assist.** The rescuer should assume the following position:
  - Grasp the pushing grips, if available.
  - Stand one step above and behind the wheelchair.
  - Tilt the wheelchair backward until a balance (fulcrum) is achieved.

- Keep your center of gravity low.
- Descend frontward.
- Let the back wheels gradually lower to the next step.
- **Two-person assist.** The first rescuer should assume the position described in the one-person assist. The second rescuer should:
  - Stand in front of the wheelchair and face the wheelchair.
  - Stand one, two, or three steps down (depending on the height of the other rescuer).
  - Grasp the frame of the wheelchair.
  - Push into the wheelchair.
  - Descend the stairs backwards.

### **Motorized Wheelchairs:**

- Motorized wheelchairs may weigh as much as 400-500 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached; also ask how you should position yourselves, where you should grab hold and at what angle, if any, to tip the chair backward.
- Turn the power to the wheelchair off before lifting it.
- Many people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

## Individuals Who Are Deaf or Hard of Hearing

- There is a difference between the terms "hard of hearing" and "deaf." People who are hard of hearing vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- If possible, flick the lights when entering an area or room to get the individual's attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Make sure the person understands you and repeat what you said if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient - the person may have difficulty understanding the urgency of your message.
- Provide people with a flashlight to signal their location if they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.

- While written communication works for many people, others may not understand English well enough to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

Work with your local deaf and hard of hearing community and consider the communication tools and techniques below:

### **High Tech Communication tools:**

- Utilize hand held mobile devices to text back and forth.
- Deliver general announcements via text blast or email.
- Share a computer to facilitate written communication. (*Utilize large font for individuals who have visual loss*)
- Establish Video Remote Interpreting (VRI) services which may be used to provide effective communication. VRI is an interpreting service that uses video conference technology over dedicated lines or that uses wireless technology with a high-speed, wide-bandwidth video connection that delivers high-quality video images.
- Utilize accessibility tools that individuals may bring with them for communication.

## **Low Tech Communication tools:**

- Utilize pen and paper to clearly and legibly print information.
- White boards with large font to carry through the shelter area with announcement information.
- Should this be for Blind or vision loss or Deaf-Blind:
  - Print general instructions in large print (minimum font size of 18 points) and in Braille.
  - Record announcements or information on tapes or other data and provide access to mediums to listen to the materials.
  - Utilize American Red Cross "Visual Language Translator for Emergency Assistance" booklet, "Language Identification Chart", "Basic Emergency Sign Language Poster" Braille communication book and pictogram tools.

## **Provide for an onsite American Sign Language (ASL) Interpreter:**

Although various technological methods are available for communicating with persons who are deaf, the circumstances of an emergency can incapacitate these methods or reduce their effectiveness. In adverse situations, sign language interpreters can be a very effective communication link with deaf persons and those who may depend on lip reading. Effective communication can best be assessed by asking the individual which communication methods work for them.

## **Understanding American Sign Language:**

American Sign Language (ASL) uses visually transmitted sign patterns to convey meaning while simultaneously combining hand shapes, body orientation and movement of the hands, arms or facial expressions to fluidly express a speaker's thoughts. In terms of sentence structure, people who use ASL and have been deaf from birth, use topic-comment syntax, while hearing people who speak English use subject-object-verb. Speakers of sign language communicate through concepts and words in non-English sentences.

While it is possible to interpret sign language into a spoken language such as English (and vice versa), such an interpretation often is not a direct translation. American Sign Language (ASL) is a complex visual-spatial language that is used by the community who is deaf in the United States. It is a linguistically complete, natural language. It is the native language of many men and women who are deaf, as well as some hearing children born into families of parents who are deaf. Sign languages across time are developed specific to their communities and are not universal. For example, ASL is completely different from British Sign Language even though both countries speak English.

One example of conceptual framework for sign language would be, if an employee in a grocery store asks his supervisor for the day before Thanksgiving off...he would say, "Do you mind if I have the day before Thanksgiving off? Translated into sign language would be, " Wednesday, day before thanksgiving, don't-mind, off." Another example would be if a person in a shelter was asked, " How often do you need to take your medication?" In sign language it would conceptually translate to, "Medicine pills-taking how many times day?"

*See Georgia Communications Options for Individuals Who Are Deaf, Hard of Hearing or Have Speech Difficulties Guide for Additional Resources (<http://ada.georgia.gov>).*



## Individuals who are Blind or Have Vision Loss


- There is a difference between visual loss and blindness. Some people who are legally blind have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don't be afraid to use words like see, look, or blind.
- State the nature of the emergency and offer the individual your elbow as a guide. As you walk, be verbally descriptive; advise the individual of any obstacles. Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- Do not grab or attempt to guide a person without first asking for permission.
- If needed, let the person grasp your elbow, arm or shoulder lightly for guidance.
- A person may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- When leading several individuals with vision loss, ask them to guide the person behind them.
- Remember that you'll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.

## Individuals with Speech or Language Conditions

- Give the person your full attention. Listen patiently and carefully, and try not to interrupt or finish the person's sentences.
- Do not assume that the person with a speech impairment does not understand you.
- If you have trouble understanding, ask the person to repeat the statement. If, after trying, you still cannot understand, ask the person to write it down or suggest another way to communicate.
- If necessary, repeat a statement in order to clarify or confirm what the person said.
- When possible, provide a quiet environment to make communication easier.

## Individuals with Mental Health Conditions

- If a person begins to exhibit unusual behavior, do not assume they have a mental health condition. Unusual behavior can be caused by extreme emotion, stress or physical conditions such as lack of oxygen, low blood sugar, or diabetes.
- You may not be able to tell if a person has a mental health condition. They may cope well under routine conditions but the stress of an emergency may cause them to decompensate or have a sudden loss of control.
- If you suspect someone has a mental health condition, use the following tips to help you through the situation:
  - In an emergency, the person may become confused. Speak slowly in a normal, calm tone.
  - Do not talk down to them; do not yell or shout.
  - Lean forward—this shows interest and concern.
  - If the person becomes agitated, help them find a quiet corner away from the confusion.
  - Keep your communication simple, clear and brief.
  - If they are confused, do not give multiple commands—ask or state one thing at a time.
  - Be sympathetic—show that you have heard them and care about what they have told you. Be reassuring.
  - If the person is delusional, do not try to talk the person out of it. Just let them know you are there to help.
  - Ask if there is any medication they should take with them.

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- Try to avoid interrupting the person who might be disoriented or rambling—just let him or her know that you have to move quickly.
  - People with psychiatric and emotional disabilities may have a companion animal. Although companion animals are not considered service animals under the ADA, these animals can be just as important as a service animal is to a person with a physical disability.



## Individuals with Cognitive Disabilities

### Say:

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

### Show:

- Your picture identification badge (*as you say the above*).
- Calmness and ability to do your job.
- Respect for the dignity of the person (*example: speak directly to the person*).

### Give:

- Extra time for the person to process what you are saying and to respond.
- An arm to the person to hold as they walk, if needed. Offer your elbow for balance.
- Quiet time to rest, if at all possible, to lower stress and fatigue.

### Use:

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words.

- Point to your ID picture as you say who you are; point to any protective equipment as you speak about it.

\* A cognitive disability affects a person's ability to reason, understand, and learn. Cognitive disabilities are sometimes referred to as intellectual disabilities.

### **Predict:**

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

### **Ask for/Look for:**

- An identification bracelet with special health information.
- Essential equipment and supplies (for example, wheelchair, walker, oxygen, batteries, Communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Service animal.
- Special health instructions (for example, allergies).
- Special communication information (for example, is the person using sign language or other assistive technology).
- Contact information.

- Signs of stress and/or confusion (for example, the person might say he or she is stressed, look confused, withdraw or start rubbing his or her hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

### **Repeat:**

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

### **Reduce:**

- Visual and Auditory Distractions. For example, lower the volume of a radio, use flashing lights and sirens on a vehicle only when necessary.

### **Explain:**

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

### **Share:**

- The information you have learned about the person with other workers who will be assisting.

## Individuals with Autism

### Communication:

- Speak calmly. Use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond.
- The person may repeat what you said, repeat the same phrase, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- Avoid using phrases or slang that have more than one meaning such as "spread eagle" "knock it off" or "cut it out".
- Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- Some people with autism may not indicate they are experiencing pain-check for injuries.



## **Social:**

- Approach the person in a calm, non-threatening manner.
- The person may not understand typical social rules or read social clues. He or she may be dressed inappropriately, enter your personal space, prefer to be farther away from you, or may not make eye contact.
- The person may have unusual facial expressions or laugh or giggle inappropriately, or may have difficulty understanding the seriousness of the situation. Do not interpret these behaviors as deceit or disrespect.
- Because of the difference in their social understanding, persons with autism may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence. Do not assume!

## **Sensory and Behavior:**

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with the individual.
- Avoid touching the person, and if necessary, gesture or slowly guide the person .
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, avoid stopping these behaviors or removing the object unless there is risk to self or others.
- Make sure that the person is away from potential hazards (busy streets, etc.) because the individual may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming anyone, wait until these behaviors subside.

## Individuals with Multiple Chemical Sensitivities

People with chemical sensitivities people can become ill from exposure to a wide variety of chemicals at levels that others may not be able to detect. They may lose their ability to think, speak or follow directions. If a person is having difficulty in communicating or appears unusually irritable, agitated or distraught, ask the person if she/he has chemical sensitivities.

### Initial Tips:

- If a person says that she or he is being made sick by an exposure, accept what the person is saying and ask what she or he needs.
- Assure the person that you understand and will work with providing care or direction. Ask the person what triggers the negative reactions (example: medications, cleaning products, perfumes, etc.).
- Do not idle ambulance or other emergency vehicle engines.
- Move the person to an area with the cleanest air possible - outdoors is frequently helpful.
- Try not to use latex gloves, disinfectants, cleaners or other sprays or products near a person who has chemical sensitivities.

### In a shelter:

- Assign caregivers who are not wearing perfume, cologne, aftershave or other scented products such as fabric softeners and who do not smoke.
- Avoid rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet or other recent remodeling.
- Allow a person who has chemical sensitivities to use or bring their own masks, air filters, oxygen tubing, supplements, medications,

food, water, clothing and other medical supplies.

**If you administer drugs:**

- Administer low doses with caution.
- Use IV fluid bottled in glass without dextrose if possible.
- Capsules are generally better than tablets - they have fewer binders, fillers and dyes.
- If administering anesthesia, use short-acting regional rather than general anesthesia wherever possible and try to avoid use of halogenated gas anesthetics.

## **Individuals who are Deaf-Blind**

*Individuals who are Deaf-Blind have combined hearing and vision loss. Individuals may be Deaf-Blind, deaf with low vision, or hard of hearing with any kind of vision loss.*

- Let the person know you are there by simple touch on the shoulder or arm.
- Avoid bright/glaring and loud environments.
- Identify yourself.
- Communicate directly with the person, even when using an interpreter.
- Do not assume the person knows where she or he is or what is going on. Share as much information as possible.
- Always tell the person when you are leaving, even if it is for a brief period of time. Leave the person as comfortable and safe as possible. It is good to offer a chair, table, or wall for an anchor.
- When guiding the person, never place him/her ahead of you. Allow the person to hold your arm above the elbow. It is rarely necessary to "help" the deaf-blind person sit down or climb stairs; placing their hand on a chair or banister will give them the information they need.

## **Communication:**

People who are deaf-blind sometimes have usable speech, vision and/or hearing. Determine if the individual can effectively communicate via speech, American Sign Language (ASL), finger spelling, writing with a dark pen, computer or assistive communication device or print-on-palm. If a citizen who is deaf-blind indicates that they are in need of Sign Language assistance for effective communication, attempt to determine which sign language modes used by people who are deaf-blind provide for their needs. Coordinate with Interpreter providers to ensure that Interpreters with the appropriate skills are requested .

## **Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults Contact List**

### **American Red Cross of Georgia:**

Phone: (404) 876-3302 to reach your local chapter,  
Website: [www.redcross.org](http://www.redcross.org), select "Disaster Services" then "Be Prepared"

### **Atlanta Autism Consortium:**

Website: [www.atlantaautismconsortium.com](http://www.atlantaautismconsortium.com)

### **Center for Advanced Communications Policy-Georgia Institute of Technology:**

Phone: (404) 385-4614, Fax: (404) 385-0269, Website: [www.cacp.gatech.edu/](http://www.cacp.gatech.edu/)

### **DeKalb County Emergency Management Agency (DEMA):**

Phone: (770) 270-0413,

Website: [http://web.co.dekalb.ga.us/dk\\_police/pol-dema.html](http://web.co.dekalb.ga.us/dk_police/pol-dema.html)

### **Federal Emergency Management Agency - (FEMA):**

Phone: (770) 220-5200, Fax: (770) 220-5230, Website:

[www.fema.gov](http://www.fema.gov)

### **Friends of Disabled Adults and Children:**

Phone: (770) 491-9014, Toll free: 1(866) 977-1204, Fax: (770) 491-0026, Website: [www.fodac.org](http://www.fodac.org)

### **GACHI- Serving the Deaf and Hard of Hearing:**

Video Phone: (886) 250-8711, Voice/TTY: (404) 292-5312,  
Voice/TTY Toll Free: (800) 541-0710, Fax: (404) 299-3642, Website: [www.gachi.org](http://www.gachi.org)

### **Georgia Advocacy Office:**

Phone: (404) 885-1234 or Voice or TDD: 1(800) 537-2329,  
Fax: (404) 378-0031, Website: [www.thegao.org](http://www.thegao.org)

**Georgia Department of Behavioral Health  
and Developmental Disabilities (DBHDD):**

Phone: (404) 657-2252, Fax: (404) 657-1137, Website: [www.dbhdd.georgia.gov](http://www.dbhdd.georgia.gov)

**Georgia Department of Human Services, Division of  
Aging Services:**

Phone: 1(866) 55-AGING (552-4464), Fax: (404) 657-5285,  
Website: [www.aging.dhr.georgia.gov](http://www.aging.dhr.georgia.gov)

**Georgia Department of Human Services, Office of Facilities and  
Support Services:**

Phone: (404) 651-6316 (Constituent Services Section),  
Website: [www.dhs.georgia.gov](http://www.dhs.georgia.gov)

**Georgia Department of Public Health, Division of Health Protection,  
Office of Emergency Preparedness and Response (DPH):** Phone:

(404) 657-2700, Fax: (404) 463-5395,  
Website: [www.health.state.ga.us](http://www.health.state.ga.us)

**Georgia Emergency Management Agency (GEMA):**

Phone: (404) 635-7000 or 1(800) TRY-GEMA (in Georgia only),  
TTY: (404) 635-7258, Fax: (404) 635-7005,  
Website: [www.gema.ga.gov](http://www.gema.ga.gov)/ [www.ready.ga.gov](http://www.ready.ga.gov)

**Georgia Emergency Management Interpreting Initiative:**

Phone: (404) 537-9930, Email: [educateandadvocate@gmail.com](mailto:educateandadvocate@gmail.com)

**Georgia State Financing and Investment Commission -  
State ADA Coordinator's Office:**

Phone: (404) 657-7313, TTY: (404) 657-9993, Fax: (404) 463-5650,  
Website: [www.ada.georgia.gov](http://www.ada.georgia.gov)

**Gwinnett Coalition Emergency Preparedness Committee:**

Phone: (770) 995-3339, Website: [www.getreadygwinnett.org](http://www.getreadygwinnett.org)

**Gwinnett, Newton, Rockdale County Health**

**Departments:**

Phone: (770) 339-4260, Fax: (770) 339-2334, Website:

[www.gnrhealth.com](http://www.gnrhealth.com)

**Joseph's**

**Network:**

Phone: (404) 207-9307, Website:

[www.josephsnetwork.com](http://www.josephsnetwork.com)

**Shepherd**

**Center:**

Phone: (404) 352-2020, Website:

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

**Southeast ADA**

**Center:**

Toll Free Phone (Voice/TTY): 1(800) 949-4232,

Phone (Voice/TTY) (404) 541-9001, Fax: (404)

541-9002,

Website:

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

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

**Institute:** Phone: (404) 894-0541, Toll Free: 1 (800) 497-

8665, Fax: (404) 894-

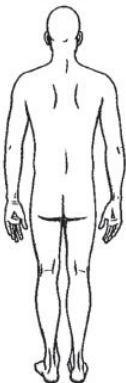
8323, Website: [www.gatfl.org](http://www.gatfl.org)



ASK ME QUESTIONS IF YOU NEED TO,  
BUT PLEASE WAIT PATIENTLY FOR MY REPLIES.

I WILL POINT TO WHERE I HURT. →

0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!!	SPACE



HÁGME PREGUNTAS SI NECESITA HACERLES, PERO POR FAVOR TENGA PACIENCIA Y ESPERE MI RESPUESTAS.

Voy a Indicar donde me duele. →

0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!!	ESPACIO









**Georgia Emergency Preparedness Coalition  
for Individuals with Disabilities & Older Adults**

*Prepare. Plan. Stay Informed.*