ADA National Network Learning Session
January 10, 2019

Disability Integration Throughout the Disaster Cycle

The latest in American Red Cross efforts to include people with disabilities in emergency planning and response

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Presentation Objectives

- Review Disability Integration definitions and philosophies

- Define Planning for Accommodating Access and Functional Needs in Congregate Shelters

- Outline Red Cross Sheltering Program and Disability Integration

- Highlight Response Best Practices and Resources

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FEMA Definition of Functional Needs Support Services

Individuals requiring Functional Needs Support Services may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance

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Access and Functional Needs are Universal

Access and functional needs are met thru the provision of physical, programmatic and effective communication access to the whole community, accommodating individual requirements through universal accessibility and/or specific actions or modifications.

This includes assistance, accommodation or modification for mobility, communication, transportation, safety, health, health maintenance, or any situation which limits an individual's ability to take action in an emergency.

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Medical Needs Versus Access and Functional Needs

- Functional needs do not equate to a "medical" condition and do not require a medical shelter

- Placement in medical shelters can result in separation from family, friends, neighbors and caregivers

- Can jeopardize the health and safety of the entire community by creating unnecessary surges on emergency medical resources

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Health Needs Accommodated in a Congregate Population Shelter

Health Related Need	Congregate Shelter	Medical Shelter
Dialysis: • Hemo • Peritoneal	Stable with access to hemodialysis services. Access to clean area and supplies for peritoneal dialysis. Disruption of access with diet control for 3-5 days.	Disruption of access to services and/or lack of supplies or diet control
Ambulation (walker, cane, crutches, wheelchair) • Arthritis • Osteoporosis • Parkinson's Disease • Muscular Dystrophy • Neuromuscular disorders	Ambulates with replacement of durable medical equipment Bedridden with own care giver or replacement of caregiver	Unresolved declining health status requiring invasive procedures unable to be monitored by general population volunteer
Contagious disease and/or infection (ex. MRSA, VRE, TB, respiratory infection, diarrheal illness)	Controlled with medication/oral hydration/diet modification or replacement of current medications with shelter ability to provide isolated area for client	No isolation ability at general population shelter. Need for intravenous hydration.
Mental Health	Controlled with client's own meds or replaced meds. Controlled due to accommodation of quiet area, area for pacing, on site mental health professionals, client's own caregivers, volunteers to support supervision of dementia clients from the home setting.	Forensic mental health clients, uncontrolled on oral medication

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Addressing Functional Needs Support Services (FNSS)

- Identify durable medical equipment suppliers to procure mobility equipment

- Partner with a free loaner source: hospital beds, bedside commodes

- Purchase transfer boards for shelter trailers

- Locate sources for ASL and foreign language interpreting

- Prepare communication in a variety of formats

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Examples of Accommodation

- Modify kitchen access for people with medical conditions requiring access to food outside the usual meal times; provide for unique dietary requirements

- Provide way-finding assistance to those with low vision

- Provide assistive technology for visual, non-verbal or non-English communicators

- Provide quiet space for those who need it

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Community Planning

- Review Current Plans

- Identify Stakeholders

- Community Gap Analysis

- Identify Resources & Establish Relationships

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Shelter Planning

- Think broadly when planning for shelter accessibility

- Include community members with disabilities and other access and functional needs

- Accessibility gaps may need to be identified during planning and addressed at time of disaster

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Red Cross Sheltering Philosophy

- Shelters must be, first and foremost, places of comfort and safety which accommodate the broadest range of needs in the least restrictive setting for all clients
- Shelters must be accessible to those affected
- Shelter workers and managers must be strong advocates for their clients
- Clients must be supported and empowered to remain independent, proactive participants in their own recovery

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Shelter Layout

- Place cots so that routes are accessible to people who use mobility devices

- Allow extra space for people who use mobility devices, lift equipment, service animals – up to 100 square feet

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Red Cross Process for Understanding Client Needs

- Identify and address individual client needs

- Use Registration Intake form to document needs and potential barriers to recovery

- Assist individuals in maintaining their usual level of independence and supporting their right to self-determination

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CMIST – A Functional Framework

- Communication

- Maintaining Health

- Independence

- Safety, Security and Self-Determination

- Transportation

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Most Common Needs

- Prescription refills
- Consumable Medical Supplies
- Access to health & dental care
- Specific dietary requirements
- Mobility issues
- Personal care assistance
- Assistance with vision & hearing, such as glasses or hearing aids

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Additional Most Common Needs

- Language interpreters
  - American Sign Language
  - Spanish
  - Russian
- Getting to appointments
- Getting to needed daily treatments

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Most Common Needs

- Assistive equipment
- Dining, sleeping and shower assistance
- Access to community partners
- Childcare
- Keeping families together
- Shelter spacing needs

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Planning Key Considerations

- Planning and responding with partners
- Functional Needs Support Services Guidance does not require stockpiling supplies, but the ability to secure resources when needed
- Include Functional Needs Support Services at all phases of the disaster cycle
- Train and deploy a diverse and inclusive workforce

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Other Planning Key Considerations

- Exercise and evaluate your integrated community plan with real people
- Interact with your community to learn about potential access and functional needs
- Plan inclusively to meet the needs of the whole community

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Response Key Considerations

- Assess shelter and other service delivery sites for accessibility and make any necessary modifications
- Evaluate programs and services for accessibility, including effective communication measures such as on-demand language interpreters and varying types of communication devices
- Ask what assistance the client needs
- Be flexible and innovative
- Make safety a priority

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Red Cross Process

- National Disability Integration Coordinator

- Infrastructure : Divisional and Regional Disability Integration advisors

- Formal and informal partnerships with disability community stakeholders and organizations

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Red Cross Training

- Just in Time training

- Inclusive language and integration woven throughout all Mass Care training

- Disaster Institute presentations

- In development: Disability Integration Fundamentals, including exploration of the ADA and its application in Disaster Response

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Best Practices in Response

- National MOU partnership with NDRN and collaboration between P&A agencies and Red Cross to identify and resolve accessibility issues in shelters

- Local collaboration with Centers for Independent Living and other stakeholder organizations to meet immediate needs, distribute emergency supplies, and facilitate short and long term recovery

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Additional Response Best Practices

- Rapid deployment of Disability Integration, Disaster Health Services and Disaster Mental Health leadership and workers to support Mass Care

- Immediate set-up of video phones and VRI app-enabled laptops in shelters

- Distribution of sensory kits to children and adults needing support to cope with the shelter environment

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Resources

- Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf
- **Tips for First Responders 5th Edition:** http://cdd.unm.edu/dhpd/pdfs/FifthEditionTipssheet.pdf
- **Children in Disasters** http://www.cdc.gov/childrenindisasters/
- **Infant feeding in disasters** http://www2.aap.org/breastfeeding/files/pdf/infantnutrition disaster.pdf

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Questions/Discussion

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