

The background of the entire page is a photograph of a shelter interior, showing rows of cots and people. The image is overlaid with a semi-transparent red filter. The text is placed over a darker red rectangular area on the right side of the page.

# **ACCESSIBLE TO ALL**

**AN OVERNIGHT SHELTER  
SIMULATION FOR PEOPLE WITH  
DISABILITIES AND ACCESS AND  
FUNCTIONAL NEEDS**

**A GUIDE TO MAKING YOUR GENERAL POPULATION SHELTER ACCESSIBLE TO  
PEOPLE WITH DISABILITIES AND ACCESS AND FUNCTIONAL NEEDS.**

**ADACIL.ORG**



# TABLE OF CONTENTS

Preface .....	1
Who We Are .....	1
Acknowledgements .....	2
Disclaimer .....	2
Comments by Kelly Boyd .....	3
Comments by John Ferguson .....	4
Introduction .....	4
Learning Objectives .....	4
There Was A Need For .....	5
Why Should You Organize An Overnight Shelter Exercise? .....	5
Overnight Shelter Videos .....	6
Findings .....	6
Types of Disabilities .....	6
Language .....	7
Disability Etiquette .....	7
Utilize Different Communication Techniques .....	7
Deafness / Hearing Loss / Hard of Hearing .....	8
Low Vision or Blind .....	8
Service Animals .....	9
You Cannot .....	10
Developmental Disabilities .....	10
Intellectual Disability .....	10
Hidden or Invisible Disabilities .....	11
Mental Health Disabilities .....	11
Autism Spectrum Disorder (ASD) .....	11
Speech Impairment .....	12
People of Short Stature .....	12
Personal Attendant .....	12
What Does the ADA Say? .....	12
The ADA Does Not Require .....	13
Functional Access .....	13
Getting Started (Who? What? Where? When? How?) .....	14
Planning Your First Meeting .....	14
Goals and Objectives of the Meeting .....	15
Defining Roles .....	16
The Shelter Simulation .....	16
At the Shelter .....	17
Looking Ahead .....	18
Lessons Learned .....	18
Is Your Shelter Prepared? .....	19
In Closing .....	20
Resources .....	21
Citations .....	23
Notes .....	24
Shelter Simulation Participant Survey .....	<b>ADDENDUM</b>
Shelter Simulation Emergency Personnel Survey .....	<b>ADDENDUM</b>

## PREFACE

Historically, individuals with disabilities and access and functional needs experience disasters more dramatically than the general population. Along with this, disabled individuals often times are not taken into consideration in the planning work that is done on the local, municipal, county and state levels.

As we try to create the platform for whole community involvement at every level of disaster planning, it is imperative to encourage inclusiveness at all levels. New Jersey specifically has experienced a number of devastating disasters/emergencies in the past number of years.

New Jersey also has a population with tremendous disabled diversity including the highest rate of autism in the nation. There needs to be a new approach to emergency planning which is inclusive and reflective of this vast diversity. ACI sees the overnight simulation as a vehicle to bring together typically divergent communities to dispel false impressions, lack of knowledge and contrived ideas about one another. It will help to strengthen emergency shelter operations and expose potential weaknesses in the process.

Emergency managers and others working in the emergency field may not have the opportunity to work one-on-one with individuals with disabilities. It is also true that individuals with disabilities may not have the opportunity to engage with emergency management professionals. Bringing both groups to the table creates a better understanding of each other's needs and creates mutual respect and understanding to make necessary changes.

## WHO WE ARE

The Alliance Center for Independence (ACI) established in 1986, recognizes disability as a natural and beautiful part of human diversity. ACI is a 501(c)(3) community-based, grassroots organization that supports and promotes independent living for people with disabilities in Middlesex, Union and Somerset counties in New Jersey. We are one of the 11 centers for independent living throughout the state.



ACI provides information and referral services and develops and implements educational programs and innovative activities that promote activism, peer support, health and wellness, employment and independent living skills. ACI supports the philosophy of independent living for all persons with disabilities.

The Alliance Center for Independence (ACI) began working on disaster preparedness during Hurricane Irene in 2011. ACI has trained over a thousand individuals with disabilities and their families. Through the Hurricane Sandy NJ Relief Fund, ACI assisted in making homes accessible by providing durable medical equipment and funding towards lifts. ACI staff also volunteered to work the hotline for the Partnership for Inclusive Disaster Strategies during Hurricane Harvey.

ACI staff has presented at numerous conferences, including twice at the annual Autism New Jersey conference, and the NJEPA conference in Atlantic City. We have presented to emergency managers, CERT team members, ARCS, Commission for the Blind, and other disability agencies and offices on emergency management. A member of our staff recently testified at the Subcommittee on Emergency, Preparedness, Response and Recovery of the House Homeland Security Committee on including people with disabilities in emergency planning.

ACI conducted a national FEMA webinar on inclusive sheltering with over 400 participants. We have consulted with several states throughout the country on making general population shelters accessible to all. ACI and the Middlesex County Office of Emergency Management formed the first Core Advisory Group (CAG) in New Jersey, bringing together people with disabilities and emergency managers in planning for disasters.

As part of our preparedness efforts, ACI distributed over 200 Red Cross go-bags, first aid kits and NOAA radios to people with disabilities.

As a NOAA Weather-Ready Nation Ambassador, we continuously update our social media sites with preparedness tips, weather reports and any pertinent information that may be needed during a disaster.

Some ACI staff are State of New Jersey essential personnel, therefore able to assist during emergencies. Several staff are also certified in CPR and Shelter Management through the American Red Cross.

## ACKNOWLEDGEMENTS

The following individuals and organizations have contributed to this guide:

- Public Service Electric and Gas (PSEG) for their support of the overnight simulations, as well as this training guide
- John Ferguson, and members of the Middlesex County Office of Emergency Management
- Kelly Boyd, Access & Functional Needs Planner of the NJ Office of Emergency Management

## DISCLAIMER

This publication is intended to provide information on how to conduct an overnight simulation emergency shelter experience for individuals with disabilities and access and functional needs.

The information contained within this document is solely advisory. The information and recommendations in this manual are intended as a guide for emergency managers, shelter managers, and anyone with an interest in assisting in making shelters inclusive to individuals with disabilities and access and functional needs. It is designed to be used by anyone regardless of age, gender, religion, disability, etc.

The information contained in these pages should not be construed as legal advice.



# THE IMPORTANCE OF MAKING GENERAL POPULATION SHELTERS ACCOMMODATING OF THE DISABILITIES AND ACCESS AND FUNCTIONAL NEEDS COMMUNITY

*Comments by Kelly Boyd, Access & Functional Needs Planner at the New Jersey Office of Emergency Management*

In November 2014, I had the unique pleasure of participating in a well-attended overnight shelter simulation hosted by staff from the Middlesex County Office of Emergency Management and the Alliance Center for Independence. The goal was to make the County's shelter more inclusive of people with disabilities and access and functional needs. Nothing like this had been done before in New Jersey, and it was exciting to be a part of such a significant event.

After the exercise, staff from the Alliance Center for Independence partnered with staff from the Middlesex County Office of Emergency Management as well as members of the disability community who participated in the exercise to discuss lessons learned from the exercise and how to best incorporate them into emergency planning at the County level. This led to the formation of the State's first Core Advisory Group (CAG) in the spring of 2015.

Today, the Middlesex County Core Advisory Group is one of several CAGs across New Jersey that works to ensure maximum accessibility and inclusion at shelters. The State's Shelter Task Force also has a Disabilities and Access and Functional Needs Subcommittee that has a similar focus, since the Americans with Disabilities Act "requires people with disabilities to be accommodated in the most integrated setting appropriate to their needs."



This shelter guide was created by Carole Tonks, who serves as the Executive Director of the Alliance Center for Independence. It is unique in that it shares the valuable lessons learned at the shelter simulation exercises she helped organize and through her work with the CAG and Shelter Task Force DAFN Subcommittee. She is a well-regarded Subject Matter Expert and a true advocate for those who have disabilities and access and functional needs. Referring to this guidance is essential while working to enhance your inclusive planning efforts.

# MIDDLESEX COUNTY OFFICE OF EMERGENCY MANAGEMENT

## *Comments by John Ferguson*

To get the exercise rolling, we first needed to find location. We reached out to Rutgers OEM and requested the Livingston Recreation Center; it was used during Sandy and is a very good site for those with disabilities to use. Rutgers University supplied tables, chairs, security, and maintenance support.

We then reached out to our county health office because they have the sheltering supplies that we would need for exercise, various cot types, lifts etc. They also did the health survey because of food being served and the bathroom areas for multiple-person use.

Next we went to our county community services to request assistance including DRCC in case anyone needed mental health assistance.

Outside agencies were the Red Cross for shelter assistance and the Salvation Army for food for the shelter workers.

We invited FEMA and sent representatives to observe, as well as NJ Office of Emergency Management and the NJ Department of Human Services.

We needed shelter workers, so OEM requested assistance from our CERT teams in the area. We received teams from Woodbridge, Carteret, Old Bridge, Piscataway, South Plainfield and North Brunswick. Those teams are very skilled in shelter operations, having done it for several disasters. They were informed that this was a sheltering exercise supporting the disability community; they did not have any additional training. This exercise provided everyone with a great learning experience.

The county supplied the MRE's from our stock, along with some we received from Ocean County OEM.

Please note that everyone learned something including me, all to lead to improvements for sheltering operation that include those from the disability community.



## INTRODUCTION

This guide is designed to assist emergency managers and anyone with an interest in making their general population shelters accessible to people with disabilities and access and functional needs. This guide provides participants with a basic introduction to an overnight shelter simulation for people with disabilities and access and functional needs.

The guide will walk you through the steps to make general shelters in compliance with the American with Disabilities Act (ADA).

## LEARNING OBJECTIVES

ACI has organized 2 overnight shelter simulations. We first heard of this type of simulation being held in Alaska and Japan. As part of our commitment to emergency preparedness, we sought funding from PSE&G and, with the help of many different agencies, organized shelter simulations in New Jersey. This training manual, based on our experience, is designed to provide step-by-step instructions and planning tools for local agencies and centers for independent living in New Jersey.

- Participants will learn how to plan an overnight exercise with the disabled and access and functional needs community.

- Participants will learn about the challenges encountered by individuals with disabilities and access and functional needs, and in the process, learn how to overcome them.
- Participants will come away with the tools necessary to replicate this activity in their local community
- Participants will learn tips on what supplies may be needed for their shelter

## THERE WAS A NEED FOR...

- During Hurricane Sandy we were called to action providing guidance and assistance to survivors with disabilities in our catchment area of Middlesex, Somerset and Union counties in New Jersey.
- ACI staff called 3,000 of our consumers over a period of 2 weeks to see if they needed assistance.
- There was tremendous confusion and uncertainty on what to do, where to go and how to evacuate in the initial hours of the storm.
- After the storm there was a great need for information sharing, access to electricity, transportation, debris removal, mental health services, helping individuals fill out applications for assistance, and simply ensuring the safety and well-being of constituents.



## WHY SHOULD YOU ORGANIZE AN OVERNIGHT SHELTER EXERCISE?

Disaster management succeeds when everyone comes to the table to address the diverse needs of its citizens. Sixty-one million people have disabilities and countless older adults and many others have access and functional needs. Too often they are forgotten when disaster strikes.

First responders acknowledge the need to increase their familiarity with the disability community, and the understanding they require to successfully integrate all members of the community in all aspects of the work they do.

The shelter exercise is an opportunity to fully engage the disability community in all aspects of the shelter experience, and gain needed education and skills, while also learning lessons and identifying gaps in the process. Many people with disabilities and access and functional needs can be accommodated during a disaster in a general population shelter versus a costlier and segregated medical or special needs shelter.

## OVERNIGHT SHELTER VIDEOS

Copy the following YouTube links to view two of ACI's shelter simulations.

- **ACI Emergency Simulation (Somerset County):** [youtu.be/5oLtV0Q6g2w](https://youtu.be/5oLtV0Q6g2w)
- **Shelter Volunteers Prepare for Emergencies (Middlesex County):** [youtu.be/1RwqSBlmezU](https://youtu.be/1RwqSBlmezU)

## FINDINGS

Congress makes the following findings:

- In the United States, the Centers for Disease Control and Prevention 2016 estimate there are 61 million adult Americans with disabilities (1 in 4 adults) and there are over 47.8 million adults over 65 years of age according to the U.S. Census Bureau.
- There have been over 80 hurricanes resulting in thousands of deaths in the United States since 2005
- People with disabilities and older adults have been found to die at higher rates compared to the general population, during disasters.
- Failure to provide accessibility or plan for accommodating individuals with physical and sensory disabilities, chronic illness, and mental disabilities decreases the ability of those individuals to evacuate prior to or during a disaster.
- Households of people with disabilities are more likely to need assistance and are less likely to be able to evacuate in advance of disasters.
- Less than a third of individuals with intellectual disabilities and individuals needing personal care attendants have planned with their personal care providers what to do in an emergency.
- Evacuation information, including orders, instructional materials, and television and radio announcements, are not uniformly communicated in ways and via media that are accessible to people with disabilities.
- Displaced people with disabilities served in general population shelters have better access to information and material resources than people with disabilities in specially designed shelters.
- Public shelters often do not have disability-related accommodations, often forcing people with disabilities and older adults to be segregated, sometimes apart from their families and natural supports during disasters.
- Thousands of people with disabilities have been denied their civil rights because they do not receive accessible evacuation instructions by video phone, American Sign Language, captions, or plain language.

## TYPES OF DISABILITIES

Disabilities may be associated with:

- Hearing
- Mobility/Orthopedic
- Cognition
- Vision
- Speech/Communication
- Learning
- Autism Spectrum Disorders
- Mental Health/Emotional Conditions
- Chronic Health Conditions

# LANGUAGE

## PERSON FIRST LANGUAGE VS IDENTITY FIRST LANGUAGE

Is there a right way to identify someone? Obviously, the best way is to call them by name. How we define ourselves and others can be a challenging topic among many communities. Some disability organizations prefer Identity First Language. To be safe, use Person First Language.

## WHAT IS PERSON FIRST LANGUAGE?

Person First Language identifies the person before the disability ie person who uses a wheelchair instead of a wheelchair user. Person who is hard of hearing instead of hard of hearing person.

“People First Language is not political correctness; instead, it demonstrates good manners, respect, the Golden Rule, and more—it can change the way we see a person, and it can change the way a person sees himself or herself.”

*(Source: [disabilityisnatural.com/explore/people-first-language](https://disabilityisnatural.com/explore/people-first-language))*

## DISABILITY ETIQUETTE

- People who use wheelchairs do not live in their wheelchairs; they are not wheelchair bound. They use wheelchairs to provide mobility to have the freedom to move about their environment.
- Avoid using language such as special needs, differently-abled, dis-ABILITY in reference to children, youth, and adults with disabilities.
- Individuals may refer to parking spaces colloquially as “handicapped parking spaces,” but using the term “accessible parking spaces” is preferred.
- Avoid using “handicapped” in any context, this invokes negativity.

## UTILIZE DIFFERENT COMMUNICATION TECHNIQUES

Identify participants’ communication needs to ensure individuals with disabilities have access to the information provided.

## SPECIFIC PRINT REQUESTS

- Customize information for individual access; use plain language.
- Ask persons in what point size and font they would like text provided.
- Prepare information in Word or Plain Text (recommended font size is 16 pt). Some PDF documents are not easily changed into alternate, accessible formats.
- Ask persons who have low vision or are blind if they require Braille copies.
- Prepare information in highly contrasted colors for people with learning disabilities such as dyslexia, or those with low vision.

## COMMUNICATION

- People with disabilities want you to hear, understand, and respond to them when they request assistance or when they are in a conversation with you.
- To understand a request for assistance and hear what a person is saying during a conversation, feel comfortable to state, “I was not able to understand what you said, could you repeat what you have just

said?" or "Let us move to another room where it is quieter." Ask him or her to write down their request, if necessary.

- Ask individuals what they need so you can provide the necessary assistance.
- Being honest makes you an effective communicator.

## DEAFNESS / HEARING LOSS / HARD OF HEARING

A wide range of hearing losses exist, from mild hearing loss to deafness. When communicating with people who experience hearing loss:

- Ask a person how best to communicate with him or her if you are facing challenges in communication.
- Communicating with people with hearing loss may require you to speak a little louder, but only if requested.
- Directly face the person so your voice carries well, and so people who lip-read can see your lips.
- Utilize a sign language interpreter if requested.
- Write comments on paper if requested.
- Communicate through text messages if this works best.
- A person's ability to hear may or may not impact his or her ability to speak. Do not make assumptions.
- Placement of a Sign Language Interpreter: A person who uses a sign language interpreter should be the one to decide where the interpreter sits or stands.
- When introduced to someone who uses a sign language interpreter, look at and speak directly to the person with hearing loss. Do not direct your conversation to the interpreter.
- Your typical facial expressions, gestures, expressions, animation, and the intensity of your speech are important when communicating with the person to whom you are speaking.
- Make sure you do not put your fingers or hands in front of your face if an interpreter is used or if a person is reading your lips.
- Use paper and pen to write things down.
- TTY machines used to communicate with people with significant hearing loss are almost obsolete. Instead, individuals tend to utilize adapted hearing-assistance telephones, Internet relay services, CAP-Tel phones, video relay services, and smartphones.
- Make sure, the closed caption feature is used when presenting materials in video or power- point format

## LOW VISION OR BLIND

- A person who has low vision and is legally blind may have some functional limited vision.
- A person who has low vision may also use a white cane or service animal.
- Service animals - Specially trained animals, usually a dog, that assist a person with vision impairments.
- Describing the layout of a room, as requested by someone who is blind, may assist the person's ability to navigate the room independently.
- Does the person read braille?

## MEETING A PERSON WHO IS BLIND OR WITH LOW VISION

- Identify yourself by name and introduce other individuals that may have accompanied you when meeting and greeting a person who is blind.
- Inform a person who is blind if you must end the conversation and leave him or her.

- If you want to offer assistance, ask first if the individual would like assistance and wait for a response. If the offer of assistance is accepted, ask what type of assistance would be helpful or if the individual would like to take your arm. Do not immediately grab the person's arm or hand to guide them. Also, warn the individual about approaching steps, curbs, and other upcoming obstacles.
- If offering to assist someone in finding a seat, you may speak the person's name and gently tap on the table to provide an auditory cue. This cue lets the individual know where a seat is located.
- Do not touch the person without asking permission first.
- Do not grab the person's cane to direct him or her on where to go; offer verbal instructions or offer your assistance to act as a sighted guide.
- If offering to help someone as he or she sits down, let the person know beforehand as you guide the person's hand (with permission) towards the back of the chair.
- Ask if the person would like you to walk them around the shelter to acclimate them to the space.
- If using a PowerPoint or video, make sure you describe what is on the screen.

## SERVICE ANIMALS

Under New Jersey's Law Against Discrimination and the federal Americans with Disabilities Act (ADA), people with disabilities may bring their service animals to all "public accommodations," including shelters. These laws also require those who operate transportation services to allow service animals.

Both sets of laws offer broad protections to people with disabilities who use service animals to assist them, including:

- Guide or service animals who help people with visual impairments navigate safely.
- Hearing dogs who alert those with hearing impairments to alarms, ringtones, and other important noises.
- Seizure dogs, who alert their handlers of impending seizures.
- Animals that perform manual tasks, such as pushing elevator buttons, pulling wheelchairs, and holding and retrieving items, and
- Psychiatric service animals, who can interrupt self-destructive or dangerous behavior, alert users to the need to take medication, or diminish the effects of acute anxiety.
- Businesses are not permitted to ask for verification that a dog is a service animal. (Source: ADA Requirements on Service Animals [http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm))
- It may not be obvious what services the service animal provides. If not obvious, it is appropriate to ask if the dog is a service animal. If it is relevant, it is also appropriate to ask what work or task has the dog been trained to perform. No other inquiry is allowed.
- Service animals hold allegiance to their handlers and as such are working animals.
- Resist the temptation to pet a service animal unless you ask its handler first.
  - Some people with disabilities who use dogs as service animals, have no problem with other people petting their animals; other people with disabilities do.
  - It is always best to ask the person with the disability for permission if you want to pet his or her dog.
- When service animals are in your presence, assume the service animal is working.
- Dogs that are newly working with their handlers may become confused if people other than their handlers want to pet or feed the dog treats.

## YOU CANNOT

- Ask about the person's disability.
- Require medical documentation.
- Require a special identification card or training documentation for the dog.
- Ask that the dog demonstrate its ability to perform the work or task.

(Source: ADA Requirements on Service Animals: [ada.gov/service\\_animals\\_2010.htm](http://ada.gov/service_animals_2010.htm))

## DEVELOPMENTAL DISABILITIES

Developmental Disabilities Act (adopted in 2000), defines a “developmental disability” as a severe, chronic disability of an individual due to a mental or physical impairment, or combination of mental and physical impairments, identified before age 22 and likely to continue indefinitely.

People with developmental disabilities have substantial functional limitations in three or more of the following areas of major life activity:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction

People identified as having developmental disabilities represent a broad range of disabilities including:

- Autism Spectrum Disorders (See Autism Spectrum Disorders topic in this guide)
- Behavior Disorders
- Brain Injury
- Cerebral Palsy
- Down Syndrome
- Fetal Alcohol Syndrome
- Intellectual Disability
- Spina Bifida
- Developmental disabilities may also include an intellectual disability.
- Accommodations for individuals with DD depend on which form of DD the person has.
  - See the JAN Web site for information about accommodating individuals with DD at [askjan.org/media/ment.htm](http://askjan.org/media/ment.htm)

## INTELLECTUAL DISABILITY

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.

### THE DEGREE OF LIMITATION VARIES AMONG INDIVIDUALS

- Do not use the words “retarded” or “mentally retarded.” These words are looked upon with great disdain by individuals with disabilities, their families and their friends. In fact, these terms are no longer used in Federal documents.

- When meeting someone who may have a significant intellectual disability, do what you would do when meeting anyone else. If you do not understand a person with an intellectual disability, do not pretend you know what he or she has said and just nod your head. It's best to ask the person to repeat the statement or consider alternative or supplementary forms of communication (e.g., assistive technology, pictures, graphics, sign language, gestures, etc.).
- In some instances, an intellectual disability will not be obvious from a person's appearance. Be aware that not all people with intellectual or cognitive impairments will need accommodations to perform their jobs, and many others may only need a few accommodations.

## HIDDEN OR INVISIBLE DISABILITIES

Invisible or hidden disabilities include a broad variety of disabilities.

- Chronic health conditions
- Mental health disabilities
- Learning disabilities
- Autism spectrum disorders (ASD)
- Traumatic brain injuries (TBI)
- Attention deficit/hyperactivity disorders (ADHD)
- Environmental disabilities

It is important to note that the 2008 Americans with Disabilities Act Amendments Act (ADAAA) expanded the definition of disability to include people with diabetes, multiple sclerosis, cancer, seizure disorders, heart conditions, and many other health conditions among those with protected status under the 2008 ADAAA.

## MENTAL HEALTH DISABILITIES

When referring to people with mental health disabilities, use terminology related to the specific disability, such as depression.

- Mental health disabilities include a wide range of disorders, including seasonal affective disorder (SAD), bi-polar disorder, schizophrenia, and many others.
- Communicate with people who have mental health disabilities in the same manner as you would speak with anyone else.

## AUTISM SPECTRUM DISORDER (ASD)

Autism is sometimes referred to as Autism Spectrum Disorder. Autism is a developmental disability that may affect how a person experiences sensory stimulation, learns, solves problems, focuses attention, moves his or her body, communicates, or relates to other people.

*(Source: Autistic Self Advocacy Network: [autisticadvocacy.org/home/about-asan/about-autism](http://autisticadvocacy.org/home/about-asan/about-autism))*

- When meeting a person with ASD, communicate as you would do with anyone else.
- Keep language simple and concrete. Avoid long strings of verbal instructions.
- Avoid sensory overload. Your shelter may want to include a safe, quiet space/sensory room.
- Do not touch a person with ASD without permission.
- People with ASD may not have good eye contact. That does not mean they're not listening to you.

- For more information about accommodation and communication related to people with autism, visit [autisticadvocacy.org/home/about-asan/about-autism](http://autisticadvocacy.org/home/about-asan/about-autism)

## SPEECH IMPAIRMENT

- Delayed or slow speech does not indicate slow mental process.
- Do not act as if you understand the conversation with someone who has a speech impairment when you do not.
- If you did not understand, ask the person to repeat what he or she said.
- Do not finish the sentence or talk for someone who has slow speech or other speech impairment.
- Be patient.
- Some people with speech impairments will use a voice synthesizer or an augmentative and alternative communication device.

## PEOPLE OF SHORT STATURE

- People who are short in stature may have one of the more than 200 medical conditions known as dwarfism. People with this condition are “people of short stature” or “little people.”
- Short stature does not imply any mental impairment. Communicate as you would anyone else.
- Do not use the words dwarf or midget.
- Have your shelter furniture at a height that is accessible to someone of short stature, or using a wheelchair.

## PERSONAL ATTENDANT

- If a personal attendant provides support in assisting a person with a disability, always engage the individual with a disability first, while making the attendant feel included.
- When parents or guardians accompany an individual, engage the individual with a disability in conversation. Do not speak “about him/her.” Speak directly to the person with a disability.

*(Source: LEAD Center/ Effective Communication: Disability Awareness & Etiquette Guide: [leadcenter.org](http://leadcenter.org))*

## WHAT DOES THE AMERICANS WITH DISABILITIES ACT (ADA) SAY?

Section 36.104 of Title 3 of the Americans with Disabilities Act specifies that a Service animal is “any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability.”

State and Local governments must comply with Title II of the ADA in the emergency and disaster-related programs, services and activities. This includes emergency shelters. This requirement applies to programs, services and activities provided directly by state and local governments as well as those provided through third parties, such as the American Red Cross and private nonprofit organizations.

- Under Title II of the ADA, emergency programs, services, activities and facilities must be accessible to people with disabilities and generally may not use eligibility criteria that screen out or tend to screen out people with disabilities.

- The ADA requires making reasonable modifications to policies, practices and procedures necessary to allow a person with a disability to receive services, partake in activities and use the facilities.
- State and local governments must take the necessary steps to ensure effective communication with people with disabilities.

ADA Checklist for Emergency Shelters: [ada.gov/pcatoolkit/chap7shelterchk.htm](https://www.ada.gov/pcatoolkit/chap7shelterchk.htm)



## THE ADA DOES NOT REQUIRE...

State and local emergency management programs to take actions that would fundamentally alter the nature of the program, service or activity or impose an undue financial and administrative burdens. Examples would be: paying for a sign language interpreter when other less expensive means of communication are available or a family with a child with autism who insists on having a sleeping private room.

## FUNCTIONAL ACCESS

When a person with a disability needs access to your facility or website, consider how to provide access that allows the individual to function independently and productively. Work towards removing barriers to functional access. This barrier removal would include physical, communication, and programmatic access.

- For longer conversations with a person who uses a wheelchair, or with someone who does not stand for long periods of time, pull up a chair and sit down to have a conversation or conduct an interview at eye-contact level.
- Do not assume that the communication preference for one person with a specific disability will be the same preference for another person with a similar disability.
- For example, people who experience hearing loss and low vision have various levels of hearing and sight, so what might work for one person may not work for another. Ask the person with a disability the best way to communicate with him or her.
- Customize communication to meet the individual needs of the person with a disability according to the individual's expressed preferences.
- Even if you have no advance accommodation requests, particularly for meetings open to the public, demonstrate inclusiveness by preparing handouts in large print.
- Send information out electronically ahead of time and provide information via a download on your website in Word or Plain Text format to provide accessibility options.

# GETTING STARTED (WHO? WHAT? WHERE? WHEN? HOW?)

## WHO

Identify the local partners and bring them all together.

- This started first and foremost with the disability community rallying around the idea and recognizing that we all needed to be better prepared for the next emergency. Many people with disabilities could be assisted in general population shelters with minimum support.
- We began reaching out to bring the partners together in what was to be a joint effort of nonprofit community-based resources with local governmental and State entities.
- We specifically approached organizations that had a background and interest in emergency preparedness and recognized the need to make their shelters accessible and inclusive.

## WHO WE REACHED OUT TO

- People with Disabilities- your local Center for Independent Living (CIL) is good resource.
- County and state disability organizations - such as Middlesex County Office of Aging and Disabled Services, NJ Division of Disability Services
- Office of Emergency Management
- The American Red Cross
- You may want to approach your FEMA Disability Integration Specialist.

## OTHER STAKEHOLDERS CAN INCLUDE

- County Medical Reserve Corp
- Local CERT Teams
- County Health Services
- The Salvation Army
- County Sheriff's Department
- County Transportation

This is what worked for our Counties; you will have your own resources you can bring to the table.

## WHAT

We brought our community partners together for a meeting and started discussing what was needed and who could do what. This planning committee met for six months prior to the simulation.

## PLANNING YOUR FIRST MEETING

- The first step in the process is to pick a few meetings dates/times and a location. Make sure your meeting location is accessible and on a county paratransit route.
- Offer a conference call number for those unable to make it in person.
- Invite the identified decision makers in each of the organizations you want as partners, to the meeting. Invite your local Center for Independent Living as well as your county office on disability.
- If you have contact with legislators or county Freeholders, it is important to invite them as well.
- Put together an agenda.
- We met bi-monthly with our partners for 6 months prior to the simulation.

## WHERE

As the lead agency, ACI was committed to having the location of the simulation meet the following criteria:

- A shelter that has been used during a disaster.
- A shelter that was on a public transportation bus route.
- A shelter that was physically accessible to people with disabilities and access and functional needs.
- A shelter in a populated area of the county.

ACI and the local OEM surveyed several locations before choosing the one that met our needs.

## WHEN

Our two simulations were done during hurricane season; however, it may be a best practice to organize a shelter simulation when you feel the shelter will not be utilized. Give yourself plenty of time to plan the simulation.

Some things to take into consideration when choosing a date and location:

- Does the shelter have heat and/or air conditioning? Some people with disabilities are unable to handle extreme heat or cold.
- If you choose a rural area it may be difficult for people using paratransit to get to the shelter. Arrange a shelter on a bus route or near a train station.

## HOW

Have your local CIL educate/train the partners on physical program access, disability etiquette and independent living. Many of our partners had experience organizing and running shelters. However, there was a learning curve for some when it came to running a general population shelter that included people with significant disabilities/medical needs.

## GOALS AND OBJECTIVES OF THE MEETING

A successful overnight shelter exercise relies on careful planning, delegation and organization.

- Define everyone's role.
- Decide how many people with disabilities as well as emergency responders and volunteers will be involved in the simulation.
- Date and time frame.
- How many times should the group meet?
- Is there any other organizations that need to be represented?
- What will the "disaster" be (hurricane, tornado, national emergency)?
- Find an accessible shelter location that would meet the criteria. The number of participants is dependent upon the size of the building/location that you choose.
- Schedule a walk-through of the shelter before the simulation.
- How will people with disabilities and access and functional needs to get to the shelter? Will transportation be available?
- Food - How will you feed everyone?
- Sleeping arrangements
- Volunteers - how many and what are their roles?
- What does the day or evening look like?
- What is the group's expectations?
- Will there be a schedule?

- How will you publicize your event? Do you want the media to attend?
- Participant feedback - Pre and post surveys to emergency staff/volunteers as well as people with disabilities and access and functional needs.
- What is your age range? We kept the age range of 18 and older.

## DEFINING ROLES

- Shelter Manager - Provides supervision and administrative support at the shelter; ensures that the shelter residents are safe and their needs are met.
- Registration Table - Registers people affected by the disaster upon arrival, maintains a system for checking occupants in and out when they leave, and manages the recordkeeping system for registration forms.
- Public Information Officer - Provides clients access to disaster and recovery information, as well as shelter rules, routines and services.
- Dormitory - Sets up and monitors sleeping areas, assists clients with needs and coordinates with shelter manager or logistics to procure supplies necessary for a shelter dormitory.
- Meals/Feeding - Provides assistance at the direction of the feeding lead, including serving meals in the canteen area.
- County Community Services - to request assistance including a Disaster Response Crisis Counselor (DRCC) in the event mental health assistance is needed.
- Role of volunteers from outside agencies, including the American Red Cross and the Salvation Army, as well as CERT Members.
- FEMA, the NJ Office of Emergency Management (NJOEM) and a representative from the Department of Human Services were invited to observe.
- Center for Independent Living - ACI's role was to invite individuals with disabilities to participate in the exercise and serve as advisers.



## THE SHELTER SIMULATION

### FUNDING

Where did the funding for the simulation come from?

- We were fortunate to receive support from PSE&G.
- Donations of Meals Ready to Eat (MRE's) and canteen were provided by the Salvation Army.

## **PARTICIPANTS**

- We decided to invite 40 participants with disabilities, over the age of 18.
- We wanted a variety of disabilities to be represented for the simulation.
- We advertised the event via social media, hard copy flyers, and through local media.
- As an incentive to encourage people with disabilities to participate, a \$25.00 gift certificate was given to each participant.
- Participants were asked to fill out a registration form as well as photo release forms in advance.
- Goodie bags were distributed which includes snacks, hand sanitizer, and pen and paper.
- Red Cross Go-Bags were distributed courtesy of NJ Division of Disability Services.
- Participants with service animals needed to show rabies vaccine certificate.
- There were three personal attendants on site to assist people.
- Volunteers and ACI staff wore name tags in order to be easily identified.

## **MEDIA AND INVITED GUESTS**

- We paid for a photographer and videographer to document the event
- Press releases were sent out to local media. So as not to be too intrusive, we decided that all media would be invited for the first hour of the event only.
- You may consider inviting your local legislators, mayor or other dignitary to attend and observe the simulation.
- Participants who did not want to be photographed wore yellow wristbands.

## **TRANSPORTATION**

Transportation for both shelters was provided through the generosity of the Middlesex County OEM. A bus that had a 12 person wheelchair capacity picked up participants at ACI and dropped them off the following morning. Others took Access Link or had their own transportation.

## **AT THE SHELTER**

### **REGISTRATION**

- Participants checked in as they would in any shelter.
- Participants filled out emergency contact and accommodation forms and the pre-survey.
- Packets with emergency preparedness information were distributed.
- Emergency personnel and volunteers were given packets with information on disability and shelter accessibility.
- Sleeping arrangements were made for each participant. The county bolstered their resources to include accessible cots as well as a number of bariatric cots to those who needed them.
- Participants who used power wheelchairs were placed near charging stations, so they can easily charge up their wheelchair battery.
- It was important that the simulation be as realistic as possible. When people arrived at the shelter, they were told they were evacuating from "Hurricane Doug". We had a fake newscast created for us that was shown on televisions throughout the shelter, giving updates on the storm.

### **MEALS**

- For our first shelter simulation, the Salvation Army was kind enough to provide MRE's to participants. Unfortunately, we learned that the meals were not accessible. Individuals had difficulty opening the meals and needed assistance. We also learned that plastic straws are not kept in the canteen and are necessary for some individuals with disabilities to drink.

- For our second simulation we decided to cater the event with sandwiches and pizza. Meals need to be served close to the edge of the table so that people who use wheelchairs can independently serve themselves.

## DURING THE NIGHT

- After dinner participants were given the choice of watching the movie “Twister” or joining in an open discussion.
- Demonstrations on how best to transfer a person in a wheelchair were offered to volunteers.
- We learned from our first shelter simulation that to be successful, both participants and emergency managers and volunteers need to communicate and learn from each other. At our 2nd simulation during the night we had a workshop on disability etiquette and afterwards an open discussion on how to best accommodate a person's needs. Participants shared their experiences and challenges as did emergency personnel and volunteers. This proved to be very valuable with both groups coming together and learning from each other.
- In the morning, participants were given their post surveys to complete. Once returned they received their \$25.00 gift card and checked out.



## LOOKING AHEAD

ACI continues working together with the counties on best practices in preparedness and planning. With direction from FEMA, ACI and Middlesex County OEM were the first in New Jersey to form a Core Advisory Group (CAG). CAG sought to integrate lessons learned from the simulations with emergency planning at the county level. Our CAG has been meeting continuously since 2015.

## LESSONS LEARNED

Participants with disabilities completed a pre and post-survey that included questions about the accessibility of the shelter, transportation experience, layout of the facility, and response by the shelter team.

A second pre and post-survey for emergency personnel and volunteers included questions about whether they felt equipped to assist people with disabilities, what disability training they felt was needed, questions regarding effectiveness of the wheelchair transfer demonstration and disability etiquette discussion.

Blank copies of the surveys are included at the end of this guide.

# IS YOUR SHELTER PREPARED?

Guidelines for making your general population shelter welcoming for EVERYONE!

- Wide grip utensils
- Adapted cups
- Mugs and plastic straws may help people with disabilities maintain their ability to drink independently.
- MRE's that open easily
- Large print signage/use picture signage where possible.
- Large grip pens
- No latex glove or other items that contain latex (this can produce a severe allergic reaction to persons with Spina Bifida)
- Use fonts that are easy to read, such as Arial or Verdana
- Make sure any notices are in a font size of 16 point or larger.
- Desks/tables that are lowered to accommodate wheelchair users.
- Quiet/sensory room
- Weighted blankets
- Bariatric cots
- Picture board/large print alphabet board
- White board - for people who are deaf or hard of hearing.
- Refrigerator for medication
- List shelters on Access Link Bus routes
- Sound blocking headphones for those with sensory disabilities.
- Even minimal amounts of background noise may make it difficult for a person with a hearing impairment to understand spoken directions/instructions.
- Avoid using outdoor areas that can get muddy or sandy.
- Entrances and outdoor paths should have adequate lighting and signage.
- Never assume people with disabilities need assistance filling out paperwork, but offer to assist.
- Stock a bicycle tire patch kit for use on wheelchairs or scooters with flat tires.
- Food, bowls for guide dogs or other service animals.
- Do not touch service animals without permission, they are working.
- Have a charging station for wheelchairs - Keep in mind that some people do not like to be separated too far from their wheelchair.
- Have manual wheelchairs/walkers on hand for those who may be separated from their mobility devices
- Never touch someone's mobility device without permission.
- Stock writing pads and pencils for those with hearing impairments.
- Laptop or tablet with a camera and internet for videophone and internet relay services for captioned phone service.
- Establish contact with local disability agencies that would have access to personal assistants, resources and American Sign Language (ASL) interpreters.
- Keep foods, hygiene products or any information close to the edge of the counter for easy access to those who use wheelchairs.
- Ensure aisles are clear leaving enough room for a wheelchair and those with low vision who use white canes.
- Have available higher rise cots for people who are transferring on their own.
- Assisted Listening Devices provide additional hearing support for people who are hard of hearing.
- Keep Hearing Aid batteries on hand
- Provide training to volunteers who operate shelters on accessible communication, cultural awareness and providing accommodations.
- A privacy screen is essential for care that may not be able to be performed in the restroom. People may need to lay down.

## IN CLOSING

The purpose of an emergency shelter simulation is to familiarize members of the disability community in an overnight shelter experience, while at the same time, provide personnel and volunteers an opportunity to understand and better assist the needs of individuals with disabilities in a general population shelter during a disaster. Shelter volunteers are often not aware of the specific needs many people with disabilities have and how to meet those needs in a sheltering operation. Through this exercise, members of the disability community, local jurisdictions and emergency responders can exercise their training, knowledge and protocols in a real-world situation of operating a general population shelter with individuals with various disabilities.

We encourage you to host a shelter simulation in your community. Please contact ACI if you need assistance.

Thank you!

### **Carole Tonks**

Alliance Center for Independence  
Executive Director



## RESOURCES

### CENTERS FOR INDEPENDENT LIVING

Centers for Independent Living, many of them funded through the Division of Vocational Rehabilitation Services, in the Department of Labor & Workforce Development, are community-based, consumer-driven organizations that provide information and referral, peer counseling, skills training, advocacy and a variety of services based on individual needs.

**ALLIANCE CENTER FOR INDEPENDENCE (ACI)  
EXECUTIVE DIRECTOR: CAROLE TONKS**

[ctonks@adacil.org](mailto:ctonks@adacil.org)

(Middlesex, Somerset, and Union Counties)

629 Amboy Avenue, Edison, NJ 08837

Telephone: (732) 738-4388

TDD: (732) 738-9644

[adacil.org](http://adacil.org)

**ATLANTIC CENTER FOR INDEPENDENT LIVING,  
INC.**

**EXECUTIVE DIRECTOR: DONALD CAMPBELL**

[dcampbell@atlanticcil.org](mailto:dcampbell@atlanticcil.org)

(Atlantic County)

4 East Jimmie Leeds Road

Suite 7

Galloway Township, NJ 08205

Telephone: (609) 748-2253

[artemiscil.org](http://artemiscil.org)

**CAMDEN CITY INDEPENDENT LIVING CENTER  
EXECUTIVE DIRECTOR: VEDA SMITH**

[vedasmithccilc@aol.com](mailto:vedasmithccilc@aol.com)

(City of Camden)

Camden City Independent Living Center, Inc.

Virtua Camden

1000 Atlantic Ave. Suite 105

Camden, NJ 08104

Telephone: 856-966-0800

[camdencityilc.org](http://camdencityilc.org)

**CENTER FOR INDEPENDENT LIVING OF SOUTH  
JERSEY, INC. (CIL-SJ)**

**EXECUTIVE DIRECTOR: THERESA ROHLFLING**

[rohlflingcilsj@outlook.com](mailto:rohlflingcilsj@outlook.com)

(Camden and Gloucester Counties)

1150 Delsea Drive, Suite 1

Westville, NJ 08093

Telephone: (856) 853-6490

Toll free: (800) 413-3791

TDD: (856) 853-7602

**DAWN, INC.**

**EXECUTIVE DIRECTOR: CARMELA SLIVINSKI**

[cslivinski@dawncil.org](mailto:cslivinski@dawncil.org)

(Morris, Sussex and Warren Counties)

30 Broad Street, Suite 5

Denville, NJ 07834

Telephone: (973) 625-1940 / (888) 383-DAWN

TDD: (973) 625-1932

[dawncil.org](http://dawncil.org)

**DIAL, INC.**

**EXECUTIVE DIRECTOR: JOHN PETIX**

[jpetix@dial-cil.org](mailto:jpetix@dial-cil.org)

(Essex and Passaic Counties)

2 Prospect Village Plaza, First Floor

Clifton, NJ 07013

Telephone: (973) 470-8090

TDD: (973) 470-2521

[dial-cil.org](http://dial-cil.org)

**HEIGHTENED INDEPENDENCE & PROGRESS (HIP)  
EXECUTIVE DIRECTOR: BRIAN FITZGIBBONS**

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Hackensack, NJ 07601

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TDD: (201) 996-9424

[hipcil.org](http://hipcil.org)

**HEIGHTENED INDEPENDENCE & PROGRESS-  
HUDSON**

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**MOCEANS CENTER FOR INDEPENDENT LIVING  
EXECUTIVE DIRECTOR: JUDYTH BROWN**

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(Monmouth and Ocean County)

565 Broadway

Long Branch, NJ 07740

Telephone: (732) 571-4884

[moceanscil.org](http://moceanscil.org)

**THE PARTNERSHIP FOR INCLUSIVE DISASTER  
STRATEGIES**

[disasterstrategies.org](http://disasterstrategies.org)

**PROGRESSIVE CENTER FOR INDEPENDENT  
LIVING (PCIL)**

**EXECUTIVE DIRECTOR: SCOTT ELLIOTT**

[scott.elliott@pcil.org](mailto:scott.elliott@pcil.org)

(Hunterdon and Mercer Counties)

1262 Whitehorse-Hamilton Sq. Road,

Bldg. A, Suite 102

Hamilton NJ 08690

Telephone: (609) 581-4500 / (877) 917-4500

TDD: (609) 581-4550

Hunterdon County Branch:

Telephone: (908) 782-1055 / (877) 376-9174

TDD: (908) 782-1081

[pcil.org](http://pcil.org)

**RESOURCES FOR INDEPENDENT LIVING (RIL)  
EXECUTIVE DIRECTOR: LISA SMITH**

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(Burlington, Cape May, Cumberland, Salem  
Counties)

351 High Street, Suite 103

Burlington, NJ 08016

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TDD: (609) 747-1875

[rilnj.org/burlington-office](http://rilnj.org/burlington-office)

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## NOTES



# OVERNIGHT EMERGENCY SHELTER SIMULATION PARTICIPANT SURVEY

## 1. HOW WAS YOUR TRANSPORTATION EXPERIENCE TO AND FROM THE SIMULATION?

- Extremely positive
- Very positive
- Moderately positive
- Slightly positive
- Not at all positive
- Other (please explain)

## 2. IN THE EVENT OF AN ACTUAL EMERGENCY, HOW WOULD YOU BE ABLE TO GET TO A SHELTER?

- Drive myself
- Have a friend/family member drive me
- Public transportation
- I don't know
- Other (please explain)

**3. HOW ACCESSIBLE WAS THE HILLSBOROUGH MUNICIPAL BUILDING IN TERMS OF LOCATION AND FACILITY?**

- Extremely convenient
- Very convenient
- Moderately convenient
- Slightly convenient
- Not at all convenient

Please explain:

**4. HOW DID THE LAYOUT OF THE FACILITY, COTS AND EQUIPMENT PROVIDE FOR EASE OF MANEUVERABILITY?**

- Extremely easy
- Quite easy
- Moderately easy
- Barely easy
- Not at all easy

Please explain:

**5. HOW WELL DID THE VOLUNTEERS AND STAFF RESPOND TO YOUR REQUEST FOR ACCOMMODATIONS?**

- Extremely well
- Very well
- Moderately well
- Slightly well
- Not at all well

Please explain:

**6. IS THERE ANY ADDITIONAL SPECIFIC TRAINING THAT YOU THINK THE SHELTER STAFF AND VOLUNTEERS SHOULD HAVE?**

- No
- Yes (please explain)

**7. ARE YOU BETTER PREPARED AND MORE KNOWLEDGEABLE ABOUT YOUR EVALUATION AND SHELTER OPTIONS NOW THAN PRIOR TO THE SIMULATION?**

- A great deal better
- Quite a bit better
- Somewhat better

- About the same
- Somewhat worse
- Quite a bit worse
- A great deal worse
- Don't know

Please explain:

**8. WERE THE DISCUSSIONS DURING THE SIMULATION HELPFUL IN PREPARING YOU FOR A DISASTER?**

- Helped a great deal
- Helped quite a bit
- Somewhat helped
- My knowledge stayed the same
- Not helpful at all
- Don't know

Please explain:

**9. BASED UPON YOUR EXPERIENCE WITH THE SIMULATION, HOW LIKELY ARE YOU TO EVACUATE TO A SHELTER UNDER A MANDATORY EVACUATION ORDER?**

- Extremely likely
- Very likely
- Moderately likely
- I don't know
- I will make other arrangements

Please explain:

**10. OFTEN TIMES, PEOPLE WITH DISABILITIES ARE AN AFTERTHOUGHT WHEN IT COMES TO PLANNING FOR EMERGENCY DISASTERS. DO YOU THINK THIS SIMULATION HELPED TO BREAK DOWN BARRIERS BETWEEN EMERGENCY PLANNERS AND THOSE WITH DISABILITIES?**

- Barriers removed a great deal
- Barriers removed a moderate amount
- Barriers removed a little
- Barriers remain unchanged
- Barriers increased a little
- Barriers increased a moderate amount
- Barriers increased a great deal

Please explain:

**11. IF YOU BROUGHT MEDICATIONS, WERE THEY HANDLED APPROPRIATELY?**

Yes

No (please explain)

**12. IF YOU HAVE A SERVICE ANIMAL, PLEASE SHARE YOUR EXPERIENCE.**

Please explain:

**13. WAS THE LIGHTING ADEQUATE INSIDE AND OUTSIDE?**

Yes

No (please explain)

**14. WERE YOU TREATED RESPECTFULLY?**

- Yes
- No (please explain)

**15. WHAT WAS THE MOST POSITIVE ASPECT OF THE OVERNIGHT SIMULATION?**

Please explain:

**16. WHAT AREAS CAN BE IMPROVED UPON?**

Please explain:

**17. WHEN THINKING ABOUT THE SIMULATION AS A WHOLE, HOW WELL RUN AND ORGANIZED WAS THE ENTIRE SIMULATION?**

- Extremely well
- Very well
- Moderately well

- Slightly well
- Not at all well

Please explain:

**18. HOW LIKELY IS IT THAT YOU WOULD RECOMMEND THIS TYPE OF SIMULATION TO A FRIEND OR COLLEAGUE?**

Not at all likely

Extremely likely

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> |

**19. BASED ON THIS SIMULATION, WHAT RECOMMENDATIONS WOULD YOU HAVE FOR A GENERAL POPULATION SHELTER? (IE: BETTER SIGNAGE, LIGHTING, ETC.)**

Please explain:

20. PLEASE SHARE YOUR OVERALL EXPERIENCE WITH US.

**THANK YOU!**

**PLEASE RETURN TO REGISTRATION  
TABLE WHEN COMPLETED.**



# OVERNIGHT EMERGENCY SHELTER SIMULATION EMERGENCY PERSONNEL SURVEY

**1. DO YOU FEEL THAT YOU WERE ADEQUATELY PREPARED TO ASSIST PEOPLE WITH DISABILITIES DURING THE SIMULATION?**

- Very well prepared
- Well prepared
- Prepared
- Not well prepared
- Do not know

**2. WHAT IS YOUR LEVEL OF TRAINING?**

- Volunteer
- OEM: \_\_\_\_\_ County: \_\_\_\_\_
- Red Cross
- CERT
- CART
- Other (please specify)

**3. DO YOU FEEL YOU HAVE ENOUGH KNOWLEDGE ABOUT THE AMERICANS WITH DISABILITIES ACT (ADA) AND THE ACCESSIBILITY REQUIREMENTS OF THE LAW?**

Yes

No

Please explain:

**4. DO YOU FEEL YOU ARE MORE KNOWLEDGEABLE TO ASSIST PEOPLE WITH DISABILITIES IN A GENERAL POPULATION SHELTER?**

Yes

No

Please explain:

**5. WERE THERE ANY ACCOMMODATION REQUESTS THAT WERE BEYOND YOUR COMFORT OR CAPABILITY?**

Yes

No

Please explain:

**6. WERE YOU ABLE TO FIND ASSISTANCE FOR SOMEONE YOU WERE UNABLE TO ASSIST?**

- Yes
- No
- N/A

Please explain:

**7. WAS THE DISCUSSION ON DISABILITY LANGUAGE HELPFUL FOR YOU?**

- Yes
- No

Please explain:

**8. WAS THE DEMONSTRATION ON PROPER TECHNIQUES IN TRANSFERRING HELPFUL FOR YOU?**

- Yes
- No

Please explain:

**9. WERE THE HANDOUTS AND RESOURCE MATERIALS HELPFUL?**

Yes

No

Please explain:

**10. IS THERE ANY SPECIFIC DISABILITY RELATED TRAINING YOU FEEL YOU WOULD BENEFIT FROM?**

Yes

No

Please explain:

**11. WHAT IS THE MOST CHALLENGING SITUATION YOU ENCOUNTERED AT THE OVERNIGHT SIMULATION?**

Please explain:

**12. WHAT WAS THE MOST POSITIVE ASPECT OF THE SIMULATION?**

Please explain:

**13. BASED ON YOUR EXPERIENCE, WHAT RECOMMENDATIONS WOULD YOU HAVE FOR FUTURE SIMULATIONS?**

Please explain:

**14. WOULD YOU BE INTERESTED IN GETTING INVOLVED IN AN ADVISORY GROUP?**

- Yes
- No



**THIS EVENT IS MADE POSSIBLE BY A GENEROUS GRANT FROM PSEG. WE ARE GRATEFUL FOR THEIR SUPPORT.**





