



Oklahoma Library for the Blind and Physically Handicapped



Frequently Asked Questions

Access & Functional Needs Guidance

Many times people need information concerning Access and Functional Needs populations. This document is created to assist in the care of Access and Functional Needs populations during and after disasters.

This page left blank.

Frequently Asked Questions On Access and Functional Needs Populations 2014

Contents

Access and Functional Needs Populations.....	10
What is Access and Functional Needs?	10
Functional Assessment Support Team (FAST)	10
What is FAST?.....	10
What functions do the FAST perform?.....	10
How does the shelter request the FAST group?.....	10
Who are the members of the FAST group?	10
Americans with Disabilities Act of 1990.....	11
What is the Americans with Disabilities Act (ADA)?	11
Is the shelter staff required to implement the Americans with Disabilities Act (ADA) laws in disaster shelters?	11
Who is covered by the Americans with Disabilities Act (ADA)?	11
Does the American Red Cross Shelters (ARC) have to adhere to these laws?.....	11
Does the shelter have to accommodate people with disabilities?	12
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	12
What is Health Insurance Portability and Accountability Act (HIPAA)?	12
Are there exceptions for covered entities to release information in emergency situations?	12
What are the exceptions to the release of patient information during emergency response?	12
A. Treatment.	12
B. Notification.	13
C. Imminent Danger	13
D. Facility Directory.....	13
Does a client have to tell the shelter staff all of their medical history in the open shelter, for everyone to hear?.....	14
Can a client say no, when the shelter staff asks medical questions concerning their health?.....	14
Service Animals.....	14
What makes an animal a service animal?	14
Can a person deny my service dog entrance into a shelter?.....	14
Can a person ask questions concerning the services performance for the service animal owner?	15
Can the shelter staff prevent the service animal from entering into the food areas?	15

Frequently Asked Questions On Access and Functional Needs Populations 2014

Does the shelter staff have the right to refuse the service dog entrance into the shelter, if someone is allergic to or afraid of dogs?	15
Is it okay to pet the service animal?.....	15
Miniature Horse	15
Is a miniature horse really a service animal?	15
What guidelines are established for the miniature horse?.....	15
Are there weight or height requirements for the miniature horse?	16
The shelter has a “no pet” policy. Do we allow service animals in the shelter?.....	16
Pets Evacuation and Transportation Standards Act (PETS)	16
What is the Pets Evacuation and Transportation Standards Act (PETS)?	16
What does the PETS Evacuation and Transportation Standards Act (PETS) Act do?	16
Pets.....	16
Is a client allowed to have pets in the shelter?	16
What happens to their pet, if they are not allowed in the shelter?	16
Can the client(s) visit their pet while he/she is housed in the animal trailer?.....	16
Therapy Dog	17
What is a therapy dog?.....	17
What other support does the therapy dog perform for the owner?.....	17
Is a therapy dog or emotional support dog the same as a service dog?.....	17
Can any breed of dog be trained to be a therapy dog?.....	17
Are therapy dogs allowed inside the shelter?.....	17
Are therapy dogs allowed into the food area of the shelter?.....	17
Therapy Animals.....	17
Are there other breeds of animals used for therapy?.....	17
Are there other animals that have been used for animal assisted therapy?	17
Emotional Support Animals.....	18
Are there Emotional Support Animals?.....	18
Is the Emotional Support Animals a service animal?	18
Are Emotional Support Animals allowed in the shelter?.....	18
Quick Guide for Service Dog, Miniature Service Horse, Therapy Dog, and Emotional Support Dog	19
Mental Health.....	20
What is Psychological First Aid (PFA)?.....	20

Frequently Asked Questions On Access and Functional Needs Populations 2014

When is Psychological First Aid (PFA) intended to be delivered?	20
What setting is Psychological First Aid (PFA) used in disasters?	20
What types of settings with the Psychological First Aid (PFA) occur after the disaster?	20
Can a person who is having Post Traumatic Stress Disorder “PTSD” use Psychological First Aid (PFA)?.....	20
Who is intended for Psychological First Aid (PFA)?	20
Who provides the Psychological First Aid (PFA)?.....	20
If a person needs mental health counseling, can the shelter help find a counselor?	21
Prescription Medication and Supplies.....	21
Can the shelter staff help with the replacement of the lost medication?.....	21
A client lost their blood sugar monitor in the disaster. Can it be replaced?.....	21
Medical Treatments/Dialysis or Chemotherapy.....	21
Can a person ask for assistance to and from a dialysis center?.....	21
Can a person ask for transport to and from a medical clinic to receive chemotherapy?.....	21
Does a person have to pay for medical treatments or care provided in the shelter?	21
Can the shelter provide tetanus shot(s) for a family?.....	21
People First Language.....	22
What is people first language?	22
Why is people first language important?	22
Can or should a person use the word “retarded”?.....	22
Examples of People First Language.....	22
Diversity.....	22
Does someone really need to understand cultural differences in the shelter?.....	22
How does someone overcome cultural boundaries?	23
Communication.....	23
Does the shelter staff have to make information in accessible formats?	23
How does someone communicate with a person who is blind or has a visual disability?	23
How does someone communicate with a person who is non-verbal?.....	23
Can the shelter staff use a computer tablet for a communication device?.....	24
How do does someone communicate with a person that does not speak English?.....	24
What types of communication styles or formats are considered accessible?.....	24
What is a communication board?.....	25

Frequently Asked Questions On Access and Functional Needs Populations 2014

Can the shelter staff write down what they want the client to know about the shelter?	25
What communication devices does the shelter need for the access and functional needs clients?	25
Do you have to use the accessible formats in shelter messages to the clients?.....	25
Do you change the information on the websites for emergency communications?.....	26
Do you change anything concerning the information that is stated during the televised news conferences?.....	26
Is there a general rule to follow when communicating with someone who is older in age or has disabilities?	26
Health Literacy.....	26
What is Health literacy?.....	26
Does the medical staff have to read instructions to guest to have low literacy skills and/or individuals with limited English?	26
Printed Information in the Shelter.....	26
Do you use the same printed information for everyone in the shelter?.....	26
Do white space or upper and lower case letters really make a difference in printed information?	26
What about printed information for people with visual disabilities?	27
Do you need different formats of printed material for people who are older and those with visual disabilities?	27
Do you have to provide information in different languages to clients in the shelter?	27
Literacy	27
How does the shelter staff ensure everyone understands the information on the shelter intake forms and other forms in used in the shelter?	27
Families.....	27
Can family members forcible be separated in the shelters?.....	27
Children	27
What are some things I can do for children, who have been affected by a disaster?.....	27
Are there any strategies that can assist children (with disabilities or without disabilities) cope during or after a disaster?	27
Can infants in a shelter all be fed the same formula?	28
Can recently discharged, premature infant with chronic medical conditions be allowed into the shelter?	29
Does my child have to wear the identification wrist band in the shelter?.....	29
Can a family request a crib or baby bed while in the shelter?	29
Older Adult Etiquette.....	29

Frequently Asked Questions On Access and Functional Needs Populations 2014

Do you communicate in the same way with a person who is senior in age; as I would with young adults?	29
Is it okay to call a person who is senior in age “honey”, pet names, or by their first name only?	30
Who does the shelter staff speak to in a large family unit?	30
Vulnerable Adults	30
What is considered a vulnerable adult?.....	30
What is executive functioning in assessing mental capacity?.....	30
What is transfer trauma?	30
Who can be affected by transfer trauma?.....	30
Can the shelter staff minimize transfer trauma for vulnerable adults?	31
What is a “mini mental exam”?	31
Personal Assistance Service (PAS).....	31
What is a Personal Assistance Service (PAS) Program?	31
What activities are provided in the Personal Assistance Service (PAS) services?	31
Who provides the Personal Assistance Service (PAS) staff?.....	31
When is the PAS staff activated for duty?	32
How do you request the services provided by the Personal Assistance staff?	32
Does the client pay for the services provided by the PAS?	32
Durable Medical Equipment (DME).....	32
What is durable medical equipment (DME)?	32
What items are considered durable medical equipment?.....	32
Can lost durable medical equipment (DME) be replaced in the shelter?.....	32
Are all wheelchairs the same for everyone?	32
Will it cost money to have a wheelchair replaced, while the client resides in the shelter?.....	32
Portable Ramps	33
Can the shelter use portable ramp(s) to provide “accessibility” into the facility?	33
Cognitive Disabilities.....	33
What is a cognitive disability?	33
Are there strategies that should be used with children who have cognitive disabilities after a disaster?33	
Invisible Disabilities	34
What is an invisible disability?	34
What examples can you provide that are contained in the invisible disabilities areas?.....	34

Frequently Asked Questions On Access and Functional Needs Populations 2014

Mobility	34
Can a shelter refuse to take a person if they use a wheelchair, cane, walker, or any other mobility device?	34
Can the shelter staff help in replacing a wheelchair?.....	34
Should a person start pushing a person in a wheelchair without their permission?.....	35
Visual Disability	35
Can a shelter refuse to take a client, because he or she is blind?.....	35
Can a person always recognize someone who is blind or has a visually disability?.....	35
Is it okay to separate a person who is blind from his/her cane or guide dog?.....	35
What should the staff member do if they need to leave the person who is blind alone in the shelter?...	35
Can the shelter staff assist in the replacement lost eyeglasses?	35
Should we provide sun glasses for people who are blind?.....	35
Is the shelter staff required to provide a tour of the shelter, to a person who is blind?.....	36
Are there special efforts that should be made when preparing the shelter for people who are blind?....	36
Will a word or page magnifier help with reading documents for people who are blind or have low vision?	36
Hard-of-Hearing	36
Are there services to assist in replacing a lost hearing aid?	36
Should the shelter staff speak loudly to the person that is hard-of-hearing for information transfer?....	36
deaf Culture.....	36
Is American Sign Language required to communicate with someone who is Deaf?.....	36
Should the shelter staff write the questions or information on a sheet a paper, when trying to communicate with a person who is Deaf?	36
Is the shelter staff required to call an American Sign Language Interpreter for the person who is Deaf?	37
Is ASL a real language?	37
All people who are Deaf can read the information on the paper?.....	37
All people who are Deaf can read lips?	37
Deaf-Blind.....	37
How does a person communicate with a person who is Deaf-Blind?.....	37
Can the shelter staff use the ASL interpreter that is in the shelter, for the person who is Deaf-Blind?..	37
American Sign Language (ASL) Interpreters	38
Can the shelter staff use the client’s family(s) members/children as a language interpreter?	38

Frequently Asked Questions On Access and Functional Needs Populations 2014

Who do the person look at when the client is using an interpreter?.....	38
Does the interpreter have to be certified?	38
Can the shelter staff use one ASL interpreter for every person in the shelter that is Deaf?	38
Can the shelter staff use anyone who says they know ASL?	38
Language- Spanish or Other Foreign Languages.....	38
Can't the shelter staff just speak English and have the clients figure out what is being said?	38
Can the shelter staff have any Spanish translator communicate with the person, who speaks Spanish as their primary language?	38
Should the shelter have information sheets printed in Spanish?.....	39
Can the shelter staff use the client's child/family member(s) as the primary interpreter in the shelter?	39
Dietary Restrictions	39
Does the shelter staff have to provide meals for people with "dietary restrictions"?	39
Does the shelter staff provide "fruit juice" or other snacks for people who have diabetes?.....	39
Bathing and Toileting Needs	39
Do we have to accommodate bathing and toileting needs for people with disabilities?.....	39
Accessible Care.....	39
Can a shelter client request "personal assistance" for their activities of daily living (ADL's) care?	39
What are Activities of Daily Living (ADL's)?	40
Transportation.....	40
Should transportation services be accessible to everyone in the shelter?	40
Acronyms.....	42
References.....	44
Resource Authors.....	46

This page left blank.

Access and Functional Needs Populations

What is Access and Functional Needs?

Answer: Access and Functional Needs (AFN) is defined as people with disabilities, the deaf communities, seniors, and children, women in late stages of pregnancy, people without transportation, people who have low literacy, and people who speak or communicate other languages.

Functional Assessment Support Team (FAST)

What is FAST?

Answer: FAST is the Functional Assessment Support Team. The team is a group of subject matter experts from many different state, local, and non-profit agencies that assist in the care of people who have access and functional needs during a disaster.

What functions do the FAST perform?

Answer: Functional Assessment Support Team (FAST) provides support to disaster strike teams, shelter staff, and communities that are affected by disasters. They provide resources and subject matter experts in the field of (cultural competency, disability awareness and treatment, medical equipment resources (durable medical equipment), mental health, disability law, adult and children care).

How does the shelter request the FAST group?

Answer: You can request the Functional Assessment Support Team (FAST) members through the Oklahoma State Emergency Operations Center (EOC).

Who are the members of the FAST group?

Answer: The Functional Assessment Support Team (FAST) members may consist of the following agencies or partners: Oklahoma City County Health Department (OCCHD), Disability Concerns, Oklahoma Library for the Blind and Physically Handicapped, The Department of Human Services (DHS) Aging Services and Long Term Care Ombudsman, Oklahoma State Department of Health (OSDH), Tulsa Health Department (THD), Oklahoma Disability Law Center Inc., and Progressive Independence, Inc., The American Red Cross (ARC), Medical

Frequently Asked Questions On Access and Functional Needs Populations 2014

Reserve Corp (**MRC**), Oklahoma Volunteer Organizations Active in Disasters (**OK-VOAD**), and Oklahoma Emergency Management (**OEM**).

Americans with Disabilities Act of 1990

What is the Americans with Disabilities Act (ADA)?

Answer: The Americans with Disabilities Act (**ADA**) is a comprehensive civil rights law. It prohibits discrimination on the basis of disability in employment, state, and local government programs, public accommodations, commercial facilities, transportation, and telecommunications.

Is the shelter staff required to implement the Americans with Disabilities Act (ADA) laws in disaster shelters?

Answer: Yes. The shelter staff cannot discriminate against someone just because a disaster situation is occurring in a community.

Who is covered by the Americans with Disabilities Act (ADA)?

Answer: The Americans with Disabilities Act (**ADA**) covers people with disabilities. The **ADA** defines a person as disabled if he or she:

- a. Has a physical or mental disability which substantially limits one or more major life activities
- b. Has a record of such an disability
- c. Is regarded as having such an disability

Does the American Red Cross Shelters (ARC) have to adhere to these laws?

Answer: Yes. Under The Americans with Disabilities Act (**ADA**) Title III which covers Public Accommodations

- May not discriminate against individuals with disabilities on the basis of disabilities in the full and equal enjoyment of the services it provides.
- Must make reasonable modifications to its policies, practices, or procedures if those modifications are necessary to make its services available to persons with disabilities (exception: if the American Red Cross (**ARC**) could show the making of the modifications would fundamentally alter the services it provides).
- The American Red Cross (**ARC**) is not required to provide comprehensive medical facilities for individuals who are acutely ill, if they do not provide this service to acutely ill non-disabled individuals.

Frequently Asked Questions On Access and Functional Needs Populations 2014

- Must eliminate architectural barriers in existing facilities when such barrier removal is readily achievable, that is, easily accomplishable and able to be carried out without much difficulty or expense.

Note: The American Red Cross (**ARC**) often uses buildings other entities own (and the **ARC** does not own or lease the buildings). This may not be generally applicable to the **ARC**. The **ARC** should choose buildings that do not have architectural barriers if at all possible.

Does the shelter have to accommodate people with disabilities?

Answer: Yes. The Americans with Disabilities Act (**ADA**) requires emergency managers and shelter operators to accommodate people with disabilities in the most integrated setting appropriate to their needs.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

What is Health Insurance Portability and Accountability Act (HIPAA)?

Answer: The Health Insurance Portability and Accountability Act (**HIPAA**) Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

Are there exceptions for covered entities to release information in emergency situations?

Answer: Yes. There are exceptions to the privacy of releasing patient information during emergency responses.

What are the exceptions to the release of patient information during emergency response?

Answer: Providers and health plans covered by the Health Insurance Portability and Accountability Act (**HIPAA**) Privacy Rule can share patient information in all of the following ways:

- A. Treatment.** Health care providers can share patient information as necessary to provide treatment. Treatment includes: sharing information with other providers (including hospitals and clinics); referring patients for treatment (including linking patients with available providers in areas where the

Frequently Asked Questions On Access and Functional Needs Populations 2014

patients have relocated), and coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

- a. Providers can also share patient information to the extent necessary to seek payment for these health care services.
- B. Notification.** Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
- a. The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
 - b. Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
 - c. In addition, when a health care provider is sharing information with disaster relief organizations like the American Red Cross (**ARC**), are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.
- C. Imminent Danger.** Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public—consistent with applicable law and the provider's standards of ethical conduct.
- D. Facility Directory.** Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Note: The Health Insurance Portability and Accountability Act (**HIPAA**) Privacy Rule does not apply to disclosures if they are not made by entities covered by the

Frequently Asked Questions On Access and Functional Needs Populations 2014

Privacy Rule. Thus, for instance, the **HIPAA** Privacy Rule does not restrict the American Red Cross (**ARC**) from sharing patient information.

Does a client have to tell the shelter staff all of their medical history in the open shelter, for everyone to hear?

Answer: No. The shelter staff should ask questions in a private setting. The client should have privacy when discussing medical or personal information with shelter staff.

Can a client say no, when the shelter staff asks medical questions concerning their health?

Answer: Yes. It is the client's right to say no, at any time when the shelter staff is asking questions they do not feel comfortable to answer.

Service Animals

What makes an animal a service animal?

Answer: Service animals are defined as dogs (and miniature horses) that are individually trained to do work or perform tasks for people with disabilities. 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. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under The Americans with Disabilities Act (**ADA**).

Can a person deny my service dog entrance into a shelter?

Answer: No. It is illegal to prevent you and your service dog from entering and staying in a shelter. Under the Americans with Disabilities Act (**ADA**), State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. For example, in a hospital it would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms.

Can a person ask questions concerning the services performance for the service animal owner?

Answer: You can only ask two questions:

- a. Is the dog a service animal required because of a disability, and
- b. What work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

Can the shelter staff prevent the service animal from entering into the food areas?

Answer: No. Establishments that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises.

Does the shelter staff have the right to refuse the service dog entrance into the shelter, if someone is allergic to or afraid of dogs?

Answer: No. Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.

Is it okay to pet the service animal?

Answer: No. The service animal is on duty. The service animal is not a pet.

Miniature Horse

Is a miniature horse really a service animal?

Answer: Yes. In addition to the provisions about service dogs, the Departments revised the Americans with Disabilities Act (ADA) regulations have a new, separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities.

What guidelines are established for the miniature horse?

Answer: The assessment factors are as follows:

- a. Whether the miniature horse is housebroken;

Frequently Asked Questions On Access and Functional Needs Populations 2014

- b. Whether the miniature horse is under the owners control;
- c. Whether the facility can accommodate the miniature horses type, size, and weight; and
- d. Whether the miniature horses presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

Are there weight or height requirements for the miniature horse?

Answer: Yes. Miniature horses generally range in height from **24 inches to 34 inches** measured to the shoulders and generally weigh between **70 and 100 pounds**.

The shelter has a “no pet” policy. Do we allow service animals in the shelter?

Answer: Yes. The service dog or miniature horse is not a pet.

Pets Evacuation and Transportation Standards Act (PETS)

What is the Pets Evacuation and Transportation Standards Act (PETS)?

Answer: The (PETS) Act is defined as Pets Evacuation and Transportation Standards Act 2006, Public Law 109-308.

What does the PETS Evacuation and Transportation Standards Act (PETS) Act do?

Answer: The Pets Evacuation and Transportation Standards Act (PETS) Act is meant to ensure that state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.

Pets

Is a client allowed to have pets in the shelter?

Answer: In most cases no. Pets are not allowed in the shelter.

What happens to their pet, if they are not allowed in the shelter?

Answer: Shelter staff or emergency managers will contact the “animal response team”. They will bring a trailer that will be used to care for the pets during the shelter activation period.

Can the client(s) visit their pet while he/she is housed in the animal trailer?

Answer: Yes. The client can visit and walk their pet(s), while the animal(s) are housed in the trailer.

Therapy Dog

What is a therapy dog?

Answer: A therapy dog is a dog trained to provide affection and comfort to people in hospitals, retirement homes, nursing homes, schools, hospices, disaster areas, and to people with learning difficulties. **They are not Service Animals.**

What other support does the therapy dog perform for the owner?

Answer: The support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

Is a therapy dog or emotional support dog the same as a service dog?

Answer: No. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under The Americans with Disabilities Act (ADA).

Can any breed of dog be trained to be a therapy dog?

Answer: Yes. Therapy dogs are not determined to have a “specific breed”. They can be any size, breed, or gender.

Are therapy dogs allowed inside the shelter?

Answer: Yes, but under strict supervision. These animals are trained to provide support during stressful times in people’s lives.

Are therapy dogs allowed into the food area of the shelter?

Answer: No. Therapy dogs are not allowed into the food areas. They are not service dogs.

Therapy Animals

Are there other breeds of animals used for therapy?

Answer: Yes. Many different types of animals have been used for animal assisted therapy. Contact your emergency manager if a shelter client requests their therapy animal to stay with them in times of crisis.

Are there other animals that have been used for animal assisted therapy?

Answer: Yes. Cats are also used in animal assisted therapy. These animals are not allowed to roam the shelter. They must always stay with their owner.

Emotional Support Animals

Are there Emotional Support Animals?

Answer: Yes. An Emotional Support Animal is a dog or other common domestic animals that provides therapeutic support to a person or elderly person who is disabled. The support can come in the form of companionship, non-judgmental positive regard, affection, and a focus in life.

Is the Emotional Support Animals a service animal?

Answer: No. The emotional support animal is not a service animal. They do not perform a specific task for their owner, besides emotional support.

Are Emotional Support Animals allowed in the shelter?

Answer: Depends. The shelters staff, the client(s), and the emergency manager **should** discuss the pros and cons of the emotional support animal(s) in the shelter.

Quick Guide for Service Dog, Miniature Service Horse, Therapy Dog, and Emotional Support Dog

Characteristics	Service Dog	Miniature Service Horse	Therapy Dog	Emotional Support Dog
Owner has rights to be accompanied by these animals in establishments open to the public that are protected by The Americans with Disabilities Act.	x	x		
Animals may live with their owners in housing facilities with a “no-pets” policy in place.	x	x		
Animals are allowed in eating areas and medical areas of the shelter	x	x		
Dogs visit hospitals, schools, hospices, disaster sites and activated shelters and other institutions that aid in psychological or physical therapy.			x	
Handlers encourage these dogs to accept petting and socialize with people while they’re on-duty.			x	
Animals are individually trained to perform tasks or do work to mitigate their owners disabilities.	x	x		
Petting, talking to or otherwise distracting these animals can interfere with their job and pose a serious danger to the dog and owner.	x	x		
Dog’s primary functions are to provide emotional support, through the method of companionship.				x

Mental Health

What is Psychological First Aid (PFA)?

Answer: Psychological First Aid (PFA) is an evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

When is Psychological First Aid (PFA) intended to be delivered?

Answer: It is intended to be delivered in the immediate aftermath of a disaster.

What setting is Psychological First Aid (PFA) used in disasters?

Answer: Psychological First Aid is designed for delivery in diverse settings.

What types of settings with the Psychological First Aid (PFA) occur after the disaster?

Answer: Mental health and other disaster response workers may be called upon to provide Psychological First Aid (PFA) in general populations shelters, field hospitals, and medical triage areas, acute care facilities, staging areas or respite centers for first responders or other relief works, emergency operations centers, family reception , crisis hotlines, or phone banks, feeding locations, and disaster assistance service centers.

Can a person who is having Post Traumatic Stress Disorder “PTSD” use Psychological First Aid (PFA)?

Answer: No. Psychological First Aid (PFA) is not designed to treat Post Traumatic Stress Disorder (PTSD) or other forms of diagnosed mental illness.

Who is intended for Psychological First Aid (PFA)?

Answer: Psychological First Aid (PFA) is intended for people who are experiencing acute stress reaction and those who appear to be at risk for significant impairment in functioning.

Who provides the Psychological First Aid (PFA)?

Answer: Psychological First Aid (PFA) is delivered by disaster response workers who provide early assistance including:

- First Responders
- Mental Health Professionals
- School Professionals

Frequently Asked Questions On Access and Functional Needs Populations 2014

- Religious Professionals
- Disaster Volunteers
- Health and Public Health Officials

If a person needs mental health counseling, can the shelter help find a counselor?

Answer: Yes. The shelter staff has contacts with mental health counseling.

Prescription Medication and Supplies

Can the shelter staff help with the replacement of the lost medication?

Answer: Yes. The shelter staff has contacts to assist in medication replacement.

A client lost their blood sugar monitor in the disaster. Can it be replaced?

Answer: Yes. The shelter staff has contacts to assist in medication equipment replacement.

Medical Treatments/Dialysis or Chemotherapy

Can a person ask for assistance to and from a dialysis center?

Answer: Yes. The state has partners that will assist in the transport of people who receive dialysis treatments.

Can a person ask for transport to and from a medical clinic to receive chemotherapy?

Answer: Yes. The state has partners that will assist in the transport of people who receive chemotherapy treatments.

Does a person have to pay for medical treatments or care provided in the shelter?

Answer: No. All medical treatments or care provided in the shelter is “free” to the public.

Can the shelter provide tetanus shot(s) for a family?

Answer: Yes. All vaccines are provided free of charge.

People First Language

What is people first language?

Answer: People-First Language is a form of linguistic prescriptivism in English, aiming to avoid perceived and subconscious dehumanization when discussing people with disabilities, as such forming an aspect of disability etiquette.

The basic idea is to impose a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people", (**handicapped and crippled**) in order to emphasize that "they are people first". Because English syntax normally places adjectives before nouns, it becomes necessary to insert relative clauses, replacing, e.g., "asthmatic person" with "a person who has asthma."

Why is people first language important?

Answer: It is important and ethical to treat everyone with respect.

Can or should a person use the word “retarded”?

Answer: No. It is not polite or respectable to use the term “retarded”.

Examples of People First Language

Say	Don't Say
People with disabilities	The handicapped or disabled
He has a cognitive disability/diagnosis	He's mentally retarded
She has a mental health condition	She's emotionally disturbed/mentally ill

Diversity

Does someone really need to understand cultural differences in the shelter?

Answer: Yes. Our culture values inform every part of our day-how we dress, how we act, and how we react. Many people are unaware of just how strongly their cultural influences:

- Beliefs and reactions to situations
- Values and decision-making
- Verbal and nonverbal communications styles and expectations
- Notions of time

How does someone overcome cultural boundaries?

Answer: The ability to interact effectively with people from diverse cultures requires you:

- Become aware of your own cultural viewpoint and influences. Understand that the similarities and differences among people are both important.
- Understand your preconceived notions and attitudes toward cultural differences. Accept that there are multiple ways to reach the same goal and to live life.
- Learn about cultural differences. Ask questions.
- Communicate. Be motivated and have the skills to communicate and interact with people across cultures.

Communication

Does the shelter staff have to make information in accessible formats?

Answer: Yes. Effective communication is essential during an emergency or disaster. The Americans with Disabilities Act (ADA) states that a public entity shall take appropriate steps to ensure that communication with applicants, participants, and members of the public with disabilities are as effective as communication with others. Effective communication requirements also apply to private and non-profit entities providing sheltering services.

How does someone communicate with a person who is blind or has a visual disability?

Answer: Speak directly to the person who is blind or has a visually disability. Do not ignore the person with the disability and speak to their companion or family member, when seeking information concerning the individual. Direct communication is respectful to everyone. Also, when speaking, use normal tones of voice reflection.

How does someone communicate with a person who is non-verbal?

Answer: The shelter staff can use “communication boards” until they can contact the response partners that work with people who are non-verbal in communication. Subject matter experts in non-verbal communication are located the Oklahoma Department of Human Services (DHS).

Frequently Asked Questions On Access and Functional Needs Populations 2014

Can the shelter staff use a computer tablet for a communication device?

Answer: Yes. Many people use the tablets and communication software to remove the barrier in communication exchanges. Some computers may contain software that can assist you with communication exchange with a person who is non-verbal.

How do does someone communicate with a person that does not speak English?

Answer: Call your response partners that work with the shelter managers. Request the type of foreign language that is needed for communication with the individual(s). Until the person arrives in the shelter that speaks the person's language, try to use the language telephone service that many state agencies provide for the public. This would reduce stress for the individual and the shelter staff.

This is also a perfect time to use the communication board until the person has a language interpreter in the shelter. The communication board (See **page 25** for more information on communication board) is only for short term communication transfer between the shelter staff and the client(s) in the shelter.

What types of communication styles or formats are considered accessible?

Answer:

Communication Formats	Strategies
General	Assign volunteers ahead of time to provide one-on-one assistance to residents who need help in providing and receiving effective communication throughout the sheltering process (e.g., completing forms)
Blind and Low Vision	Provide Braille, large and high contrast print, audio recording, readers, Braille, assisted listening devices, raised print signs
Deaf	Provide qualified American Sign Language (ASL) or oral interpreter, video description
Hard of Hearing, Speech Disability	augmentative communication device; post message in central location; have notepads, pens and pencils, amplified telephones, text to speech, computer assisted real-time transcription (CART), captions, video

Frequently Asked Questions On Access and Functional Needs Populations 2014

	description, and audio warning
Intellectual Disability	Present information slowly, use simple language and speak in short sentences, video description

What is a communication board?

Answer: A communication board contains pictures with words that describe the picture for “primary communication transfer” between two or more people. The words will be underneath the picture. The picture provides a simple way to explain what the person is feeling or needing during that specific time. This method is useful for a very short term communication exchange.

Can the shelter staff write down what they want the client to know about the shelter?

Answer: No. Writing down the information you want to share on a piece of paper is not acceptable to people who cannot see, read, understand, or is not able to comprehend the English language. Individuals, who are Deaf, may not understand entirely what is written down on the paper.

What communication devices does the shelter need for the access and functional needs clients?

Answer:

Communication Devices	Strategies
Communication Devices	All communication devices must be accessible to people with access or functional needs
Telephone	Access to teletypewriter (CapTel)
Television	Accessible captioning
Pocket Talker	This device amplifies the sound of the words that are spoken to the client.
Page magnifiers	The device increases the size of the words that are on paper or other physical structures.
Computers	Video Remote Interpreting (VRI), Equipment and programs that make computers accessible to people who are deaf, blind, those who have intellectual, or mobility disabilities, assisted real-time transcription (CART), captions

Do you have to use the accessible formats in shelter messages to the clients?

Answer: Yes. All information exchange inside the shelter should be in accessible formats and this includes languages besides English.

Frequently Asked Questions On Access and Functional Needs Populations 2014

Do you change the information on the websites for emergency communications?

Answer: Yes. When posting information on the website ensure the information is all accessible formats. This includes American Sign Language (ASL), Spanish, audio, font style (**Arial and Bold**) and larger font (**size 16 and larger**).

Do you change anything concerning the information that is stated during the televised news conferences?

Answer: Yes. The information that is stated during a news conference should be in American Sign Language (ASL) and other foreign languages.

Is there a general rule to follow when communicating with someone who is older in age or has disabilities?

Answer: Yes. Just like any other person; always identify yourself, be compassionate, and respectful.

Health Literacy

What is Health literacy?

Answer: Health literacy includes effective communication between health care professionals and patients with low literacy skills and/or individuals with limited English.

Does the medical staff have to read instructions to guest to have low literacy skills and/or individuals with limited English?

Answer: Yes. Reading will help with the understanding of any medical information provided in the shelter.

Printed Information in the Shelter

Do you use the same printed information for everyone in the shelter?

Answer: No. Seniors might need to have the information in larger fonts and in **Arial, Times Roman, or Georgia**. The font should at least be 14-16 in size. The printed material should also be doubled spaced for easier reading.

Do white space or upper and lower case letters really make a difference in printed information?

Answer: Yes. White space on a page can provide natural places for the eyes to relax from reading and may help others to focus their attention. Upper and lower case letters make reading the words easier for people who are senior in age.

What about printed information for people with visual disabilities?

Answer: People with visual disabilities need to have **Arial font** used for their information. They also need to have size **16 fonts up to 20 fonts and bold** for printed information. The shelter should use nothing lower than 14 fonts for printed information provided in the shelter.

Do you need different formats of printed material for people who are older and those with visual disabilities?

Answer: Yes. The printed material that is handed out in the shelters could be made accessible for everyone who needs to have the information. Information should start at 14 font and use Times Roman. Always double space for reading clarity.

Do you have to provide information in different languages to clients in the shelter?

Answer: Yes. All information provided in the shelter should be made accessible to everyone in the shelter. This includes language, font size, and font type.

Literacy

How does the shelter staff ensure everyone understands the information on the shelter intake forms and other forms in used in the shelter?

Answer: Ensure all information is presented in oral, written, braille, and ASL formats. Have professional readers in the shelter that can read to the guests. Also, have information provided in the simplest format and in multi-languages

Families

Can family members forcible be separated in the shelters?

Answer: No. Families should never be separated in shelters.

Children

What are some things I can do for children, who have been affected by a disaster?

Answer: Two of the most important things you can do are to establish a routine within the shelter for children such as play times or reading times and to provide a safe play environment with caring, attentive adults.

Are there any strategies that can assist children (with disabilities or without disabilities) cope during or after a disaster?

Answer: Yes.

Frequently Asked Questions On Access and Functional Needs Populations 2014

- **Natural supports work best.** Children with cognitive impairments, like other children, adapt best in their own environments and routines.
- **Education helps.** Knowing what to expect helps you be prepared to provide support. For example, expect children to misunderstand some of the things they hear and see. Be prepared to learn what they know and supply accurate and timely information. Teach older children that recovery is a process: it takes time, everyone responds uniquely, and there is no “right” way to feel. There are right ways to act, however, and children need good role models. Help them learn about federal, state, and community leaders whose responses are constructive and inspire confidence.
- **Focus on doing.** When you demonstrate caring for yourself and others, you are engaged in coping. It is important to express feelings, but coping is also about learning, thinking, and doing. Some specific steps you can take are the following:
 - **Limit further exposure to trauma.** Given how immersed we are in unfolding events, assume that children know about them. It is important, however, to limit ongoing exposure to the trauma. For younger children, turn off the television during the news. Set aside some time to look at newspaper stories and photographs and answer questions. For older children, watch the news together. Change channels if you feel the media coverage is not constructive. Talk about what you see while you are watching and afterward.
 - **Address concerns about safety.** Discuss safety with children. Children will be assured by knowing steps authorities are taking to protect the public. Explain in concrete terms how our leaders are working together to restore normalcy. Be honest and calm about risk; don’t promise that nothing like this will happen again. Explain that most of us will live long and grow old. Reassure children that you will do everything in your power to protect them.

Can infants in a shelter all be fed the same formula?

Answer: No. Each infant may have different nutritional needs or may have a medical condition that precludes the use of certain formulas. A variety of formulas will need to be available. Your local county health department’s Women, Infants, and Children (WIC) program may be able to assist shelter personnel in finding specific formulas. Not all infants’ formula feed. Many mothers may want to

Frequently Asked Questions On Access and Functional Needs Populations 2014

exclusively breastfeed. Provide a curtain in the mother's sleeping area or a specific area in the shelter for breastfeeding mothers to be comfortable and have privacy

Can recently discharged, premature infant with chronic medical conditions be allowed into the shelter?

Answer: Yes, these infants have been medically evaluated as stable and have the ability to survive and thrive outside of hospital walls. Parents/caregivers who come to the shelter with a medically stable infant on home medical equipment have the skills and knowledge they need to care for their infant. Examples of home medical equipment you may see include: oxygen canisters and tubing, nasal cannula and tubing, IV tubing and IV medication, ports, IV lines called peripherally inserted central catheter (**PICC**) lines, and breathing tubes in the middle of the throat called tracheostomy (trach).

These parents may need assistance if they do not have **extra batteries or oxygen** (particularly if they had to evacuate in a hurry) for their devices. Any emergency situation should be handled by emergency medical services (**EMS**). Shelters may want to keep a pediatrician on standby for the shelter medical clinic for situations like this as needed.

Does my child have to wear the identification wrist band in the shelter?

Answer: Yes. The identification wrist band helps with proof of identity for each child/minor in the shelter. The band will have the appropriate family name of each child for family/care giver identification.

Can a family request a crib or baby bed while in the shelter?

Answer: Yes. Infant supplies can be requested and received for families in the shelter.

Older Adult Etiquette

Do you communicate in the same way with a person who is senior in age; as I would with young adults?

Answer: No. Present information in a clear and familiar way to reduce the number of inferences that must be made. If your suggestions are by necessity general, like "Eat healthier food", then try to give specific examples. Omit unnecessary words.

Is it okay to call a person who is senior in age “honey”, pet names, or by their first name only?

Answer: No. Always show respect for the individual no matter their age. Many seniors and others will find the words “honey or baby” to be offensive. Calling them by their first name is not respectful for a senior in age to be addressed.

Who does the shelter staff speak to in a large family unit?

Answer: Always, speak to the most senior in age of the family. Then they can redirect you, if they find it necessary for specific information paraphrasing.

Vulnerable Adults

What is considered a vulnerable adult?

Answer: Vulnerable adult is defined as an individual who is an incapacitated person or who, because of physical or mental disability, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively. Or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without the assistance from others. **O.S. Title 63 10-103(5)**

What is executive functioning in assessing mental capacity?

Answer: Executive Functioning is an assessing tool that analyzes the mental capacity of an older adult. This assessing tool provides information on the level of mental capacity the older adult has for problem solving. Executive functioning assess within the following areas:

- Can the person make a plan
- Follow through (with plan)
- Complete activities of daily living

What is transfer trauma?

Answer: Transfer trauma is a term used to describe the stress that an individual with dementia may experience when changing living environments.

Who can be affected by transfer trauma?

Answer: Many people can be affected by transfer trauma during emergencies.

People who are adversely affected by transfer trauma are the following:

- People living with dementia

Frequently Asked Questions On Access and Functional Needs Populations 2014

- People suffering from post-traumatic stress
- People who have mental illness

Can the shelter staff minimize transfer trauma for vulnerable adults?

Answer: Yes. The best method to minimize transfer trauma for vulnerable adults is the following:

- Keep familiar people and their belongings together
- Assess individual interests
- Individualized activities during their stay in the shelter

What is a “mini mental exam”?

Answer: The mini mental examination is the most commonly used test for complaints of memory problems. It can be used by clinicians to help diagnose dementia and to help assess its progression and severity.

Personal Assistance Service (PAS)

What is a Personal Assistance Service (PAS) Program?

Answer: The Personal Assistance Service (PAS) is a FEMA program that performs formal and informal services by paid personal attendants, friends, family members, and/or volunteers that enable children and adults with access and functional needs to maintain their independence during disasters.

What activities are provided in the Personal Assistance Service (PAS) services?

Answer: The provision of Personal Assistance Service (PAS) supports the Activities of Daily Living (ADL) including grooming, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety. Depending on an individual’s needs, higher levels of PAS care can include the provision of skin care, catheterization, colostomy care, administering medications, and some respiratory assistance.

Who provides the Personal Assistance Service (PAS) staff?

Answer: Personal Assistance Service (PAS) is provided as Individual Assistance (IA) under the Stafford Act, Emergency Support Function (ESF) #6- Mass Care, Emergency Assistance, Housing and Human Services, Section 403, to augment the ability of States, Tribes, and US Territories in helping individuals with access and

Frequently Asked Questions On Access and Functional Needs Populations 2014

functional needs maintain their health, safety, and independence in a general population shelter.

When is the PAS staff activated for duty?

Answer: When the need for Personal Assistance Service (PAS) exceeds the state's capability, during a Presidentially declared disaster, the Governor may request PAS through Federal Emergency Management Agency (FEMA).

How do you request the services provided by the Personal Assistance staff?

Answer: The shelter client or medical services can request Personal Assistance staff through the emergency operations center (EOC).

Does the client pay for the services provided by the PAS?

Answer: No. The services provided by the Personal Assistance Service (PAS) staff are free to the client(s) in the shelter.

Durable Medical Equipment (DME)

What is durable medical equipment (DME)?

Answer: Durable equipment is defined as equipment which can be repetitively used and is medically necessary for the treatment of an illness, injury, and/or the prevention of a patient's medical condition.

What items are considered durable medical equipment?

Answer: Examples of durable medical equipment (DME) includes the following: walkers, hospital beds, crutches, wheelchairs, canes, and oxygen equipment. The list stated is not comprehensive.

Can lost durable medical equipment (DME) be replaced in the shelter?

Answer: Sometimes. The state has many different resources to assist in replacement of lost durable medical equipment. However, the durable medical equipment item is only available through our multi-level resources and partners.

Are all wheelchairs the same for everyone?

Answer: No. Wheelchairs should be fitted to the client's height and weight.

Will it cost money to have a wheelchair replaced, while the client resides in the shelter?

Answer: No. The durable medical equipment is replaced at no charge to emergency clients, if resources are available.

Portable Ramps

Can the shelter use portable ramp(s) to provide “accessibility” into the facility?

Answer: Yes. Portable ramps can be used to create accessibility for shelter clients.

Cognitive Disabilities

What is a cognitive disability?

Answer: A cognitive disability is a term used when a person has certain limitations in mental functioning and skills such as communicating, taking care of themselves, and social skills.

Are there strategies that should be used with children who have cognitive disabilities after a disaster?

Answer: Yes.

- Use language the child understands. Speak at the child’s language level, giving short explanations.
- Check the child understands of the specific situation. Ask often about what children are thinking and feeling. Encourage them to draw pictures if they are able. Draw, paint, or color with them. Provide choices of emotions they may be experiencing. Use pictures that represent “sad” or “upset” if they are not good at expressing themselves with words.
- Expect misunderstanding. Children with language and cognitive disabilities may be particularly vulnerable to misconceptions. Multiple television rebroadcasts may be confusing and children may become afraid that the attack continues or has started anew.
- Correct misunderstandings. A news report about requests for blood donations confused one child who could not understand why someone would take people’s blood from them. Ask children about what they hear and tune in closely to their reactions, including facial expressions.
- Use pictures and talk together. Each discussion offers an opportunity to help children understand and cope. Provide information to more than one sense at a time, allowing children to see, hear, touch, talk, and do. For very young and elementary-age children, show photos of recovery operations. Tell them how the firefighter or police officer pictured is helping. This can be done many times over the coming days.

Frequently Asked Questions On Access and Functional Needs Populations 2014

- Identify the human element of the tragedy if inappropriate questions are asked. Some children may want to talk about aspects of the tragedy that may seem irrelevant or insensitive.
- Look at what might be upsetting. Use comfort and explanations that will calm the child.

Invisible Disabilities

What is an invisible disability?

Answer: Invisible disabilities are certain kinds of disabilities that are not immediately apparent to others. It is estimated that **10% of people in the U.S.** have a medical condition which could be considered a type of invisible disability.

What examples can you provide that are contained in the invisible disabilities areas?

Answer: Examples of invisible disabilities are as follows: Asthma, Arthritis, Acquired Immune Deficiency Syndrome (**AIDS**), Attention Deficit Hyperactivity Disorder (**ADHD**), and Autism. Invisible disabilities can also be the following: back injuries, mental illness, cancer, chronic pain, cognitive disabilities, Cystic Fibrosis, low vision, hard of hearing, Diabetes, Epilepsy, food allergies, Lupus, Multiple Sclerosis, and etc... **Note:** The pervious list does not contain all of the examples of invisible disabilities.

Mobility

Can a shelter refuse to take a person if they use a wheelchair, cane, walker, or any other mobility device?

Answer: No. It is illegal to refuse a person entrance into a shelter because they use a wheelchair, walker, cane, or any mobility device or equipment.

Can the shelter staff help in replacing a wheelchair?

Answer: Yes. The shelter staff has contacts and resources that can assist in the replacement of a wheelchair, walker, crutches, or a cane.

Should a person start pushing a person in a wheelchair without their permission?

Answer: No. Never assume it is okay to make someone move to another area. Ask questions and person to move the individual if they are not independent in using their wheelchair.

Visual Disability

Can a shelter refuse to take a client, because he or she is blind?

Answer: No. It is illegal to deny someone who is blind or have any physical or mental health needs on the basis of their disability.

Can a person always recognize someone who is blind or has a visually disability?

Answer: Not necessarily. Some blind people use a white cane or a dog guide (service animal) to help them navigate in their surroundings, which will help you identify the individual as possibly needing assistance. Others may not choose to use any mobility aids. It is the responsibility of the person with a disability to let you know that assistance is needed.

Is it okay to separate a person who is blind from his/her cane or guide dog?

Answer: No. Do not separate the person who is blind from his/her cane or guide dog.

What should the staff member do if they need to leave the person who is blind alone in the shelter?

Answer: Tell the person that you are about to leave. Make sure the person is comfortable and is aware of their surroundings. Never just leave the person standing there in “free space”.

Can the shelter staff assist in the replacement lost eyeglasses?

Answer: Yes. The shelter staff has contacts and resources that can assist in the replacement of eyeglasses.

Should we provide sun glasses for people who are blind?

Answer: Yes, if the client requests the sun glasses. Some people who have low vision or who are blind might need dark sun glasses to wear in the bright shelters. The light can cause them to have headaches.

Frequently Asked Questions On Access and Functional Needs Populations 2014

Is the shelter staff required to provide a tour of the shelter, to a person who is blind?

Answer: Yes. The person who is blind will need to know where things are in the shelter. Such as the following areas: bathroom, food table, and resource areas. The tour will provide the individual independence in the shelter. **Note-** tours of the shelter should be provided to all clients and staff.

Are there special efforts that should be made when preparing the shelter for people who are blind?

Answer: Yes. The immediate area around the person who is blind should be clear for walking.

Will a word or page magnifier help with reading documents for people who are blind or have low vision?

Answer: Sometimes. Blindness occurs at different levels. Sometimes a person who is blind can see objects very close up and larger. Also, the page/word magnifier can be used for people who have low vision.

Hard-of-Hearing

Are there services to assist in replacing a lost hearing aid?

Answer: Yes. There are resources to replace lost hearing aids in Oklahoma.

Should the shelter staff speak loudly to the person that is hard-of-hearing for information transfer?

Answer: No. This will not help the person and the discussion is not private.

Deaf Culture

Is American Sign Language required to communicate with someone who is Deaf?

Answer: Yes. It is required if the person requests or communicates using American Sign Language (ASL) as their primary language.

Should the shelter staff write the questions or information on a sheet a paper, when trying to communicate with a person who is Deaf?

Answer: No. It is **unethical** to use this method of communication if the person requests American Sign Language (ASL) as their primary language. The staff

Frequently Asked Questions On Access and Functional Needs Populations 2014

should use ASL certified interpreter for accurate information exchange in emergency occurrences.

Is the shelter staff required to call an American Sign Language Interpreter for the person who is Deaf?

Answer: Yes. It is required that you call a certified American Sign Language interpreter for “accurate” communication translation.

Is ASL a real language?

Answer: Yes. American Sign Language (ASL) is the **third** most used language in the USA.

All people who are Deaf can read the information on the paper?

Answer: No. The words and art of the spoken languages are second language to a deaf person. Being able to read requires the same amount of learning just like a hearing person, and as sign languages often bare slightly different sentence structures and grammar, a deaf and hard- of- hearing person often will find it hard to read and comprehend fully without extensive practice.

All people who are Deaf can read lips?

Answer: No. Only about **30%** of the spoken words can be lip read due to their phonetic uniqueness and lip reading other words become a guess work.

Those who are born deaf find it more difficult to learn lip reading because in a deaf person’s world, the spoken languages are essentially their second language, therefore they will require the understanding of the spoken language before they can learn how to lip read.

Deaf-Blind

How does a person communicate with a person who is Deaf-Blind?

Answer: You call for qualified American Sign Language services for Deaf-Blind interpretation. Make sure you state that the client is **Deaf-Blind** and need specific services.

Can the shelter staff use the ASL interpreter that is in the shelter, for the person who is Deaf-Blind?

Answer: No. Not every ASL interpreter can sign for a person who is Deaf-Blind.

American Sign Language (ASL) Interpreters

Can the shelter staff use the client's family(s) members/children as a language interpreter?

Answer: No. It is illegal to use the family member as the interpreter. Also, children may not understand the importance of the information that is being discussed. Information transfer might not be complete or accurate for the client.

Who do the person look at when the client is using an interpreter?

Answer: You look at the person that you are talking to. Do not look at the interpreter.

Does the interpreter have to be certified?

Answer: Yes. It is required that the ASL interpreter be certified by no less than a Quality Assurance Screening Test (QAST) Level III-IV for shelter activity, but best practice would be to utilize nationally certified Registry of Interpreters for the Deaf (RID).

Can the shelter staff use one ASL interpreter for every person in the shelter that is Deaf?

Answer: No. One person may need medical help and the others may need other communications that are occurring in the shelter. More than one interpreter will be needed in the shelter for the group of people who are Deaf.

Can the shelter staff use anyone who says they know ASL?

Answer: No. Accurate information transference is essential for the client in the shelter, recovery center and medical area.

Language- Spanish or Other Foreign Languages

Can't the shelter staff just speak English and have the clients figure out what is being said?

Answer: No. Miscommunication can occur and cause too many life threatening problems.

Can the shelter staff have any Spanish translator communicate with the person, who speaks Spanish as their primary language?

Answer: No. There are many different dialects in the Spanish language. Their word usage can be completely different in meaning.

Should the shelter have information sheets printed in Spanish?

Answer: Yes. All information should be translated into other languages for the public.

Can the shelter staff use the client’s child/family member(s) as the primary interpreter in the shelter?

Answer: No. Information is very critical and this pressure should not be placed on a child or other family members

Dietary Restrictions

Does the shelter staff have to provide meals for people with “dietary restrictions”?

Answer: Yes. Plans should include provisions to ensure meals and snacks are provided to all shelter residents, including children and adults with specific dietary needs and restrictions (e.g., people with diabetes, people with dietary restrictions, or severe allergies to common food ingredients and baby formulas).

Does the shelter staff provide “fruit juice” or other snacks for people who have diabetes?

Answer: Yes. Additional snacks including fruit drinks will be provided for people who have diabetes or other health needs.

Bathing and Toileting Needs

Do we have to accommodate bathing and toileting needs for people with disabilities?

Answer: Yes. Whenever bathing and toileting facilities are available in a general population’s shelter they must include accessible bathing and toileting facilities for children and adults.

Accessible Care

Can a shelter client request “personal assistance” for their activities of daily living (ADL’s) care?

Answer: Yes. The request can be made while they are in the shelter. The shelter manager will send the request to the state Emergency Operations Center (EOC). The EOC can request a person to be sent to the shelter for the client(s) needing “personal care assistance”.

What are Activities of Daily Living (ADL's)?

Answer: Most senior care providers and health professionals group the activities of daily living (ADL's) into the following six categories:

1. **Bathing:** includes grooming activities such as shaving, and brushing teeth and hair
2. **Dressing:** choosing appropriate garments and being able to dress and undress, having no trouble with buttons, zippers or other fasteners
3. **Eating:** being able to feed oneself
4. **Transferring:** being able to walk, or, if not ambulatory, being able to transfer oneself from bed to wheelchair and back
5. **Continence:** being able to control one's bowels and bladder, or manage one's incontinence independently
6. **Toileting:** being able to use the toilet

Transportation

Should transportation services be accessible to everyone in the shelter?

Answer: Yes. Accessible vehicles should be able to transport wheelchairs, scooters, or other mobility aids, as well as equipment and supplies (e.g., portable oxygen, portable toilets, communication devices, service animals). Even if accessible public or private transportation is ordinarily available, there should be a contingency plan for transporting people if this transportation is disrupted.

This page left blank.

Frequently Asked Questions On Access and Functional Needs Populations 2014

Acronyms

ADA- Americans with Disability Act

ADHD- Attention Deficit Hyperactivity Disorder

ADL's- Activities of Daily Living (s)

AFN- Access and Functional Needs

AIDS- Acquired Immune Deficiency Syndrome

ARC- American Red Cross

ASL- American Sign Language

CART- Computer-Assisted Real-Time transcription

DHS- Department of Human services

DME- Durable Medical Equipment

EMS- Emergency Medical Services

EOC- Emergency Operations Center

FAST- Functional Assessment Support Team

HIPAA- Health Insurance Portability and Accountability Act

IA- Individual Assistance

IV- Intravenous

MOU- Memorandum of Understanding

MRC- Medical Reserve Corp

NDRN- National Disability Rights Network

OCCHD- Oklahoma City County Health Department

OEM- Oklahoma Emergency Management

Frequently Asked Questions On Access and Functional Needs Populations 2014

OK-VOAD- Oklahoma Volunteer Organizations Active in Disasters

OSDH- Oklahoma State Department of Health

PAS- Personal Assistance Services

PETS- Pets Evacuation and Transportation Standards

PFA- Psychological First Aid

PICC- Peripherally Inserted Central Catheter

PTSD- Post Traumatic Stress Disorder

RID- Registry of Interpreters for the Deaf

QAST -Quality Assurance Screening Test

THD- Tulsa Health Department

VRI- Video Remote Interpreting

WIC- Women, Infants, and Children

References

1. **Americans With Disabilities Act** <http://www.ada.gov>
2. **Best Practices and Guidelines for Large Print Documents Used by Low Vision Community** <http://www.cclvi.org/large-print-guidelines.html>
3. **Communicating With and About People with Disabilities**
http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf
4. **Deaf Websites- Deaf Etiquette**
<http://www.deafwebsites.com/deaf-culture/deaf-etiquette.html>
5. **Invisible Disabilities Association** <http://invisibledisabilities.org/>
6. **Oklahoma Literacy Resource Office**
<http://www.odl.state.ok.us/literacy/statistics/health/htm>.
7. **National Institute on Aging**
<http://www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly>
8. **National Institute of Neurological Disorders and Stroke- Autism**
http://www.ninds.nih.gov/disorders/autism/detail_autism.htm
9. **Office of Disability Integration & Coordination**
<http://www.fema.gov/office-disability-integration-coordination>
10. **Oklahoma QAST** <http://okrid.org/documents/drsQASTapp.pdf>
11. **Oklahoma Statutes** <http://www.oklegislature.gov/osstatuestitle.html>
12. **Personal Assistance Services (PAS)**
http://www.fema.gov/pdf/emergnecy/disasterhousing/guidance_plan_pa_gp_ops.pdf
13. **PETS Act**

Frequently Asked Questions On Access and Functional Needs Populations 2014

<http://www.gpo.gov/fdsys/pkg/PLAW-109publ308/pdf/PLAW-109publ308.pdf>

14. Robert T. Stafford Disaster Relief and Emergency Assistance Act

<http://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended>

15. Services Animals

http://www.ada.gov/service_animals_2010.htm

16. The National Child Traumatic Stress Network- Psychological First Aid

<http://www.nctsn.org/content/psychological-first-aid>

Resource Authors

Thank you for your time and expertise in Access and Functional Needs emergency planning and response.

Glenda Ford-Lee, MHR
Oklahoma State Department of Health
Emergency Preparedness & Response Services
At-Risk Populations Coordinator
GlendaFL@health.ok.gov

Rick Barcus
Oklahoma Department of Human Services
Oklahoma Developmental Disabilities Counsel
Director of Planning and Grants Management
Rick.Barcus@okdhs.org

Elizabeth Billingsley, RN, BSN
Oklahoma City County Health Department
Public Health & Preparedness and Emergency Response Public Health Nurse
Elizabeth_Billingsley@occhd.org

Vicky Golightly
Oklahoma Department of Rehabilitation Services
Oklahoma Library for Blind and Physically Handicapped
Public Information Officer
VGolightly@okdrs.gov

Rick Lewis
Progressive Independence
Information Specialist

Frequently Asked Questions On Access and Functional Needs Populations 2014

Rlewis@progind.org

Tom Thomson, M.Ed., LPC, CPM
Oklahoma Department of Mental Health and Substance Abuse Services
Access Specialist and Disaster Manager
tthomson@odmhsas.org

Joy Turner, JD
Oklahoma Disability Law Center
Attorney
joy@okdlc.org

William J. Whited
Department of Human Services, Aging
Deputy State Long-Term Care Ombudsman
Programs Manager II
William.Whited@okdhs.org

This page left blank.