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## Standard Guide for Community Emergency Preparedness for Persons with Disabilities<sup>1</sup>

This standard is issued under the fixed designation E2951; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

<sup>ε1</sup> NOTE—Editorial changes were made to the Introduction and Section 3 in November 2020.

### INTRODUCTION

Workshops were convened by the American National Standards Institute (ANSI) Homeland Defense and Security Standardization Collaborative (HDSSC) to explore the need for standards-based solutions for more effective community emergency preparedness for persons with disabilities. The workshop reports contained several recommendations that workshop participants believed would have a positive impact on emergency preparedness for persons with disabilities. Among them were (1) A recommendation that standards development organizations, such as ASTM International, review gaps identified through the deliberations of the workshops and initiate standards where none exist; (2) Recommendations that other organizations continue their involvement with the ANSI HDSSC and other standards agencies, such as ASTM, to address the needs of the community of persons with disabilities; and (3) Encouraging greater involvement by the emergency planning and preparedness community, first responder organizations and organizations involved with persons with disabilities in developing strategies and standards for addressing the additional needs of those with disabilities during emergencies.

The Americans with Disabilities Act (ADA) shifted the definition of disability from an “underlying physical or mental condition” to a complex interaction between a person and his or her environment. This in turn has led to identification and removal of any barriers in the environment that prevented full social participation by those with disabilities and has led to greater support for independence measures that promote their environment in all aspects of society.

This guide for Community Emergency Preparedness for Persons with Disabilities, which was developed through ASTM, addresses the impact of disasters and emergencies on those with disabilities and recommends actions consistent with the ADA that can be taken by local communities that will help to mitigate or ease that impact. While it is focused primarily on those with disabilities, the guide subscribes to the FEMA concept of “whole community” emergency preparedness and presents solutions and recommendations that can apply to all persons adversely affected by an emergency.

### 1. Scope

1.1 This guide is intended to be used by an Authority Having Jurisdiction (AHJ) to initiate preparedness efforts that address issues that the disability community have faced in past emergencies and systematically coupling them with methodologies that will help communities enhance their chances for survival.

<sup>1</sup> This guide is under the jurisdiction of ASTM Committee E54 on Homeland Security Applications and is the direct responsibility of Subcommittee E54.02 on Emergency Preparedness, Training, and Procedures.

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1.2 This guide does not purport to address all of the elements necessary to prepare for an emergency. It is the responsibility of the user (AHJ) of this guide to establish applicable protocols, procedures, systems, and other means to support the health, safety, and well being of persons with disabilities.

1.3 This guide is intended to provide templates for applicable protocols, procedures, systems, and other mechanisms to promote an integrated approach in local “preparedness” efforts for persons with disabilities. It is intended to complement the planning and preparedness efforts of local emergency responders—Emergency Management Agencies (EMAs) and Offices of Emergency Management (OEM)—for persons with disabilities.

1.4 This guide is not intended to supersede or replace extant Federal, Tribal, State, or local policies, regulations, laws, or criteria, or standards and guides produced by any other entity, such as the National Fire Protection Association (NFPA).

1.5 This guide is intended for an AHJ, whether a governmental agency, non-profit, private organization, or other entity involved in the preparedness planning for persons with disabilities.

1.6 This guide recognizes that the ADA addresses all services and facilities pertinent to the access and care of persons with disabilities, including those associated with emergencies. It also recognizes that the Stafford Act and Post Katrina Emergency Management Reform Act, along with Federal, State, and Local Civil Rights Laws, mandate integration, inclusion, coordination, and non-segregation for people with disabilities in emergency programs, services, and activities.

1.7 This guide is intended to assist those involved in emergency preparedness for persons with disabilities in order to help them better understand the concepts of accessibility and equal opportunity in such important areas as alert and notification, evacuation, shelter management, etc., before, during, and after an event.

1.8 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.9 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

## 2. Referenced Documents

### 2.1 FEMA Standard:<sup>2</sup>

**Guidance on Planning for the Integration of Functional Needs Support Services (FNSS) in General Population Shelters November 2010**

### 2.2 NFPA Standard:<sup>3</sup>

**NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs**

### 2.3 ANSI Standard:<sup>4</sup>

**Emergency Preparedness for Persons with Disabilities and Special Needs**

### 2.4 Other Documents:

**Presidential Policy Directive/PPD-8 National Preparedness for Americans with Disabilities Act (ADA)<sup>6</sup>**

## 3. Terminology

### 3.1 Definitions of Terms Specific to This Standard:

3.1.1 *Authority Having Jurisdiction (AHJ)*—an organization, office, or individual responsible for enforcing the requirements of a code or standard, or approving equipment, materials, an installation, or a procedure. **NFPA 1600**

3.1.2 *caregiver*—a person or entity charged with or one who assumes the responsibility for rendering support to persons with disabilities.

3.1.3 *Communications Access Real time Translation (CART)*—a stenographic device that captures input and transfers it to computer assisted captioned communications on a screen for use by persons who are hard of hearing or deaf.

3.1.4 *disaster emergency management*—an ongoing process to prevent, prepare for, mitigate the effects of, respond to, or recover from an incident that threatens life, property, operations, or the environment. **NFPA 1600**

3.1.5 *emergency management program*—a program that implements the mission, vision, and strategic goals and objectives as well as the management framework of the program and organization. **NFPA 1600**

3.1.6 *emergency response*—immediate and ongoing activities and tasks, programs, and systems to manage the effects of an incident that threatens life, property, operations, or the environment. **NFPA 1600**

3.1.7 *entity*—a governmental agency or jurisdiction, private or public company, partnership, nonprofit organization, or other organization that has emergency management and continuity of operations responsibilities. **NFPA 1600**

3.1.8 *evacuation*—supervised phased withdrawal, dispersal, or removal of all civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

3.1.9 *facility*—a hospital, recreation center, school, sports complex, etc. designated to provide shelter during emergencies.

3.1.10 *incident action plan*—a verbal or written plan, or combination of both, developed by the incident commander, that is updated throughout the incident and reflects the overall incident strategy, tactics, risks, and strategy tactics, risk management, and member safety. **NFPA 1600**

3.1.11 *manmade emergency*—an emergency that results from technological or other human causes not associated with weather or natural events. Examples include HAZMAT incidents, fires, train derailments, acts of terror, etc.

3.1.12 *mutual aid agreements*—a prearranged agreement between two or more entities to share resources in response to an incident. **NFPA 1600**

<sup>2</sup> Available from Federal Emergency Management Agency (FEMA), P.O. Box 10055, Hyattsville, MD 20782-8055, <http://www.fema.gov>.

<sup>3</sup> Available from National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169-7471, <http://www.nfpa.org>.

<sup>4</sup> Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

<sup>5</sup> Available from U.S. Department of Homeland Security, 301 7th St SW, #3621, Washington, DC 20024, [www.dhs.gov/presidential/policy](http://www.dhs.gov/presidential/policy).

<sup>6</sup> Available from U.S. Department of Labor, 200 Constitution Ave NW, Washington, DC 20210, [www.dol.gov/ADA](http://www.dol.gov/ADA).

3.1.13 *OEM disabilities coordinator*—a person designated by the local Office of Emergency Management to oversee preparedness and response for those with disabilities.

3.1.14 *preparedness*—activities, tasks, programs, and systems developed and implemented prior to an emergency that are used to support the prevention of, mitigation or response to, and recovery from emergencies. Activities, tasks, and programs specific to persons with disabilities include, but are not limited to: assessment of hazards and risks that may have an impact due to a person’s disability; specific response needs and vulnerabilities unique to persons with disabilities; advance planning; interagency collaboration among organizations focused on persons with disabilities; education and training for persons with disabilities and those who administer care; practicing through exercising; attaining adequate capacities and necessary engineering controls/structural changes to facilities to entry and use by persons with disabilities.

3.1.15 *resource management*—a system for identifying available resources to enable timely and unimpeded access to resources needed to prevent, mitigate, respond to, or recover from an incident. **NFPA 1600**

3.1.16 *resources*—personal service animals or equipment, supplies, services, and facilities available or potentially available for assignment or allocation to incident operations or coordination.

3.1.17 *volunteer*—an individual accepted by the lead agency in an emergency that has the authority to perform volunteer services. Normally, volunteers provide assistance without compensation. When referred to in this guide, the term volunteer includes affiliated and unaffiliated volunteers and groups.

### 3.2 Acronyms:

3.2.1 *ADA*—Americans with Disabilities Act

3.2.2 *AHJ*—Authority Having Jurisdiction

3.2.3 *ANSI*—American National Standards Institute

3.2.4 *CART*—Communications Access Real time Translation

3.2.5 *EMA*—Emergency Management Agency

3.2.6 *FEMA*—Federal Emergency Management Agency

3.2.7 *HDSSC*—Homeland Defense and Security Standardization Collaborative

3.2.8 *NFPA*—National Fire Protection Association

3.2.9 *OEM*—Office of Emergency Management

3.2.10 *TTY/TTD*—TeleType/Telecommunications Device for the Deaf

## 4. Significance and Use

4.1 This guide provides recommendations for the local or regional AHJ to use in dealing with persons with disabilities who reside within their area of responsibility or jurisdiction. It provides information that can support development of procedures and protocols in preparing for the impact of emergencies on persons with disabilities, and it includes recommendations addressing such actions as:

4.1.1 *Notification*—Alerts and warnings for the general public of a pending emergency, and any additional provisions

that may be necessary to assure that persons with disabilities are able to receive the message(s).

4.1.2 *Communications*—Information dissemination to the community, including provisions for persons with disabilities so that they are able to receive and respond.

4.1.3 *Preparation*—Ensuring that the community knows about the risks and dangers inherent in emergencies and the necessity for personal planning.

4.1.4 *Action and Mitigation*—Steps that should be taken when an emergency becomes imminent, and planning in advance how to minimize its impact on the community.

4.1.5 *Evacuation*—The process of relocating to a safer area to avoid or lessen the risks associated with an emergency. Generally, evacuation actions are initiated or recommended by local emergency management officials.

4.1.6 *Transportation*—Transportation applies to all persons who need to evacuate or relocate in advance of or during an emergency. It may include transportation on his or her own, through a neighbor, a volunteer who can assist, or public conveyances that can be used in an emergency.

4.1.7 *Accommodation*—Designated centers or shelters that the local citizens can use in an emergency, and any additional provisions that are made for addressing the needs of those with disabilities.

4.1.8 *Relocation*—Facilities where residents can evacuate to before and during an emergency. It may also provide temporary lodging for residents following an event if their homes are in an unsafe area or no longer habitable.

4.1.9 *Restoration*—The resumption of normalcy following an emergency.

4.2 The AHJ should assign a person to the OEM with responsibility for coordinating and otherwise implementing protocols and procedures for persons with disabilities. This individual should be identified as the OEM Disabilities Coordinator. The functions assigned to the Coordinator should include:

4.2.1 Establishing and leading a team of volunteers who are trained in assisting persons with disabilities, and who can support their integration into the planning and preparedness process.

4.2.2 Establishing a small team of volunteers with disabilities to serve as a panel or group of subject matter experts to provide advice and guidance on issues surrounding persons with disabilities in emergency situations.

4.2.3 Establishing an agreement, pact, contract, or other binding document with other jurisdictions to provide mutual aid or assistance in dealing with persons with disabilities should it become necessary before, during, or following an emergency.

4.2.4 The following key concerns should be addressed by individual teams dedicated to the specific areas indicated. However, due to staffing limitations, OEMs may not have the necessary resources needed to establish the number of individual teams listed. In those instances, the OEM should combine efforts, creating fewer teams, but at the same time making sure that the different areas are covered as fully as possible. The OEM should also consider calling upon social service agencies to provide some of the support in those

instances when staffing limitations prevent OEM from doing so. The recommended teams are listed below:

4.2.4.1 *Alert and Notification Team*—Working in close coordination with officials involved in local incident command, public information dissemination and other appropriate staff in the emergency response chain of command, the Alert and Notification Team would assist in:

(1) Alert and notification for persons with disabilities of a pending emergency. Communications should include such information as (a) Assessment of hazards and dangers to persons with disabilities; (b) Mobility risks; (c) Anticipated emergency response activities and timeline; (d) Evacuation and sheltering accommodations for the general public and information on how well they are equipped for the needs of those with disabilities; and (e) Anticipated vulnerabilities for the type of pending emergency for persons with disabilities.

(2) Assisting local emergency management officials in providing a “call down” procedure that can be immediately activated to notify the community of a pending emergency. This call down procedure would consider various media such as telephone, television, radio, or other appropriate means. It would work in concert with other alerting media and messaging.

(3) Prepare, in advance, appropriate messages and delivery means regarding hazards and dangers for the various types of disabilities.

(4) Periodically test and randomly implement the alert and notification procedure.

4.2.4.2 *Communications Team*—As an essential element of the alert and notification process, and to facilitate initial and ongoing communications, this team would consist of volunteers well versed in the various communications methods for persons with disabilities in order to communicate with them as quickly as possible before and during an emergency. The Communications Team leadership should focus on the following actions and activities:

(1) Identifying and recruiting staff and volunteers qualified in sign language and interpreting, transcription services, and vendors that can convert documents into Braille, large print type, and electronic formats.

(2) Taking steps to ensure that all appropriate team members are trained and experienced in the use of appropriate emergency communications.

(3) Ensure that 911, 311, and other call stations are equipped with a TTY/TTD or computer equivalent.

(4) Including in the operations procedures a policy statement and procedures on how caregivers and responders can ensure effective communications with persons having sight or hearing impairment, language, or other limitations.

(5) Assuring that the entire team is equipped with communications devices so that persons who are deaf or hard of hearing, or who have similar impairments, can communicate.

(6) Providing auxiliary aids and capabilities needed to support communications, including pen and paper, sign language interpreters, and interpretation aids for persons who are deaf, deaf-blind, hard of hearing, or have speech impairments.

Those individuals who are blind, deaf-blind, have low vision, or have cognitive or intellectual disabilities may need large print information or people to assist them.

4.2.4.3 *Advance Preparations Team*—The central focus of this team would be to organize support for persons with disabilities. This would include providing plans and preparations for those who are mobile as well as those who are confined to their home or an institution, such as an independent living center. This volunteer support effort may include an individual to provide initial assistance and a caregiver to render more comprehensive aid as appropriate.

(1) The Advance Preparations Team must recognize that persons with disabilities have a variety of access and functional requirements, including the need for mobility aids, requirements for medication, the need for portable medical equipment, dependence on service animals or various personal assistance services.

(2) The Advance Preparations Team should make sure that its members know how to take the necessary mitigating actions for those with disabilities while also removing themselves from danger.

(3) The Advance Preparations Team should ensure that those with disabilities receive the same benefits from emergency programs, services, and activities as those not having disabilities. The team should encourage emergency planning that focuses on both individual and community preparation, crisis recovery, and remediation. It should emphasize whole community, inclusiveness, integration, preservation of dignity, and independence by providing the same choices for persons with disabilities as those provided for persons without disabilities before, during, and after a disaster.

(4) The Advance Preparations Team should create and maintain a list of all caregivers and other volunteers who could rally to the aid of persons with disabilities to assist them in the event of an emergency.

4.2.4.4 *Action Mitigation Team*—This team should work to ensure that mitigating actions are identified and executed in advance of an emergency in order to minimize the effect on persons with disabilities. The team should work with communities, first responders, law enforcement, and caregivers to identify those actions that need to be taken to help mitigate the harmful effects of the event.

4.2.4.5 *Evacuation Team*—Before an emergency occurs, the Evacuation Team should assist in urging all citizens, and in particular those with disabilities, to relocate because of the dangers that may be forthcoming. In doing so, the team would also assist local first responders and law enforcement personnel in making sure that the local citizens were made aware of evacuation orders and procedures.

(1) The team should assist law enforcement and other professional personnel in contacting persons with disabilities at home, at their place of business, or other places they may be to encourage adherence to evacuation orders.

(2) The team should coordinate with the Transportation Team leader and the team’s volunteers in assigning and loading vehicles to transport persons with disabilities to the appropriate evacuation center or location.