IRAA Emergency Notification Strategies for the Deaf / Hard of Hearing Planning Project

A Project of the Western Regional Homeland Security Advisory Council

Summary Report: Strategies and Findings

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BACKGROUND

This project was completed under the auspices of the Western Regional Homeland Security Advisory Council (WRHSAC). The Council's Pandemic Flu Subcommittee, comprised of Council Members and representatives from the four Regional Public Health Coalitions, set the guidelines for addressing IRAA populations emergency preparedness planning. Within the overall context of the Western Mass IRAA Preparedness Project, the Subcommittee provided ongoing guidance for the IRAA Mass Care & Evacuation Planning Project. The work on the project was implemented by Nancy Jane Murphy, Attorney, Disability Law Center. For additional information, please contact:

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INTRODUCTION

Building on the previous and ongoing work within mass care, evacuation and sheltering, combined with the ongoing work of the Western Mass Individuals Requiring Additional Assistance (IRAA) Preparedness Project, and utilizing the relationships established therein, the Western Mass IRAA Preparedness Project liaised with state agencies, service agencies and other applicable NGOs to develop evacuation and sheltering strategies with particular attention to IRAA populations.

The Project identified equipment and sheltering needs for IRAA in regional shelters and proposed specific strategies for communicating with IRAA during emergency response situations.

STRATEGIES FOR COMMUNICATING WITH DEAF AND HARD OF HEARING DURING EMERGENCIES[1]

POSITIONING:

1. Be sure the light, whether natural or artificial, falls on your face. (Do not stand with the sun to your back or in front of a window. Even at night, room lights will reflect in the window pane, causing glare for the lip reader. Do not stand with streetlights or flashing emergency lights behind you.)
2. If you are aware that the hard of hearing person has a better ear, stand or sit on that side.
3. Avoid background noise to the extent possible.

METHOD:

1. Get the person's attention before you start talking. You may have to touch the person lightly to attract attention. Face her directly while speaking.
2. Speak as clearly as possible in a natural way and at a moderate pace. Do not shout. Shouting often results in distortion of speech and it displays a negative visual signal to your listener. Do not drop your voice at the end of the sentence.
3. If the person does not understand what you said, rephrase it.
4. When changing the subject, indicate the new subject with a word or two or a phrase. You may ask the person if she understood - then proceed with topic clues and perhaps gestures if the subject being discussed is visible and within range of sight.

PHYSICAL:

1. Do not obscure your mouth with your hands. Do not chew and do not smoke while talking.
2. Facial expressions are important clues to the hard of hearing person. Feelings are more often expressed by non-verbal communication than through words.

ATTITUDE:

1. Do not become impatient.
2. Stay positive and relaxed.
3. Never talk about a hard of hearing person in her presence - talk to her.
4. Treat hard of hearing people with respect and help build their confidence.
5. Ask what you can do to facilitate communication.

[1] This list was devised by a national organization for the hard of hearing, SHHH (SELF HELP FOR THE HARD OF HEARING), 7800 Wisconsin Ave, Bethesda MD 20814.

SOCIAL MEDIA OPTIONS FOR COMMUNICATING WITH DEAF OR HARD OF HEARING INDIVIDUALS DURING EMERGENCIES

Research and outreach for this project revealed that individuals who are deaf or hard of hearing may rely more on social media options than traditional media for information during an emergency. There may be several reasons for this including limited closed-captioning on television broadcasts, limited ASL translation, and lack of real-time information updates. As such, social media options are gaining popularity for obtaining information, not just throughout the disability community, but for the population-at-large. For example, a July 2010 study by the American Red Cross found that 74% of respondents use social media to obtain information during an emergency and would expect responders to reply to requests for help within an hour.

> The online survey asked 1,058 adults about their use of social media sites in emergency situations. It found that if they needed help and couldn't reach 9-1-1, one in five would try to contact responders through a digital means such as e-mail, websites or social media. If web users knew of someone else who needed help, 44 percent would ask other people in their social network to contact authorities, 35 percent would post a request for help directly on a response agency's Facebook page and 28 percent would send a direct Twitter message to responders. . . The survey showed that 69 percent said that emergency responders should be monitoring social media sites in order to quickly send help—and nearly half believe a response agency is probably already responding to any urgent request they might see. And the survey respondents expected quick response to an online appeal for help—74 percent expected help to come less than an hour after their tweet or Facebook post.[2]

The most popular cited social media included Facebook, Twitter, Blogs, and Flickr. Additionally, more than two-thirds of the respondents agreed that response agencies should regularly monitor and respond to postings on their websites.

Clearly, given the rise in popularity of social media options and the frequency with which individuals are using social media, emergency planners should consider updating websites regularly, creating Facebook sites and groups, using Twitter as an information dissemination device, and creating connections with individuals before an emergency so that vital information may be quickly and efficiently shared during an emergency, and afterwards.

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[2] Web Users Increasingly Rely on Social Media to Seek Help in a Disaster, http://www.redcross.org/portal/site/en/menuitem.94aae335470e233f6cf911df43181aa0/?vgnextoid=6bb5a96d0a94a210VgnVCM10000089f0870aRCRD.

It may be helpful to have some basic guidelines around social media if an EMD or agency is new to using it. Here are some helpful tips:[3]

1. **Find out what people are saying about you.** There are a variety of free tools that let you find out what people are saying about you and your organization online such as Google Alerts and Twaazup (to search Twitter feeds).
2. **Monitor the conversation**. If you're not already doing so, join a few online groups. Monitor them and see how they work. It's a good way to learn how people use social media networks. And also a good way to learn what works, just in case get charged with leading something similar for your organization.
3. **Participate responsibly**. If you do choose to participate in social networks on behalf of your organization, follow your organizations social media policy.

RECOMMENDATIONS AND STRATEGIES FOR REACHING DEAF AND HARD OF HEARING DURING EMERGENCIES

GENERALLY COMPLYING WITH FEDERAL LAW

Often, it is assumed that during a disaster, IRAA must be housed in a medical special needs shelter. IRAA, however, do not necessarily have medical conditions and typically do not require the care that medical shelters provide. This includes individuals who are deaf or hard of hearing.

Diverting to medical shelters can result in the separation of individuals with disabilities from those associated with them such as family, friends, neighbors and caregivers. In addition, inappropriate placement can jeopardize the health and safety of the entire community by creating unnecessary surges on emergency medical resources.[4] It is important to collaborate with community partners when planning for sheltering and evacuating.

[3] Taken from: *Healthcare Emergency Preparedness and Social Media*, by Diane Garey, http://blog.liveprocess.com/bid/50685/Healthcare-Emergency-Preparedness-and-Social-Media-Networks#emart-form-anchor.

[4] *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* created for FEMA by BCFS Health and Human Services, San Antonio, Texas. www.bcfs.net.

To comply with Federal law, those involved in emergency management and shelter planning should understand the concepts of accessibility and nondiscrimination and how they apply in emergencies. The following are key nondiscrimination concepts applicable under Federal laws, and examples of how these concepts apply to all phases of emergency management.[5]

1. Self-Determination – People with disabilities are most knowledgeable about their own needs.

2. No "One-Size-Fits-All" – People with disabilities do not all require the same assistance and do not all have the same needs. Many different types of disabilities affect people in different ways. Preparations should be made for people with a variety of functional needs, including people who use mobility aids, require medication or portable medical equipment, use service animals, need information in alternate formats, or rely on a caregiver.

3. Equal Opportunity – People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities. Emergency recovery services and programs should be designed to provide equivalent choices for people with disabilities as they do for people without disabilities. This includes choices relating to short-term housing or other short- and long-term disaster support services.

4. Inclusion – People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations. Inclusion of people with various types of disabilities in planning, training, and evaluation of programs and services will ensure that all people are given appropriate consideration during emergencies.

5. Integration – Emergency programs, services, and activities typically must be provided in an integrated setting. The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps people connected to their support system and caregivers and avoids the need for disparate services facilities.

6. Physical Access – Emergency programs, services, and activities must be provided at locations that all people can access, including people with disabilities. People with disabilities should be able to enter and use emergency facilities and access the programs,

[5] *FEMA: IV. Non-discrimination Principles of the Law.* http://www.fema.gov/oer/reference/principles.shtm

services, and activities that are provided. Facilities typically required to be accessible include: parking, drop-off areas, entrances and exits, security screening areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and from and between these areas.

7. Equal Access – People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population. Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits.

8. Effective Communication – People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable and timely. Auxiliary aids and services may be needed to ensure effective communication. These resources may include pen and paper; sign language interpreters through on-site or video; and interpretation aids for people who are deaf, deaf-blind, hard of hearing or have speech impairments. People who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms.

9. Program Modifications – People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures. Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.

10. No Charge – People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment. Examples of accommodations provided without charge to the individual may include ramps; cots modified to address disability-related needs; a visual alarm; grab bars; additional storage space for medical equipment; lowered counters or shelves; Braille and raised letter signage; a sign language interpreter; a message board; assistance in completing forms or documents in Braille, large print or audio recording.[6]

[6] FEMA: IV. *Non-discrimination. Principles of the Law*; http://www.fema.gov/oer/reference/principles.shtm.

FIVE ESSENTIAL BEST PRACTICE GUIDELINES

1. Reference and Resource Lists

At a minimum, these lists should include relevant excerpts from the following key laws:

- Americans with Disabilities Act;
- Stafford Act
- Post-Katrina Emergency Management Reform Act (PKEMRA)
- Federal civil rights laws that "mandate integration and equal opportunity for people with disabilities in general population shelters."[7]

It is important to identify IRAA rights, but the terminology requires updating, e.g., Functional Needs or IRAA (Individuals Requiring Additional Assistance).

2. Training

It is vital to have properly trained personnel, who are familiar with the rights of IRAA. Training should include information on how IRAA may be vulnerable in emergency situations and how individuals may react during times of stress. Public Information Officers (PIO) and elected officials should also be trained on "accessible" messaging including size of font, level off complexity of information, alternate formats (deaf, blind, non-English, illiterate). Advanced preparation of printed copy, audio and video tapes would enable PIOs to request review of messaging and accessibility by relevant IRAA organizations or individuals.

[7] Section 3.4 "Legal Foundations for FNSS Guidance" and Section 3.5 "Legal Authorities and References" FEMA *Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters.*

3. Collaboration with Local Organizations and with IRAA

The availability of local capability and timely accessibility of support from state and federal agencies are assumptions that did not reflect realities on the ground in hurricane Katrina and in the 2008 ice storms. In light of recent experience, these assumptions should be reevaluated.

For example, if there is a widespread disaster or weather-related emergency, the Red Cross may not have staffing or supplies to open all local shelters as requested. Local planning should take this into consideration and provide a back-up plan. This is especially vital for IRAA who are challenged to make alternate sheltering arrangements due to financial constraints and/or personal circumstances such as homelessness.

Local organizations and individuals are more likely to be familiar with other local organizations serving IRAA as well as with specific individuals. Accordingly, there should be a preference for local contracts/agreements can help serve IRAA in emergencies. These partner organizations and individuals should be brought into the planning process and trained on emergency response.

4. Communication Before, During and After an Emergency

Time-sensitive information needs to be made available to IRAA who cannot access English-language radio or TV and to those who are hearing impaired. Non-institutionalized IRAA emergency communication needs need to be addressed. CEMPs should promote emergency messaging via Mass 211 (a joint project of MEMA and United Way). Those who are hearing-impaired can obtain the emergency message online at: www.Mass211help.org or access the Mass 211 TTY number at: 508-370-4890.

Since a Public Information Officer must provide information in accessible formats, we recommend training for public information officer and elected officials on “accessible” messaging including size of font, level off complexity of information, alternate formats (deaf, blind, non-English, illiterate). Advanced preparation of printed copy, audio and video tapes would enable the PIO to request review of messaging and accessibility by relevant IRAA organizations or individuals.

Additionally, amateur band radio can often provide communication to and from areas not reached by other means of transmission and thereby provide needed warning or support to isolated IRAA. We recommend that towns upgrade amateur band radio capacity and coverage by outreach to regional ham operators and clubs. Furthermore, any warning systems such as bullhorn, cable TV, door-to-door, should include TTY, accessible captioning on TV, computer-assisted real time translation, and other means to reach deaf and hard of hearing people.

5. Updating and Monitoring Shelter Plans

The Mass Care Shelter Coordinator should use a standardized evaluation tool to survey Mass Care Shelter sites for their fitness to accommodate IRAA needs. An IRAA representative should review the site and resources on an annual basis with the Mass Care Shelter Coordinator if the Coordinator is not trained to assess for IRAA physical, programmatic, and communication accessibility. Day-to-day functions should be reviewed to assure that appropriate civil rights and ADA rights are already integrated into the functioning of the agencies and personnel that would be called upon in an emergency.

HELPFUL EQUIPMENT FOR EFFECTIVE COMMUNICATION WITH INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

Based upon the research and outreach of this project, the following communications tools may help to facilitate improved communication with individuals who are deaf or hard of hearing[8]:

- Communication boards (such as ARC Florida communication board)
- Hearing aid batteries of different sizes (including batteries for cochlear implants)
- Electronic communications (internet accessible) such as wireless connections
- Hearing aids
- Privacy screens
- TTY/TDD Phones
- Cap Tel Phones (for captioning)
- Access to notepads, pens and pencils
- Computer Assisted Real time Translation (CART)
- Accessible captioning
- Equipment and programs that make computers accessible to people who are deaf
- Volunteers to provide one-on-one assistance
- Qualified sign language or oral interpreter, augmentative communication device

[8] *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs*, California Emergency Management Agency, Office for Access and Functional Needs, www.oes.ca.gov/, Click on Office for Access and Functional Needs.
See also: http://www.bcfs.net/NetCommunity/Page.aspx?&pid=498#Communications Assistance.

STATE AGENCY LIAISON

This Project outreached to municipal officials and partner community based organizations relative to individuals who are deaf and hard of hearing, as well as participated in meetings of the Western Mass Homeland Security Council Pandemic Flu Subcommittee. The Project Manger also liaised with state and regional entities including:

- Massachusetts Emergency Management Agency (MEMA)
- Mass 211
- Massachusetts Department of Public Health (MDPH)
- Disability Policy Consortium
- Massachusetts Commission for the Deaf and Hard of Hearing
- Stavros Independent Living Center
- AdLib Independent Living Center
- University of Massachusetts Medical School, E.K. Shriver Center[9]
- Department of Developmental Services
- ASL Interpreter Networks
- Video Relay Networks
- California Emergency Management Agency, Office for Access and Functional Needs
- National Fire Protection Association
- National Council on Disability

[9] As part of this project, there was extensive collaboration with the Shriver Center (listed above) concerning training materials, workshop formats and their reactivation of the MA Task Force on Emergency Preparedness and IRAA. While it was not possible to attend a Shriver Center workshop during this project, all of the collaboration and contact information was shared with the IRAA Schools Project Manager, who has attended a workshop.