The Nevada Emergency Manager Access and Functional Needs Integration Guide

CMIST IN POETE

ACCESS AND FUNCTIONAL NEEDS AND CMIST IN POETE RESOURCE GUIDE VERSION 1

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Our Division is proud to provide you with the first edition of the Access and Functional Needs Resource and Implementation Guide. Its purpose is to present an operative structure for implementing CMIST (Communications, Maintain Health, Independence, Support, and Transportation), a public health framework, when planning for our vulnerable populations. It combines CMIST with POETE (Planning, Organizing, Equipping, Training, and Exercising), an emergency management process. This blend of the public health and emergency management worlds is essential, as every incident involves public health. As always with first editions, changes will occur as you operationalize these recommendations. I hope that this guide remains a living document that is regularly updated with best practices as we continue to expand our engagement in this space as emergency managers.

As the husband of a type 1, insulin pump-dependent wife, I understand the importance of Access and Functional Needs (AFN) inclusion in emergency management. As someone who is legally blind without my glasses, I live the need for access and functional needs incorporation in emergency management. As a Nevadan who desires to help other Nevadans, access and functional needs stands out as a critical necessity. As an emergency manager, correcting access and functional needs mistakes from the past is of the utmost importance to keep our communities safe. As a human, access and functional needs speaks to my desire to treat others as I wish to be treated: the Golden Rule.

Access and functional needs considerations are vital to emergency management and response. Those with difficulties before an incident will suffer most when resources become scarce during a disaster. It is up to us to discuss these needs ahead of an incident, so we are prepared to meet them.

In this guide, we reinforce the Nevada Way. Nevada was started on the frontier in a grubstake fashion. We have always come together to help one another when needed. We are One Nevada, and we all support each other. This guide is another way in which we strive to accomplish these goals. This guide helps us help everyone in our community, even those we don't know yet.

I want to express my gratitude to all the DEM staff and the Governor's Office of Disabilities staff who worked diligently to provide us with this actionable guide. I had the privilege to witness some of their discussions during the guide's development. The passion and drive each member of the team showed was unparalleled.

As with all planning tools, the written document is less important than the discussions you have about it with your community and partners. Use it in your community and provide us with feedback. Share your successes with other Nevada communities.

Thank you for helping create a more resilient Nevada!

David Wm. Fogerson

David Fogerson, MPA, CEM
Nevada's Emergency Manager and Homeland Security Chief

Historically, individuals with disabilities have experienced a disproportionate impact in disaster, emergency, and conflict situations due to the lack of accessibility in evacuation procedures, response measures (such as shelters, transportation, and food distribution), and rehabilitation initiatives. The aforementioned factors can be attributed to the inaccessibility of evacuation procedures, emergency measures, and recovery initiatives.

There has been notable progress in the nation's endeavors to address the situation. However, it is important to note that individuals with disabilities often bear the brunt of the impact during periods of emergency and tragedy.

As key stakeholders, it is incumbent upon you to guarantee the comprehensive involvement of the residents under your jurisdiction during all phases of the disaster management continuum, encompassing the entire emergency management enterprise of prevention, protection, mitigation, response, and recovery.

The involvement of stakeholders is crucial for the establishment of a dependable emergency management system, hence underscoring the significance of emergency management stakeholders. Effective response activities necessitate coordination with multiple stakeholders, as their diverse views are crucial for understanding how different groups perceive the response actions conducted by your organization.

In the context of designing, developing, and implementing an effective emergency or disaster response in our state, the paramount factor is unequivocally the successful identification of key stakeholders and the expeditious establishment of robust collaborative partnerships founded on trust and mutual respect.

Thank you for leaning forward into inclusion!

Catherine Nielsen

Catherine Nielsen, MPA
Executive Director Nevada's Governor's Council on Developmental Disabilities

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INTRODUCTION

This document was created in collaboration with the Nevada Governor's Council for Developmental Disabilities. The information presented in this document is the result of using original sources, consulting with policy experts, incorporating feedback from various national subject matter experts that represent disability advocacy organizations and emergency management entities at the federal, state, and municipal levels. This guide has been developed with the intention of offering a practical framework and resource guidance for Nevada Emergency Managers who aim to enhance their ability to support individuals with disabilities and access and functional needs in the pre-disaster, during-disaster, and post-disaster phases. Jurisdictions should adapt these recommendations to suit local needs.

PURPOSE

The purpose of this document is to provide an actionable framework and resources for increasing a jurisdiction's capacity in delivering whole community emergency management.

SCOPE

To offer actionable guidance for implementing considerations into POETE (Planning, Organizing, Equipping, Training, and Exercises) using the CMIST Resource Framework (Communications, Maintaining Health, Independence, Safety, Security, Self-Determination, and Transportation).

DISABILITY ETIQUETTE

Despite their best intentions, disability etiquette approaches fall short of addressing the fundamental gaps encountered by people with disabilities before, during, and after disasters. They also fail to adequately address the historical injustices and impacts disasters have on people with disabilities.[1] Only by acknowledging these historical impacts and actively working to address them can we develop more robust and transformative approaches to disability right during times of disaster. This resource guide advocates for a basic foundation, emphasizing actionable practices and core competencies as critical components of advocacy and education for disability rights.

Highlighting core competencies allows for the creation of a framework that is practical, effective, and promotes inclusion in multiple sectors. Instead of vague language regarding "vulnerable populations" or "special needs populations" and conditional statements which can result in discriminatory responses, actionable integration into emergency planning, response, recovery, and mitigation is crucial. The Nevada Emergency Manager must instead prioritize specific and executable strategies, emphasizing the significance of clear implementation, to ensure the effective resilience of the whole community.

The core competencies for disability must be translated into actionable tasks.

The Access and Functional Needs Guide for the Nevada emergency manager was meticulously crafted with the aim of shedding light on crucial areas and presenting concrete steps that emergency managers can take to

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[1] Kailes, June. *Moving Beyond Etiquette to Actionable Practice Competencies – the Partnership for Inclusive Disaster Strategies*. disasterstrategies.org/blog-post/moving-beyond-etiquette-to-actionable-practice-competencies.

address the disparities faced by people with disabilities and underserved communities during emergencies. This comprehensive guide outlines actionable tasks that can bridge the gaps in accessibility and support, empowering emergency managers to proactively foster inclusivity and equitable services. By focusing on these actionable measures, the guide seeks to create a more resilient and compassionate emergency response framework, ensuring that the needs and rights of every individual are prioritized and safeguarded in times of crisis.

CMIST FRAMEWORK

Based on FEMA's strategic goals of whole community inclusion, incorporating the needs of people with access and functional needs into all phases of mitigation, preparedness, response, and recovery programs is a best practice.[2] The "C-MIST" framework can be used to identify the needs of individuals with access and functional needs, preserving their health, safety, and independence before, during, and after a disaster.

The C-MIST abbreviation stands for:

- Communication
- Maintaining Health
- Independence
- Safety, Support Services, Self-Determination,
- Transportation

The C-MIST Framework provides a flexible strategy for preparing to support a wide range of common access and functional needs without the need to specify a specific diagnostic, status, or label. Current C-MIST frameworks used by emergency management and public health practitioners are based on an updated model originally created by June Isaacson Kailes[3]. The model has shifted away from defining functional needs in medical terms, in favor of definitions that address medical and nonmedical functional needs contextually, in the most integrated setting possible, to reduce or prevent a decline in health and the onset of acute medical conditions.

C = Communication

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2 Criswell, Deanne. "FEMA Strategic Plan ." 2022-2026 FEMA Strategic Plan , 0 0 2022,

https://www.fema.gov/sites/default/files/documents/fema_2022-2026-strategic-plan.pdf.

3 Kailes, J. and Enders, A. (2007) Moving Beyond "Special Needs" A function-based framework for emergency management and planning, JDPS, 2007. 17: p. 230-237

Individuals with communication requirements may communicate using American Sign Language (ASL), have limited English proficiency (LEP), braille print, or other auxiliary aids and technology to communicate or navigate their surroundings. These people may be unable to hear announcements, see signs, comprehend communications, or articulate their problems.

M = Maintaining Health

A disaster or public health emergency may necessitate specific medications, supplies, services, durable medical equipment (DME), electricity for life-sustaining equipment, breastfeeding and infant/childcare, or nutrition to mitigate negative health effects. Those at risk who are identified and screened early, and whose functional independence needs are met within the first 48 hours, can avoid costly health deterioration and hospitalization. Maintaining functional independence can require replacement of essential blood pressure medications, seizures, diabetes, psychological disabilities, lost or damaged teeth, mobility equipment, other assistive devices (wheelchairs, walkers, scooters, and canes), and necessary consumables. It may also include, but is not limited to, individuals who are unable to provide for themselves or who lack adequate resources.

I = Independence

When relocating adults with disabilities to shelters and medical care settings and when discharging them home or into the community, it is essential to ensure continuity of access to necessary mobility devices or assistive technology, vision and communication aids, and service animals. These all help the individuals maintain independence. It is vital that people are not separated from their mobility devices, assistive technology, service animals, or primary support person to maintain independence.

S = Support, Safety, Self-Determination

Early detection and planning for access and functional needs can lessen the negative effects of a public health emergency on the self-sufficiency and well-being of individuals. Some individuals may have lost caregiver assistance and require additional support after a disaster or emergency. Some may find it difficult to adapt to a new or unfamiliar environment or have trouble understanding or remembering. Others may have suffered trauma or be survivors of abuse.

T = Transport

Individuals may lack access to personal transportation or be unable to operate a motor vehicle due to decreased or impaired mobility caused by age, disability, temporary conditions, injury, or legal constraint. In some places, disasters and public health situations can dramatically decrease transportation alternatives, making it difficult to obtain services and remain connected. Coordination with mass transit and accessible transportation service providers is required for effective disaster preparation.[4]

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4 "The C-MIST Framework." U.S. Department of Health and Human Services, https://www.phe.gov/emergency/events/COVID19/atrisk/discharge-planning/Pages/C-MIST-framework.aspx. Accessed 30 June 2022.

The FEMA Office of Disability Integration has identified a total of 14 areas of disparity within the disaster cycle that require the emergency management professionals to actively address to mitigate these gaps.

Inclusive planning
Inclusion in emergency planning that directly affects people with access and functional needs

Alerts and warnings
Pre-disaster alerts, warnings, and notifications

Information
Culturally informed actionable information and instructions posted once a disaster has occurred

Evacuation/transportation
Evacuation and accessible transportation

Emergency contact/S&R
Emergency contact before the disaster, search, and rescue

Sheltering
Sheltering in the most integrated, accessible setting (emergency, intermediate, and long-term)

Communication aids and assistive services
ASL interpreters, screen readers, 508-compliant web-based content

Recovery/mitigation
Disaster recovery and mitigation investments for people and community facilities

Medical care/health
Acute medical care, mental health services, health maintenance, and access to prescriptions support

Power dependency
Power dependency (dialysis, oxygen, and prosthetic devices), personal care services, and service animals

Special diets/drinking water
Dietary/culturally appropriate food needs, and potable water access

Register for disaster services
Sign up for disaster services, including FEMA and state/local/tribal/territorial emergency programs

Housing
Temporary and permanent accessible housing

Pre-disaster home/work/school life
Return to pre-disaster home, school, work, and community life

1. **INCLUSIVE PLANNING**
2. **ALERTS AND WARNINGS**
3. **INFORMATION**
4. **EVACUATION/TRANSPORTATION**
5. **EMERGENCY CONTACT/SEARCH AND RESCUE**
6. **SHELTERING**
7. **COMMUNICAIOTN AIDS AND ASSISTIVE SERVICES**
8. **RECOVERY/MITIGATION**
9. **MEDICAL CARE/HEALTH**
10. **POWER DEPENDECY**
11. **SPECIAL DIETS/DRINKING WATER**
12. **REGISTER FOR DISASTER SERVICES**
13. **HOUSING**
14. **PRE-DIASTER HOME/WORK/SCHOOL LIFE**

The acronym TEICHR, which stands for Trust, Economics, Isolation, Capacity, Housing, and Racism, functions as a lens for understanding the chronic influences on communities and their subsequent impact on equitable disaster services. **Trust**, the bedrock of any community, is indispensable for efficient disaster response. In communities where trust has been eroded because of past marginalization or inequalities in disaster relief, equitable services may be compromised. Another significant factor, **economics**, directly impacts resource accessibility and resilience. Low-income communities are more susceptible to natural disasters impacts, and pre-existing economic disparities can exacerbate post-disaster recovery challenges, impeding the distribution of equitable aid.

Isolation can intensify vulnerability, particularly in geographically remote or socially isolated communities. Due to logistical obstacles, these communities may receive inadequate or delayed disaster services. A community's ability to prepare for, respond to, and recover from disasters is its **capacity**. Often anchored in structural inequalities, gaps in capability can result in differential access to support and resources during and after disasters. **Housing** conditions play a crucial role in disaster effects and recovery. Inadequate housing may disproportionately affect marginalized communities (i.e., rural and frontier, tribal, and LGBTQIA+), resulting in unequal recovery and reconstruction efforts. **Racism** can have a significant impact on disaster services via discriminatory practices, biases in resource allocation, and unequal treatment of individuals and communities based on their race or ethnicity. Understanding and addressing these persistent influences is essential for ensuring equitable disaster services and constructing resilient, inclusive communities.

Chronic Influences on Communities

Trust
Lack of TRUST in government

Economics
Lack of ECONOMIC resources to get access to CMIST resources during a disaster

Isolation
ISOLATION either geographically, culturally, or socially (e.g. LGBTQIA+)

Capacity
What are the limits of the community's capacity to provide resources for itself during a disaster

Housing
Just visiting, temporary housing, accessible housing, or no housing

Racism
Historical or current conditions that prevent a community from receiving resources during a disaster.

FEMA's POETE framework, encompassing planning, organizing, equipment, training, and exercises, serves as a fundamental blueprint for effective disaster management. Building upon this foundation, the incorporation of the CMIST Resource Framework, representing Communication, Maintaining Health, Independence, Self-Determination/Support/Safety, and Transportation, emerges as a strategic guide to foster a more inclusive and resilient approach. By combining these essential elements with POETE, emergency managers can better understand and address the specific needs of individuals and communities during crisis events, leading to a more equitable and robust disaster response.

POETE

- Planning
- Organization
- Equipment
- Training
- Exercise

CMIST

- Communication
- Maintaining Health
- Independence
- Support, Safety, and Self Determination
- Transportation
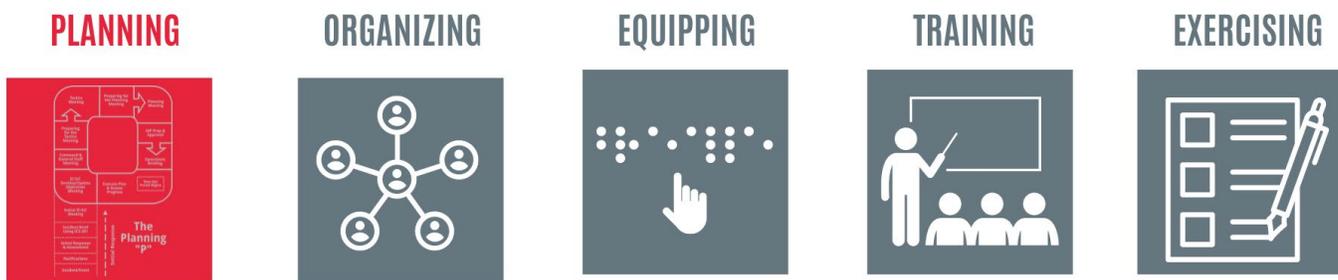
Planning[3]

1. The plan with approach is the only viable way forward for emergency manager. It is not only vital but necessary to have whole community stakeholders planning from the beginning of the planning process, but the guidance provided by whole community stakeholders must be embedded throughout the emergency management enterprise with actionable policies and procedures, specific standard operation procedures, memorandums of understanding (MOUs), and memorandums of agreement (MOAs) to address the CMIST Resource needs of individuals with access and functional needs and underserved communities. Exclusion continues the marginalization of priority populations during a disaster and disregards their fundamental rights to equal access and protection. True preparedness lies

in recognizing and addressing the diverse needs of all community members, including those with disabilities, to ensure that emergency responses are inclusive, effective, and capable of safeguarding the entire population.

2. Communications, transportation, and housing have been repeatedly identified as crucial areas requiring immediate improvement to better serve disproportionately impacted individuals, people with disabilities, and those with access and functional needs. These areas must become the focal points of emergency response efforts to close existing gaps in accessibility and support. To ensure the safety and dignity of all individuals during a crisis, it is essential to have effective communication strategies that account for a variety of disabilities, accessible transportation options for evacuation and mobility, and shelters that are designed for all individuals. Planning to meet these challenges requires collaboration **with** impacted communities rather than on their "behalf."

3. Civil rights obligations can never be waived in times of emergency. Regardless of the difficulties presented by a crisis, the rights and dignity of all individuals, including those with disabilities, must be upheld and safeguarded. Emergency situations necessitate deliberate and proactive measures to prevent further marginalization and discrimination of priority populations.

CMIST PLANNING STAKEHOLDERS:

Jurisdictions must plan in conjunction with stakeholders from the whole community. Nevada Division of Emergency Management (NDEM) recommends each jurisdiction establishes an official **CMIST Advisory Committee**, also commonly referred to as an "Access and Functional Needs Committee." This committee should consist of representatives from various sectors of the whole community, including non-governmental and community-based organizations, and private sector partners that cater to individuals with access and functional needs, disability organizations, community advocates, and individuals who have personal experience with access and functional needs. The implementation of an inclusive approach ensures that jurisdictions actively involve the community in planning processes, rather than making decisions on their behalf. This approach enhances the creation of superior products and reinforces the support of stakeholders. By leveraging the CMIST Advisory Committee, the integration of lived experiences and feedback from persons into planning efforts will enhance the likelihood of stakeholder acceptance and utilization of emergency plans. Additionally, it fosters connections with individuals who possess the ability to identify and provide logistical support for the deployment of CMIST Resources in the event of a disaster.

Additional benefits:

- Minimizing the loss of human life and decreasing suffering in the pre, during, and post-disaster phases
- Enhancing knowledge of jurisdictional dynamics and demographic factors
- Support the identification of actionable and useful CMIST resources to ensure that all members of the community can communicate, maintain their health, independence, security, safety, independence, and have access to transportation
- Strengthening the community's capacity to contribute effectively across all stages of the disaster cycle
- Cultivating trust-based relationships between emergency managers and the community
- Facilitating the progress and advocacy of individual preparedness

Examples of C-MIST Partners:

Communications	
Multi Language interpreters	CART (Communication Access Realtime Translation)
Nevada Governor's Council on Developmental Disabilities	Northern Nevada Center for Independent Living
Southern Nevada Center for Independent Living	Nevada Commission for Person's Who are Deaf and Hard of Hearing
ASL Anywhere	
Maintaining Health:	
Adaptive Equipment Partners	Durable Medical Equipment Partners
Pharmacy Partners	Grocery Store Partners
Dialysis Center Partners	Trach Supply Partners
Trach Supply Partners	Oxygen Supply Partners
Back Up Power Partners	Home Health Partners
Medical Reserve Corp (MRC)	VOAD Partners
Donation Management Partners	Northern Nevada Health District
Southern Nevada Health District	Central Nevada Health District
Independence:	
Durable Medical Equipment Partner for access to: (wheelchair, canes, crutches, walkers)	Battery Partner: (Hearing Aid, cell phone recharging station, communication aid, power wheelchair battery)
Donation management partner	Housing partner
Service animal partner	Northern Nevada Center for Independent Living
Southern Nevada Center for Independent Living	ADA Partner
Nevada Aging and Disability Services Division	Assistive Equipment Partner
Bariatric Cot Partner	Volunteer management partner
Backup power partner	
Support, Safety, and Self-Determination:	
Behavioral Health Partner	Alzheimer Association Partners
Brain Injury Partner	Local Community Center Board Partner
Public School Partner	Homeless Service Partner
Tourist Service Partner	Chamber of Commerce Partner
Housing Organization Association	Food Bank Partner
Clothing Bank Partner	Undocumented Service Community Partner
Transportation	
Paratransit Partner	Vehicle Lift Service Partners

Local Jails/Prison Partners	Rental Car Partners
Paratransit Vehicle Dealer Partner	Local School Partners
Adult Day Program Partners	Medical Appointment Transportation Partners
Area Agencies on Aging Partners	Assistive and Skilled Nursing Living Partners

Agreements:

Establishing formal agreements and MOUs/MOAs is a priority when striving to increase capacity to meet the CMIST needs of the whole community and add depth to the planning enterprise.

Organizations with valuable resources during a response:

- Center for Independent Living (CIL) and other Independent Living (IL) advocacy centers
- Disability Rights Network organizations
- Nevada Governor's Council for Developmental Disabilities
- The Arc of Nevada
- Assistive Technology state grant recipients
- State and local DME supplies and associations
- Area Agencies on Aging and Senior Centers and programs
- State Animal Response Teams (SART)
- Language interpretation business
- Personal Assistance Service (PAS) providers

Please Reference a sample MOU in Appendix E

WOMEN AND GENDER-DIVERSE PLANNING BEST PRACTICES

NDEM acknowledges the growing body of research that emphasizes the presence of an intersectional gender disparity throughout federal, state, and local emergency planning.[5] In the context of emergency management, historical planning documents such as hazard risk and vulnerability analysis (HRVA) have traditionally acknowledged the presence of social vulnerability. However, these documents often fail to explicitly address the specific vulnerabilities faced by women and gender diverse populations. They also fail to incorporate stakeholder consultation during their development. Consequently, many plans are missing crucial information regarding how vulnerabilities manifest before, during, and after a disaster, as well as the steps that need to be taken to reduce them.

The National Preparedness Report identifies historically disadvantaged groups, such as women, minorities, and lesbian, gay, bisexual, transgender, and queer, intersex, asexual (LGBTQIA+) communities, as factors that increase risk and marginalization before, during, and after disasters. The presence of these characteristics indicates that affected individuals or groups are more likely to be severely impacted by disasters and may

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[5] Adams, Jessica. "The Importance of Including LGBTQIA+ Populations in Disaster Planning." *NETC Library Catalog*, 2023, usfa.bibliovation.com/app/work/260921.

require specific support after a disaster occurs.[6] Both domestic violence (assault, sexual abuse, and exploitation) and gender-based violence have been shown to increase in some settings following a natural disaster, but those responding to the disaster are unaware that gender-based violence may increase and are not searching for or preparing for it.[7] Missing gendered crisis planning is partly a result of missing expertise, a failure of imagination to understand that what women and gender-diverse populations experience during moments of mass suffering are unique to them. To achieve genuine resilience, it is imperative for the Nevada Emergency Manager to prioritize the inclusion of women and gender-diverse individuals as valued stakeholders in pre-disaster planning efforts.

When developing preparedness guidance for your jurisdiction is the guidance truly taking into account the functional needs of your whole community? Did you work with specific communities to develop guidance relevant to their functional needs during a disaster?

Example:

Queer/Trans Evacuation Packing Tip

» Any additional paperwork (i.e., name change documentation, receipts from gender affirming surgeries, WPATH surgery letter, etc.)

» Extra syringes for HRT, PrEP, Antiretrovirals

» Special clothing and gender essential items (tucking gaffs, chest binders, packers, wigs, clippers/razors, makeup, wax kits, padded bras)

COMMUNICATING THE PLAN

Creating and incorporating a local CMIST Advisory Committee into planning efforts will ensure that emergency managers, service providers, and individuals within the community understand the processes established to assist them during a disaster and how to secure accessible transportation resources to evacuate. This process needs to be clear and consistent and should be widely understood by the emergency operations center (EOC), the community, and partners. Building a local CMIST Advisory Committee will help ensure your **communications** are accessible and consistent for the whole community. The following are examples key best practices developed from partnering with disability and access and functional needs stakeholders:

- Emergency alerts, warning, and notifications[8]

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[6] "National Preparedness Report." *FEMA.Gov*, 2022, www.fema.gov/sites/default/files/documents/fema_2022-npr.pdf.

[7] *Unseen, Unheard: Gender-based Violence in Disasters*. disasterlaw.ifrc.org/sites/default/files/media/disaster_law/2021-02/1297700-Gender-based%20Violence%20in%20Disasters-EN-LR.pdf. Accessed 5 Sept. 2023.

[8] Kailes, J.I. (2014) Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery, Edition 2, 2014, Published and distributed by the Harris Family Center for Disability and Health Policy, www.hfcdhp.org.

- o Announce it
- o Caption it
- o Picture it
- o Describe it
- o E-mail it
- o Relay it
- o Text it
- o Post it
- o Interpret it (language & Sign)
- o Repeat it (frequently)
- Social media posts with alternate text and image descriptions
- Press conferences with translation and interpretation
- Town hall meetings
- Digital billboards/message signs in all the languages of the community

ORGANZING
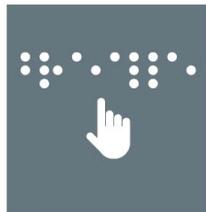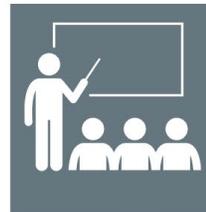
PLANNING   ORGANIZING   EQUIPPING   TRAINING   EXERCISING

Organizing[3]

1. **The Incident Command Structure (ICS)** is a crucial framework that ensures a coordinated and effective response to incidents. By establishing distinct lines of authority, roles, and responsibilities, the Incident Command System (ICS) streamlines decision-making and improves communication between agencies and personnel involved in the response. This well-defined structure enables the swift and efficient deployment of resources and expertise, including knowledge of the effects on priority populations. Incorporating cultural inclusion into the ICS structure ensures diverse perspectives are considered and the requirements of all community member are appropriately addressed. This strategy promotes an emergency response that is more inclusive and responsive, thereby reducing the risk of further marginalization during critical situations.[9]

2. **Enhanced Situational Awareness:** The emergency operations center (EOC) plays a crucial role in collecting and analyzing data and intelligence from the field in real time. This situational awareness equips decision-makers with comprehensive data, enabling them to make well-informed decisions that

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[9] Luce , Sharon. "An Introduction to a New Paradigm for Operationalizing Accessible Emergency Management Programs and Services." *NETC Library Catalog* , 2023, usfa.bibliovation.com/app/work/260930.

consider the unique challenges encountered by disproportionately impacted individuals. By comprehending the specific effects of an emergency on impacted populations, the EOC can strategically allocate resources, prioritize response efforts, and customize support services accordingly. Such heightened situational awareness enables a targeted and compassionate response, minimizing disparities and ensuring that all community members receive the necessary assistance during times of crisis. EOCs are strengthened by the inclusion of subject matter experts who possess firsthand experience and expertise related to the specific needs and concerns of priority populations. This may entail the inclusion of subject matter experts in areas such as access and functional needs coordination, cultural inclusion, and expansion of ESF Partners to include those who can deploy CMIST resources in support of response and recovery.

3. **Addressing Disparities and Promoting Equity**: Integrating expertise and cultural diversity within ICS and the EOC is essential for effectively addressing the disparities faced by priority populations effectively. Emergency response efforts lacking such considerations can inadvertently perpetuate systemic inequities and worsen the experiences of priority populations during disasters. In contrast, an approach that embraces diverse perspectives and acknowledges the unique needs of different communities can foster a more equitable response. By recognizing and addressing the challenges faced by disproportionately impacted individuals, ICS and EOCs can contribute to a more just and compassionate emergency management system. This new system will ensure no one is left behind and all members of the community are afforded equal protection and support.

Examples of how to effectively include subject matter experts and use positional authority within ICS for your local jurisdiction:
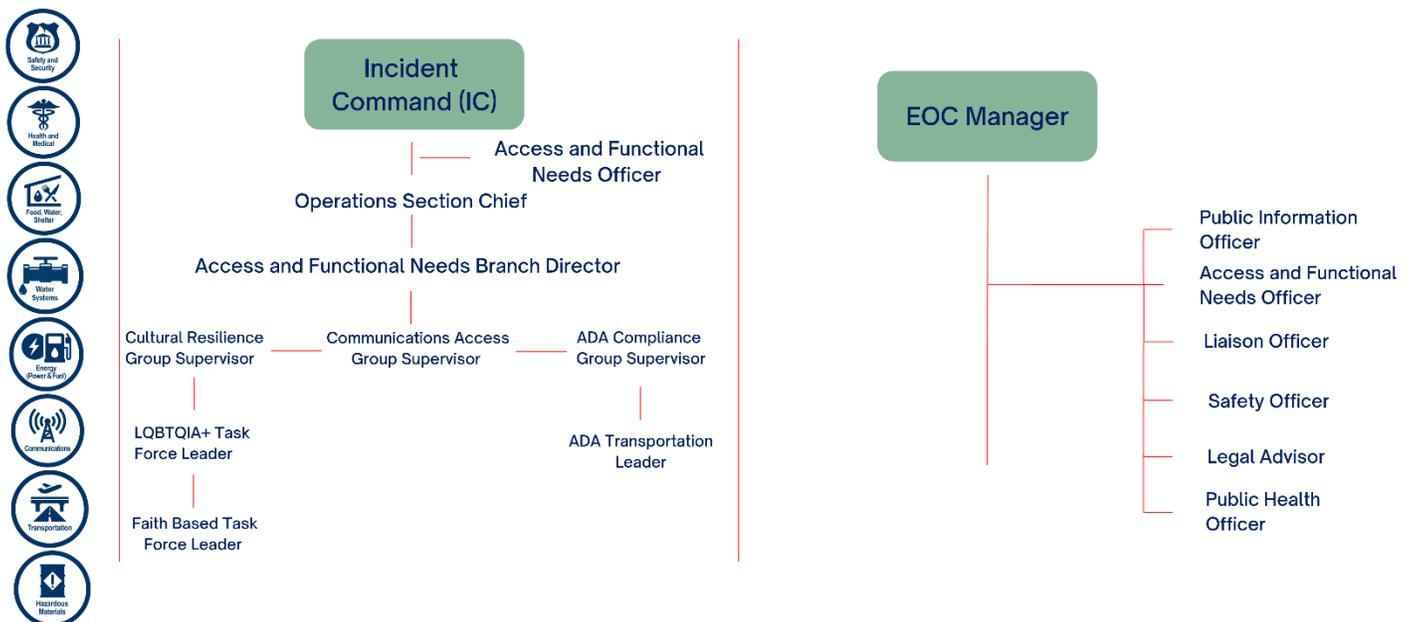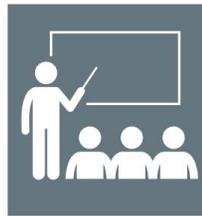
Equipping[3]

1. The provision of accessible equipment and facilities during disasters is not a discretionary comfort, but rather an essential requirement that empowers those with disabilities to effectively navigate emergency situations while upholding their dignity and ensuring their safety.
    a. Are you partnering with your shelter manager or the Red Cross to host events like shelter sleepovers, shelter open houses, or exercising the identified shelters to with the disability and access and functional needs community, to test actual capability and accessibility of pre-identified shelters?
    b. Do you have deployable and accessible resources to meet the immediate hygiene needs of the whole community during the first 72 hours of an event, until outside resources and the Red Cross can arrive to support operations?
    c. Do you have a plan with supporting contracts to provide personal care assistance during both short and long-term sheltering for people who will need supportive services?
2. Budgeting for inclusion within jurisdictions is necessary to enhance resilience. In times of crisis, this investment will provide access to essential CMIST Resources and ensure inclusion throughout the disaster cycle.
    a. Example: The placement of deployable CMIST sheltering supplies or trailers is intended to provide immediate help to the community until external resources can be mobilized.
3. Providing CMIST Resources signifies a dedication to ensuring that no individual is excluded. This commitment demonstrates our shared obligation to safeguard the rights and welfare of those with disabilities in times of emergencies, as required by Americans with Disabilities Act.

Please Reference Appendix C & D for CMIST Sheltering and Supportive equipment
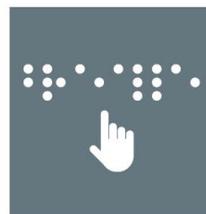
Training[3]

1. To ensure the comprehensive execution of plans, it is imperative to incorporate individuals with lived experience, people with disabilities, and people from priority populations in the development and deployment of training efforts.
2. It is recommended that everyone, including staff, first responders, and emergency support function personnel, undergo training to ensure the provision of accessible and inclusive communications as a best practice.
   a. Training sessions involving CMIST and other stakeholders from the Whole Community, such as local organizations representing the deaf and hard of hearing community, augmentative-alternative communications, as well as agencies catering to limited English proficiency (LEP) or multicultural individuals who are recognized as reliable sources of information. Additional subject-matter experts that could contribute to the development of training and exercises include individuals with expertise in telecommunications, publication design, and High Frequency Amateur (HAM) radio technology.
3. Nevada Division of Emergency Management encourages all of Nevada's Emergency Managers to take NV G-197 Integrating Access and Functional Needs in Emergency Management, a two-day course which provides the basic building blocks on integrating access and functional needs into the emergency management enterprise.

Seek further training and find G-197 offerings at the Nevada Training and Qualification System (NTQS): Link

EXERCISING
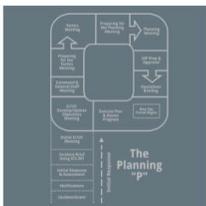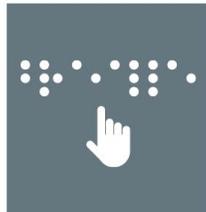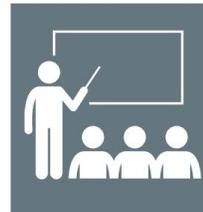
PLANNING	ORGANIZING	EQUIPPING	TRAINING	EXERCISING

Exercising[3]

1. Individuals with disabilities are the most knowledgeable of their specific needs and should be actively engaged in all stages of exercise design, development, and implementation. This will ensure that emergency plans are fulfilling the crucial aspect of supporting the self-determination of our communities.
2. People with disabilities do not all require or have the same need for the same types of assistance. People with communication access needs must have equal access to information and the same ability to respond to it as those without communication access needs. This is why it is imperative that, when testing our emergency plans, we use actual people with disabilities to design, role play, and evaluate, as opposed to people pretending to have a disability.

3. To mitigate risk across the entire community, it is essential to identify and include stakeholders, particularly from marginalized communities, in the pre-exercise, during-exercise, and post-exercise phases of implementing and testing inclusive exercise programs. Inclusion, diversity, equity, and accessibility (IDEA) must form the basis of any community exercise program and planning committee.

Resource: Inclusion, Diversity, Equity and Accessibility in Exercises. Considerations and Best Practices, FEMA, May 2023: Link

Access to emergency services shall not be denied on the grounds of color, national origin, sex, age, sexual orientation, or functional needs. Access and Functional Needs Populations (also referred to as priority populations) are members of the community who experience physical, mental, or medical care needs and who may require assistance before, during, and after an emergency after exhausting their usual resources and support network.

Examples of individuals who have Access and Functional Needs include, but are not limited to:

- **Individuals with Limited Mobility**: Individuals who use assistive devices or equipment for walking or mobility, e.g., wheelchairs, walkers, or crutches.
- **Individuals who are Blind**: Individuals who are blind or have low vision, night blindness, color blindness, impaired depth perception, etc.
- **Individuals who are Deaf, Deaf-Blind, Hard of Hearing:** Individuals who are deaf have situational loss of hearing or limited-range hearing.
- **Individuals with Intellectual Disabilities**: An intellectual disability is a disability characterized by significant limitations both in intellectual functioning (e.g., reasoning, learning, problem solving) and in adaptive behavior.
- **Older Adults and Children:** Individuals whose chronological age may impact their physical or cognitive abilities and who may need assistance with daily activities.
- **Individuals who are Limited or Non-English Speaking:** Individuals who have a limited ability or no ability to speak, read, write, or fully understand English.
- **Individuals Lesbian, Gay, Bisexual, Transgender, Queer & Questioning, Intersex, Asexual and Aromantic (LGBTQIA+)**: Individuals within disaster and emergency services infrastructure who may be further marginalized by discrimination, abuse, and overlapping marginalized identities that exacerbate impacts.
- **Single Parent Households/Families with deployed members:** Households that are characterized by either having only one adult who is responsible for both financial support and caregiving, or households where the primary caregiver is absent from the home due to deployment for disaster relief or work-related obligations. In such cases, the household lacks the presence of an additional resource to provide support and assistance.
- **Individuals and Families with Limited Resources**: Individuals who may not have the resources available to meet their own or their family's needs.
- **Individuals Experiencing Homelessness or Transitional Housing:** Includes persons in shelters, on the streets or temporarily housed -- transitional, safe houses for women and minors.
- **Individuals Experiencing Domestic Violence:** Individual living with domestic violence or who are domestic violence survivors.
- **Refugee & Immigrant Communities (New Americans):** Persons who may have difficulty accessing information or services due to cultural differences or unfamiliarity, and possibility distrust of governmental systems.
- **Undocumented Persons:** Individuals who do not have the required documentation to be permanent or temporary residents of the United States.
- **Individuals with Psychological Disability**: Individuals who have a diagnosed mental health condition or psychological disability as well as those who may have one that is undiagnosed.
- **Individuals Requiring Supervision**: Individuals unable to safely survive independently, attend to personal care or activities of daily living, etc.

- **Individuals with Medical Needs:** Individuals who take medication or need equipment to sustain life or control conditions for quality of life—i.e., diabetic; weakened immune systems, those who cannot be in/use public accommodations.
- **People Who are Dependent on Drugs or Alcohol:** Includes people who use legal or illegal substances including injectable drugs and who would experience withdrawal.
- **Clients of Criminal Justice System:** Individuals who are currently or have been previously incarcerated, on parole, under house arrest, or who are registered sex offenders. This includes current clients of the juvenile justice system.
- **Emerging or Transient Specific Needs:** Needs/conditions due to emergency, temporary conditions—i.e., loss of glasses, broken leg, tourists/visitors needing care.

1.0 AMERICANS WITH DISABILITIES ACT OF 1990

What is The American With Disabilities Act (Ada)?

Answer: The Americans with Disabilities Act (ADA) is an all-encompassing legislation that safeguards civil rights. The legislation effectively prevents any form of discrimination based on disability in several domains including employment, state, and local government programs, as well as public services.

The areas of focus include hotels, commercial facilities, transportation, and telecommunications. The Americans with Disabilities Act (ADA) was enacted in the year 1990.

Are the Personnel Working at Disaster Shelters Obligated to Uphold the Regulations Outlined in The Americans With Disabilities Act (Ada)?

Answer: Yes. Shelter personnel are prohibited from engaging in discriminatory practices solely based on the occurrence of a disaster within a community.

Are The American Red Cross Shelters (Red Cross) Required to Comply with these Laws?

Answer: Yes. The topic of discussion is to the provisions outlined in Title III of the Americans with Disabilities Act (ADA), which specifically addresses the domain of 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 Red Cross could show the making of the modifications would fundamentally alter the services it provides).
- The Red Cross 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.
- It is imperative to address architectural obstacles in current facilities through the process of barrier removal, particularly when such removal is reasonably possible. This implies that the removal can be simply accomplished without significant difficulty or price.

It should be noted that the American Red Cross frequently utilizes buildings that are owned by other groups, without the Red Cross itself having ownership or leasing rights over these properties. This assertion may not possess universal applicability to the Red Cross. If feasible, the Red Cross should prioritize the selection of buildings that are devoid of architectural barriers.

2.0 SERVICE ANIMALS

What are the defining characteristics of a service animal?

Answer: Dogs (and miniature horses) individually trained to do work or execute tasks for people with disabilities are considered service animals. Examples of such work or duties 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, and other tasks.

Service animals are not pets; they are working animals. The work or task that a dog is trained to perform must be directly related to the individual's disability.

The Americans with Disabilities Act (ADA) does not recognize dogs whose solitary function is to provide comfort or emotional support as service animals.

What does "do work or execute tasks" mean?

Answer: The service animal must undergo training to do a designated task when prompted, thereby providing assistance to individuals with disabilities. As an example, someone diagnosed with diabetes may possess a service animal that has been trained to provide alerts when their blood glucose levels exceed or fall below the desired range. Individuals who experience depression may possess a service animal that has been taught to serve as a reminder for the individual to adhere to their drug regimen. Alternatively, those diagnosed with epilepsy may possess a service animal who has undergone specialized training to identify the early signs of a seizure and thereafter aid in ensuring their safety throughout the seizure episode.

Is it legal for someone to refuse admission to my service dog at a shelter?

Answer: No. It is illegal to prohibit an individual and their service animal from utilizing a shelter facility. According to the Americans with Disabilities Act (ADA), it is typically required for state and local governments, corporations, and nonprofit organizations that provide services to the public to permit individuals with disabilities to be accompanied by service animals in all sections of their facilities that are accessible to the general public. In the context of a healthcare facility, it would be deemed unsuitable to prohibit the presence of a service animal in designated spaces, such patient rooms, clinics, cafeterias, or examination rooms.

Can an individual inquire about the performance of the service animal for its owner?

Answer: You can **only** ask two questions:

1. Is the presence of a service animal required due to the existence of a disability?
2. What specific work or task has the service animal been trained to execute?

Shelter Staff should not inquire about an individual's disability, demanding medical proof, requesting a specialized identity card or training papers for the assistance dog, or requesting the dog to demonstrate its capacity to perform specific tasks or jobs.

Is it within the authority of the shelter staff to prohibit the service animal from accessing the food areas?

Answer: No, it is required for establishments that sell or prepare food to permit service animals in public areas, even if state or local health rules restrict the presence of animals on their premises.

Is it within the jurisdiction of the shelter personnel to deny access to a service dog if an individual exhibits allergies or fear towards canines?

Answer: No. The service animal is on duty. The service animal is not a pet. A best practice or solution would be to offer non-congregate sheltering for one of the parties, to accommodate supporting both parties maintaining their health.

If an individual's dog provides them with emotional support during an anxiety attack, can this categorize the dog as a service animal?

Answer: The answer to this question is contingent upon various factors. The Americans with Disabilities Act (ADA) differentiates between mental service animals and emotional support animals. If a canine has undergone training to detect the imminent occurrence of an anxiety attack and afterwards engages in a certain behavior to prevent or mitigate the severity of said attack, it would meet the criteria for being classified as a service animal. However, if the sheer existence of the dog offers solace, it would not meet the criteria to be classified as a service animal according to the Americans with Disabilities Act (ADA).

Is there a requirement under The Americans with Disabilities Act (ADA) for service animals to undergo professional training?

Answer: No. Individuals with disabilities have the right to independently train their own dogs and are not obligated to engage in professional service dog training programs.

Is it a requirement for service animals to wear a vest, patch, or specific harness that serves as identification for their role as service animals?

Answer: No, according to the Americans with Disabilities Act (ADA), there is no requirement for service animals to don a vest, identification (ID) tag, or a specific harness.

Is it permissible for anyone to bring multiple service animals into a public setting?

Answer: Yes. Certain individuals with disabilities may utilize many service animals to carry out various jobs. An individual who experiences both visual disability and seizure disorder may employ the assistance of two distinct service animals. One animal may be trained to aid in navigation and wayfinding, while the other is specifically trained to detect and alert the individual to impending

seizures. There are instances where individuals may require the assistance of two service animals to perform a single action, such as someone who necessitates the support of two canines to enhance their stability while walking. If it is possible to accommodate both dogs, then both should be permitted to enter.

Is it possible for a service animal to belong to any breed of dog?

Answer: Yes. The Americans with Disabilities Act (ADA) does not impose limitations on the specific breeds of dogs that may serve as service animals.

Is it permissible for an individual to accompany a service animal while navigating through a salad bar or similar self-service food establishments?

Answer: Yes. It is imperative that service animals are granted the right to follow their handlers during the entirety of their journey through self-service food lines. In the same vein, it is important to note that service animals should not be disallowed from communal food preparation rooms, which are frequently encountered in shelters or dormitories.

Is it mandated by The Americans with Disabilities Act (ADA) that service animals must possess certification as service animals?

Answer: No, it is not permissible for covered businesses to impose the requirement of documentation, such as evidence of certification, training, or licensing of a service animal, as a prerequisite for access.

What can shelter staff do when a service dog is being disruptive?

Answer: If a service animal exhibits disruptive behavior, and the handler fails to promptly address and rectify the situation, staff members reserve the right to seek the removal of the animal from the premises.

3.0 MINIATURE HORSE

Is a miniature horse considered a legitimate service animal?

Answer: Yes. The amended regulations of the Americans with Disabilities Act (ADA) include a separate section for miniature horses that have received individual training to assist those with disabilities. This provision is in addition to the existing provisions concerning service canines.

What are the specific guidelines for the miniature horse?

Answer: The assessment factors can be categorized as follows:

- The housebreaking status of the miniature horse.
- The level of control the owner has over the miniature horse.
- The facility's ability to accommodate the specific type, size, and weight of the miniature horse.
- Ensuring that the presence of the miniature horse does not compromise the legitimate safety requirements necessary for the safe operation of the facility.

Do weight or height criteria exist for small horses?

Answer: Yes. Miniature horses typically exhibit a height variation spanning from 24 inches to 34 inches, as measured from the shoulders. In terms of weight, these tiny horses generally fall within the range of 70 to 100 pounds.

The shelter enforces a regulation that prohibits the presence of pets. Are service animals permitted within the shelter?

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

4.0 PETS EVACUATION AND TRANSPORTATION STANDARDS ACT (PETS)

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

Answers: The (PETS) Act, officially known as the Pets Evacuation and Transportation Standards Act of 2006, is identified by its legislative designation as Public Law 109-308.

What does The Pets Evacuation Transportation Act (Pets) Act do?

Answer: The primary objective of the Pets Evacuation and Transportation Standards Act (PETS) Act is to guarantee that state and local emergency preparation operational plans adequately consider the requirements of individuals who possess household pets and service animals in the aftermath of a major disaster or emergency.

5.0 PETS

Is a client allowed to have pets in the shelter?

Answer: If the shelter allows it, some shelters may not. Shelters are increasingly adopting policies that permit and provide provisions for pets to accompany their owners during evacuations, since the prohibition of pets has been recognized as a substantial impediment in individuals' decision-making process regarding evacuation.

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

Answer: The animal response team will be contacted by shelter employees or emergency management. A trailer will be provided for the purpose of tending to the pets during the duration of the shelter activation period.

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

Answer: Yes. The client can physically attend to and exercise their pet(s) by visiting them, while the animal(s) are accommodated within the confines of the trailer.

6.0 THERAPY DOG

What is a therapy dog?

Answer: A therapy dog refers to a canine that has undergone training to offer emotional support and solace to individuals in various settings such as hospitals, retirement homes, nursing homes, schools, hospices, disaster regions, and those with learning disabilities. These animals do not serve as service animals.

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

Answer: Support animals offers company and alleviate feelings of loneliness, while also potentially aiding with depression, anxiety, and specific phobias. However, it is important to note that support animals do not possess specialized training to perform jobs that aid individuals with disabilities.

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

Answer: According to the Americans with Disabilities Act (ADA), dogs that are specifically trained to offer comfort or emotional support are not considered eligible as service animals.

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

Answer: Yes. Therapy dogs do not possess a distinct breed classification. The size, breed, or gender of the individuals in question can vary.

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

Answer: No. Therapy dogs are prohibited from entering food areas. These animals do not qualify as service dogs.

7.0 THERAPY ANIMAL

Are there different animal breeds employed for therapeutic purposes?

Answer: Yes. Animal-assisted therapy has employed a diverse range of animal breeds. In the event of a crisis, it is advisable to communicate with the emergency manager to address the request of a shelter client who wants to have their therapy animal accompany them.

Have other animal species been utilized in the context of animal-assisted therapy?

Answer: Yes. Cats are also employed in the practice of animal assisted therapy. These animals are prohibited from freely moving about within the confines of the shelter. It is imperative that they consistently remain in the presence of their owner.

8.0 EMOTIONAL SUPPORT ANIMALS

Are there emotional support animals?

Answer: Yes. An Emotional Support Animal (ESA) refers to a canine or other commonly found domesticated animal that offers therapeutic assistance to individuals with disabilities, including the

elderly. The provision of support can manifest through several means, such as the presence of companionship, the absence of judgmental attitudes, the expression of positive respect, the demonstration of affection, and the establishment of a sense of purpose in one's life.

Is an emotional support animal considered a type of service animal?

Answer: No. The emotional support animal is distinct from a service animal. Emotional Support Animals mostly provide emotional support to their owners and do not typically perform specific tasks.

Are emotional support animals permitted within shelter facilities?

Answer: It varies per shelter facility. The personnel of the shelters, the individuals seeking assistance, and the emergency management personnel should engage in an extensive dialogue regarding the advantages and disadvantages associated with the presence of emotional support animals within the shelter premises.

9.0 QUICK GUIDE FOR SERIVCE CANINE, MINIATURE SERVICE HORSE, THERAPY CANINE, AND EMOTIONAL SUPPORT CANINE

Characteristics	Service Canine	Miniature Service Horse	Therapy Canine	Emotional Support Canine
Under the Americans with Disabilities Act, individuals who own animals have the legal entitlement to be accompanied by these animals in public establishments that are open to the general public.	✔	✔		
In housing facilities with a "no-pets" policy, animal owners are permitted to reside with their dogs.	✔	✔		
Animals are permitted in the shelter's dining and medical areas.	✔	✔		
Dogs visit hospitals, schools, hospices, disaster sites, and activated shelters to provide psychological or physical therapy.			✔	
These dogs' handlers encourage them to receive petting and interact with people while on duty.			✔	
Individually trained animals perform tasks or labor in order to assist with owners' disability.	✔	✔		
Petting, talking to, or otherwise distracting these animals can impede their work and pose a grave threat to both the dog and its owner.	✔	✔		

				✓
The primary function of a dog is to provide emotional support through companionship.				

10.0 MENTAL HEALTH

What is psychological first aid (pfa)?

Answer: Psychological First Aid (PFA) is a modular approach based on empirical evidence that assists children, adolescents, adults, and families in the immediate aftermath of disasters and acts of terrorism.

When should psychological first aid (pfa) be administered?

Answer: The information is designed to be disseminated promptly following a catastrophic event.

In what context is psychological first aid (pfa) typically employed during catastrophe situations?

Answer: Psychological First Aid (PFA) is specifically developed to be administered in a wide range of environments.

What are the various contexts in which psychological first aid (pfa) is implemented following a disaster?

Answer: Mental health professionals and other individuals involved in disaster response may be tasked with delivering Psychological First Aid (PFA) in various settings such as general population shelters, field hospitals, medical triage areas, acute care facilities, staging areas, respite centers for first responders or relief workers, emergency operations centers, family reception areas, crisis hotlines or phone banks, feeding locations, and disaster assistance service centers.

Is Psychological First Aid (PFA) a Suitable Intervention for Individuals Experiencing Post Traumatic Stress Disorder (PTSD)?

Answer: No. Psychological First Aid (PFA) is not intended for the treatment of Post-Traumatic Stress Disorder (PTSD) or any other identified mental illnesses.

Who is the target audience for psychological first aid (pfa)?

Answer: Psychological First Aid (PFA) is designed for individuals experiencing an acute stress reaction and those who appear at risk for significant impairment in functioning.

Who delivers psychological first aid?

Answer: Psychological First Aid (PFA) is administered by disaster response personnel who provide immediate aid such as:

- Initial Responders
- Mental Health Specialists

- School Administrators
- Religious Specialists
- Humanitarian Volunteers
- Public Health and 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.

11.0 PRESCRIPTION MEDICATION AND SUPPLIES

Can shelter personnel assist with the replacement of missing medication?

Answer: Yes. The staff at the shelter has contacts who can assist with medication replacement.

During the disaster, a client lost their blood sugar monitor. Can the glucose monitor be replaced?

Answer: Yes. The shelter staff has contacts that can assist with the replacement of medication apparatus.

12.0 MEDICAL TREATMENTS/DIALYSIS/CHEMOTHERAPY

Can a person request transportation to and from a dialysis facility?

Answer: Yes. The county collaborates with several entities to facilitate the transportation of those undergoing dialysis treatments.

Can a person request transportation to and from a clinic to receive chemotherapy?

Answer: Yes. The county collaborates with several entities to facilitate the transportation of those undergoing chemotherapy.

Is there a financial obligation for individuals to cover the costs of medical treatments or services received within the shelter?

Answer: No, all medical treatments or care provided in the shelter are offered to the public without charge.

13.0 PEOPLE FIRST LANGUAGE

What is the meaning of people first language?

Answer: People-First Language is a linguistic prescriptive approach in the English language that seeks to prevent the unintentional dehumanization of those with disabilities during discussions. It is considered a component of disability etiquette.

The fundamental concept involves employing a sentence structure that prioritizes the identification of the individual before stating their condition. For instance, using the phrase "people with disabilities" instead of "disabled people" (or "handicapped" and "crippled") serves to underscore the notion that their primary identity is that of being individuals. Due to the typical placement of adjectives before nouns in English grammar, it becomes imperative to incorporate relative clauses as a means of substitution. For instance, the phrase "down syndrome person" is replaced with "a person who has down syndrome".

What is the significance of people first language?

Answer: Treating individuals with respect is both crucial and ethical.

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 or psychological disability	She's emotionally disturbed/mentally ill

14.0 DIVERSITY

Is it truly necessary for individuals to possess an understanding of cultural differences inside the shelter?

Answer: Yes. Our cultural values influence every aspect of our daily lives, including how we dress, behave, and respond. Numerous individuals are unaware of the extent of their cultural influences:

- Beliefs and responses to circumstances
- Ethics and choice-making
- Expectations and techniques of verbal and nonverbal communication
- Concepts of time

How does one transcend cultural barriers?

Answer: To interact effectively with people from diverse cultural backgrounds, you must be able to:

- Recognize your own cultural perspectives and influences.
- Recognize that both similarities and differences between individuals are significant.
- Recognize your preconceived notions and attitudes concerning cultural differences. Accept that there are numerous methods to achieve the same objective and live one's life.
- Discover cultural differences. Pose queries.
- Communicate. Possess the motivation and skills necessary to communicate and interact with people from different cultures.

15.0 COMMUNICATION

Is it necessary for the shelter personnel to create information in accessible formats?

Answer: Yes. The importance of effective communication cannot be overstated in the context of an emergency or disaster situation. According to the Americans with Disabilities Act (ADA), it is required for a public institution to undertake suitable measures to guarantee that communication with individuals who have disabilities, including applicants, participants, and members of the public, is equally as effective as communication with individuals without disabilities. Private and non-profit entities who offer sheltering services are likewise subject to the criteria of effective communication.

What are the methods of communication employed when interacting with those who are visually disabled?

Answer: Address the individual who is experiencing blindness or a visual disability directly.

It is imperative to avoid disregarding individuals with disabilities and instead engage directly with them while seeking information, rather than directing inquiries towards their companions or family members. Direct communication is a form of interaction that demonstrates respect for all those involved. Additionally, it is recommended that you use an ordinary tone of voice during verbal communication.

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

Answer: The shelter personnel may utilize "communication boards" as a temporary solution until they are able to establish contact with response partners specializing in assisting individuals with non-verbal communication abilities. The Nevada Department of Human Services houses subject matter experts specializing in non-verbal communication.

Is it possible for the personnel at the shelter to utilize a computer tablet as a means of communication?

Answer: Yes. A significant number of people are using tablets and communication software as a means to overcome barriers in interpersonal communication. Certain computer systems might have software applications designed to facilitate communication between individuals who are unable to speak.

How can an individual effectively engage in communication with a person who does not possess proficiency in the English language?

Answer: Please contact your response partners who collaborate with the shelter managers. Please provide the specific foreign language required for communication with the individual(s). It is advisable to utilize the language telephone line offered by various state organizations to communicate until the individual reaches a shelter where their language is spoken. Implementing this measure will effectively alleviate stress levels for both the individuals seeking shelter and the staff members responsible for their care.

This presents a perfect opportunity to utilize a communication board until such time as a language interpreter is available within the shelter, hence facilitating effective information flow between staff

members and the individual in question. The communication board serves as a means of facilitating short-term communication between shelter staff and clients within the shelter.

What is effective communication?

Answer: According to Title II of the Americans with Disabilities Act (ADA), "effective communication" means that whatever is written or spoken must be equally plain and understandable to people with and without disabilities. This website contains information about the effective communication act: https://www.ada.gov/resources/effective-communication/

What does having auxiliary aids and services include?

Answer: The following are examples of auxiliary aides and services that can and should be provided during emergencies:

- Assistance Filling Out Forms
- Assisted Listening Devices
- Audio Recordings
- Braille Materials
- Braille Refresher Reader
- Communication boards (very short term)
- Instant Messages, Email, or Text Messages
- Large Print Materials
- Open or Closed Captioning
- Personal Care Assistance
- Qualified Interpreters
- Screen Readers
- Telephone Handset Amplifiers
- Video Interpreting Services
- Videotext Displays

Remember that the staff must consult with the individual to determine what effective communication exchanges will benefit them. Self-Determination is one of the key elements of the CMIST Framework.

What type of communication styles or formats are considered accessible?

Answer:

Communication Formats	Strategies

General	Assign volunteers in advance to provide one-on-one assistance to residents who require assistance with effective communication throughout the sheltering process (e.g., completing forms).
Blind and Low Vision	Provide Braille, large and high contrast print, audio recordings, raised print signs, and Braille readers.
Deaf	Provide an American Sign Language (ASL) or oral interpreter, as well as a video description of the space.
Hard of Hearing Disability	Speech Augmentative communication device: provide notepads, markers, pencils, amplified telephones, text-to-speech, computer assisted real-time transcription (CART), captions, video description, and audio alerts.
Intellectual Disability	Present information slowly, using straightforward and simple language and brief sentences, and video demonstration.

What is a communication board?

Answer: A communication board contains images with descriptive language for "primary communication transfer" between two or more individuals. The word(s) will appear beneath the image. The image provides a simple method to describe how the person is feeling or what they require at that time. This method may be beneficial for an extremely brief communication exchange. However, because this method is sensitive to cultural differences, it may not be applicable to all instances of accurate information transfer between individuals.

Can the shelter personnel write the information they wish the client to know?

Answer: Yes and no. Yes, for some shelter residents. Writing down the information you wish to communicate on a piece of paper is inappropriate to some individuals. People who cannot see, read, or comprehend the English language; access and functional requirements (AFN) populations may require alternative methods of communication.

What communication equipment does the shelter require for clients with access and functional needs?

Answer:

Communication Strategies	Methods
Communication Devices	All methods of communication and communication devices must be accessible to people with disabilities, or access and functional needs

Telephone	Access to teletypewriter
Television	Accessible captioning
Pocket Talker	This device amplifies the sound of words that are spoke 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	Equipment and programs that make computers accessible to people who are deaf, blind, those who have intellectual disabilities, or have mobility disabilities, assisted real-time transcription (CART), and captioning.

Are you required to use accessible formats when communicating with shelter clients?

Answer: Yes. All information exchanged within the shelter should be in accessible formats, including non-English languages.

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

Answer: Yes. When publishing information to a website, ensure that all formats are accessible. This incorporates American Sign Language (ASL), Spanish, audio, font style (Arial and Bold), and larger font size (size 16 and up).

Do you make any modifications to the information mentioned during televised news conferences?

Answer: Yes. During a news conference, information should be presented in American Sign Language (ASL) and other foreign languages.

Is there a general rule to follow when communicating with older individuals or those with disabilities?

Answer: Yes. Just like any other individual, you must always identify yourself, display compassion, and be respectful.

16.0 LITERACY

What is literacy?

Answer: The National Adult Literacy Assessment (NAAL) defines literacy as both task-based and skill-based. The task-based definition of literacy, which was used in both the 1992 and 2003 assessments, emphasizes the everyday literacy tasks that an adult can and cannot perform.

The 2003 NAAL adds a skills-based definition of literacy that emphasizes the knowledge and abilities an adult must possess to perform these duties. These abilities range from fundamental, word-level skills

(such as word recognition) to higher-level abilities (such as drawing appropriate inferences from continuous text). The purpose of the new information provided by the 2003 NAAL is to increase comprehension of the skill differences between adults who can perform relatively difficult literacy tasks and those who cannot.

How do find the literacy rates for the state of Nevada?

Answer: The NAAL designed an interactive United States map. This map displays the percentages of a state's and a county's literacy rates. This map can be accessed on the website listed below:

https://nces.ed.gov/surveys/piaac/skillsmap/
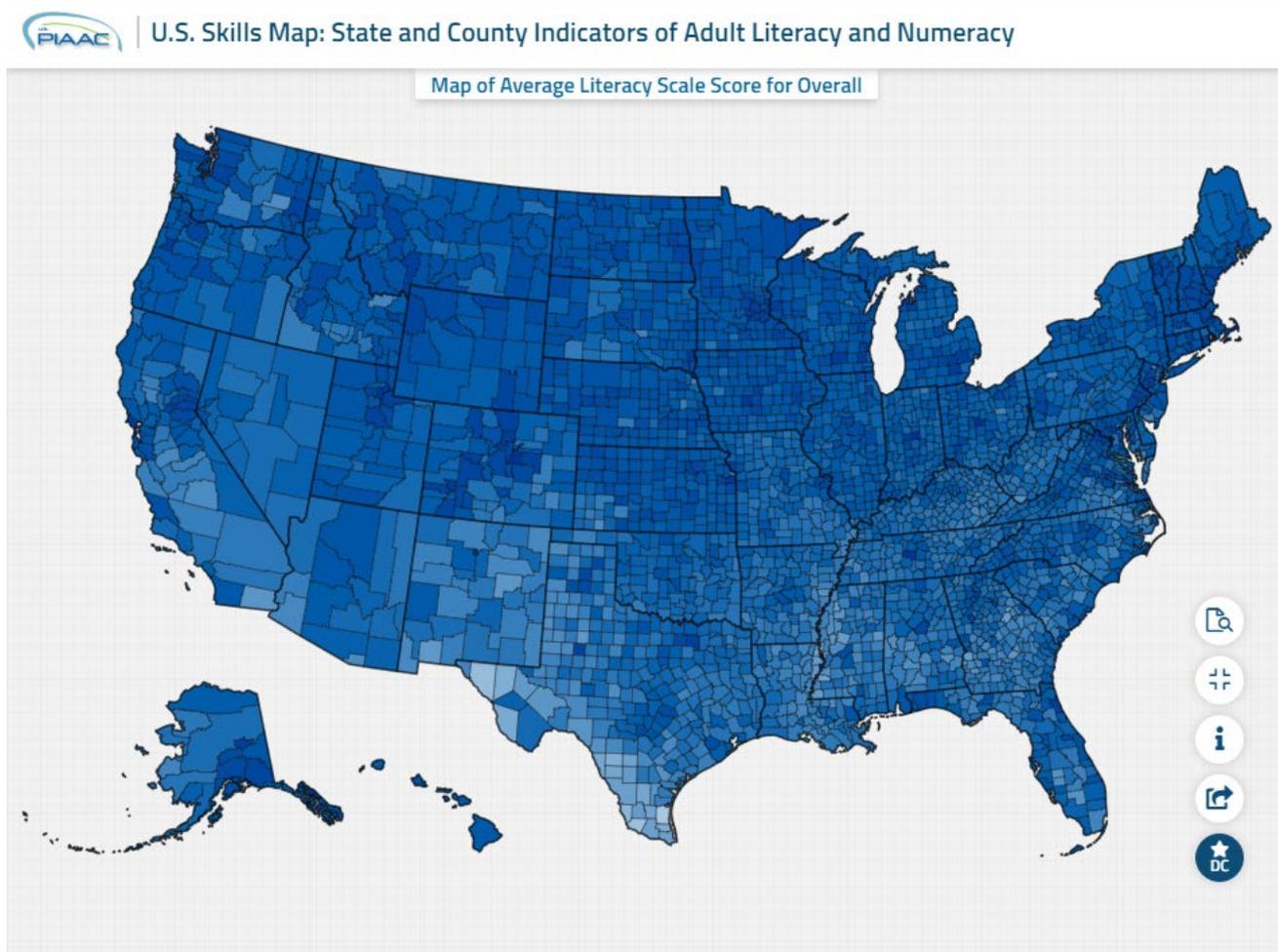
How can the NAAL map help with emergencies or disasters?

Answer: Knowing and comprehending the literacy rates in your county can aid in the development of emergency preparedness messages on any subject. These messages could be health-related (boil water alerts, air quality, disease epidemics, or heat warnings) or local (highway collapse, wildfire response, or tornado response). Clear messages will assist the public in comprehending what you want them to know and do in the event of a critical or minor incident.

How does the shelter personnel ensure that everyone understands the information on the intake forms and other shelter forms?

Answers: Ensure that all information is conveyed orally, in writing, in braille, in simple language, in American Sign Language (ASL), and in Spanish. Depending on the populations of the shelter, additional languages may be required. Provide the shelter with professional readers who can read to the guests/clients.

17.0 PRINTED INFORMATION IN THE SHELTER

Do you utilize the same printed materials for all shelter residents?

Answer: No. Seniors may require the information to be presented in larger fonts and Arial, Times Roman, or Georgia. The font size should be at least 14-16 points. For simpler reading, the printed material should also be double-spaced. Large print information should be created in 18–24-point Arial Black font size.

Does the use of white space and capitalization make a distinction in printed information?

Answer: Yes. White space on a page can provide natural locations for the eyes to rest after reading and may aid in focusing the attention of others. Senior citizens and those with visual disabilities can read words more easily when both capital and lowercase letters are used.

What about printed materials for individuals with visual disabilities?

Answer: People with visual impairments require the use of Arial font for their information. For printed information, they must also have 16- to 24-point font sizes and bold typefaces. For printed information provided in the shelter, size 14 typefaces should be used, with size 18 fonts for those with visual disabilities. As a rule of thumb, begin with 14, then 16 and increase to 18 for printed materials. Please accommodate clients' requests for a larger font size if they make such a request.

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

Answer: Yes. The printed materials distributed in shelters could be made available to anyone who requires the information. The font size should begin at 14 and be Times Roman. Always double space for improved readability.

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

Answer: Yes. Everyone within the shelter should have access to all the provided information. This comprises the language, size, and type of font.

Do "plain language" documents really need to be written at a lower reading level?

Answer: No! This idea is frequently dismissed as a myth. The primary principle of plain language is to tailor one's writing to suit the intended audience. Employ terminology that is familiar and conducive to

the comprehension and ease of your target audience. Consider the existing level of information possessed by your audience.

When addressing an audience consisting of Ph.D. candidates, small business owners, or working parents, it makes sense to avoid writing at an 8th grade level. Please ensure that the content is tailored to an appropriate audience.

Link: Plainlanguage.gov

What are the different steps involved in creating a document or website using "plain language"?

Answer: There are seven essential stages in the "plain language" document development process.

1. Organization is essential.
2. Begin by stating the document's objective and conclusion.
3. Eliminate padding and superfluous material.
4. Place the most significant information first.
    a. Start with fundamental information.
    b. The content that addresses the majority of readers in the majority of situations appears first.
5. Include context information (when necessary) in the conclusion.
6. Consider the questions your audience is likely to ask and organize your content in the order in which they would ask them.

Why is it essential to use "plain language" in your websites and written materials?

Answers: People browse documents and visit websites to obtain information. They want to know how to do something or the consequences of not doing it. They wish to acquire this information rapidly. Organize your document to address these issues.

When you create a "plain language" document do you address the group or a single person?

Answer: It is important to bear in mind that despite the potential impact of your text on a large number of individuals, the intended audience is ultimately an individual reader. When one's writing demonstrates these characteristics, it becomes more efficient and carries a more significant influence.

How do you use nouns or verbs in a plain language document?

Answer: The use of singular nouns and verbs serves to mitigate potential confusion within the content of your document or website. This helps a reader better understand if a stipulation applies to them or to a collective.

18.0 FAMILIES

Is it possible for family members to be forced to separate in shelters?

Answer: No. Families should never be separated in shelters. This includes LGBTQIA+ couples and families, who many not initially be recognized as a family unit by some first responders or sheltering staff, which can result LGBTQIA+ individuals being reluctant to seek emergency shelter or even disaster services and care, and a lack of trust in emergency responders and health care systems.

Can families receive money for essentials during and immediately after a disaster?

Answer: Yes. In the aftermath of a disaster, it is possible for children and families to obtain direct payments from the Temporary Assistance for Needy Families (TANF) program, which serves as financial aid to address their immediate necessary needs. The Temporary support for Needy Families (TANF) program is a federal initiative designed to provide support to families and children who are experiencing financial hardship.

19.0 CHILDREN

What are some potential interventions that might be implemented to support children who have experienced the aftermath of a disaster?

Answer: Establishing a structured regimen within the shelter for children, encompassing designated periods for recreational activities and reading, together with the provision of a secure play environment facilitated by compassionate and vigilant adults, are two crucial measures to be undertaken.

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

Answer: Yes.

- Natural supports are superior. Like other children, children with cognitive disabilities adjust best in their own environments and routines.
- Education is useful. Knowing what to expect prepares you to help. For instance, anticipate that children will misinterpret some of what they hear and see. Be willing to acquire their knowledge and to provide accurate and timely information. Teach older children that recovery is a process: it takes time, each individual responds differently, and there is no "right" way to feel. However, there are proper methods to behave, and children require positive role models. Introduce them to federal, state, and local leaders whose responses are constructive and instill confidence.
- Focus on action. Those who demonstrate care for themselves, and others engage in coping. Expression of emotions is essential, but coping also involves learning, reasoning, and acting. The following are some specific actions you may take:
  - Reduce future exposure to trauma. Given the extent to which we are immersed in unfolding events, presume that children are aware of them. However, it is essential to limit ongoing exposure to the trauma. Turn off the television for younger children during the news. Set aside time to examine newspaper articles and photographs and respond to inquiries. Together, you should view the news with older children. If you sense the media coverage is

not constructive, you should switch channels. Discuss what you observe during the viewing and subsequently.

- o Respond to concerns about safety. Talk about safety with children. Knowing that authorities are taking measures to safeguard the public will provide children with peace of mind. Describe in detail how our leaders are collaborating to restore normalcy. Be truthful and composed regarding risk; do not guarantee that this will never happen again. Explain that the majority of us will live long and age. Assure children that you will do everything possible to safeguard them.

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

Answer: No. Each infant may have unique dietary requirements or a medical condition that precludes the use of particular formulas. A diversity of formulas must be accessible. The Women, Infants, and Children (WIC) program of your local county health department may be able to assist shelter staff in locating specific formulas. Not all infants are fed formula. Many mothers may wish to breastfeed exclusively. Provide a curtain in the mother's sleeping area or a designated area in the shelter so that they can breastfeed in comfort and seclusion.

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

Answer: Yes. These infants have been deemed medically stable and capable of surviving and thriving outside of the hospital. Parents/caregivers who arrive at the shelter with a medically stable neonate on home medical equipment are equipped with the knowledge and skills necessary to care for their child.

- Oxygen canisters and tubing, nasal cannula and tubing, intravenous (IV) tubing and intravenous (IV) medication, ports, IV lines known as peripherally inserted central catheter (PICC) lines and breathing tubes in the middle of the throat called tracheostomy (trach) are examples of home medical equipment.
- If these parents do not have additional batteries or oxygen for their electronic devices (especially if they had to evacuate quickly), they may require assistance.
- Emergency medical services (EMS) must be utilized in all emergency situations. As required, shelters may wish to maintain a pediatrician on-call for the shelter's medical clinic for situations such as this.

20.0 OLDER ADULT ETIQUETTE

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

Answer: Present information in a straightforward and familiar manner to reduce the number of inferences involved. If your recommendations are necessarily general, such as "Eat healthier food," attempt to provide specific examples. Eliminate superfluous sentences.

Is it acceptable to address a senior as "honey" or by their pet names or first name only?

Answer: No. Always demonstrate respect for the individual, regardless of age. Many senior citizens and others find the phrases "honey" or "baby" objectionable. A senior should not be addressed by their first name, as it is not respectful, unless specifically requested.

21.0 SELF-DETERMINATION AND "VULNERABLE PERSON"

What is considered a vulnerable adult?

Answer: NRS 200.5092 Defines "older person" means a person who is 60 years of age or older. "Vulnerable person" means a person 18 years of age or older who:

a. Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or
b. Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.

Find more here: https://adsd.nv.gov/Programs/Seniors/EPS/EPS_Prog/

What is executive functioning as it pertains to evaluating mental capacity?

Answer: Executive functioning is a cognitive assessment measure utilized to evaluate the cognitive abilities of elderly individuals. This assessment test offers insights into the cognitive abilities of older adults in relation to problem-solving skills. The assessment of executive functioning includes the evaluation of the following domains:

- Is it possible for an individual to formulate a strategic course of action?
- Execute (according to plan)
- Performing activities of daily life (ADLs)

What is transfer trauma?

Answer: Transfer trauma is a physical, behavioral, and emotional reaction to a sudden change in your surroundings. This can happen when a move from a hospital to a care facility, from a care facility to a hospital, or even from one room to another.

Who can be affected by transfer trauma?

Answer: Transfer trauma can have a significant impact on individuals during emergency situations. Individuals that experience negative consequences because of transfer trauma include the following:

- People living with dementia
- People suffering from post-traumatic stress
- People who have a psychological disability or mental health condition

Can the shelter staff minimize transfer trauma for vulnerable persons?

Answer: Yes. The following is the most effective method for minimizing transfer trauma for vulnerable adults:

- Keep acquainted individuals and their possessions together.
- Analyze individual concerns
- Individualized activities throughout their shelter stay

22.0 PERSONAL ASSISTANCE SERVICE (PAS)

What is a personal assistance service (pas) program?

Answer: The Personal Assistance Service (PAS) is a program of the Federal Emergency Management Agency (FEMA) that provides formal and informal services through paid personal attendants, friends, family, and/or volunteers to help children and adults with access and functional needs maintain their independence during disasters.

What activities are provided in the personal assistance service (pas) services?

Answer: Personal Assistance Services (PAS) assist with Activities of Daily Living (ADL), such as hygiene, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety. Depending on the requirements of the individual, higher levels of PAS care may include skin care, catheterization, colostomy care, medication administration, and some respiratory assistance.

How do you request personal assistance personnel services?

Answer: Through the emergency operations center (EOC), shelter clients or medical personnel can request Personal Assistance staff.

23.0 DURABLE MEDICAL EQUIPMENT (DME)

What is durable medical equipment (DME)?

Answer: Durable equipment refers to equipment that is capable of being repeatedly utilized and is deemed medically essential for the purpose of treating an illness, injury, and/or preventing a patient's medical condition.

What items are considered durable medical equipment?

Answer: Durable medical equipment (DME) encompasses a range of items that exhibit longevity and are commonly utilized in medical settings. Some illustrations of DME include walkers, hospital beds, crutches, wheelchairs, canes, flexible or bendable straws, dry eraser white board and pen, zip lock bags, and oxygen equipment. The provided list is not exhaustive.

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

Answer: Sometimes. The state offers a variety of services to facilitate the replacement of durable medical equipment that has been lost. Nevertheless, the acquisition of the durable medical equipment (DME) item is exclusively accessible via our extensive network of resources and collaborative partners.

Are all wheelchairs the same for everyone?

Answer: No, it is necessary to ensure that wheelchairs are appropriately adjusted to accommodate the client's specific height and weight.

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

Answer: If resources are available, emergency clients are eligible for the replacement of durable medical equipment (DME) at no cost.

Which specific types of durable medical equipment should be strategically placed in a shelter prior to a disaster?

Answer: Wheelchairs, walkers, magnifier sheets for people with visual disabilities. Also have voice box for people who are hard-of –hearing.

Reference Shelter Equipment List in Appendix D

24.0 PORTABLE RAMPS

Is it possible for the shelter to utilize temporary ramps to enhance "accessibility" into the facility?

Answer: Yes. Portable ramps are a viable solution for enhancing accessibility for individuals seeking shelter.

25.0 PEOPLE WITH COGNITIVIE DISABILITIES

What is a cognitive disability?

Answer: The phrase "cognitive disability" refers to a condition in which an individual experiences certain restriction in their mental functioning and abilities, including but not limited to communication, self-care, and social skills.[10]

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[10] **Adapted and Revised From** *Frequently Asked Questions (FAQ) on Access and Functional Needs Populations.* Oklahoma State Health and Human Services. Accessed 20 Sept. 2023.

CMIST Functional Needs Assessment. This Functional Needs Assessment is for emergency planners, managers, and first responders who have a responsibility for meeting the CMIST Resources needed by their populations before, during, and after disaster strikes. The individualized CMIST Functional Needs Assessment will facilitate identifying the individualized functional needs people will require to **C**ommunication, **M**aintain their health, maintain their **I**ndependence, support their **S**afety, Security and Self-Determination, and facilitate accessible **T**ransportation.

How to deploy the Functional Needs Assessment

Example 1: Due to flooding, a neighborhood has been identified for prospective evacuation. First Responders are conducting door-to-door warnings and collecting data on the number of individuals in each household who will require evacuation and their needs. By completing a functional needs assessment for each household member, operations and mass care will have a clearer understanding of what resources will be required for evacuation and sheltering and insure there are no gaps.

Example 2: Integrated into the Standard Operating Procedures for shelter intake. While conducting an intake interview to determine the functional needs of the population, the Functional Needs Assessment will assist shelter managers in identifying the immediate resources required to assist their population in maintaining their health and independence.

CMIST RESOURCE ASSESMENT FORM

Communication

1. Do you have access to necessary communication services?
   a. Yes
   b. No
   If no, what do you need? _____

2. Do you require communication accommodation?
   a. Amplification
   b. Certified ASL Interpreter
   c. Certified Language Translators
   d. Communication Device
   e. Image Based
   f. Magnification
   g. Simple Language
   h. Other: _____

3. How do you prefer to receive communication?
   a. Email
   b. Face-to-face
   c. Letter
   d. Phone
   e. Text

    f.   Other: _____

4. Do you require written information in an alternate format?
   a. Not Applicable
   b. Audio Recording
   c. Braille
   d. Electronic
   e. High Contrast (What Colors?)
   f. Image Based
   g. Large Print (Font Size?)
   h. Personal Reader
   i. Plain Language
   j. Other: _____

5. Do you require accommodation(s) to receive auditory public service announcements?
   a. Certified ASL Interpreter
   b. Certified Language Interpreter
   c. Captions
   d. CART Services
   e. Video/Video Description
   f. Other: _____

6. Do you require a device or need access to replaced communication equipment?
   a. Cognition
      i. Apps
      ii. Color-Coded Notebook
      iii. Color Highlighters
      iv. Color Highlighter Tape
      v. Color Overlays
      vi. Color Paper
      vii. Color Post-It Notes
      viii. Color Sticky Notes
      ix. Eye Lighter
      x. Talking Photo Album
      xi. Text Reader
      xii. Other: _____

   b. Limited English **as a Second Language**
      i. Apps
      ii. Color-Coded Notebook
      iii. Color Highlighters
      iv. Color Highlighter Tape
      v. Color Overlays
      vi. Color Paper
      vii. Color Post-It Notes
      viii. Color Sticky Notes
      ix. Picture Communication Board
      x. Text Reader

        xi. Other: _____

c. Hearing
- i. Apps
    1. iOS 16 Accessibility Features
        a. Live Listen
        b. Mono Audio
        c. RTT/TTY
        d. Visible/Vibration Alerts
        e. Closed Captioning
        f. Other: _____
    2. Live Transcriptions
        a. Otter.ai
        b. AVA
        c. Rogervoice
        d. Other: _____
    3. Telecommunications & Relay Services
        a. Voxsci
        b. Hamilton CapTel
        c. P3 Mobile (VRS)
        d. Pedius
        e. Other: _____
    4. Messaging & Communication
        a. Facetime
        b. iMessage
        c. Facebook Messenger
        d. Facebook Groups
        e. Other: _____
    5. Signaling & Alerting
        a. TapTap
        b. Braci
        c. Hearing AI
        d. Other: _____
    6. Emergency Communication
        a. TapSOS
        b. Sorenson BuzzCards
        c. Speak4Me
        d. ASL Anywhere App
        e. Other: _____
- ii. Alphabet Board
- iii. Amplified Phone
- iv. Captioned Phone
- v. Dry Erase Board
- vi. Microphone
- vii. Notebook Pencil & Pen
- viii. Picture Communication Board
- ix. Pocket Talker
- x. Portable Induction Loop Hearing System
- xi. Text Signing

xii. TTY

xiii. TV Amplifier

xiv. Ubi Duo

xv. Video Interpreting (VRI)

xvi. Video Messaging

xvii. Other: _____

d. Mobility

   i. Apps

      1. iOS16 Accessibility Features

         a. Switch Control

         b. Dictation

         c. Assistive Touch

         d. Touch Accommodations

         e. USB Device Support

         f. Other: _____

   ii. Lap Tray

   iii. Writing Aids

      1. Built-up Grips

      2. Pencil Grips

      3. Other: _____

   iv. Writing Devices

      1. Ergo Pen

      2. Ring Pen

      3. Steady Write

      4. Writing Bird

      5. Other: _____

   v. Writing Guides

      1. Envelop Guide

      2. Signature Guide

      3. Other: _____

e. Speech

   i. Apps: _____

   ii. Communication & Speech Devices

   iii. Disaster Specific Picture Communication Boards

   iv. Dry Erase Board

   v. General Information Picture Communication Board

   vi. Hands Free Communication Cuff

   vii. iPad and Communication Software

   viii. Notebook & Pencil & Pen

   ix. Talking Photo Album

   x. Voicette Voice Amplification System

   xi. Other: _____

f. Vision

   i. Apps

      1. iOS 16 Accessibility Features

         a. Voice Over

         b. Zoom

       c. Magnifier

       d. Large Text

       e. Speak Screen

       f. Braille Reader

       g. Other: _____

2. AI and Remote Vision
   a. Seeing AI
   b. Envision AI
   c. Aiopoly Vision
   d. TapTapSee
   e. Aira
   f. Be My Eyes
   g. Other: _____

3. Magnification
   a. SuperVision+ Magnification
   b. Magnifying Glass with Light
   c. Big Magnify
   d. Other: _____

II. 20/20 Pen

III. Bright Light

IV. Dome Magnifier

V. Eye Lighter

VI. Hand Held Magnifier

VII. Large Button Phone

VIII. Lighted Magnifier

IX. Portable Electronic Magnifier

X. Screen Reader

XI. Stand Magnifier

XII. Tactile Markers

XIII. Text Reader

XIV. Other: _____

7. Do you have other communication needs?

Maintaining Health

1. Do you require a special diet?
   a. Food Allergies _____
   b. Alternate foods _____
   c. Alternate beverages _____
   d. Other: _____

2. Do you require medical supplies or access to replaced medical supplies and/or equipment for everyday basic care?
   a. Medication replacement
   b. Wound management/dressing supplies
   c. Diabetic management supplies
   d. Bowel and bladder management supplies

    e.   Oxygen supplies and equipment
    f.   Cognition
          I.   Color coding
         II.   Medication reminders
       III.   Pill Boxes
       IV.   Social stories
        V.   Talking blood pressure cuff
      VI.   Talking glucometer
     VII.   Talking thermometer
   VIII.   Other: _____

    g.   English as a Second Language
          I.   Color coding
         II.   Medical specific picture communication board
       III.   Other: _____

    h.   Hearing
          I.   Alphabet board
         II.   Medical specific picture communication board
       III.   Visual/Vibration medication reminder
       IV.   Other: _____

    i.   Mobility
          I.   Bottle cap opener
         II.   Built-up handle
       III.   Cooling clothing
       IV.   Cooling device
        V.   Eye drop cup
      VI.   Heating device
     VII.   Lotion applicator
   VIII.   Nosey cup
      IX.   Pill splitter
       X.   Other: _____

    j.   Respiratory
          i.   cpap
         ii.   nebulizer
       iii.   Other: _____

    k.   Speech
          I.   Medical specific picture communication board
         II.   Other: _____

    l.   Vision
          I.   Eye drop cup
         II.   Magnifying mirror
       III.   Pill boxes
       IV.   Prescription magnifier
        V.   Talking blood pressure cuff
      VI.   Talking glucometer
     VII.   Talking thermometer
   VIII.   Drink thermometer
      IX.   Other: _____

3. Do you require continued or new medical care normally provided in the home?

     a. Administration of medication
     b. Storage of medications
     c. Wound management
     d. Bowel and bladder management
     e. Universal precautions/infection prevention and control
     f. Other: _____

4. Do you have environmental allergies?
   If yes, please list: _____

5. Are you pregnant?
     a. How many months?

6. Are you a nursing mother?
     a. Do you require a private room for breastfeeding?

7. Do you have an infant?
     a. Do you require access to a diaper changing room?

8. Do you require access to a quiet/private area?

9. Do you require access to a temperature-controlled area?
     a. Air conditioning
     b. Heated environment
     c. Other: _____

10. Do you require mental health/behavioral health services? _____

11. Do you require spiritual/faith-based services? _____

12. Do you have other needs to maintain your health? _____

Independence

1. Do you require service animal accommodations?
     a. Do you require food, water, and supplies for your service animal?
     b. Do you require housing for your service animal?
     c. Do you require an exercise area for your service animal?
     d. Do you require a toileting area and supplies for your service animal?
     e. Other: _____

2. Do you require infant supplies and equipment?
     a. Do you require diapers?
     b. Do you require formula?
     c. Do you require baby food?
     d. Do you require a crib?

e. Other: _____

3. Do you require a power source for charging assistive technology/devices?

4. Do you require access to new or replaced equipment for your independence?
    a. Cognition
        I. Color coding
        II. Image based labels/signage and directions
        III. Talking photo album
        IV. Voice cue
        V. Other: _____

    b. English as a Second Language
        I. Color coding
        II. Image based labels/signage and directions
        III. Other: _____

    c. Hearing
        I. Pocket Talker
        II. Portable Induction Loop Hearing System
        III. Other: _____

    d. Mobility
        I. Bottle openers
        II. Dressing aids
        III. Durable Medical Equipment (DME)
            1. Mobility
                a. Cane
                b. Crutches
                c. Walker
                d. Manual wheelchair
                e. Scooter
                f. Power wheelchair
                g. Other: _____
            2. Hygiene
                a. Bath bench
                b. Grab bars
                c. Hand-held shower head
                d. Raised toilet seat
                e. Shower chair
                f. Other: _____
            3. Sleeping
                a. Accessible cot
                    i. Raised head option
                b. Bariatric cot

        c.   Crib with raised head option

        d.   Other bed type

   IV.   Eating aids

    V.   Elastic shoelaces

   VI.   Furniture risers

  VII.   Grooming aids

 VIII.   Hygiene items

   IX.   Lap tray

    X.   Lift seat

   XI.   Mobility aids

  XII.   Non-skid shelving paper

 XIII.   Reacher

 XIV.   Swivel seat

  XV.   Writing aids

 XVI.   Writing devices

XVII.   Other: _____

   e. Speech

     I.   Alphabet board

    II.   Picture communication boards

        1.   General

        2.   Medical

   III.   Hands-free communication cuff

   IV.   Other: _____

   f. Vision

     I.   Braille signage

    II.   Liquid level indicator

   III.   Mobility guide

   IV.   Tactile markers

    V.   Talking clock

   VI.   Talking watch

  VII.   White cane

 VIII.   Other: _____

5. Do you require Personal Assistance Services to maintain your independence?

6. Do you have other needs to maintain your independence?

Safety, Support Services, and Self-Determination

1. Do you require housing/sheltering?
   a. Can you stay with family or friends?
   b. Can you stay in a hotel?
      i. Does it need to be pet friendly?
   c. Can you stay in a shelter?

d. Other: _____

2. Do you require shelter for your pets?

3. Do you require nutrition service?
    a. Home meal delivery
    b. Food bank locations
    c. USDA food box delivery
    d. School lunch program
    e. Soup kitchen locations
    f. Other: _____

4. Do you require adult personal assistance services?
    a. Is there a family member or caregiver to provide the service?
    b. Is there a qualified volunteer to provide the service?
    c. Is there an appropriate local support service provider?
    d. Other: _____

5. Do you require child personal assistance services?
    a. Is there a family member or caregiver to provide the service?
    b. Is there a qualified volunteer to provide the service?
    c. Is there an appropriate local support service provider?
    d. Is there a play area, age-appropriate activities, and access to resources?
    e. Other: _____

6. Do you require access to new or replaced equipment or services for your safety or to support you?
    a. Cognition
        i.   Color coding
        ii.   Image based labels/signage/directions
        iii. Personal assistant service
        iv.   Social stories
        v.   Other: _____

    b. English as a Second Language
        i.   Color coding
        ii.   Image based labels/signage/directions
        iii. Personal assistant service
        iv.   Other: _____

    c. Hearing
        i.   Accessible alerts, warnings, and updates
        ii.   Personal assistant service
        iii. Other: _____

    d. Mobility
        i.   In-home care
        ii.   Personal assistant service

       iii. Service animal
       iv. Other: _____

    e. Speech
       i. Medical specific picture communication board
       ii. Personal assistant service
       iii. Other: _____

    f. Vision
       i. Braille labels
       ii. Mobility guide
       iii. Personal assistant service
       iv. Tactile markers
       v. Other: _____

7. Do you have other safety or support needs?

Transportation

1. Do you have your own vehicle?
    a. Do you require funds/vouchers to purchase fuel?
    b. Do you require funds/vouchers to purchase repairs?
    c. Other: _____

2. Do you use public transportation?
    a. Bus
    b. Light Rail
    c. Paratransit
    d. Taxi
    e. Lyft
    f. Uber
    g. Other: _____

3. Do you require transportation for non-medical appointments?

4. Do you require transportation for medical appointments?

5. Do you require an accessible vehicle and qualified driver?

6. Do you have other transportation needs?[11]

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[11] Adapted and Revised from *Access and Functional Needs Resources | Division of Homeland Security and Emergency Management*. dhsem.colorado.gov/emergency-management/plans/access-and-functional-needs/access-and-functional-needs-resources.

CMIST Resources

Resources	Communication	Medical/ Maintaining Health	Independence	Safety/ Support Services	Transportation
Color Coding: Color Coding of Routes and Stops, Color Highlighter Tape, Color Highlighters, Color Overlays, Color Paper, Color Post-It Notes, Color Sticky Notes, Color-Coded Notebook	●	●	●	●	●
Communication Boards: Alphabet Communication Board, General Information Communication Boards, Medical Specific Picture Communication Board, Specific Picture Communication Board, Disaster Specific Communication Boards	●	●	●		●
Picture Communication Board: Picture Pain Scale	●	●	●	●	
Image Based Labels/Signage/Directions/Information	●		●	●	●
Sighted Guide (personal)			●	●	●
Tactile Markers	●		●	●	
Lap Tray	●		●		
Portable Induction Loop Hearing System	●		●		
Talking Photo Album	●		●		
Writing Aids	●		●		
Writing Devices	●		●		
Audio Information/Messages	●				●
Text Electronic Sign Messages					●
Personal Assistant Service				●	●
Bottle Cap Opener: Bottle Opener		●	●		

CMIST Resources

Resources	Communication	Medical/ Maintaining Health	Independence	Safety/ Support Services	Transportation
Voice Cue		X	X		
Social Stories		X		X	
20/20 Pen	X				
Accessible Alerts, Warnings, and Updates				X	
Accessible Routes					X
Accessible Vehicles					X
Additional Lighting	X				
Alternate Power Source		X			
Amplified Phone	X				
Braille Information	X				
Braille Pill Boxes		X			
Braille Signage			X		
Bright Lighting	X				
Built-Up Handles		X			
Caption Phone	X				
Captioned Meetings- Open/Closed	X				
Certified ASL Interpreter	X				
Closed Caption Apps			X		
Communication Access Realtime Translation (CART)	X				
Communications Devices and Software	X				
Community Cultural Navigators/Connectors				X	
Cooling Devices		X			
Deaf Interpreter	X				

CMIST Resources

Resources	Communication	Medical/ Maintaining Health	Independence	Safety/ Support Services	Transportation
Deaf Trainer	■				
Dome Magnifier	■				
Dressing Aids			■		
Driver					■
Dry Erase Board	■				
Eating Aids			■		
Elastic Shoelaces			■		
Electronic Information	■				
Envelope Guide	■				
Extra batteries		■			
Eye Drop Cup		■			
Eye Drop Dispenser		■			
Eye Lighter	■				
Flexible Schedules					■
Furniture Risers			■		
Grooming Aids			■		
Hand-Held Magnifier	■				
Hands Free Communication Cuff	■				
High Contrast	■				
Hygiene Items			■		
iPad and Communication Software	■				
Large Button Phone	■				
Large Font/Print Information	■				
Large Print Address Book	■				
Lift Seat			■		
Lighted Magnifier	■				

CMIST Resources

Resources	Communication	Medical/Maintaining Health	Independence	Safety/Support Services	Transportation
Liquid Level Indicator			■		
Long Straws			■		
Lotion Applicator		■			
Magnifying Mirror		■			
Medication Reminders		■			
Microphone	■				
Mobility Aids			■		
N95 Filter Mask		■			
Non-Skid Shelving Paper			■		
Nosey Cup		■			
Notebook and Pen	■				
Personal Amplification Device - Pocket Talker			■		
Pill Boxes		■			
Pill Splitter		■			
Plain Text	■				
Pocket Talker	■				
Portable Electronic Magnifier	■				
Portable Electronic Message Board	■				
Prescription Magnifier		■			
Reacher			■		
Rechargeable batteries		■			
Relay Nevada	■				
Resuscitation Bag		■			
Screen Reader	■				
See Thru Face Masks	■				

CMIST Resources

Resources	Communication	Medical/ Maintaining Health	Independence	Safety/ Support Services	Transportation
Simple Language	■				
Speech Apps			■		
Stand Magnifier	■				
Suction Grab Bar			■		
Swivel Seat			■		
Talking Blood Pressure Cuff		■			
Talking Clock			■		
Talking Glucometer		■			
Talking Thermometer		■			
Talking Watch			■		
T-Coil Neckloop	■				
Text Reader	■				
Text Signing	■				
TTY	■				
TV Amplifier	■				
Ubi Duo	■				
Video Description	■				
Video Messaging	■				
Video Remote Interpreting (VRI)	■				
Vision Apps			■		
Visual Alerts					■
Visual/Vibration Medication Reminder		■			
Voice to Text Software	■				
Voicette Voice Amplification System	■				
Website Accessibility	■				
Writing Guides	■				

We encourage the development of a Mass Care Sheltering SOP. It is best practice to have a SOP to ensure all AFN issues are addressed with guidance. The SOP builds on the non-equipment aspects of AFN sheltering (flashing lights to notify deaf constituents prior to shelter announcements/sit stat updates; large font for all signage to support persons with limited vision; signage in Spanish-language; addressing intake protocols for persons required to register with local authorities [sex offenders, persons with arson convictions]; unaccompanied minors, etc.) (non-exhaustive list)

AFN – Shelter Equipment List (per Trailer or Shelter)		
Equipment Item	Notes	Qty
Bedding		
ADA Cots w/ rolling rack	If deployed, place against the walls of shelter the not center.	8
Pool Noodle (18 per pack)	Protective barrier for ADA Cots	1
Portable playpen/bassinet		3
Mobility Support		
Manual Hoyer Lift w/ LG sling	Transfer support	1
Hoyer Life Sling (various sizes)		4
18" Wheelchair with footrest		1
Walker with folding seat		1
Adjustable cane		1
Folding Bland Cane with wrist strap		1
Transfer Board		1
Privacy curtains and curtain stand		3
Wheelchair seat cushion 16x16x3		2
Grabbers		4
Gravel Mats		2
Threshold Ramps		1
6' portable ramp		1
Folding bedside commode		1
Plastic portable urinal		5
Medication Storage		
Refrigerator with lock		1
Hygiene		
Infant Diapers-Size 1 (case)		1
Infant Diapers-Size 2 (case)		1
Infant Diapers-Size 3 (case)		1
Infant Diapers-Size 4 (case)		1
Infant Diapers-Size 5 (case)		1
Infant Diapers-Size Newborn (case)		1
Infant diaper Wipes (case)		1
Chux: bed pads 23x36 (150 count/box)		1
Pull up briefs, various sizes (case)		3
Wipes Adult 1 case/12pk		1
Barrier Cream fragrance free 1oz 48 tubes/case		1

Shower Bench		1
Shower wheelchair		1
Portable shower grab bars		2
Potable shower caddy for toiletry supplies		4
Extendable shower head		2
Long handled bath sponge		10
6 Quart wash basin		5
Shower mats 1'9"x1'9		2
Cavicide 24 oz spray		2
Feeding		
Disposable bibs – child (10/pack)		2
Disposable infant spoons (8/pack)		1
Bottles (12 per pk)		1
Disposable sippy cups (6 per pk)		2
Bibs – Adult (300 count/case)		1
Handle foam grips 3/8 inch (6per pk)		1
Drinking straws (100 count/box)		1
Mini Food processor	Softened dietary needs	1
Communications		
Pocket Talker Ultra		10
AAA Energizer Batteries (pk 48 batteries)		2
Rubbermaid Audio Guard	Audio safety alert	1
Rubbermaid Safety Cone	Audio safety alert	1
Communication board		2
UbiDuo 2 Wireless/ Cary Bag/ Power Cord		1
Laptop computer & Printer (for remote ASL/non-English)	Remote ASL/Language services	2
Clear Mask (Bend Shape Mask) (25 per box)		4
Visual Support		
Magnifiers 2"x4"		4
Magnifiers 5x7		4
Scrolling LED sign		1
Sensory Support		
Disposable earplugs – corded (200ct/bx) & uncorded (100 ct/box)		2
Over the ear Headphones		2
Power		
Charger for GEL Battery		1
Charger for AGM battery		1
Extension Cords		1
Service Animals		
Blankets – be for service animals 10yd per pk		1
Flea collar (6 count/box)		2
Indoor per relieving station		1
Pet potty p(35.5 x 23.5 in) 50ct		1
Animal waste bags 50rolls		1

Notes:

1. UbiDuo and computer laptops/printers should not be stored in a trailer due to potential damage. Equipment should be staged with County Sheltering Staff for deployment. The gold standard is to have ASL interpreters at the shelter. If this isn't possible, purchasing extra-large laptops with air cards for online ASL (plus other languages) interpretation. For situations where internet access is disrupted, use the UBI-Duo. I would describe this as two laptops directly connected to support typed message conversations. I would use this as a last resort because ASL is a separate language, not a translated English, so it is assumed some deaf constituents may have limited English proficiency.
2. Contact Animal Services for food and water bowls for Service Animals.
3. Large mats are to be placed in areas of grass or gravel that could be a barrier for people who use wheelchairs.
4. Hoyer lifts and slings will be necessary in many cases for transit between cots and wheelchairs.
5. Pool noodles are used a temporary barrier for persons with mobility control issues to prevent injury from arms/legs getting caught in cot handrails.
6. Headphones are because it is especially difficult for persons on the autism spectrum to manage the noise and chaos of a general population shelter. This equipment provides support for these persons to have a "quiet space" to listen to music or other progs that provide comfort.
7. Pocket Talker is an assistive listening device (ALD) for persons who are hard of hearing.
8. AAA Batteries for pocket talkers,
9. A clear mask to enable deaf and hard of hearing persons to lipread.

Establish agreements, memorandums of understanding (MOU), and memorandums of agreement (MOA) within your jurisdiction, county, or tribe with organizations that would be valuable resource during a response, provide response to support mass care and recovery, or to support dissemination of information.

SAMPLE: MOU BETWEEN COUNTY AND NON-PROFIT DISABILITY ORGANIZATION SUCH AS NORTHERN OR SOUTHERN NEVADA CENTERS FOR INDEPENDENT LIVING

MEMORANDUM OF UNDERSTANDING
BETWEEN COUNTY OF (*******)
AND
(*******) FOR THE PROVISION
OF DISASTER RESPONSE
FY 2024/25 through FY 2025/26

THIS MEMORANDUM OF UNDERSTANDING ("MOU") is entered into this 12th day of December 2024, by and between the County of (*******) through its Department of Social Services, herein referred to as "COUNTY" and (*******), herein referred to as "CONTRACTOR". The purpose of this document is to set forth the types and terms of collaborative services between COUNTY and CONTRACTOR. This MOU provides a broad framework for cooperation between the two organizations to provide local resource information to members of the community with disabilities during times of disaster.

WITNESSETH:

WHEREAS CONTRACTOR is responsible for assisting community members who experience disabilities, through this MOU, COUNTY and CONTRACTOR, respectively, delegate and accept responsibility for the duties identified herein.

NOW, THEREFORE, in consideration of their mutual covenants and conditions, the parties hereto agree to follows:

I. **Purpose**
   The purpose is to ensure collaboration in protecting the community during disasters. Non-profits play a vital role in working with government to facilitate and provide emergency response to and recovery from all types of disasters.

II. **TERM**
   The term of this MOU is December 12th, 2024, through December 11th, 2025.

III. **Fiscal Explanation**
   This is a nonfinancial agreement and there are no fees associated with this MOU.

IV. **Responsibilities**
   The responsibilities of COUNTY and CONTRACTOR are set forth in Attachment 1, Description of Services, attached hereto and by this reference incorporated herein.

V. TERMINATION

This MOU may be terminated by either party upon the giving of thirty (30) days advance written notice of an intention to terminate.

VI. NON-ASSIGNMENT

Neither party shall assign, transfer or sub-contract this MOU nor their rights or duties under this MOU without the prior written consent of the other party.

VII. RECORDS

All Parties subject to this MOU shall maintain a record of services provided in sufficient detail to permit an evaluation of the MOU. All such records shall be made available during normal business hours to authorized representatives of County, State, and Federal governments during the term of this MOU and during the period of record retention for the purpose of program review and/or fiscal audit.

VIII. COMPLIANCE WITH LAWS/POLICIES

The parties shall comply with all applicable laws, rules and regulations related to Case Review of juvenile dependency cases as directed by the State of (*******).

IX. NON-DISCRIMINATION

During the performance of this MOU, the parties shall not unlawfully discriminate against any employee or applicant for employment, or recipient of services, because of race, religion, color, national origin, ancestry, physical disability, medical condition, marital status, age or gender, pursuant to all applicable State and Federal statutes and regulations.

X. RELATIONSHIP OF PARTIES

It is understood that this is a MOU by and between two (2) separate public agencies and is not intended to and shall not be construed to create a relationship of agent, servant, employee, partnership, joint venture or association.

XI. NO THIRD-PARTY BENEFICIARIES

Both COUNTY and CONTRACTOR agree it is their specific intent that no other person or entity shall be a party to or a third-party beneficiary of this MOU or and attachment or addenda to this MOU.

XII. INDEMNIFICATION

Each party hereto agrees to be responsible and assume liability for its own wrongful or negligent acts or omissions, or those of its officers, agents, or employees to the full extent required by law.

XIII. NOTICE

Any and all notices, reports or other communications to be given to COUNTY or CONTRACTOR shall be given to the persons representing the respective parties at the following addresses:
COUNTY Department of Social Services

Name: (***********)
Title: (***********)
Address: (***********)
Email: (***********)
Phone: (***********)

CONTRACTOR
Name: (***********)
Title: (***********)
Address: (***********)
Email: (***********)
Phone: (***********)

XIV.   PUBLIC RECORDS ACT

Both COUNTY and CONTRACTOR are aware that this MOU and any documents provided to the other related only to this MOU may be subject to the (*******) Public Records Act and may be disclosed to members of the public upon request. It is the responsibility of both to clearly identify information in those documents that it considers to be confidential under the (*******) Public Records Act. To the extent that both agree with that designation, such information will be held in confidence whenever possible. All other information will be considered public.

XV.   ENTIRE AGREEMENT AND MODIFICATION

This MOU contains the entire agreement of the parties relating to the subject matter of this MOU and supersedes all prior agreements and representations with respect to the subject matter hereof. This MOU may only be modified by a written amendment hereto, executed by both parties. If there are attachments attached hereto, and a conflict exists between the terms of this MOU and any attachment, the terms of this MOU shall control.

XVI.   ENFORCEABILITY AND SEVERABILITY

The invalidity or enforceability of any term or provisions of this MOU shall not, unless otherwise specified, affect the validity or enforceability of any other term or provision, which shall remain in full force and effect.

XVII.   DISPUTES

The parties agree to use good faith efforts to resolve any disputes prior to bringing any action to enforce the terms of this MOU.

Should it become necessary for a party to this MOU to enforce any of the provisions hereof, the prevailing party in any claim or action shall be entitled to reimbursement for all expenses so incurred, including reasonable attorney's fees.

It is agreed by the parties hereto that unless otherwise expressly waived by them, any action brought to enforce any of the provisions hereof or for declaratory relief hereunder shall be filed and remain in a court of competent jurisdiction in the County of (*******), State of Nevada.

XVIII. OTHER DOCUMENTS

The parties agree that they shall cooperate in good faith to accomplish the object of this MOU and, to that end, agree to execute and deliver such other and further instruments and documents as may be necessary and convenient to the fulfillment of these purposes.

XIX. CONTROLLING LAW

The validity, interpretation and performance of this MOU shall be controlled by and construed under the laws of the State of (*******).

XX. AUTHORITY

Each party and each party's signatory warrant and represent that each has full authority and capacity to enter into this MOU in accordance with all requirements of law. The parties also warrant that any signed amendment or modification to the MOU shall comply with all requirements of law, including capacity and authority to amend or modify the MOU.

XXI. General

a. Both parties agree not to use or display any trademarks of the other without first receiving the express written permission to do so.
b. Both parties will keep the public informed of their cooperative efforts.
c. Both parties will widely distribute this partnership agreement within their respective organizations and urge full cooperation.
d. Both parties will allocate responsibility for any shared expense in writing in advice of any commitment.

XXII. Periodic Review and Analysist

Representatives of the COUNTY and CONTRACOR will jointly evaluate their progress in implementing this MOU every year and revise and develop new plans or goals as appropriate.

XXIII. Term and Termination

This MOU is effective as of the date of the last signature below and expires 1 year from the last signature date. The parties may extend this MOU for additional periods not exceeding five years each time, and if so, should confirm this writing. This MOU may be terminated at any time upon written notice from either party to the other.

XXIV. Miscellaneous

Neither party to this MOU has the authority to act on behalf of the other party or bind the other party to any obligation. This MOU is not intended to be enforceable in any court of law of dispute resolution forum. The sole remedy for non-performance under this MOU shall be termination, with no damages or penalty.

XXV.   **Signatures**

COUNTY Name here   CONTRACTOR Agency

By: _____   By: _____

Name: _____   Name: _____

Title: _____   Title: _____

Date: _____   Date: _____

REVIEWED AS TO FORM (*******)

(*******) County Counsel

By:_____   Date: _____

Attachment 1

Description

Unless indicated otherwise herein, CONTRACTOR shall furnish all labor, materials, transportation, supervision and management and pay all taxes required to complete the project described below:

By execution of this contract, COUNTY agrees that any services provided by CONTRACTOR from December 12th, 2024, and prior to the execution of this contract, shall be in compliance with all language stated in this original contract, including all attachments. Should CONTRACTOR provide services prior to execution of contract, all items stated in the contract, including all attachments, shall apply at the time services are performed.

Unless indicated otherwise herein, CONTRACTOR shall furnish all labor, materials, transportation, supervision and management and pay all taxes required to complete the project described below:

CONTRACTOR is a community-based organization serving disabled individuals in Southern Nevada Counties and currently provides, among other services, free support to help community members with disabilities achieve and/or maintain their optimal level of self-reliance and independence. CONTRACTOR shall provide support services such as information, housing assistance, and provider referrals. CONRACTOR will provide disaster assistance, emergency preparedness resources and other supports to identified individuals in accordance with mission assignments. Services will be provided at the Emergency Operations Center

(EOC) located at (*******).

COUNTY and CONTRACTOR will use a mutually agreed upon system to provide notification of emergency conditions that may affect CONTRACTOR or COUNTY interests. This will also include a designated point person at the (*******) County EOC for CONTRACTOR's representatives during disasters and Public Safety Power Shutoffs (PSPS). This will enable CONTRACTOR to monitor the disaster events and the need for critical resources. To the extent resources are available, (*******) County EOC will be enhanced to include modules specifically useful for inter-business coordination and resource acquisition.

CONTRACTOR will work cooperatively with other business partners to ensure resources are most efficiently provided consistent with established procedures and government requests. CONTRACTOR shall not be required to provide any business partners or COUNTY with any confidential or proprietary information of CONTRACTOR. CONTRACTOR will work with COUNTY and other business partners to develop procedures for implementation of this MOU.

Upon activation, CONTRACTOR shall assist COUNTY in providing necessary resources and referral to disabled persons who may be displaced during a disaster or PSPS events. Given the critical nature of emergency response and to ensure the safety of (*******), to the extent feasible and allowable by law, Partner shall give priority to COUNTY requests over CONTRACTOR's other commitments. COUNTY shall provide adequate and accurate information for the deployment of services,

Sixty-days prior to the end of the term of the Contract a reassessment may be made and a new contract negotiated if there is a need to continue services. It is CONTRACTOR's responsibility to remain within the term and amount of the Contract. If the term or the amount is exceeded, CONTRACTOR may not be reimbursed.

COUNTY identified the following methods of cooperation.

1. Communication between organizations
   Representatives of COUNTY and CONTRACTOR will maintain open communication. Both parties will encourage their respective organizations to maintain open communication at the state and local levels. The parties will share information (except for client information which may be confidential or privileged, unless disclosure has been expressly authorized by the client), relevant reports and contact information for key personnel, and how to contact during non-business hours.
2. Engagement at the Local Level:
   - CONTRACTOR will coordinate with COUNTY and identify CONTRACTOR clients who may benefit from COUNTY preparedness programming, response activities, as well as assist in the coordination of appropriate programs.
   - COUNTY and CONTRACTOR will provide training about their current services to each other's casework teams to extend the understanding of how each can coordinate services and resources for the benefit of the client.
   - COUNTY Social Services and Health Services teams may coordinate with CONTRACTOR staff to identify service delivery needs of disabled communities and individuals and access to COUNTY resources.

- CONTRACTOR may coordinate with COUNTY in providing durable medical equipment (DME) and/or other services/resources to clients.
- CONTRACTOR may provide representation at local COUNTY Managed Shelters via agency information table readily available to shelter clients.
- CONTRACTOR may provide local resource information to fire clients up on referral from COUNTY.
- COUNTY will engage with CONTRACTOR in community disaster planning.
- CONTRACTOR training will be available to COUNTY workforce.
- CONTRACTOR may facilitate peer counseling and mentorship between individuals with disabilities in both organizations, be they paid staff of volunteer.

CMIST EXAMPLES IN EACH CORE CAPABILITY

The National Preparedness Goal establishes five distinct mission areas and encompasses a total of 32 core competencies. This guide aims to present concrete instances for the practical implementation of the CMIST Resource Framework within the context of five mission areas and their corresponding core capabilities.[12]

CROSS CUTTING CORE CAPABILITIES

Cross Cutting Core Capabilities
Planning **Mission Area: ALL**

1. Have you planned with external agencies such as Centers for Independent Living, Aging and Disability, and/or community liaisons from cultural community organizations? Are they invited as subject matter experts (SME's) at the planning table when plans are created, revised, updated, and finalized?
    a. Regional Centers for Independent Living and community organizations are invited to attend planning coordination meetings.
    b. To understand their role in documented plans, these organizations actively participate in tabletop exercises.
2. If you need assistance in connecting with these organizations have you reached out for technical assistance from your State level Access and Functional Needs Coordinator?

Cross Cutting Core Capabilities
Public Information & Warning **Mission Area: ALL**

1. Have you identified all languages spoken in the community? Identified languages spoken by tourists?
    a. Tourist destinations, hotels/Airbnb's, equipment rental businesses, etc. are a part of a communication network to assist in identifying language needs of tourists.
2. Do you (and is it in writing) know who to go to get information translated into languages your community uses?
    a. Agencies within the jurisdiction (or MOUs/MOAs/Contracts) that provide translation and interpretation services are pre identified.
3. Craft informative emergency information and/or messages using plain language, and provide them in alternative formats such as braille, large print, audio, or pictures.
    a. _____ County is providing information and alerting in languages spoken and used by the community.
    b. Agencies within the jurisdiction (or MOUs/MOAs/Contracts) that provide alternative formats services are pre identified. (Centers for Independent Living)

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[12] **Adapted and Updated from**: *Access and Functional Needs Resources | Division of Homeland Security and Emergency Management.* dhsem.colorado.gov/emergency-management/plans/access-and-functional-needs/access-and-functional-needs-resources.

4. Do you have standard operating procedures identifying and highlighting how to consistently provide accessible messaging during press conferences?
    a. American Sign Language Interpreters are on all broadcasts distributing life safety messaging.
5. All meeting should have a disability and accommodation statement for participants.

Coss Cutting Core Capabilities

Operational Coordination

Mission Area: ALL

1. Have you coordinated with external agencies such as Centers for Independent Living, Aging and Disability, and/or community liaisons from cultural community organizations? Do these agencies understand their role in operational coordination?
    a. Local Centers for Independent Living and community organizations are invited to and attend planning coordination meetings.

2. Are organizations that support filling CMIST resource needs and gaps included in exercises?
    a. Public Health Agencies actively participate in exercises and know and understand the maintaining health resources needed to support filling resource needs and gaps.
3. Do you have a disability advisor at the table during every aspect of your operation?
    a. Are they in operational meetings providing input throughout response?
    b. Are they being utilized to support operations with CMIST Resources?

PREVENTION

Prevention Core Capability

Forensics and Attribution

Mission Area: Prevention

1. For technical assistance contact your State level Access and Functional Needs Coordinator.

Prevention Core Capability

Intelligence and Information Sharing

Mission Area: Prevention, Protection

1. When disseminating information and intelligence to public or private entities, all documents should be 508 compliant.
2. All meeting should have a disability and accommodation statement for participants, including confidential meetings.
    a. Do you know how to provide accommodations if requested?
    b. Have you budgeted for accommodations?

Prevention Core Capability

| | **Interdiction and Disruption** |
| | **Mission Area: Prevention, Protection** |

1. For technical assistance contact your State level Access and Functional Needs Coordinator.

| | **Screening, Search, and Detection** |
| | **Mission Area: Prevention, Protection** |

1. Are you working with and using people with lived experience in exercises? / Are personnel trained in screening, searching, and detecting people with various CMIST resource needs (for example, (mobility) a person using a wheelchair)?
   a. Exercises include people with lived experience - Conducted training incorporates best practices in screening, searching, and detecting people with various CMIST resource needs.
   b. Consideration - sensor technologies like metal detectors and power equipment.
2. If setting up a screening location or process, has accessibility been considered?

PROTECTION

Protection Core Capability

| | **Access Control and Identity** |
| | **Mission Area: Protection** |

1. Work with vendors and suppliers to ensure that the access control and identity verification technology is accessible for everyone - this may include providing alternate authentication methods, such as voice recognition or biometrics, and ensuring that systems are compatible with assistive technologies.

Protection Core Capability

| | **Physical Protective Measures** |
| | **Mission Area: Protection** |

1. Physical protective measures comply with the ADA standards.
2. Impacts to CMIST resource disruptions have been assessed in case of a cybersecurity attack that causes CMIST resource disconnect.

Protection Core Capability

| | **Cybersecurity** |
| | **Mission Area: Protection** |

1. Communication, Maintaining Health and Medical, Independence, and Transportation are all resources that can be impacted in cybersecurity - For example, impacted medical files or loss of access.

2. Elements of the critical infrastructure (such as parking, entrances, restrooms, and evacuation routes) are accessible after adding physical protective measures.

Protection Core Capability
Supply Chain Integrity and Security **Mission Area: Protection**

1. Do plans, policies, and procedures include CMIST resources supply chain needs? For example, a life sustaining resource?

Protection Core Capability
Risk Management for Protection Programs and Activities **Mission Area: Protection**

1. Coordinate with community organizations, people with lived experience, and community liaisons in the risk assessment process to gather input and perspective into risk management planning.
2. Assess risks to AFN populations, for example, if an area is prone to flooding, assess the impact on individuals with mobility issues who may require assistance evacuating.

MITIGATION

Mitigation Core Capability
Risk and Disaster Resilience **Mission Area: Mitigation**

1. Does your organization, organizations within your community, and your community members understand the Access and Functional Needs Resource Framework using the CMIST resource memory tool and use this to identify their own resource needs before, during, and after disasters?
   a. Decision makers, responders, and community members understand and use the Access and Functional Needs Resource Framework using the CMIST resource memory tool to identify their own resource needs before, during, and after disasters.
   b. CMIST resource needs and gaps are identified according to disruptions that disasters may cause.
   c. Information sharing and education opportunities are held within the community for community members, responders, and decision makers to understand how to identify their CMIST resource needs tied to risk.

Mitigation Core Capability
Community Resilience **Mission Area: Mitigation**

1. Do schools/non-government organizations (NGO's)/Apartment Complexes/Private entities conduct drills for events, based on known threats and hazards?

a. Community members are informed and maintain their independence through access to information and resources available to them.
b. The Access and Functional Needs resource framework using the CMIST Resource memory tool has become common language and is used to empower individuals and communities to identify their personal preparedness resource gaps. Resources are continuously shared for filling CMIST resource need gaps.
c. Open Communication between organizations - Recurring meetings are held where partners have opportunities to share and gain better understanding of incident plans or even share resources.

Mitigation Core Capability

Long-term Vulnerability

Mission Area: Mitigation

1. Engage with community groups representing people with access and functional needs to gain a better understanding of what CMIST resource needs exist in the community.
2. Lack of access to health care, social isolation, inadequate housing, etc. for people with access and functional needs are identified and addressed tied to chronic influencers. (Chronic Influencers: TEICHR, Trust, Economics, Isolation, Capacity, Housing, Racism)

Mitigation Core Capability

Threats and Hazards Identification

Mission Area: Mitigation

1. Are communities in high-risk areas included in exercises? Are exercises conducted with aging community members, etc.?
2. Communities within the county receive the same information, in formats that are best for them, in regard to threats and hazards they need to be aware of.

RESPONSE

Response Core Capability

Environmental Response/Health and Safety

Mission Area: Response

1. Does the county have the ability to assess the potential impact of environmental hazards on individuals with disabilities and access and functional needs, who may be more at risk to certain types of environmental hazards?
   a. People with lived experience/service animals are invited to and participate in HazMat decontamination exercises.
   b. Personnel are trained in decontamination best practices for mobility devices, service animals, etc.
   c. The whole community is assessed as a part of the environmental impact analysis.

Response Core Capability

Critical Transportation

Mission Area: Response

1. Does the county have access to resources to transport community members that are non-ambulatory?
   a. The county has MOUs/MOAs with school districts that have accessible transportation resources.
2. Does the county have access to accessible buses/shuttles to transport people in wheelchairs or aging community members, etc.?
   a. Community centers, retirement homes, EMS, etc. are utilized as a resource for accessible transportation. These contacts are shared, and agreements are in writing.

Response Core Capability

Situational Assessment

Mission Area: Response

1. Have subject matter experts for all CMIST resources been included before the event in the planning process?
2. Collecting data about access and functional needs in situational assessments in order to better identify where and how to allocate resources to meet the needs of the whole community.
   a. Using After Action Reports to make Continuous Improvement Plans.
3. Decision makers know and understand the needs of the whole community. (Situational Reports are delivered to decision makers on a regular basis).

Response Core Capability

Fatality Management Services

Mission Area: Response

1. For technical assistance contact your State level Access and Functional Needs Coordinator.

Response Core Capability

Fire Management and Suppression

Mission Area: Response

1. Personnel are trained to assist, rescue, and communicate with people with access and functional needs during a fire.
   a. Fire personnel know how to access language lines.
2. Does the county have adequate equipment to provide assistance to people with access and functional needs (e.g., wheelchairs or portable ramps to help people with mobility issues, oxygen tanks for those with respiratory conditions).
   a. The county has assessed equipment needs within communities at higher risk of experiencing a fire and have allocated resources for people with access and functional needs ((e.g. wheelchairs or portable ramps to help people with mobility issues, oxygen tanks for those with respiratory conditions)

Infrastructure Systems

Mission Area: Response, Recovery

1. Have back up power needs been identified?
   a. Community members are aware of their power/back up power needs. Infrastructure system personnel collaborate with partners that work closely with the community and those that need backup power.
2. Work with transportation agencies to ensure that public transport systems are accessible (i.e. wheelchair ramps, audible and visual announcements, and accessible seating).
3. EM collaborates with private industries that own critical infrastructure to assess needs and gaps in protecting CIKR that fill CMIST resource needs.

Logistics and Supply Chain Management

Mission Area: Response

1. Does the county have a MOU/MOA for resources in terms of distributing durable medical equipment, culturally appropriate food, resources for accessible shelters, etc.?
   a. CMIST resources are incorporated into the supply chain and these resources are managed according to supply chain management plans.

Mass Care Services

Mission Area: Response

1. Has the county identified accessible shelter locations, equipped with accessible beds, showers, bathrooms facilities, etc.?
   a. Shelter managers and volunteers trained in working with people with disabilities and access and functional needs (G197-Integrating people with access and functional needs in emergency management/disability etiquette).
   b. Considerations for wheelchair access, privacy, public transportation access, etc. are factored into shelter locations.
   c. Shelter locations either allow pets, or pet shelters are identified.

Mass Search & Rescue Operations

Mission Area: Response

1. Do you know how to access communication resources that are needed for search and rescue operations?

a. Search and rescue operations include plans to support various communication methods (e.g. a person who is deaf, a person who speaks Spanish, children)
b. Search and rescue operations exercise with PIO's who will share information reported by the public on potential missing persons with access and functional needs.

On-Scene Security, Protection, and Law Enforcement

Mission Area: Response

1. On-scene personnel are trained in working with individuals with disabilities and access and functional needs. (e.g., utilizing language lines, translation services, interpretation, plain language)
2. Are people that do not trust/have difficulty trusting law enforcement and related security and protection operations included in exercises?
    a. Law enforcement and related security and protection operations are trained in best practices for approaching and responding to communities that do not trust/have difficulty trusting law enforcement and related security and protection operations. (Community liaisons)

Operational Communications

Mission Area: Response

1. Does operational communication include coordination and communication through multiple platforms and in multiple languages?
    a. Information sharing includes trusted organizations across the community. (e.g., community organizations or faith-based organizations that can share the unifies message)
2. Have personnel trained in language inclusion best practices in emergency management?
    a. Personnel know how to access language lines and/or organizations that provide interpretation/translation.
3. Are multiple formats and language needs included as injects in exercises? Have language inclusion capabilities been tested? (For example, American Sign Language)
    a. Language inclusion capabilities have been tested with EM, ESF 6/8, PIO's, media, etc.

Public Health, Healthcare, and Emergency Medical Services

Mission Area: Response

1. The appropriate ESF(s) to support evacuation of assisted living retirement housing divisions are part of the coordination process.
2. Services available in your clinic, point of dispensing (POD), Disaster/Recovery/family Assistance Center - signage, interpreters, translation, access to all services, including Personal Attendant services (PAS) are assessed.
3. EMS has access to accessible transportation or MOUs/MOAs with neighboring EMS agencies.

Recovery Core Capability
Health and Social Services   **Mission Area: Recovery**

1. People that are low income know the resources within the community to support access to food and safe housing resources.
2. Health and social services within the county have conducted specialized training on addressing behavioral health needs/know partner resources where community members can go for behavioral health needs.
3. Medical facilities and health and social service resources are accessible by way of public transportation.
4. Identify and address barriers to social services for individuals with access and functional needs (e.g., English as a second language).

Recovery Core Capability
Economic Recovery   **Mission Area: Recovery**

1. Financial literacy
2. Are you supporting people with low advocacy skills?
3. Are the procedures and processes for reestablishing public and private services directing self-determination and the ability to maintain health and independence.

Recovery Core Capability
Natural and Cultural Recovery   **Mission Area: Recovery**

1. Develop inclusive resource management strategies - including incorporating accessibility features into parks and other natural areas. Ensuring that all members of the community can access and benefit from the natural and cultural resources.
2. Are all natural and cultural resources within the community identified and protected in the same measures?

Recovery Core Capability
Housing   **Mission Area: Recovery**

1. Are locations determined for people requiring long-term housing, including (#) people with access and functional needs (requiring accessible long-term housing), find and secure long-term housing?
2. Temporary housing options for people who use wheelchairs have been identified.
3. Temporary housing options for large families have been identified.

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- Access-Board.gov

- ADA.gov

- ADA Service Animals

- California Cal OES Access and Functional Needs Library

- Chapter 2: Alterations and Additions (access-board.gov)

- Colorado Access and Functional Needs Resources | Division of Homeland Security and Emergency Management

- FEMA Office of Disability Integration and Coordination

- Inclusive EM Community

- Invisible Disabilities Association

- June Isaacson Kailes Disability Policy Consultant

- National Assessment of Adult Literacy (NAAL)

- Nevada Aging and Disability Services Division

- Nevada Commission for Persons Who Are Deaf and Hard of Hearing

- Nevada Department of Health and Human Services

- Nevada Governor's Council on Developmental Disabilities

- Pets Evacuation and Transportation Standards Act

- Reaching Out to Customers with Disabilities -- Lesson Three, New Buildings, Additions, and Remodeling (ada.gov)

- Robert T. Stafford Disaster Relief and Emergency Assistance Act

- The National Child Traumatic Stress Network-Psychological First Aid

- The Partnership for Inclusive Disaster Strategies

- World Institute on Disability

END