



# CITY OF RICHMOND MASS CARE AND SHELTER ANNEX FOR PEOPLE WITH DISABILITIES AND THE ELDERLY



June 2011



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**CITY OF RICHMOND MASS CARE & SHELTER ANNEX FOR PEOPLE WITH  
DISABILITIES AND THE ELDERLY**

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## ACKNOWLEDGEMENTS

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### **City of Richmond ADA Committee**

**City of Richmond People with Disabilities and the Elderly (PWD/E) Work Group** (See Attachment H for membership roster)

#### **Additional Acknowledgment:**

The City of Richmond also extends its appreciation and recognition to the City of Oakland, Disability Policy Consultant, June Isaacson Kailes; and Disability Rights Advocates for their generosity in sharing Oakland's Mass Care and Shelter Plan Functional Needs Annex as a model for the City of Richmond to follow.

#### **Adoption of this Annex**

The City of Richmond City Council passed a resolution adopting this Mass Care and Shelter Annex for People with Disabilities and the Elderly on June 7, 2011.



## **I. INTRODUCTION**

### **A. Americans with Disabilities Act**

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment. The ADA does not specifically name all of the impairments that are covered.

Title II of the ADA covers all activities of state and local government regardless of the government entity's size or receipt of Federal funding. Title II requires that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities, such as public meetings, employment, recreation programs, aging, health and human services programs, libraries, museums and special events.

State and local governments are required to follow specific architectural standards in the new construction and alteration of their buildings and facilities. They also must relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities. Public entities are not required to take actions that would result in undue financial and administrative burdens. They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

Title II of the ADA mandates that a public entity such as the City operate in such a way that its services, programs and activities, when viewed in their entirety, are readily accessible to and usable by persons with disabilities. Title II dictates that a public entity must evaluate its services, programs, policies and practices to determine whether they are in compliance with the nondiscrimination requirements of the ADA. A self-evaluation is required and intended to examine activities and services and to identify and correct any that are not consistent with the ADA. The entity must then proceed to make the necessary changes resulting from the self-evaluation.

The City presents this Mass Care and Shelter Annex for People with Disabilities and the Elderly in response to its ADA Title II self-evaluation of its emergency preparedness program.

### **B. City of Richmond**

According to the U.S. Census Bureau, the City of Richmond had a total population of 99,216 in calendar year 2000. 9,806 people (9%) identified themselves as aged 65 or over, and 19,666 (20%) identified themselves as a person with a disability.



During emergency response and recovery, residents will rely primarily upon the City and its partners to provide assistance and services including warning and notifications, evacuation and transportation, sheltering, and locating housing and services when it is safe to return to the community after an incident. The City takes seriously its responsibility to save lives, limit injuries, and minimize damage to the environment as well as property in the event of an emergency. When an emergency strikes, the City's emergency organization must be mobilized immediately. This plan will help make the mobilization of an emergency response efficient and effective.

### **C. Mass Care and Shelter Annex for People with Disabilities and the Elderly**

This Mass Care and Shelter Annex for People with Disabilities and the Elderly (hereafter "Annex") is a component to the City's Emergency Operations Plan (EOP), which describes the roles and responsibilities of City agencies during a major emergency or disaster incident. It covers the provision of mass care, establishing potential shelter locations, and identifies the tasks necessary to support shelter site operations and ensure that services and information are accessible to persons with disabilities and the elderly. Elements of this Annex detail the capabilities in place, as well as those tasks currently in progress.

This Annex adopts a functional needs framework for serving all persons including persons with disabilities and the elderly. The functional needs approach shall limit the practice of creating special or separate needs to the extent practicable. The intent of this framework is to efficiently address the needs of individuals with disabilities and the elderly in a manner that: (1) builds appropriate levels of capacity for disaster preparation, emergency response processes, procedures and systems; (2) adopts guidelines and protocols for appropriate resource management; (3) strengthens service delivery and training; (4) prevents health and safety complications, reduces unnecessary institutionalization, and the inappropriate use of scarce, expensive and intensive emergency medical services; (5) allows disaster services to incorporate the value that everyone should be provided the chance to survive; and (6) improves the overall response successes.

### **D. Compliance Coordinators**

The City shall ensure that its EOP and this Annex comply with all applicable provisions of the ADA protecting the civil rights of persons with disabilities and shall ensure that all of its emergency programs, activities and services, when viewed in their entirety, are readily accessible to and usable by individuals with disabilities. The requirement of nondiscrimination on the basis of disability shall apply to all City departments and City contractors.

The Richmond Fire Department Office of Emergency Services currently administers the City's emergency preparedness programs and disaster mass care and shelter planning. In addition, the City ADA Coordinator, ADA Committee and EOP Committee provide oversight and guidance for City ADA compliance activities, including emergency preparedness programs.

The official responsible for implementation of the City's Disaster Mass Care and Shelter Plan is the Emergency Services Manager.



Richmond Fire Department  
Office of Emergency Services  
440 Civic Center Plaza, Richmond, CA 94804  
(510) 620-6866

The official responsible for overall compliance with ADA Title II requirements is the City's ADA Coordinator who is currently located in the Office of the City Attorney.

Office of the City Attorney  
450 Civic Center Plaza, Third Floor  
Richmond, CA 94804  
(510) 620-6507

## **II. PURPOSE AND SCOPE**

### **A. Associated Planning Elements**

This Annex establishes a process for activating and operating disaster temporary mass care and shelter delivery systems that are inclusive of persons with disabilities and the elderly, in compliance with Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS). This Annex will provide the authority and general provisions to address the needs of persons with disabilities and the elderly.

The sections of this Annex describe the responsibilities and actions required for the effective operation of mass care and shelter response actions. It provides an overview of the operational concepts and responsibilities for providing coordinated resources to supply safe, sanitary, and secure care and shelter of people with disabilities and the elderly. This Annex focuses on ensuring integration of mass care and shelter response and recovery functions for persons with disabilities and the elderly into the City's overall emergency operations plan.

This Annex was developed by the Richmond Fire Department Office of Emergency Services with input and recommendations from the City's Risk Manager/ADA Coordinator, ADA Committee, EOP Committee and People with Disabilities and Elderly (PWD/E) Work Group. The City also utilized resource materials and input provided by the City of Oakland; Disability Policy Consultant, June Isaacson Kailes; and Disability Rights Advocates.

### **B. Scope**

This Annex will be used in conjunction with the City's Emergency Operations Plan when cause exists for City residents to seek temporary shelter. This Annex is applicable for: small incidents that require shelter; Local Emergency declarations; State of Emergency proclamations; and federal disaster declarations.



For the purposes of this Annex, a person with a disability is defined as any individual with (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such impairment. This Annex is inclusive of individuals with temporary and permanent limitations and those who may function independently in the absence of an emergency situation but who may need assistance during an incident.

This Annex does not replace the Contra Costa County Operational Area (OA) plan for supporting the needs of persons with disabilities and the elderly in other jurisdictions throughout the County. This Annex does not replace the need for separate licensed and non-licensed facilities to prepare plans of care for clients and residents with disabilities and the elderly. This Annex does not replace or supersede internal policies and procedures of organizations that are responsible for mass care and shelter, but rather it is to be used in conjunction with their operational guidance and plans.

### III. ANNEX ORGANIZATION

This Annex contains the following chapters; Introduction, Purpose and Scope, Annex Organization, Situation and Assumptions, Goals and Objectives, Concept of Operations, Time Table and Updates. Many chapters contain sections to provide in-depth discussions of certain elements. Chapters and sections contained herein are alphanumerically labeled.

Concept of Operations for Supporting Individuals with Functional Needs is organized into six primary functions: guiding principles; responsibilities; shelter identification and activation; non-governmental organization roles; functional needs focused care; and short-term recovery.

- **Guiding Principles:** Adopting a functional needs framework to establish flexibility and universality in emergency preparedness planning, response and recovery.
- **Responsibilities:** Establishing community responsibility for emergency preparedness planning, response and recovery.
- **Shelter Identification and Activation:** Operating shelters compliant with the Americans with Disabilities Act and ADA Accessibility Guidelines (ADAAG).
- **Non-Governmental Organization Roles:** Providing assistance required by individuals, families, and their communities to ensure that immediate needs beyond the scope of the traditional “mass care” services provided at the local level are addressed. These services include: support to evacuations (including registration and tracking of evacuees); provision of aid and services to persons with disabilities and the elderly; non-conventional shelter management; coordination of donated goods and services; and coordination of voluntary agency assistance.
- **Functional Needs Focused Care:** Establishing coordinators for functional needs services and specific responsibilities, distribution of emergency durable medical equipment (DME) and consumable medical supplies (CMS).



- **Short Term Recovery:** Implementation of disaster assistance programs to help disaster victims obtain support and services, including Federal and State benefits. Identification and provision of accessible housing.

A complete Glossary of Terms used within this document and Authority and References sections are presented directly following Chapter VIII. Where indicated, Attachments are available to provide additional information and are located at the end of this document.

#### **IV. SITUATION AND ASSUMPTIONS**

The following contains basic assumption of the part of the City in regard to an emergency incident and its response to that incident:

1. Earthquakes, hazardous materials releases and many other types of disasters may not allow for early warning and notification and may require immediate action.
2. Some threats may require immediate sheltering operations without advance warning.
3. The general population, including persons with disabilities and the elderly, will heed the directions of warnings and notifications, and recognize the authority of government to request evacuation or shelter in place.
4. For some types of events it may be safer to request shelter-in-place actions rather than move people to a public shelter or activate evacuation response efforts.
5. Individuals will evacuate away from hazards when directed toward sheltering.
6. Evacuation to sheltering is available by land, water, and/or air.
7. Immediate evacuation will be to nearby shelters or evacuation centers in most cases but the most serious regional events may require long-distance evacuations, and even relocation outside of the city or county until recovery is achieved.
8. In most incidents less than 10% of the evacuated population will seek public sheltering.
9. Approximately 20 - 25% of shelter occupants may be defined as a person with a disability or elderly.
10. Many of the arriving persons with disabilities and the elderly may require minimal to acute assistance to maintain their independence within a public shelter.
11. Persons with disabilities and the elderly who require assistance may arrive at the shelters without support, medical records, medications, required mobility aids or medical equipment. Some of these essential needs could be time sensitive, such as the need for medications to be



administered.

12. Support systems are in place for metropolitan evacuations, either from within Contra Costa County or for receiving evacuations into the County from other metropolitan areas that will require care and shelter of persons with disabilities and the elderly.
13. Mass care and shelter is available for persons with disabilities and the elderly at the City and County levels or at another receiving county.
14. Requests will be made for resource mutual aid between the City and neighboring cities, the County, the State, and the federal government and private sector for unmet shelter needs for persons with disabilities and the elderly, including DME, CMS, pharmaceuticals and support staffing.
15. The City will coordinate recovery operations to the maximum extent feasible, that will help restore evacuees with disabilities and the elderly back to living conditions they had, or as similar as possible, prior to the event as soon as possible.

## **V. GOAL AND OBJECTIVES**

### **A. Goals**

The goal of this Annex is to provide safe, sanitary, secure care and shelter for all residents including those residents with disabilities and the elderly, in order to reduce the health and safety impacts to those who must seek public shelter in an emergency or disaster situation.

### **B. Objectives**

The objectives of this Annex include:

1. The City coordinates with the American Red Cross (ARC), Contra Costa County, and other community stakeholders to identify the needs of persons with disabilities and the elderly who need to be warned and notified to evacuate. The City will contact through accessible means persons with disabilities and the elderly who need to be warned and notified to evacuate.
2. The City and the ARC will identify and train a cadre of local government employees to act as emergency shelter operations staff to support persons with disabilities and the elderly during care and shelter operations.
3. The City, ARC and Contra Costa County Health Services (CCCHS) will coordinate shelter operations management, protocol and procedures to ensure that persons with disabilities and the elderly entering an emergency shelter are properly evaluated to identify their needs and ensure that those needs are met.
4. The City, ARC and CCCHS will develop and maintain a list of stakeholders who can support the needs of persons with disabilities and the elderly during care and shelter.



5. The City works with various agencies and stakeholders to ensure appropriate and necessary emergency services are provided for the entire community including but not limited to persons with disabilities and the elderly.
6. The City collaborates with ARC, Contra Costa County Sheriff's Office of Emergency Services, City staff and volunteers who have been trained as shelter operators, to request necessary resources that are likely to be exhausted, or are exhausted, through the SEMS mutual aid process, contacting the next level of government up which is the Contra Costa County Sheriff's Office of Emergency Services.
7. Shelter management in the City will coordinate with other county, state and federal personnel who arrive to support shelter operations for persons with disabilities and the elderly.
8. The City assists in the recovery process for persons with disabilities and the elderly through collaboration and coordination with NGOs, CBOs, and other agencies that support the needs of persons with disabilities and the elderly.

## **VI. CONCEPT OF OPERATIONS FOR SUPPORTING INDIVIDUALS WITH FUNCTIONAL NEEDS**

### **A. Guiding Principles**

This Annex adopts a functional needs framework in order to incorporate flexible methods to focus on the needs of the diverse populations within the City. Use of a functional needs approach establishes a flexible framework that provides for a broad set of needs through focus on five universal areas of well-being. Functional needs planning focuses on:

1. **Communication** – Providing effective communication methods to all individuals and access to information in multiple, redundant formats.
2. **Medical Care** – Providing medical care and limited assistance within public shelters for individuals who require on-going treatment but may lack adequate support for activities such as tube feeding, suction administration, and wound care. Referring individuals with severe and acute medical needs to a medical care shelter or a medical care area co-located in the public shelter.
3. **Independence** – Replacing, as needed, essential medications, DME and CMS necessary for daily living. Permitting service animals and personal attendants or caregivers to enter the shelter as needed. Providing basic care and support to ensure persons with disabilities and the elderly can maintain independent living within the public shelter system.
4. **Supervision** – Ensuring adults with cognitive disabilities and youth are appropriately cared for and receive individualized service coordination and case management within a public shelter environment where necessary.



**5. Transportation** – Organizing community transit resources with concern for the need and appropriate use of adaptive vehicles.

The intent of this framework is to address the needs of more people, more efficiently and effectively, in ways that: (a) build appropriate levels of capacity for disaster preparation, emergency response processes, procedures and systems; (b) adopt guidelines and protocols for appropriate resource management; (c) strengthen service delivery and training; (d) prevent health and safety complications, reduces unnecessary institutionalization, and the inappropriate use of scarce, expensive and intensive emergency medical services; (e) allow disaster services to incorporate the value that everyone should be provided the chance to survive; and (f) improve the overall response successes.

An essential element of building appropriate levels of capacity, specific planning and response successes is to move beyond the focus on *special needs*. A functional needs approach provides for a more accurate and flexible planning and response framework based on essential and overlapping functional needs of the total population.

**B. Responsibilities**

The mass care and shelter effort is coordinated by the Richmond EOC Staff which includes the Recreation Department, the American Red Cross (ARC), and the Richmond Fire Department Office of Emergency Services (OES), utilizing SEMS/NIMS protocols. ARC and the City EOC Staff (which includes Police, Fire, and OES, City Administration, Public Works, Finance and other critical City departments) assess the availability of City shelters and emergency supplies. The City's EOC Operations Section Care and Shelter Branch coordinate the opening and operation of local shelters during an emergency with the ARC and Contra Costa County Department of Health Services Operational Area. The City is responsible for coordinating the opening of a Local Assistance Center Disaster Application Center with Contra Costa County Operational Area and the State of California Emergency Management Agency (CalEMA) taking the lead.

**C. Shelter Identification and Activation**

The City has identified sites to be used as primary and secondary emergency shelters. All of these proposed shelter sites have been surveyed for physical access compliance using the Emergency Shelter Site Accessibility Evaluation matrix, based on the ADA Checklist for Emergency Shelters published by the U.S. Department of Justice, Civil Rights Division Disability Rights Section, as well as guidelines for sheltering people with disabilities established by the American Red Cross.

Modifications that are required to ensure the accessibility of the proposed shelter sites for persons with disabilities and the elderly shall be made pursuant to the City's ADA Transition Plan, subject to available funding. Once these modifications are made, the City will ensure that the accessibility features of the shelter sites are maintained. Moreover, if any new facilities are designated as proposed shelter sites, the City will survey those facilities for accessibility and make any modifications necessary to ensure the accessibility of those proposed shelter sites.



Until all of the City's designated emergency shelter sites have been made physically accessible, the City shall create and maintain a database of all pre-identified emergency shelters which catalogues the physical accessibility of the emergency shelters. This database:

1. shall indicate what accessibility features are missing (e.g., curb ramps on the exterior path, parking, or toilet facilities) such that the City will know the degree to which the emergency shelter is physically accessible;
2. shall be updated annually until modifications to all of the City's emergency shelters are made; and
3. shall be made available to and used by those in charge of selecting which shelters to open.

To the extent possible, those shelters that are opened should be the most physically accessible shelters. In addition, the City shall have a priority list of which emergency shelters will be made physically accessible as funding becomes available.

The City and the ARC are responsible for identifying additional facilities, such as portable restrooms, showers or tents, and equipment, including portable generators and refrigerators that must be brought on site during an emergency to make shelter sites fully functional and accessible. This determination will be based upon a variety of factors, including the total number of shelter residents at the facility.

The City's OES and ARC will work with the appropriate agencies to complete a formal evaluation of each primary and secondary shelter site for compliance with programmatic requirements for shelter accessibility after an incident and prior to opening each shelter. This evaluation minimally ensures the facility provides adequate space and essential utility services to maintain the health and safety of shelter residents with disabilities and/or the elderly. It will be determined at this time what equipment and services will be brought on site (i.e. emergency generators, refrigeration units, accessible portable restrooms and wash stations). All necessary supplies will be identified and obtained at the time of need through City vendors or the ARC.

It is necessary to differentiate between shelter sites suitable for regional disasters and shelter sites suitable for localized incidents. The City's current shelter lists do not include major sites suitable for regional disaster evacuations. In the event of a regional disaster, evacuees may be sheltered in "tent cities" and/or transported out of the area. This could not be accomplished independently by the City and will be the subject of cooperative agreements between the City, ARC, the County of Contra Costa and others.

The City will take into account the principles laid out in this Annex and will try to incorporate those principles into any future negotiated agreements with the ARC, the County of Contra Costa and others involved in preparing for larger-scale disasters.

Furthermore, it is assumed that a number of Richmond NGO's and FBO's, such as community centers and places of worship, will open their doors during emergencies, local and regional. It is assumed that most of these facilities will rate below City standards for readily accessible facilities.



Information about which shelters are open and can best accommodate persons with the disabilities and the elderly will be provided to the public at the time of an incident via 2-1-1, KCOR, the Emergency Broadcast System, and the City's Emergency Public Information Officers.

#### **D. Medical Emergency Shelter Sites**

Contra Costa County Public Health Services and the County's Emergency Medical Services (EMS) coordinate the immediate medical response in a disaster, including emergency medical dispatch and emergency and non-emergency ambulance services.

Medical shelters are for people who require intensive medical care. This includes individuals who are unable to maintain their health or daily living activities due to a lack of adequate personal attendant service within a mass shelter setting.

The City acknowledges the need for family-centered medical care. The City shall make every effort to permit family members and care givers who are not receiving direct medical shelter services to remain at a medical shelter with family or those they care for.

#### **E. Roles of Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Chevron Refinery**

The City works with NGOs and CBOs, including those whose mission is to provide assistance to persons with disabilities and the elderly, to use their services to augment response and recovery capacity. These organizations include but are not limited to the American Red Cross, Salvation Army, Contra Costa County Community Awareness and Community Response (CAER), and ONE Contra Costa.

In addition, in 2008, the City established a People with Disabilities and the Elderly (PWD/E) Work Group that meets quarterly to strategize and coordinate regarding meeting the needs of persons with disabilities and the elderly in the event of an emergency. There are currently sixty-six (66) members of the PWD/E Work Group (*Attachment H*.)

The City also works with the Chevron Richmond Refinery in its emergency preparedness efforts. The City's Fire Department coordinates and trains with the Chevron Refinery on a regular basis. In addition, the City and the Chevron Refinery are members of Contra Costa County CAER. Among the core objectives of Contra Costa CAER is coordinated emergency response. CAER has eight action teams that meet on a monthly basis on a variety of topics including, but not limited to, emergency preparedness. The Chevron Refinery has representatives on each of CAER's action teams.

#### **F. Functional Needs Focused Care**

##### **1. City of Richmond ADA Policy**

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA"), the City will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities, and its hiring or employment practices.



The City will make all reasonable modifications to policies and programs necessary to ensure that persons with disabilities and the elderly have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in City offices, even where pets are generally prohibited.

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden. The City will, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in City programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to persons with disabilities. The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.

## **2. Public Comment and Grievance Procedures**

The City has provided opportunities for interested persons, including individuals with disabilities and organizations who represent them, to participate in the development of this Annex by submitting comments and making specific recommendations.

The City has adopted and published a formal grievance procedure providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by Title II of the ADA.

Complaints of alleged noncompliance and grievances concerning emergency preparedness planning and recovery should be directed to:

Deputy City Attorney/ADA Coordinator  
Bruce Soublet  
450 Civic Center Plaza, Third Floor  
Richmond, CA 94804  
(510) 620-6507  
Bruce\_Soublet@ci.richmond.ca.us

## **3. Communication Access**

The City uses many different communications systems to communicate with the community. Success in saving lives and property is dependent upon timely communication and dissemination of emergency information to persons in threatened areas. Local government is responsible for warning the populace of the jurisdiction. Government officials accomplish critical task by using local, state and federal warning systems as well as local response mounted equipment on official vehicles. During a major emergency, it will be necessary to communicate with city emergency personnel, officials, neighboring cities, county, state and federal organizations as well as the community.

Technology has changed and improved over the past decade. However, systems of communications normally used may be damaged and overloaded, making communications difficult. In addition to cellular



phones (which may or may not work) and the 800 trunk radios, there are a number of other systems available. The City plans to use all means of communications available now and in the future to help ensure the community's safety and well being.

The systems available and in use at this time by the City include:

**CWS (Community Warning System) Sirens:**

The CWS is an extensive system of public safety sirens, communication terminals and other tools that will alert the public in the event of a chemical accident that requires them to shelter-in-place (SIP). There are currently 22 sirens within the city. The CWS communication terminals are located at key industrial sites (Chevron and Department of Health) and at the 9-1-1 dispatch center in Richmond as well as other locations throughout the county that allows quick dissemination of information on incidents. The communication system includes links to radio and television stations. It will also automatically page agency emergency responders in the event of a significant accident, and will activate the county's TENS System to make telephone calls to impacted community members with information on the emergency. The CWS will be converted to an all hazards notification system in the near future.

**TENS (Telephone Emergency Notification System) Telephones:**

The TENS system is the computerized emergency telephone notification system which the City can access through Contra Costa County OES Sheriff's Department, or Contra Costa County Health Services. This system provides off-site notification systems to alert emergency response teams, hospitals, and the general public of incidents which pose a treat to the health and well-being of the general populace, and/or the environment. It allows for warning messages in the appropriate language(s), and can access telephones (100 + calls per minute), T.D.D. machines, cellular phones and beepers of all listed numbers.

**City of Richmond Cable Television Channel 25 (K.C.R.T.) & Website:**

Can be used to educate the community with emergency information and actions, as well as offer the City's Emergency Operations Center direct access to the field disaster. KCRT will also broadcast information on their website. KCRT will take steps to ensure that its website conforms to World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Conformation Level A.

**City of Richmond R.E.A.C.T. (Richmond Emergency Action Community Teams):**

Trained and certified City of Richmond neighborhood teams, as well as schools and businesses will communicate via CB radio into Richmond Radio Alert (R.R.R., CB Radio Group), who will in turn communicate with RACES in the City EOC.

**City of Richmond (T.I.S.) AM Radio Station 790, Travelers Information System:**

May be used to educate the community with emergency information and actions, 24 hours a day. Currently this is activated through KCRT. The City is working with the CWS for direct and automatic activation through the CWS.



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California Law Enforcement Teletype System (C.L.E.T.S.):

May be used to contact other public safety agencies in the county or the state. Access is through the Police Dispatch Center.

E.D.I.S. (Emergency Digital Information System):

The E.D.I.S. provides local, state and federal agencies with a direct computer link to the news media and other agencies during emergencies. E.D.I.S. supplements existing emergency public information systems such as the Emergency Alert System.

INTERNET ALERTS:

Incident.com is an internet source for alerting anyone with a computer of an actual or impending hazard. Anyone can go to this website and enroll in this service at no charge. When an actual incident happens the individual will receive an email notifying them of the incident as it occurs. Incident.com is not a City owned or operated website, therefore, the City does not know whether this site is accessible to persons with disabilities and the elderly.

R.A.C.E.S. Amateur Ham Radio Operators:

Will be used to relay emergency information to the neighborhoods, other agencies, cities, counties, or the state through amateur radio frequencies.

Richmond Radio Alert, Inc. (CB Radio Group):

Will relay communications to RACES in the City EOC, via Ham Radio, from our certified R.E.A.C.T. Neighborhood Communication Teams. During a major disaster, REACT Communications teams will relay the emergency status of individual neighborhoods.

7-11 Relay system:

A free confidential 3 digit phone service providing relay access to the Deaf and Hard of hearing or those with speech disabilities. In the event of an emergency, the 7-1-1 system can be used as a means to communicate with persons who have speech disabilities when a telephone line is available. For example, the shelter staff could dial 7-1-1 and have the operator act as a translator between the shelter staff and the person with the speech disability. The City will take steps to acquire any additional technology that may be required for use of the 7-1-1 system.

KCRT shall ensure that televised emergency announcements made by the City will include qualified sign language interpreters and/or real-time captions.

The City's Information Technology (IT) Department shall ensure that emergency information and trainings provided via the City's website shall be developed and maintained in a format accessible to persons with disabilities. The City's website conforms to World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Conformance Level A.

The City's first responders are provided with a variety of methods of communication, both audible and visual. First responders, including PIO's, and Police and Fire personnel, shall have accessible door-to-door communications, including loudspeakers and pictograms. First responders are also trained on



methods for communicating with persons with disabilities and the elderly. In addition, first responders are provided with Tip Sheets for First Responders. The Tip Sheets were developed by the Division of Disability and Health Policy at the University of New Mexico and include tips for assisting seniors, people with service animals, people with mobility impairments, people with autism, people who are deaf or hard of hearing, people who are blind or visually impaired, people with cognitive disabilities, people with multiple chemical sensitivities, and people who are mentally ill.

The City is in the process of identifying American Sign Language (ASL) interpreters who may be able to provide assistance in the event of an emergency.

The City does not plan to bring in portable communication devices of any kind to shelter sites, including telephone, computers, etc. The City has no contract in place for renting portable communications equipment.

Video Remote Interpreting (VRI) services provide sign language interpreting to a location where Deaf and hearing individuals are together in one location and the interpreter is located off-site. Various pieces of equipment are required to use VRI services, including a computer, video camera, video conferencing software, and Internet connection, all of which may not be universally compatible with all service providers and becomes outdated quickly. Equipment would need to be purchased in advance and stored on-site at potential shelters due to the required hard-wiring for service. VRI service providers report information technology roadblocks that include the inability to connect through a network's firewall and a lack of sufficient bandwidth to transfer video images quickly enough to be understandable. Costly equipment and IT complications make VRI an unlikely option at this time.

City staff will provide effective communication with the Deaf and hard of hearing communities through written messages.

The City will provide emergency preparedness documents, information and all other materials in alternative formats, including Braille, large print, computer disk, and audio disk, upon request.

#### **4. Evacuation and Transportation**

The City is currently working on an evacuation plan to address the needs of persons with disabilities and the elderly. The City's OES is working in collaboration with its Police, Fire and Paratransit departments as well as outside transportation agencies, ARC and Contra Costa County Sheriff's OES on joint evacuation plans for persons with disabilities and the elderly.

The City's Paratransit Division has developed a list of local transportation agencies that may be utilized as resources for persons with disabilities and the elderly in the event of an emergency. The City's OES also makes continuing efforts to encourage representatives from local transportation agencies to join the City's PWD/E Work Group. The Work Group has a sub-group that specifically addresses transportation issues.

The City is subject to the terms of Contra Costa County's Emergency Transportation Response Plan. This Plan, created in 2010, is an Annex to the County's Emergency Operations Plan. The Transportation Plan



identifies transportation providers in the County and includes information as to ADA accessible transportation resources. The Plan further describes the coordination that shall take place amongst the County, cities, and transportation providers in the event of an emergency.

The City's OES shall incorporate information regarding the evacuation and transportation needs of persons with disabilities and the elderly into its annual training exercise.

As part of its ongoing efforts to collect information as to the probable locations of concentrations of persons with disabilities and the elderly which can be used by first responders in notifying and/or evacuating those persons, the City's EOP includes a Critical Facilities List. This list is updated regularly and identifies, among other facilities, nursing homes, hospitals and schools. (See EOP, Resources Section)

### **5. Functional Needs Coordinator**

Initial EOC staffing patterns when City shelters are open include a designated EOC Functional Needs Coordinator (FNC). The EOC-FNC shall have knowledge of diverse functional needs, including people with vision and hearing loss, physical disability, mental health disability, developmental and other cognitive disability, and the elderly. The EOC-FNC, in conjunction with other EOC staff, shall participate in identifying which shelters to open using the City's primary and secondary emergency shelter lists.

The EOC-FNC shall be designated as follows:

<b>PRIMARY EOC-FNC:</b>	<b>Recreation Director</b>
<b>First Alternate:</b>	<b>Community Services Administrative Manager</b>
<b>Second Alternate:</b>	<b>Community Services Program Manager</b>

Specific staff positions for the EOC-FNC shall be reviewed periodically to ensure the essential experience and requirements are maintained through staff changes.

The specific responsibilities of the EOC-FNC are set forth in *Attachment C* (Role of the Emergency Operations Center Functional Needs Coordinator.) The EOC-FNC shall also coordinate with shelter operations staff to ensure that the responsibilities set forth in *Attachment D* (Functional Needs Care and Shelter Checklist) are met.

The City shall provide training to the designated EOC-FNC, alternates, and potential shelter operations staff (*See Attachment C.*)

### **G. Short Term Recovery**

The City's goal is to transition shelter residents to interim or short term housing as soon as possible. The City acknowledges that the deactivation process followed for closing a shelter must take into account the



continuity of services needed for persons with disabilities and the elderly, and that disaster situations create disruptions in vital community services.

The City's Community and Economic Development Agency (CEDA), Housing Authority and other appropriate agencies shall assist in this transition process and work with homeless services providers and housing agencies to act as case managers for individuals seeking temporary or long term housing options.

The Housing Authority shall work with CBO's to provide resources for persons with disabilities and the elderly to services and programs to re-establish vital community services. The City will assist with transitioning the coordination of CBO resources and services provided during response and recovery to the entity that is designated to lead long term recovery in each disaster.

## **VII. ADMINISTRATION AND SUPPORT**

### **A. Support**

City EOC and Recreation Department Staff are trained as Shelter Operations Managers and can open an emergency shelter in an emergency with the approval of the EOC Operations Section Chief, Logistics and Emergency Management Sections. (See EOP, Care and Shelter Branch Operations Checklist.) The training that the shelter operations staff receives includes considerations for persons with disabilities and the elderly.

### **B. Agreements and Understandings**

The City and the ARC have established an MOU for opening and maintaining mass care and shelter sites during a major disaster. The MOU is updated every five (5) years and can be found under the Resource Section of the EOP. The City will take into account the principles laid out in this FN Annex and will attempt to incorporate those principles into any future negotiated agreements with the ARC, County of Contra Costa and others.

The City will emphasize the importance of continuing the functional needs framework within the shelter system when the shelters are transferred from City to ARC authority after the first 72 hours following an emergency. The City will also recommend that ARC make use of the Functional Needs Care and Shelter Checklist (*Attachment D*). The City will work with ARC to identify and obtain DME, CMS, and other medical supplies as necessary.

During an emergency incident, the City's Finance Manager has authority to take control over all current and former contracts and agreements between the City and vendors. This authority permits the Purchasing Supervisor to use funding sources available to obtain necessary items from vendors.

The City's Finance Department will make efforts to enter into agreements with vendors to purchase DME, CMS, portable sanitation facilities, generators, refrigerators or cooling units, essential medications and other necessary supplies and equipment. These agreements will likely not be specific about which types of equipment and supplies they do and do not cover, providing the City with the flexibility it needs to request items as they are needed. The City does not have stock piles of emergency equipment and supplies, but instead will rely upon its ability to draw from a contract with a vendor during a disaster



situation to rent or purchase equipment or supplies that are available at that time. The City acknowledges that these contracts will be with vendors common to other organizations and entities that may request the same resources; therefore, specific equipment and supply availability cannot be guaranteed. For this reason, the City anticipates that there may be complications to receiving necessary equipment and supplies. Should issues arise where vendors cannot obtain equipment and supplies in a timely manner, the City shall request the aid of ARC to provide these items and/or seek the necessary supplies through state and federal incident management system procedures (SEMS/NIMS.)

### **C. Training and Exercise Critiques**

The City is dedicated to providing efficient and timely response during emergencies. This Emergency Plan is a good first step toward that objective; but, planning alone will not guarantee preparedness. Training and exercising is essential at all levels of government to make emergency operations personnel operationally ready.

The best method of training the City's staff to manage emergency operations is through exercising. Frequent exercises allow City personnel to become thoroughly familiar with the procedures, facilities and systems that will be used in emergencies.

Three different types of exercises are used by the City's OES to keep the City emergency management staff up to date in emergency response.

1. Tabletop exercises introduce City staff to emergency related problem situations for discussion and problem solving. This is a low-cost method designed to evaluate the city's existing policies and procedures, and resolve coordination and responsibilities.
2. Functional exercises are designed to test and evaluate the capability of an individual function, such as evacuation, medical, public information, etc. They typically involve the emergency management staff and are designed not only to exercise procedures, but also to identify the readiness of personnel, test communications and check EOC capabilities. These exercises are usually conducted at the EOC, but can be used in field exercises. This type of exercise is conducted annually by City staff.
3. Full-scale exercises also simulate emergencies, but include actual field activity, where functional exercises do not. These programs typically involve the entire emergency management staff, including field responders. Full-scale exercises check the field's capability to work with the management team. These are scheduled every four years.

The City's OES shall infuse disability and functional needs specific content into its trainings. Trainings will recruit and accommodate persons with disabilities and the elderly, and the City will invite organizations that represent persons with disabilities and the elderly to participate in the trainings. Additionally, the City will conduct and integrate functional needs-specific incident exercises into general incident exercises.

The City will also provide Functional Assessment Service Teams (FAST) training to its designated EOC-FNC and Recreation Department staff that is expected to work at shelter sites. The first FAST training

City of Richmond Mass Care and Shelter  
Annex for People with Disabilities and the Elderly

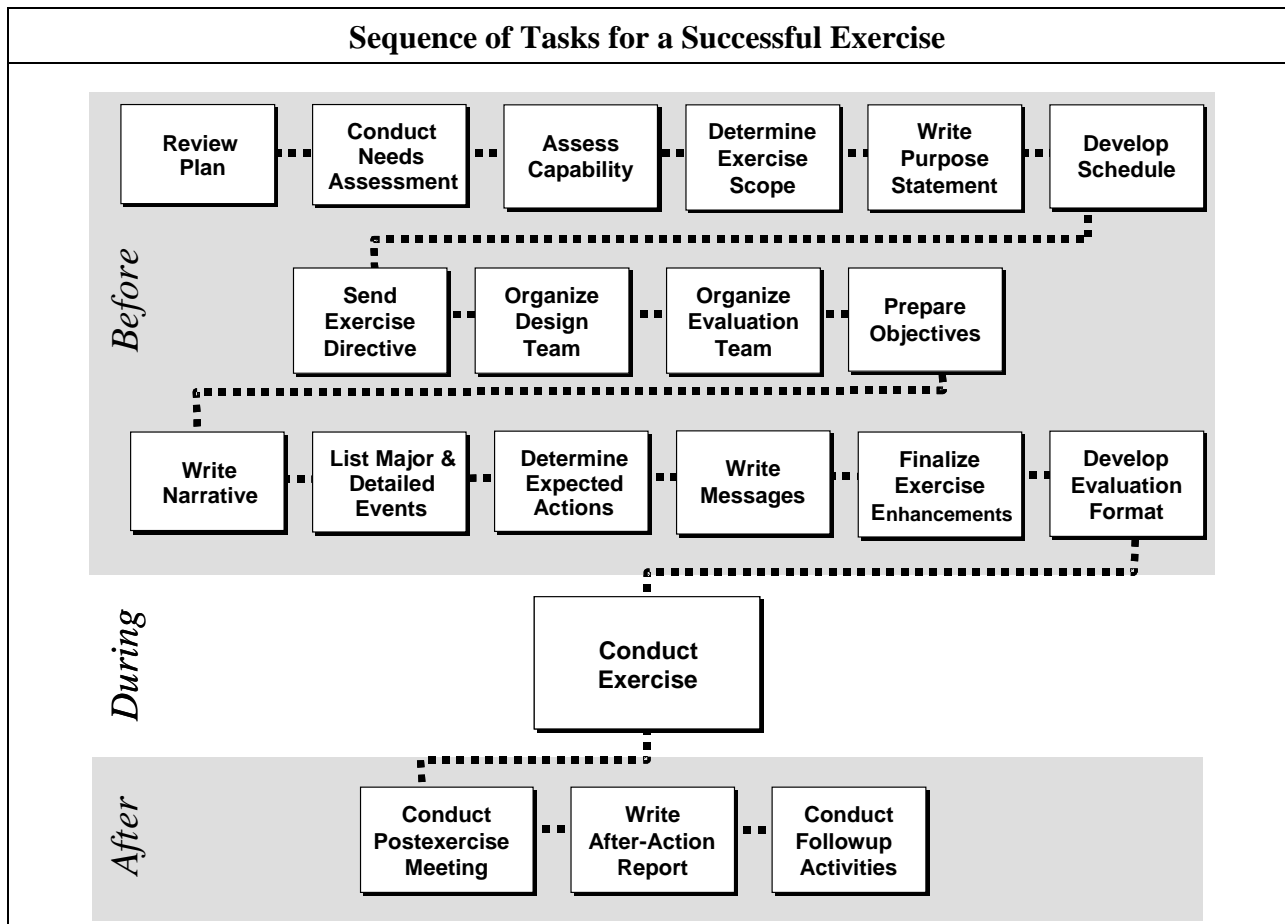
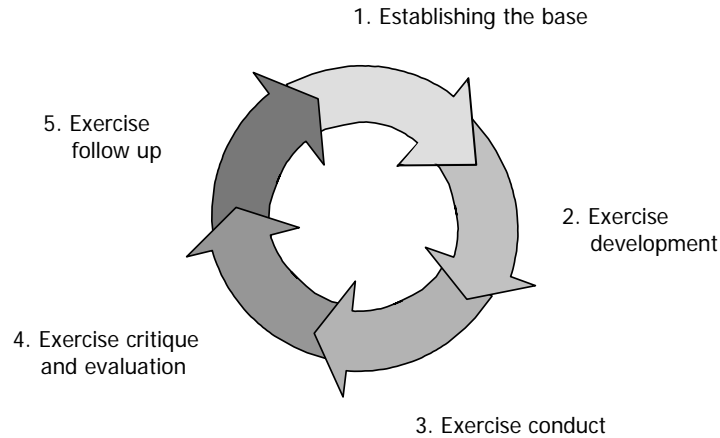
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will be provided in June 2011. Subject to available State funding, the City will endeavor to offer FAST training, or a comparable training program, every three years to the designated EOC-FNC and other Recreation Department staff that will be expected to work at shelter sites. The City will also offer such training to newly hired Recreation Department employees who are expected to work at shelter sites within one year of their date of hire, subject to available State funding.



## CITY OF RICHMOND EOC EXERCISE PROCESS





## VIII. TIME TABLE AND UPDATES

This Annex and the elements contained within shall be reviewed and updated by the City's OES at least once every five (5) years. This review process shall include participation of persons with disabilities and the elderly and shall actively recruit qualified people with a variety of disabilities and subject matter experts. In addition, the City will integrate the principles set forth in this Annex into its EOP which is updated once every five (5) years.

All City departments are responsible for integrating the diverse needs of persons with disabilities and the elderly in all preparedness, response, recovery and mitigation planning processes. OES provides the leadership, guidance and coordination, and resource management for emergency preparedness, response, recovery and disaster assistance operations involving populations requiring support.

An Implementation Time Table (*Attachment I*) has been established with City departments and agencies holding specific responsibilities outlined in this Annex. Department Heads and their staff were invited to discuss portions of the Annex and specific steps necessary to accomplish implementation goals. The dates developed for this time table represent estimations and are subject to change based upon further developments, such as staffing limitations or shifts in priority. City department heads shall notify the City's ADA Committee of all changes, including project completion or date shifts. The time table will be updated by the Emergency Services Manager, in coordination with the City's ADA Coordinator, once every quarter until all items are complete.

## IX. GLOSSARY OF TERMS

### Acronyms

<b>ADA</b>	Americans with Disabilities Act of 1990
<b>ARC</b>	American Red Cross
<b>CalEMA</b>	State of California Emergency Management Agency
<b>CBO</b>	Community Based Organization
<b>CCHS</b>	Contra Costa County Health Services
<b>CEDA</b>	Community and Economic Development Agency
<b>CMO</b>	City Manager's Office
<b>CMS</b>	Consumable Medical Supplies
<b>DHS</b>	Department of Human Services
<b>DME</b>	Durable Medical Equipment
<b>EMS</b>	Emergency Medical Services



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<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>FBO</b>	Faith Based Organization
<b>FEMA</b>	Federal Emergency Management Agency
<b>FNC</b>	Functional Needs Coordinator
<b>IIAT</b>	Initial Intake and Assessment Tool
<b>MOU</b>	Memorandum of Understanding
<b>NGO</b>	Non-Governmental Organization
<b>NIMS</b>	National Incident Management System
<b>OA</b>	Operational Area
<b>OES</b>	Office of Emergency Services
<b>PIO</b>	Public Information Officer
<b>RFD</b>	Richmond Fire Department
<b>RPD</b>	Richmond Police Department
<b>SEMS</b>	Standardized Emergency Management System
<b>STS</b>	Speech to Speech
<b>TTY</b>	Tele Typewriter
<b>VRI</b>	Video Remote Interpreting

### **Definitions**

**2-1-1** A free confidential 3 digit phone service providing access to housing and critical health and human services 24 hours a day 7 days a week with multi-lingual capabilities.

**7-1-1** A free confidential 3 digit phone service providing relay access to the Deaf and Hard of hearing or those with speech disabilities.

**Accessible -** Encompassing the legally required features and/or qualities that ensure entrance, participation and usability of places, programs, services and activities by persons with disabilities and the elderly.

**Accessible Cots** – A raised sleeping area designed for ease of transfer from a wheelchair or other mobility device. These types of cots are wider, higher, and can hold a greater weight capacity than standard cots.



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Accessible cots measure approximately 32”W x 84”L x 18”H and can minimally accommodate 450 pounds of weight.

**Accommodation** – Any modification or adjustment to policies, practices, procedures or the environment that enables an individual to participate in a program or event.

**Americans with Disabilities Act of 1990 (ADA)** - Signed into law July 26, 1990, a civil rights legislation intended to make American society more accessible to people with disabilities.

**American Sign Language (ASL)** - American Sign Language is the primary sign language used by Deaf and Hard of Hearing persons in America.

**Communication access** – Providing content in methods that are understandable and usable by people with reduced or no ability to speak, see or hear, and/or experience limitations in learning or understanding.

**Community Based Organization (CBO)** – All organizations, institutions or congregations of people which have local area presences, maturity and structural arrangements.

**Consumable Medical Supplies (CMS)** – Disposable supplies used by the recipient or care giver which are essential to adequately care for recipient’s needs. Such supplies enable recipient to either perform activities of daily living, or stabilize and monitor a health condition. Examples include catheters, ostomy supplies, gloves, bandages and padding. CMS often cannot withstand more than one use.

**Durable Medical Equipment (DME)** - Equipment that corrects or ameliorates a medical condition or functional disability. Examples include wheelchairs, scooters, canes, white canes, walkers, shower chairs, commode chairs, raised toilet seats, oxygen equipment, nebulizer tubing and machines, and speech generating devices. DME can withstand repeated use by recipient.

**Emergency (Federal Definition)** - Any hurricane, tornado, storm, flood, high-water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslides, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of the United States which requires federal emergency assistance to supplement State and local efforts to save lives and protect.

**Emergency notification system** – A system that sends alerts and warnings regarding incidents that affect lives and property. The system can perform mass contacts through a myriad of personal communicating devices, land line telephones and the Internet. These alerts and warnings can be audible and visual.

**Federal Emergency Management Agency (FEMA)** - Federal Emergency Management Agency is the federal agency assigned to provide a single point of accountability for all Federal activities related to disaster mitigation and emergency preparedness, response, and recovery.

**Functional needs population** – Formerly *Special Needs Population*. For the purposes of this FN Annex,



any individual with (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such impairment. This is inclusive of individuals with temporary and permanent limitations and those who may function independently in the absence of an emergency situation but may need assistance during an incident.

**Non-Governmental Agencies (NGO)** – Any non-profit, voluntary citizens’ group which is organized on a local, national or international level.

**Personal Care Assistant/Attendant** – Any person who provides assistance to persons with disabilities or the elderly to complete activities of daily living, such as toileting, bathing/showering, dressing, eating, etc. This person can be a family member, volunteer, or hired assistant.

**Pictogram** – A picture representing a word or idea; also referred to as a pictograph.

**Qualified Interpreter** – An interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

**Readily Accessible** – A facility or program that is immediately accessible to persons with disabilities and the elderly and contains no barriers to entrance or participation.

**Service Animals** - The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to persons with disabilities. Requirements of service animal licensing or permits are prohibited under the ADA.

**Shelter Initial Intake Form (SIIT-ARC)** - The form developed jointly by ARC and the U.S. Department of Health and Human Services that is completed for each family unit when residents enter the shelter. This form contains questions that assist shelter staff in determining the needs of shelter residents.

**Shelter** - A facility used to provide temporary and immediate lodging for people who have been evacuated from their normal living environment due to a disaster or emergency.

**Standardized Emergency Management System (SEMS)** - A system required by California Government Code for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels that are activated as necessary; Field Response, Local Government, Operational Area, Region and State.

**Tele Typewriter (TTY)** – An input device that allows alphanumeric characters to be typed in and sent over a standard telephone line to another TTY machine one character at a time as they are typed. TTY’s provide a means of communication over the telephone line for the Deaf, Hard of Hearing or those with speech disabilities.



**The Salvation Army** - A non-military Christian organization involved in charities, Social Services and disaster relief.

**Video Remote Interpreting (VRI)** – Video conferencing equipment and web-based technology that provides on-demand access to sign language interpreting services without an interpreter onsite. The Deaf individual and hearing individual are in the same location.

**Volunteers** - Individuals who make themselves available for assignment during an emergency that are not paid for the work they perform.

## **X. AUTHORITY AND REFERENCES**

California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs* (June 2009).

Federal Emergency Management Agency and Department of Homeland Security, Office for Civil Rights and Civil Liberties, *Comprehensive Preparedness Guide (CPG) 301, Interim Emergency Management Planning Guide for Special Needs Populations* (August 2008).

National Council on Disability, *Making Improvements for Communities and People with Disabilities* (August 2009).

U.S. Department of Justice, Civil Rights Division, Disability Rights Section, *ADA Best Practices Tool Kit for State and Local Governments. Chapter 7: Emergency Management Under Title II of the ADA* (July 2007).

U.S. Department of Justice, Civil Rights Division, Disability Rights Section, *An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities* (August 2006.)

## **XI. ATTACHMENTS**

**A. LINE OF SUCCESSION**

**B. FUNCTIONAL NEEDS FRAMEWORK**

**C. ROLE OF THE EMERGENCY OPERATIONS CENTER FUNCTIONAL NEEDS COORDINATOR**

**D. FUNCTIONAL NEEDS CARE AND SHELTER CHECKLIST**

**E. INITIAL INTAKE AND ASSESSMENT TOOL**

**F. ACCESSIBLE AND MEDICAL COTS**

**G. DEACTIVATION CHECKLIST**



**H. PWD/E WORK GROUP – MEMBERSHIP ROSTER**

**I. IMPLEMENTATION TIME TABLE**



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**ATTACHMENT – A**  
**HEAD OF DEPARTMENT LINES OF SUCCESSION**

<b>AGENCY/DEPARTMENT</b>	<b>TITLE/POSITION</b>
City Administrator	1. City Manager 2. Assistant City Manager/HR Director 3. Finance Director
City Attorney	1. City Attorney 2. Chief Deputy City Attorney 3. Deputy City Attorney
Finance	1. Finance Director 2. Asst. Finance Director
Fire	1. Fire Chief 2. Deputy Fire Chief 3. Battalion Chief
Police	1. Chief of Police 2. Deputy Police Chief 3. Police Captain
Public Works	1. Director of Public Works 2. PW Superintendent Equipment Services 3. PW Superintendent Building Services
City Clerk	1. City Clerk 2. Deputy City Clerk 3. Deputy City Clerk
Community & Economic Development	1. Director of Comm. Econ Develop 2. Dep. Director Econ Development
Library & Cultural Services	1. Library Director 2. Head Librarian
Human Resource Department	1. Human Resources Director 2. Workforce Relations Officer 3. Labor Relations Manager
Recreation Department	1. Recreation Director 2. Community Services Administrative Manager 3. Community Services Program Manager



**ATTACHMENT – B  
FUNCTIONAL NEEDS FRAMEWORK**

*This document was adapted from “A Function Based Framework for Emergency Management and Planning” by J. Kailes and A. Enders. The C-MIST Functional Based Framework provides criteria for meeting the following needs of disaster victims with functional needs:*

- Communication
- Independence
- Transportation
- Medical
- Supervision

<b>COMMUNICATION NEEDS</b>	
<b>Who is affected</b>	<b>How we meet their needs</b>
<p>Large populations who may not be able to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hear verbal announcements</li> <li><input type="checkbox"/> See directional signage to assistance services</li> <li><input type="checkbox"/> Understand how to get food, water and Other assistance because of limitations in:                             <ul style="list-style-type: none"> <li>o Hearing</li> <li>o Seeing</li> </ul> </li> <li><input type="checkbox"/> Understand written or verbal announcements</li> </ul> <p>These populations will be ethnically diverse and may have:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduced or no ability to speak, see or hear</li> <li><input type="checkbox"/> Limitations in learning and understanding</li> <li><input type="checkbox"/> Limited or no ability to speak, read or Understand English</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Post content of oral announcements in a specified public area</li> <li><input type="checkbox"/> Provide language interpreters</li> <li><input type="checkbox"/> Designate specific times and places where sign language interpreters will be available</li> </ul>

<b>MEDICAL NEEDS</b>	
<b>Who is affected</b>	<b>How we meet their needs</b>
<p>Those who do not have or have lost adequate support from family or friends may need assistance with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Managing unstable, chronic, terminal or contagious conditions that require observation &amp; ongoing medical treatment</li> <li><input type="checkbox"/> Managing medications, intravenous IV therapy, tube feeding &amp; monitoring of vitals</li> <li><input type="checkbox"/> Dialysis, oxygen, and suction administration</li> <li><input type="checkbox"/> Managing acute wounds</li> <li><input type="checkbox"/> Operating power-dependent equipment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide medical staff, including doctors, nurses, nurses aids, EMT’s and other personnel trained to determine their level of medical assistance</li> <li><input type="checkbox"/> Permit personal care assistants to enter and exit the shelter freely</li> </ul>



**MANAGING FUNCTIONAL INDEPENDENCE**

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>At-risk individuals who, when identified early and needs are addressed, avoid costly deterioration of health and mobility. Addressing needs can prevent health problems and avoid institutionalization.</p>	<p><input type="checkbox"/> Replace essential medications, lost or damaged equipment (wheelchairs, scooters, walkers, etc., and essential supplies (catheters, Ostomy supplies, etc.)</p> <p><input type="checkbox"/> Provide assistance with orientation to shelter facilities for those with visual limitations.</p>

**SUPERVISION NEEDS**

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>People who:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do not have or have lost adequate support from family or friends</li> <li><input type="checkbox"/> Have conditions such as dementia, Alzheimer's, psychiatric conditions such schizophrenia, intense Anxiety, etc.</li> <li><input type="checkbox"/> Decompensate because of transfer trauma and stressors that exceed their ability to cope and function in a new environment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide NGO and CBO volunteers, public security officers and law enforcement, private security, and emergency shelter personnel</li> <li><input type="checkbox"/> Permit personal care assistants to enter and exit the shelter freely</li> </ul>

**TRANSPORTATION NEEDS**

<b>Who is affected</b>	<b>How we meet their needs</b>
<p>People who cannot drive due to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disability</li> <li><input type="checkbox"/> Addictions</li> <li><input type="checkbox"/> Legal restrictions</li> <li><input type="checkbox"/> Poverty</li> <li><input type="checkbox"/> Age</li> </ul> <p>Individuals who do not own a vehicle</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide several types of evacuation and transportation assistance: <ul style="list-style-type: none"> <li>o Public transportation (transit buses, light rail, school buses)</li> <li>o Private transportation (cars or vans driven by volunteers, or CBO or NGO personnel)</li> <li>o Emergency transportation (law enforcement or medical ambulance)</li> </ul> </li> </ul>



## ATTACHMENT – C

### ROLE OF THE EMERGENCY OPERATIONS CENTER FUNCTIONAL NEEDS COORDINATOR

**PRIMARY EOC-FNC: Recreation Director**

**First Alternate: Community Services Administrative Manager**

**Second Alternate: Community Services Program Manager**

#### QUALIFICATIONS OF THE EOC – FNC

- Knowledge of diverse functional needs populations, including people with vision and hearing loss, physical disabilities, mental health disabilities, developmental and other cognitive disabilities and the elderly.
- Knowledge of support service systems, which include housing, benefit programs, disaster aid programs, and a variety of other resources.
- Knowledge of cross-disability access issues.
- Authority and knowledge to assess stockpiles and delivery systems for shelters and assistance centers for items such as accessible cots, essential medications, DME and CMS.
- Completion of training courses provided by the City in regard to the role and responsibility of the EOC-FNC.
- Completion of the following training courses or comparable courses if no longer available:
  - Within one year of appointment as designated EOC-FNC, or alternate:
    - Functional Assessment Service Teams (FAST) training or a reasonable equivalent
  - Within one year of appointment as designated EOC-FNC, or alternate, and at least once every three years thereafter:
    - ICS/NIMS 100
    - ICS/NIMS 200
    - ICS/NIMS 300
    - ICS/NIMS 700
    - FAST training or a reasonable equivalent
  - Within one year of appointment as designated EOC-FNC or alternate:
    - Participation in at least one training exercise provided through the City's Office of Emergency Services or a real incident



## **RESPONSIBILITIES**

### Activation Phase:

- Check-in at security
- Check-in with Logistics
- Check-in with Liaison Officer; receive situation and expectations briefing on:
  - Current situation
  - Known information about impacts on persons with disabilities and the elderly
  - Immediate task for the EOC-FNC
  - Mission tasking transmission to the EOC-FNC
  - Initial information required by the EOC from the EOC-FNC
- Check-in with Planning/Intelligence regarding known information or plans that impact persons with disabilities and the elderly
- Check-in with Operations regarding known information or plans that impact persons with disabilities and the elderly
- Analyze the situation and determine the level of required staff
- Provide information to be included in the Response Information Management System (RIMS)
- Coordinate link-up with EOC Liaison Officer
- Obtain EOC organization chart, floor plan and telephone listing
- Review the locations and general duties of all sections, branches and units that have been activated
- Open and maintain an activity log
- Coordinate with EOC Operations and Logistics to facilitate the processing of mission tasking that impacts persons with disabilities and the elderly; Advise as necessary
- Provide input to the EOC Situation Report to include any information known about impacts on persons with disabilities and the elderly through the Planning/Intelligence Section



- Participate in Action Planning Meetings to advise on known and potential needs impacting persons with disabilities and the elderly
- Provide assistance to Advance Planning to advise on known and potential needs impacting persons with disabilities and the elderly, as needed
- Provide a summary report of activities, capabilities and significant issues impacting persons with disabilities and the elderly at the end of each shift

Operational Phase:

- Coordinate with the appropriate EOC Sections, branches, and units to advise them of your presence and assigned work location
- Coordinate with the Care and Shelter Branch to identify potential mass care and shelter sites
- Ensure shelter management teams are organized
- Ensure that facilities are ready for occupancy (*see Attachment D*)
- Provide and maintain shelter and feeding areas that are free from contamination and meet all health, safety and ADA standards
- Coordinate with the Transportation Unit of the Logistics Section regarding transit needs of shelter residents with disabilities and the elderly
- Facilitate requests for support or information on known and potential needs impacting persons with disabilities and the elderly; advise appropriate agencies and CBOs
- Maintain periodic updates on the general status of resources and activities associated with assisting persons with disabilities and the elderly
- Advise on known and potential needs impacting persons with disabilities and the elderly, as appropriate, to the Planning/Intelligence Section and OES
- Represent access and functional needs issues related to persons with disabilities and the elderly at planning meetings, as appropriate
- Provide update briefings about known activities impacting persons with disabilities and the elderly and priorities at planning meetings
- Maintain logs and files associated with the EOC-FNC responsibilities



Deactivation Phase:

- When deactivation is approved, contact agencies and/or persons who have assisted to advise them of:
  - When deactivation will occur
  - Whom they should contact, including a telephone number, for the completion of on-going actions or new requirements
- Ensure completion of the following activities:
  - Conclude final reports
  - Close out activity log
  - Transfer on-going missions and/or actions to appropriate staff
- Ensure copies of all documentation generated during the operation are submitted to the Planning/Intelligence Section
- Participate in all After-Action Reviews and be prepared to discuss:
  - General overview of the operation
  - General overview of the EOC operation
  - Procedures and concepts that worked well
  - Procedures and concepts that need to be improved
- Provide your telephone number where you can be reached to the EOC Liaison Officer



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## ATTACHMENT – D

### FUNCTIONAL NEEDS CARE AND SHELTER CHECKLIST

#### INTRODUCTION

This Appendix D is intended for use by individuals, including City employees, disaster service workers, shelter management and other shelter workers, who have responsibility for providing care and shelter during an incident. The EOC-FNC and shelter management staff shall ensure that the responsibilities contained herein are met.

#### SHELTER SITE LAYOUT AND SET-UP

##### Access:

- Provide an accessible drop-off area, also known as a passenger loading zone, on an accessible path leading to an accessible shelter entrance
  
- Provide accessible portable toilets whenever portable toilets are necessary to be brought on-site
  - When portable toilets are provided, at least one unit must have accessible features located on an accessible route connecting it with the shelter
  - Where multiple user portable toilet units are clustered at a single location, at least 5 percent of the toilet units at each cluster must be accessible
  - Where single user portable toilet units are clustered at a single location, at least five percent but no less than one toilet unit must be accessible
  - The entrance to an accessible portable toilet must have either no step or a ramp installed that extends from the hinge side of the door to at least 18 inches beyond the latch side of the door
  - Accessible portable toilets should have similar features to a standard accessible toilet stall, including an accessible door, side and rear grab bars, clear space next to the toilet, and maneuvering space
  
- Provide accessible hand washing stations
  
- Provide accessible bathing/shower facilities to augment available shelter bathing/shower facilities
  - Where multiple user portable bathing/shower units are clustered at a single location, at least 5 percent of the bathing/shower units at each cluster must be accessible
  - Where single user portable bathing/shower units are clustered at a single location, at least five percent but no less than one bathing/shower unit must be accessible
  
- Provide accessible routes. An accessible route is at least 36 inches wide and may briefly narrow to 32 inches wide where the route passes through doors or next to furniture and building elements.



High thresholds, abrupt level changes, steps, or steep running or cross slopes cannot be part of an accessible route. Ramps, when used, the maximum slope cannot be steeper than 1:12. (This means that for every 1 foot in height, the ramp must be at least 12 feet long or more.) Ramps with a vertical rise of more than 6 inches must have handrails on both sides. Ramps must also have edge protection (raised edges along the sides of the ramp) to stop wheelchairs from falling off the sides, and level landings at the top and bottom of each segment and where a ramp changes direction.

- Ensure that people with disabilities using service animals or emotional support animals are permitted into and around all parts of the shelter. Remember: Service animals are not pets!
- Accommodate service animals and emotional support animals that accompany shelter residents; create and offer sleeping space closer to exits for these residents so that can easily take their animals outside as needed
- Ensure registration area is provided on an accessible path
- Arrange space so that people using mobility aids can move freely within the building
- Offer to locate residents with mobility limitations, along with their friends, family units and personal care assistants, near unobstructed areas and accessible routes where they can easily move to rest rooms, dining areas and exits
- Permit entrance and exit by personal care attendants 24 hours per day even if they are not registered residents at the shelter
- Ensure accessible emergency telephone trailers or communication equipment is made available to individuals who use a mobility aid and to Teletypewriter (TTY) users
- To allocate additional accessible parking spaces, re-stripe parking spaces using tape to create wider space and post temporary parking signs and/or designate on street parking where parallel parking spaces exist AND a curb ramp or driveway is made available to exit and enter the sidewalk as accessible parking using temporary parking signs
- Place a table with paper cups adjacent to inaccessible water fountains
- Ensure the canteen and feeding areas are accessible
- Provide adjustments, modifications or changes to shelter policies, procedures and practices when necessary to avoid discrimination
- Offer orientation and way-finding assistance to people who are blind or have low vision



Entrances and Exits:

- If the accessible entrance is not part of the main entrance, post directional signage clearly showing the accessible entrances
- Ensure outside smoking areas are a significant distance from any shelter entrance, exits, windows, telephones, rest rooms or air intake vents

Sleeping Areas:

- Ensure accessible sleeping areas are provided on an accessible route connecting it to other activity areas in the shelter, such as rest rooms and bathing/shower areas, and to exits and entrances
- Provide accessible cots; a raised sleeping area designed for ease of transfer from a wheelchair or other mobility device. These types of cots are wider, higher, and can hold a greater weight capacity than standard cots. Accessible cots measure approximately 32"W x 84"L x 18"H and can minimally accommodate 450 pounds of weight. When possible, arrange accessible cots against a wall to stabilize the cot and for a shelter resident to use the wall as a backrest when sitting on the cot (*see Attachment F*).
- Provide adequate space near each cot in the sleeping area for people who use mobility aids; adequate space is a clear floor area of at least 36 inches wide along the side of the cot
- Separate sleeping areas for families with children, the elderly, and other unique situations
- Consult with residents with functional needs in regard to the placement of their cots

Private Areas:

- When possible set up private areas for:
  - Personal hygiene care, such as catheter care and bowel or bladder care
  - People with asthma, chemical sensitivities, allergies, weakened immune systems (for example, people with AIDS, diabetes or those undergoing chemotherapy)
  - Disaster assistance and social services counseling
  - Child care and/or space for children to play away from other residents or while residents work with recovery assistance programs
  - Residents who, for safety or health reasons, cannot be near service animals or emotional support animals
  - Residents who require close supervision or monitoring by family members or an attendant; this includes people with significant cognitive limitations, autism, confusion and Alzheimer's disease



- If private rooms are not available, create a private area using tenting, fabric, plastic sheets, or other materials

### **REGISTRATION AND ASSESSMENT**

- Whenever possible, provide a private area within registration area
- Upon request, provide shelter staff to assist in completion of forms
- Use the Initial Intake and Assessment Tool (IIAT) to identify individuals with unmet functional needs (*see Attachment E*)
- When due to the increased need for accessibility, track and address feeding, essential medication, DME, CMS, and personal care assistant needs of people with disabilities who are sheltered in hotels or motels
- Work collaboratively with NGOs to identify and meet the essential needs of at-risk populations

### **COMMUNICATION ACCESS**

#### **Signage:**

- If the accessible entrance is not part of the main entrance, post directional signage clearly showing the accessible entrances
- Post signs where the accessible route is different from the route used by most evacuees; signs will be necessary at key decision-making points to direct individuals with disabilities to the various activity areas
- Post signs to indicate the location of:
  - Accessible rest rooms
  - Accessible telephones
- Outside smoking areas
- Create and maintain an announcement board for shelter residents to receive written information and announcements; this is necessary to ensure effective communication with shelter residents who are Deaf and people who are hard of hearing
- Post understandable signage, using signs and symbols in addition to language, to assist people with seeing, hearing, understanding, cognition or intellectual disabilities and limited language proficiency
- Important information, such as telephone numbers, location and hours of operation of assistance centers and other resources, should be collected for residents and posted on an announcement board



- Update announcement board at least once daily to ensure accurate and adequate information is made available

**Multiple Methods:**

- Use many different formats to communicate the same message
- Make audio announcements available visually by posting contents of verbal announcements on an announcement board in a specified area
- periodically audibly announce visually posted announcements
- Turn captions on for all televisions used by the public

**Interpreters:**

- Provide qualified sign language interpreters to all Deaf residents or those who are hard of hearing; it may be most effective to establish a designated time when qualified sign language interpreters will be available for non-emergency communications
- Use Speech-to-Speech (STS) interpreters to communicate with shelter residents who have speech disabilities; STS interpreters can be reached by dialing 7-1-1 from a standard operating telephone
- Upon request read printed information to people who are unable to read

**HEALTH AND SAFETY**

**Line Management:**

- Use line management to help residents unable to stand in long lines; create a shorter line or allow these people the opportunity to go first

**Medications:**

- Pick-up or arrange delivery of essential medications for those unable to travel
- Provide resources, such as a refrigerator, for keeping medications cold

**Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS):**

- Request essential DME and CMS from vendors as identified during the intake process or upon request of shelter residents. Items may include, but are not limited to:
  - Wheelchairs (junior, adult and large sizes)
  - Walking canes
  - White canes
  - Walkers
  - Shower chairs
  - Commode chairs



- Raised toilet seats
- Magnifiers
- Gauze pads
- Disposable respiratory tubing
- Ostomy supplies

Inspections:

- Conduct inspections of all public areas at least three times per day to ensure walkways and other features are clear of obstacles, including cords, boxes, trash, etc.
- Tape extension cords down to avoid tripping hazards
- Advise the media to refrain from stringing cables across walkways without appropriate materials to tape them down

Power:

- Provide access to electricity for individuals who require power to maintain or operate life-sustaining medical devices, motorized wheelchairs, and for storing medications, such as insulin, that requires refrigeration
- Give priority access to shelters with electricity to individuals who require power to maintain or operate life-sustaining medical devices, motorized wheelchairs, and for preservation of certain medications, such as insulin, that require refrigeration
- Co-ordinate with shelter management to ensure back-up power generators are brought on-site when standard electric power is lost; provide priority access to generator power to individuals who require power to maintain or operate life-sustaining medical devices, motorized wheelchairs, and for preservation of certain medications, such as insulin, that require refrigeration



## ATTACHMENT E

### AMERICAN RED CROSS Disaster Services Program Guidance

Instructions for Use of the  
American Red Cross Health and Human Services  
Initial Intake and Assessment Tool June 20, 2008

#### Purpose

The main purpose of the *Initial Intake and Assessment Tool* is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

#### Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only *one form* is used for *each family*<sup>#</sup>. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List *all* of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

#### Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes **ONLY** the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, *in conjunction* with the shelter manager, will make decisions regarding shelter accommodation. If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

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Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.

1 American Red Cross Instructions for Use of the ARC – HHS *Initial Intake and Assessment Tool*



**Question 3:** In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client's answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. (*Do not give the tool to the client*)

**Observation 4:** This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer "yes" to observation 4 or are unsure, refer immediately to DMH or HS.

**Question 9:** This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

**STOP the Interview**

Place your initials on the tool and indicate whether you've referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered "no" to all questions, attach the intake tool to the shelter registration form. If you answered "yes" to any questions or were unsure, refer the client to HS or DMH.

**Where to Put the Initial Intake and Assessment Tool**

If you answered "no" to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered "yes" or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). (*Do not give the tool to the client*).

**FOR HS and DMH ONLY**

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a *Client Health Record (F2077)* for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

**Questions?**

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.



Insert ARC Intake Tool Form page 1 of 2 here



Insert ARC Intake Tool Form page 2 of 2 here



**ATTACHMENT F  
ACCESSIBLE MEDICAL COTS**

The following chart shows the differences among accessible and medical cots. This document defines accessible cots as: 17-19 inches high (not including the mattress), a weight capacity of 300+ lbs, and flexible head and feet positions. The height dimensions provided are from the floor to the top of the frame and excludes cushion.

<b>COTS – ACCESSIBLE</b>									
	<b>Model</b>	<b>Dimensions (H x W x L)</b>		<b>Lbs</b>	<b>Weight Capacity</b>	<b>Position Head</b>	<b>Foot</b>	<b>Mattress</b>	<b>Price</b>
		<b>Open</b>	<b>Folded</b>						
1.	<b>Westcott 400</b> <a href="http://www.emergencyresources.com/westcot400.html">www.emergencyresources.com/westcot400.html</a>	18"x35"x81"	8"x32"x42"	32	400	Multi	2	2"	\$310.00
2.	<b>Cot, Special Needs Standard</b> <a href="http://store.certkits.com/L2015.html">http://store.certkits.com/L2015.html</a>	18.5"x25"x71"	8"x28"x 36"	27	350	3	1	1"	\$79(1-49) \$62 (500+)
3.	<b>Cot, Oversized Special Needs</b> <a href="http://store.cert-kits.com/L2030-SRG.html">http://store.cert-kits.com/L2030-SRG.html</a>	19"x31"x80"	19"x31"x80"	28	450	5	2	2"	\$200
4.	<b>Cot, Enhanced Special Needs</b> <a href="http://store.certkits.com/L2030.html">http://store.certkits.com/L2030.html</a>	17.5"x27"x75"	8"x27"x37"	27	350	4	2	2"	\$139 (1-49) \$97 (500+)
5.	<b>Black Pine Sports Big Johnson Deluxe Cot</b> <a href="http://www.gearforcamping.com/Black-Pine-Sports-Big-Johnson-Deluxe-Cot-Chair-p/30082.htm">www.gearforcamping.com/Black-Pine-Sports-Big-Johnson-Deluxe-Cot-Chair-p/30082.htm</a>	16-20"x31"x80"	6.5"x34"x29"	26.4	300	Multi	Multi	Mesh	\$118.80

City of Richmond Mass Care and Shelter  
Annex for People with Disabilities and the Elderly



6.	<b>Kamp Rite Emergency Treatment Cot</b> www.camping-gearoutlet.com/camping-gear-81360.html	18"x32"x84"	6"x32"x30"	30	450	2	2"	Mesh	\$179.99
7.	<b>MED SLED Surge Deluxe 3</b> www.medsled.com/pdf/products/pdf_3.pdf	18"x32"x78"	7"x32"x40"	15-25	300	1	1	2"	\$149.95 (1-100) \$139.95 (101-199) \$135.95 (1000+)
8.	<b>MED SLED Surge Deluxe 4</b> www.medsled.com/pdf/products/pdf_3.pdf	18"x32"x78"	7"x32"x40"	15-25	300 4 1 2"	4	1	2"	\$189.95 (1-100) \$179.95 (101-199) \$169.95 (1000+)

**COTS – MEDICAL**

	Model	Dimensions (H x W x L)		Lbs	Weight Capacity	Position		Mattress	Price
		Open	Folded			Head	Foot		
1.	<b>XH-31V Special Needs Bed</b> http://firstrespondernetwork.com/it-ems/products/stretchers~cots/cots/special-needs-bed-xh-31v-detail.htm	22"x34"x82"	7"x34"x41"	31	400	5	5	2"	<b>\$252.90</b>
2.	<b>MED SLED APC</b> www.medsled.com/pdf/products/pdf_3.pdf	28"x32"x78"	8"x34"x41"	35	400	4	1	2"	\$569.95 (1-100) \$495.95 (101-199) \$449.95 (1000+)

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## ATTACHMENT G

### FUNCTIONAL NEEDS DEACTIVATION CHECKLIST

#### INTRODUCTION

This Appendix G is intended for individuals who have responsibility for deactivation and demobilization after an incident. The EOC-FNC and shelter management staff shall ensure that responsibilities contained herein are met.

#### RESPONSIBILITIES

##### Deactivation:

- When deactivation is approved, contact agencies and/or persons who have assisted to advise them of:
  - When deactivation will occur
  - Whom they should contact, including a telephone number, for the completion of on-going actions or new services
- Co-ordinate individualized review and case management with transition team to ensure continuity of services for individuals with functional needs
- Assist transition team with identifying community organizations and services necessary for persons with disabilities and the elderly, such as:
  - Personal care attendant services
  - Service animal care and supplies
  - Public transportation
  - Community support services and social services
  - Interim housing services
- Consult with and utilize services and resources of:
  - California Children's Services
  - Family Services
  - Center for Independent Living, Berkeley and Oakland
  - Disability Rights California
  - United Way
  - Contra Costa County Department of Social Services

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- Social Security Administration
  - Disseminate announcements and descriptions of services in alternate formats, including:
    - Written English
    - Braille
    - Large print (at least 16 point font size, Times New Roman equivalent)
    - Electronic format
    - Audio format
    - Ensure completion of the following activities:
      - Conclude final reports
      - Close-out activity log
      - Transfer on-going missions and/or actions to appropriate full-time staff
      - Ensure copies of all documentation generated during the operation are submitted to the Planning/Intelligence Section through your supervisor
      - Clean up shelter work area
    - Participate in all After-Action Reviews and be prepared to discuss:
      - General overview of the operation
      - Procedures and concepts that worked well
      - Procedures and concepts that need to be improved
  - Provide your telephone number where you can be reached to the EOC Liaison Officer

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**ATTACHMENT – H**

**PWD/E WORK GROUP MEMBERSHIP AGENCY LIST**

	<b>Agency</b>
1.	Alameda County CARD
2.	AMR American Medical Response
3.	ARC American Red Cross
4.	Brookvue Care Center
5.	CA Autism Foundtn Dir Residential Ser
6.	California Autism Foundation
7.	CC Community College District
8.	CCC Animal Services
9.	CCC Area Agency on Aging
10.	CCC Health Clinic
11.	CCC HS Community Ed.& Info
12.	CCC HSD/C8 Special Needs
13.	CCC Public Health Planning Coord
14.	CCC SO OES
15.	CCCC HSD Vocational Services
16.	Chevron
17.	City of Richmond City Attorney
18.	City of Richmond City Manager
19.	City of Richmond Mayor
20.	City of Richmond Risk Manager
21.	Commercial Support Services
22.	Community Integrated Work Program
23.	Concord PD/C8 Special Needs Com
24.	Congressman Millers Office
25.	Contra Costa College Disabled Students
26.	Creekside Health Care Center
27.	Disability Consultant
28.	DMC San Pablo
29.	Doctors Medical Center
30.	DPRC
31.	El Cerrito Fire BC
32.	El Cerrito Fire Chief
33.	Fresh Start WC
34.	Friends of Disabled Children, Inc.
35.	George Miller Center

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	<b>Agency</b>
36.	Guardian Adult Health Care
37.	Kaiser Hospital
38.	Living Skills Center Blind
39.	Meals on Wheels
40.	MOW SOS
41.	NIAD National Institute Arts Disabilities
42.	Partatransit City of Richmond
43.	PWD/E Personal Assistant for T. Lucio
44.	RCEP Regional Center of East Bay
45.	Richmond Fire Chief
46.	Richmond Fire Marshall
47.	Richmond Fire OES
48.	Richmond Housing Authority
49.	Richmond Police Chief
50.	Richmond Police Deputy Chief
51.	Richmond Police Disability Services
52.	Richmond Senior Center
53.	Rodeo Hercules CERT/C8 Special Need
54.	Rubicon
55.	Sally Swanson Architectural Services
56.	San Francisco CARD
57.	San Pablo Police
58.	Spectrum Center
59.	Summerville at Creekside Lodge
60.	Supervisor John Gioia's Office
61.	The Commission on Aging
62.	Tool Works
63.	Toyo University Special Education
64.	Vale Healthcare Center
65.	WCCUSD
66.	WCCUSD Transition Services

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**ATTACHMENT - I**

**IMPLEMENTATION TIME TABLE**

<b>ITEM NO.</b>	<b>COMPLETION DATE</b>	<b>ACTION ITEM</b>	<b>RESPONSIBLE DEPARTMENT(S)</b>
1.	June 1 and 2, 2011	Provide FAST training to designated EOC-FNC, alternates, and shelter operations staff.	OES
2.	July 2011	Identify ASL interpreters who may be able to provide services in the event of an emergency.	Risk Management/ADA Coordinator
3.	July 2011	Take steps to ensure that KCRT's website conforms to World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Conformance Level A.	KCRT
4.	July 2011	Research feasibility of purchasing videophone for use in shelters.	OES/Information Technology
5.	September 2011	Apply for grant from Chevron Richmond Refinery for emergency preparedness program items and equipment for persons with disabilities and the elderly.	OES
6.	October 2011	Establish list of current City vendors that may supply emergency equipment and supplies (such as emergency generators, refrigeration units, accessible cots, DME and CMS) to City shelter sites and a procedure for calling up such supplies post disaster.	Finance
7.	October 2011	Identify business locations that store fuel and develop a procedure for obtaining fuel for emergency vehicles	Finance/Public Works

		post disaster.	
8.	October 2011	Incorporate information regarding the evacuation and transportation needs of persons with disabilities and the elderly into the City's annual emergency preparedness training exercise.	OES
9.	October 2011	Create shelter accessibility database.	OES in coordination with ADA Coordinator/City Attorney's Office and Sally Swanson Architects
10.	October 2011	Create a priority list of emergency shelters to be made physically accessible as funding becomes available.	OES in coordination with ADA Coordinator/City Attorney's Office
11.	October 2011	Add links to City's OES website regarding online resources that assist persons with disabilities in preparing for emergencies.	OES/IT
12	October 2011	Research and take steps to acquire any additional technology that may be required for use of 7-1-1 relay system in shelters.	OES/IT
13.	June 2012	Revise Citywide evacuation plan to ensure it adequately addresses the needs of persons with disabilities and the elderly.	OES/Fire/Police/Paratransit in coordination with Contra Costa County Sheriff's Office and ARC