

# Tips for Assisting People with Disabilities in Disaster Shelters

The purpose of this document is to provide care and shelter personnel (especially disaster shelter managers) with tips on accommodations and support for people with disabilities to maximize their full participation in all care and shelter operations. It can be used both in training personnel and as an onsite resource for shelter staff during actual shelter operations.

The tip sheet is broken down into the following shelter functional and service areas.

1. Shelter Registration
2. Shelter Orientation
3. Communication and Information
4. Personal Care Considerations
5. Service Animals
6. Shelter Accessibility and Modifications
7. Medications, Supplies and Equipment
8. Community Services for Seniors and People with Disabilities

## 1. Shelter Registration

For people who may need additional support within the shelter, the shelter registration process is an opportunity to identify what assistance is needed. Be aware that it is not always obvious to tell, just by looking at the person, whether or not that person has a disability and/or what their needs might be. Simply ask how you can help when you are unsure what assistance might be useful or required.

Needs that may be identified at registration:

- Prescription Medications – People may arrive at shelters without their medications; ask the person what medications they are taking and identify if there is a need for emergency medication replacement. Find out if the meds need to be refrigerated, if they need to be taken with food and if they must be secured. The Department of Public Health will assist with medication replacement.
- Personal Care Assistance – Some shelter residents may require personal care assistance with activities such as eating, dressing, showering, etc.; identify if there is a need for personal attendant services (see item #4 Personal Care Considerations for more information).
- Communication Needs – Some persons who are non-English speaking or Deaf or Hard of Hearing may require interpreters (including sign language interpreters),

captioning, or assisted listening devices (see Section #3 – Communication and Information for more details).

- Dietary Needs – Many older adults with hypertension or diabetes have important dietary restrictions; this can be noted during the registration process.
- Misleading Assumptions:
  - Confusion – Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you.
  - Slurred speech – May be due to a medical condition and not drunkenness.

## 2. Shelter Orientation

Persons with visual or cognitive disabilities (in addition to elderly persons who may be disoriented from the disaster) may need assistance adjusting to the shelter environment. Provide a brief shelter orientation to help with this adjustment.

- Individualized Shelter Orientations:
  - Provide a walk-through of areas within the shelter (i.e., bathrooms, sleeping and eating areas) to help with shelter familiarization; explain shelter schedule and rules; introduce to shelter staff.
  - Provide a verbal mapping of the shelter facility and a walk through the facility for people with visual disabilities; verbally explain any signage or written rules.
- Guide Techniques – To guide a person who is blind, let him/her take your arm. The motion of your body will guide them as you walk. Indicate changes in the walking surface or other obstacles. To seat a person who is blind, place their hand on the back of the chair, they will seat themselves.

## 3. Communications and Information

In addition to persons who are non-English speaking, other residents within the shelter will also require accommodations to ensure their access to all written and verbal communications. The shelter manager will need to ensure that all persons receive/understand shelter announcements for their safety and well being.

- Important Communication Considerations – Be aware of the following needs.
  - People with Visual Disabilities – Consider the need to make printed information accessible and to provide a verbal orientation when people with visual disabilities encounter a new environment (i.e., upon entering a disaster shelter). See alternatives for written information below.
  - People who are Deaf or Hard of Hearing – For many persons who are deaf, sign language is the primary means of communication. People who are hard of hearing typically have functional speech and communicate primarily through speech.

- Persons with developmental or cognitive disabilities – In general, persons with developmental or cognitive disabilities may have trouble processing information unless it is presented simply and slowly.
  - Disaster victims in general – Some persons may not fully understand the extent of what is happening in the shelter. Take time to listen carefully or to explain again.
- ☐ Improving Communication until Resources Arrive – The following are ways to support communication access until resources arrives (see the subsection that follows).
- To Meet Most Basic Communication Needs – Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with Deaf or hearing-impaired persons and with persons who seem disoriented. Keep language simple and draw pictures if necessary.
- Whenever there are spoken shelter announcements, these same announcements need to be summarized in writing and posted on a central message board. Flashing lights could precede the announcement so that shelter residents with hearing loss are informed that an announcement is forthcoming. If electricity is available, it might be possible to use an electronic board to provide short scrolling text of what was said.
- Alternatives for Written Information – The usual options include Braille, large print (18-point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, always communicating any written information orally may be adequate for people who are visually impaired.
  - Hearing Aids – Hearing aids amplify background noise and shelter environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.
  - Comprehension – Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly; use simple language and speak with short sentences.
  - Repeat Back – Have the person repeat back what you said as a check to see if you are being understood.
  - Disaster victims in general – Some persons may not fully understand the extent of what is happening in the shelter. Take time to listen carefully or to explain again.
- ☐ Resources to Help with Communication Access (requests for these resources may be referred to the Care and Shelter Branch for acquisition):
- ASL Interpreters – A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication. The shelter manager can contact the Care and Shelter Branch to have an ASL interpreter provided for the shelter.
  - TTYs or CapTel Phones – For telephone communication, once telephones are operational, deaf persons require a telephone device that transmits typed text (TTY or TDD). CapTel phones also receive text of the other person’s speech, but allow for much faster communication as they go through a different relay service. Again, the shelter manager can contact the Care and Shelter Branch to fill this need.

- Captioning – Captioning provides a visual representation for verbal communication and for the audio portion to video communication. Captioning includes both open/closed captioning where the audio being captioned appears visually in a scroll box on the TV screen. Real-time captions involve a trained captioner typing out a visual representation of the verbal communication.
- Assisted Listening Devices – Any type of device that will help the person to function better in day-to-day shelter communication situations.

#### 4. Personal Care Considerations

Some persons with disabilities are fully independent, while other persons may require moderate assistance within the shelter. Respect the independence of all shelter residents to the extent possible. Let people with disabilities make their own determination about what level of care and assistance they need. Where assistance is needed, community volunteers, or other shelter residents, may provide that assistance. If a personal attendant is employed to help with care needs at home, ask the person if their attendant is available to provide that same support in the shelter. In fact, the individual may ask for personal assistance. Agencies that provide personal care assistance can also be contacted to provide additional supportive services, however, an individual must first give their permission before a request is made.

##### People with Mobility Disabilities:

- Transfer Assistance – Some persons using a wheelchair may need assistance transferring from their chair to a bed or cot, but can then proceed without assistance. Ask for advice on safe methods before lifting or moving the person. If you are unsure, or untrained in providing transfer assistance, ask for help.
- Meals – Ask if the person would like assistance when going through feeding lines.
- Cot Space – Assign a cot space in an area where access to other facilities like eating areas and restrooms does not take the person through an obstructed area.
- Sleeping Accommodations – Persons who have paraplegia (loss of function in lower body) or quadriplegia (paralysis of both arms and legs) may experience circulation problems and require a softer sleeping surface than cots provide. An air mattress can alleviate this discomfort.
- Battery Charging – A person using a motorized wheelchair or scooter will need a place within the shelter to recharge their batteries.

##### People with Visual Disabilities:

- Reading and Mobility Assistance – Volunteers can help as sighted guides or readers.
- Cot Space – Locate sleeping space along a wall or in a corner to make it easier to find. Also, keep doors closed or wide-open -- a blind person regards a partially open door as fully open without realizing an obstruction waits.

- ❑ People with Developmental or Cognitive Disabilities – Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of persons with developmental or cognitive disabilities.
- ❑ People Who Are Deaf or Hearing Impaired – Volunteers can help with basic communication needs – writing or slowly repeating instructions.
- ❑ Visible Tension and Anxiety – People with and without disabilities react to disasters differently. All disaster victims experience some emotional impact.
  - If a person within the shelter becomes agitated, help them find a quiet corner away from the confusion to reduce stress.
  - Keep your communication simple, clear and brief.
  - If the person appears to be delusional, don't argue with them or try to "talk them out of it." Just let them know you are there to help them. Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.
- ❑ Persons dependent on medical equipment or home health care will need to bring the equipment, and/or the personal support they receive at home, with them to the shelter. An area of the shelter can be sectioned-off to provide for more privacy.
- ❑ Privacy Area – Create a section of the shelter that is separate from the other shelter residents for use as a "privacy room". Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, other shelter residents -- some elderly persons, persons with psychiatric disabilities, and even parents with very young children -- may benefit from a quieter space.
- ❑ Shelter Isolation Area – Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. To the extent possible and for the benefit of all shelter residents, a no scent policy is advisable in the shelter, which extends to using non-scented shelter supplies and cleaning materials. People with seriously weakened immune systems (e.g., some persons with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within shelters.
- ❑ Transportation – Shelter managers may coordinate with the Care and Shelter Branch in cases where accessible transportation needs to be arranged for persons with disabilities.

## 5. Companion Animals

Companion animals are welcome at all shelter facilities and persons with companion animals are entitled to keep this assistance with them for either emotional or support with other tasks such as guiding people who are blind, alerting people who are deaf.

- ❑ Companion Animal Tips
  - Work out arrangements to provide a separate area within the shelter for owner and animal, if other shelter residents are allergic to the animal.

- Designate a relief area for the service animal, and provide disposal containers.
- Work out feeding arrangements for the service animal.

## 6. Shelter Accessibility and Modifications

- ❑ Shelter Accessibility – The following are fundamental criteria to ensure that persons who use wheelchairs or other mobility aids can function with independence.
  - Parking that is close to the building entrance with appropriate curb cuts
  - An accessible entrance to the shelter (i.e., has a ramp if there are steps at the front, and has doors that are easy to open, or are automatic)
  - Access to all shelter service areas (eating, sleeping and bathrooms)
  - Restrooms that allow for free access to toilet and washing facilities
  - Navigable aisles -- Once the shelter is in operation, arrange furniture and equipment as needed to keep access aisles clear of obstructions and to ensure the space is navigable for someone with a visual or mobility disability. This includes mitigating any protruding objects that could serve as hazards.
  
- ❑ Shelter Modifications – The following are examples of on-the-spot modifications that can be made if there are physical elements of the facility that impede access.
  - Portable Ramps – Temporary or portable ramps can be used where there is a raised doorway or raised landing within the facility.
  - Accessible Portable Toilets and Showers – Portable toilets and showers may be secured if there is no access to these facilities for persons with disabilities.
  - Rearrange chairs, tables, vending machines, and other furniture – Primary paths of travel within the facility must remain accessible and not blocked by obstacles such as furniture, filing cabinets or potted plants. Accessible routes must connect all areas of service within the shelter.
  - Telephones – If the wall-mounted telephone is too high for someone using a wheelchair, make a desktop telephone or cell telephone available.
  - Rearrange toilet partitions to increase maneuvering space – Where an accessible toilet does not exist, create one by removing the stall in the bathroom to make single entry stall accessible for wheelchair or scooter use
  - Install a raised toilet seat – This will facilitate the transfer of a person using a wheelchair to the toilet.
  - Accessible doorway – Conventional doorknobs and operating controls may impede access by people who have limited manual dexterity. The alternative measure may involve leaving the door open, or having a person stationed near the door to open and close it.

## 7. Medications, Supplies and Equipment

- ❑ Medications, Supplies and Equipment – People with disabilities, including elderly persons, may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to a disaster shelter.
  - Request certain disability specific supplies (see below) from the Care and Shelter Branch.
  - Where cots and blankets are limited, give first priority to those in obvious or stated need including seniors and people with disabilities.
  - Medication replacement – The City’s Emergency Operations Center, Health and Medical Branch (Department of Public Health), will create a system for medication assessment and disbursement at shelters.
  
- ❑ Anticipated Shelter Resource Requests may include:
  - Personal Care Assistance (In Home Supportive Services)
  - American Sign Language (ASL) Interpreters
  - Transfer Boards
  - Ostomy supplies
  - Air Mattresses, Egg Crate Foam Mattresses, or Foam Pads
  - Higher Cots (for safe transfer)
  - Hearing Aide Batteries of different sizes (including batteries for cochlear implants)
  - Portable TTY or TDD Phones (telecommunication device for deaf persons)
  - CapTel Phones (available through the CA Telephone Access Program or CTAP)
  - Video Phones
  - Portable Ramps
  - Shower Chairs
  - Equipment for recharging wheelchair batteries
  - Large Handled Eating Utensils
  - Two Handled Drinking Mug
  - Flexible Straws
  - Disposable Briefs
  - Barrier Masks (or fabric facial masks)
  - Toilet Lifters or Portable Accessible Commode
  - Insulin and other Medications
  - Oxygen
  - Wheelchairs, canes and other mobility aids
  - Medical supplies
  - Disposal of medical supplies
  - Blender or Cuisinart (for people with modified diet needs)

## 8. Community Services for Seniors and People with Disabilities

The Arc of San Francisco  
1500 Howard Street  
San Francisco CA  
(415) 255-7200 [www.thearc-sanfrancisco.org](http://www.thearc-sanfrancisco.org)

City & County of San Francisco  
Department of Aging & Adult Services (DAAS)  
875 Stevenson Street, Third Floor  
San Francisco, California 94103  
(415) 355-3555 [www.sfhsa.org/DAAS.htm](http://www.sfhsa.org/DAAS.htm)

City & County of San Francisco  
Department of Public Health  
Emergency Medical Services Section  
Disaster Registry Program for Seniors and Persons with Disabilities  
(415) 355-2632 [www.sanfranciscoems.org/form/DRPFAQ.pdf](http://www.sanfranciscoems.org/form/DRPFAQ.pdf)

Golden Gate Regional Center  
120 Howard St # 3,  
San Francisco, CA 94105  
(415) 546-9222 [www.ggrc.org](http://www.ggrc.org)

Hearing and Speech Center of Northern California  
1234 Divisadero Street  
San Francisco, CA 94115  
(415) 921-7658 [www.hearingspeech.org](http://www.hearingspeech.org)

City & County of San Francisco  
Department of Human Services  
In-Home Supportive Services (IHSS)  
(415) 557-5251

Independent Living Resource Center  
649 Mission St Fl 3  
San Francisco, CA 94105  
(415) 543-6222 [www.ilrcsf.org](http://www.ilrcsf.org)

City & County of San Francisco  
Mayor's Office on Disability  
401 Van Ness Avenue, Room 300  
San Francisco, CA 94102  
(415) 554-6789 [www.sfgov.org/sfmod](http://www.sfgov.org/sfmod)

Mental Health Association of San Francisco  
870 Market Street, Suite 928  
San Francisco, CA 94102  
(415) 421-2926

[www.mha-sf.org](http://www.mha-sf.org)

Public Authority for IHSS  
939 Market Street, Suite 550  
San Francisco, CA 94103  
(415) 243-4477

[www.sfhsspa.org](http://www.sfhsspa.org)

Rose Resnick Lighthouse for the Blind and Visually Impaired  
214 Van Ness Avenue  
San Francisco, CA 94102  
(415) 431 1481

[www.lighthouse-sf.org](http://www.lighthouse-sf.org)

Toolworks  
25 Kearny Street, Suite 400  
San Francisco, CA 94108  
(415) 733-0991

[www.toolworks.org](http://www.toolworks.org)