CITY OF OAKLAND

MASS CARE AND SHELTER PLAN

FUNCTIONAL NEEDS ANNEX

Public Version 1.6
September 30, 2013

This Mass Care and Shelter Plan Functional Needs Annex is Part of the City of Oakland's National Incident Management System (NIMS) / Standardized Emergency Management System (SEMS) Emergency Plan. This Annex Provides a Framework to Prepare for and Provide Temporary Mass Care and Shelter to People with Disabilities During Times of Emergency.

City of Oakland, California
Mass Care and Shelter Plan
Functional Needs Annex

Version 1.5 issued: June 15, 2010

The Oakland City Council adopted Version 1.5 of the Functional Needs Annex (FNA) as a component to the City's Mass Care and Shelter Plan Annex G. It lists the tasks necessary to establish shelter sites, support shelter site operations, and deliver mass care and shelter services and information that are accessible to persons with disabilities and older adults. Version 1.5 details the capabilities in place, as well as implementation tasks planned or in progress as of June 2010. It serves as the main exhibit under the settlement of California Foundation for Independent Living Centers, et al. v. City of Oakland, et al.

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Version 1.6 issued: September 30, 2013

This version of the Functional Needs Annex is the final issuance of the document from the City's CFILC v. Oakland Implementation Team led by the ADA Programs Division. With this the City formally closes the Implementation Phase of CFILC v Oakland and transfers primary responsibility for the FNA to the City's Emergency Management Services Division (EMSD). EMSD coordinates activities of all City agencies relating to planning, preparation and implementation of the City's Emergency Plan.

This update provides revisions to the FNA based on changes in organizational structure, responsibilities, and tasks that were completed during the Implementation Phase. Specific attachments that are added or updated in this document include: Head of Department lines of Succession; Role of the Emergency Operations Center Functional Needs Coordinator; Primary and Secondary Emergency Shelter Site Accessibility Evaluations; Implementation Time Table v. 12; and the Functional Needs Training Module and Curriculum Guide. Other miscellaneous updates in the body of the document are indicated with *italics*.

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ACKNOWLEDGEMENTS
Version 1.6

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ADOPTION OF PLAN

The Oakland City Council passed a resolution adopting Version 1.5 of the Annex on June 15, 2010 (C.M.S. #82836)

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EXECUTIVE SUMMARY

In August 2007, Disability Rights Advocates brought a lawsuit against the City of Oakland ("the City") and various agencies within the City on behalf of people with disabilities. The complaint alleged that the City's emergency planning failed to take into account the unique needs of the disability community. The complaint claimed that potential shelter facilities were physically inaccessible and mass care and shelter policies, procedures, and plans for people with disabilities were inadequate or non-existent.

The City immediately launched a comprehensive review of its emergency preparedness programs, activities and services. The resulting Mass Care and Shelter Plan Functional Needs Annex incorporates emerging requirements and practices in the field of emergency preparedness for people with disabilities. Oakland is among the first municipalities nationally to adopt a functional needs model of emergency preparedness for people with disabilities.

The City's Mass Care and Shelter Plan and all other emergency preparedness programs, activities and services have adopted the functional needs C-MIST framework for serving persons with disabilities and older adults. The C-MIST framework considers five areas of essential functional needs: Communication, Medical, Independence Maintenance, Supervision and Transportation. This framework is intended to efficiently and effectively address the needs of all individuals.

This Functional Needs Annex ("the Annex") is intended to serve Oakland residents during a small-scale, localized emergency or until the American Red Cross (ARC) is able to take responsibility during more significant events. The City recognizes that this Annex and all identified resources will not adequately serve the needs of the City during a large-scale incident. Regional and State emergency plans and resources will go into effect during a large-scale or regional emergency.

This Annex designates a time table for all essential tasks. C-MIST policies, practices and procedures are currently being implemented and the City anticipates implementation of the Annex *was* substantially completed in December 2010. The City has incorporated each aspect of C-MIST into emergency preparedness planning as follows:

Communication

- The City *installed/upgraded* equipment as necessary to provide on-demand, live audio narration of broadcast emergency text messages through the City's public access channel KTOP-TV10.
- The City will continue to provide disaster readiness materials in alternative formats upon request, including Braille, large print, audio tape, or electronic copy.
- The City will ensure that all modified or newly created emergency preparedness content on the City's web site conforms to Web Content Accessibility Guidelines

(WCAG) 2.0 Conformance Level A. To the maximum extent practicable, Web broadcasts shall include text-based information or equivalent translation.

- Specific information during times of emergency, including locations of open shelters, will be accessible via voice telephone and TTY through Eden Information and Referral Services 2-1-1 program.
- In addition to the audible warning system, the existing emergency notification system used by the City has the ability to interface with electronic mail, facsimile machines, text message service and short message service (SMS), text pager, landline, registered TTY, and cellular and wireless devices.
- The City has *upgraded* its *primary* emergency notification system capable of providing automatic detection of TTY machines and the option for all recipients to repeat emergency messages.

Medical

- The City has identified an accessible site location at which the County of Alameda can open a medical shelter for individuals who require acute medical attention and cannot be served in a general shelter.
- Upon request, the City will work with identified vendors to bring refrigerators or other cooling options on site to general shelters for storage of medications or dietary needs. Receipt of refrigerators and cooling devices is not guaranteed.
- Upon request, the City will work with identified vendors to bring back-up power generators on site to general shelters for individual use with lifesaving medical equipment, such as ventilators, power wheelchairs, power scooters, etc. Receipt of back-up power generators is not guaranteed.
- Privacy areas shall be provided at general shelters upon request for individuals with functional needs who require a quiet or private area for completing activities of daily living.

Independence maintenance

- Physical access evaluations have been conducted at various Oakland Unified School District (OUSD) and City of Oakland Parks and Recreation (OPR) sites. *Twenty-five (25)* sites have been identified as readily accessible and will be evaluated by the City and ARC staff immediately following an incident for safety and programmatic access.
- The City will work with OUSD and other entities, such as community colleges, hotels, and large sporting complexes, to further identify accessible emergency shelter locations.
- City shelter policies shall permit personal care givers of persons with functional needs to enter and exit the shelter site, regardless of whether they are a registered shelter resident, during extended hours. The City will not be responsible for providing or coordinating personal care givers to shelter residents to complete activities of daily living.
- The City shall work with all designated agencies to locate permanent housing for shelter residents. Individuals with functional needs shall be provided priority access to accessible and affordable housing.

Supervision

- When the Emergency Operations Center (EOC) is activated and City-operated shelter locations are opened, a Functional Needs Coordinator (FNC) shall be designated in the EOC. The E-FNC shall have in-depth knowledge of diverse functional needs populations, including people with vision and hearing loss, physical disabilities, mental health disabilities, developmental and other cognitive disabilities, substance abuse issues, and older adults. The E-FNC shall be responsible for coordinating requests and distribution of resources to all City-operated shelter locations for persons with functional needs, coordinating transportation needs, and designating an S-FNC at each shelter.
- Each City shelter shall have a designated Shelter Functional Needs Coordinator (S-FNC), responsible for assisting persons with functional needs with identifying and requesting durable medical equipment (DME), consumable medical supplies (CMS), and reasonable accommodations. In the absence of a designated individual, the shelter manager shall be the S-FNC.
- City shelter management shall permit entrance by government and community-based organizations assisting persons with disabilities during emergencies, including the State Functional Assessment Service Team (FAST).

Transportation

- The City has established a bi-annual Paratransit Roundtable event with local paratransit companies and transit organizations to discuss the creation of contracts to use vehicles and drivers during times of disaster.
- The Paratransit Roundtable has worked with Communication at Ease, a local communications organization owned and operated by persons with disabilities, to create an image to readily identify accessible emergency evacuation vehicles.
- A Geographic Information Systems (GIS) has been created to assist City first responders with identifying the location of persons with functional needs who may require accessible transportation services. The GIS has been populated with individuals who have voluntarily registered for the City's 9-1-1 Registry Program and residential care facilities for the elderly and nursing homes. The City continues to work with local organizations for people with disabilities and older adults to encourage participation of their clientele with the 9-1-1 Registry Program.

FUNTIONAL NEEDS ANNEX

I. INTRODUCTION

A. Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is the world's first comprehensive civil rights law for people with disabilities and was enacted on July 26, 1990. The ADA is a companion civil rights legislation to the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress.

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 of 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.

The ADA is divided into five parts, covering the following areas:

Title I: Employment
Title I requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination in recruitment, hiring, promotions, training, paid social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship.

Title II: State and Local Government (Public Services)
Title II covers all activities of state and local governments. 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. A transition plan is intended to outline the methods by which physical or structural changes will be made to effect the non-discrimination policies described in Title II.

Title II mandates that a public entity such as the City Of Oakland operate in such a way that its services, programs and activities, when viewed in their entirety, are readily accessible to and usable by individuals 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. The regulations detailing compliance requirements were issued in July 1991. A self-evaluation is required and intended to examine activities and services, 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 Functional Needs Annex in response to its ADA Title II Self-Evaluation of Emergency Preparedness Programs.

Title III: Public Accommodations
Title III requires places of public accommodation to be accessible to and usable by persons with disabilities. The term "public accommodation" as used in the definition is often misinterpreted as applying to public agencies, but the intent of the term is to refer to any privately funded and operated facility serving the public.

Title IV: Telecommunications
Title IV covers regulations regarding private telephone companies and requires common carriers offering telephone services to the public to increase the availability of interstate and intrastate telecommunications relay services to individuals with hearing and speech disabilities.

Title V: Miscellaneous Provisions
Title V contains several miscellaneous regulations, including construction standards and practices, provisions for attorney's fees, and technical assistance provisions. It also prohibits retaliation against any individual who exercises his or her rights under the ADA and those individuals who provided assistance to individuals exercising their rights.

The ADA Amendments Act of 2008 (ADAAA), which became effective on January 1, 2009, made some significant changes in the text of the ADA. The full text of the ADA as amended is available on the ADA Website at: www.ada.gov/pubs/ada.htm.

B. City of Oakland

The Bay Area is known as the birthplace of the disability rights movement. Beginning in the early 1970's, the civil rights and women's movements of the previous decade encouraged the growth of the disability rights movement in California, including the independent living movement. In keeping with this legacy, the City of Oakland (City) is a leader among Bay Area governments in ADA implementation.

The City's long-standing relationship with the disability community and commitment to disability civil rights implementation has helped make Oakland a model city for residents and visitors with disabilities. The City's ADA activities include capital improvements (buildings and facilities upgrades, curb ramps, and other right-of-way programs), auxiliary aids and services programs, equal employment opportunity programs, inclusive recreation services, extended library services, supplemental paratransit services, residential access improvement grants and more. The Mayor's Commission on Persons with Disabilities (MCPD) was established by City ordinance in 1980 to represent and address the issues of people with disabilities. The MCPD is extremely active, participating in nearly every aspect of City government and advocating for full inclusion of people with disabilities in the community. Since 1990, the commission has served as the City's designated advisory body for ADA compliance.

According to the U.S. Census Bureau, the City of Oakland had a total population of 399,484 in calendar year 2000. There were 84,452 people in Oakland, CA listed as having a disability (more than 21% of the general population). Nearly 10.5% of the population was aged 65 or over.

Nationwide, 49.7 million Americans, or 20% of the population, identified as having a disability in the 2000 Census report. Of the 49.7 million, 56% identified as having hearing loss; 16% identified has having low vision; 14% identified as having a cognitive disability; 9% identified as having a physical disability; and 5% chose the "other" category.

These populations rely upon complex and divided services in maintaining their independence to which there is no centralized referral management. In addition, the City is home to numerous nursing homes, residential care facilities, and continuing care retirement homes. 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.

It is the City's intent to provide programs and services to all residents, regardless of their individual abilities.

C. Functional Needs Annex

This Mass Care and Shelter Plan Functional Needs Annex ("the Annex") is a component to the City's Mass Care and Shelter Plan Annex G, 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 lists the tasks necessary to support shelter site operations and ensure that services and information are accessible to persons with disabilities and older adults. Elements of this Annex detail the capabilities in place, as well as those tasks currently in progress.

The City's Mass Care and Shelter Plan ("the Plan") has adopted a functional needs framework for serving persons with disabilities and older adults. The functional needs approach shall limit to the extent practicable the creation of special or separate disaster management programs for individuals with disabilities. The intent of this framework is to efficiently address the needs of individuals with disabilities and older adults 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) reduces health and safety complications, unnecessary institutionalization, and 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 the Plan and this Annex complies with all applicable provisions of the ADA protecting the civil rights of persons with disabilities, and shall ensure that 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 Oakland Fire Department *Emergency Management Services Division* currently administers the City's emergency preparedness programs and disaster mass care and shelter planning. The City ADA Coordinator and Mayor's Commission on Persons with Disabilities (MCPD) 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 *Director, Emergency Management Services Division*. The Fire Chief selects the *Director, Emergency Management Services Division*.

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The official responsible for overall compliance with ADA Title II requirements is the City ADA Coordinator, located in the *Public Works Agency*. The City Administrator selects the City ADA Coordinator.

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II. PURPOSE

A. Associated Planning Elements

This Functional Needs Annex ("the Annex") establishes a process for activating and operating disaster temporary mass care and shelter delivery systems that are inclusive of persons with functional needs, 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 residents with disabilities.

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 functional needs. This Annex focuses on ensuring integration of mass care and shelter response and recovery functions for persons with disabilities and older adults into the City's overall care and shelter response and recovery plan.

This Annex was developed by the Oakland Fire Department's Emergency Management Services Division and the City Administrator's Americans with Disabilities Act (ADA) Programs Division, with input and recommendations from a California-based disability policy consultant, Oakland Police Department, Oakland Fire Department, the Office of Parks and Recreation, Department of Human Services, the Oakland Emergency Public Information team, other key City departments, agencies, and organizations, the Mayor's Commission on Persons with Disabilities, and community members who participated through public comment.

B. Scope

This Annex will be used in conjunction with the City's Disaster Mass Care and Shelter Plan Annex G when cause exists for Oakland 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. However, this Annex will work best to serve Oakland residents during a small-scale, localized emergency. The City recognizes that this Annex and all identified resources will not adequately serve the needs of the City during a large-scale incident. Regional and State emergency plans and resources will go into effect during a large-scale disaster.

For the purposes of this Annex, the terms "disability" and "functional need" are used interchangeably and refer to persons who meet the ADA definition of disability. Persons with disabilities and persons with functional needs are persons who have: (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 without the presence of an emergency situation but who may need assistance during an incident.

This Annex does not replace the Alameda County Operational Area (OA) plan for supporting the needs of persons with disabilities 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 functional needs. 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 ten chapters, including Introduction, Purpose, Annex Organization, Situation and Assumption, Goals and Objectives, Concept of Operations for Supporting Individuals with Functional Needs, Operational Phases of Support for Individuals with Functional Needs, Response Organization/Structure, Administration and Support, and 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 nine primary functions: Guiding Principles; Responsibilities; City of Oakland ADA Policy; Community Preparedness; Communication Access; Evacuation and Transportation; Shelter Identification and Activation; Shelter Support; and Short Term Recovery.

- **Guiding Principles:** Adopting a functional needs framework for ensuring that people with disabilities have equal access to emergency planning, response and recovery programs, activities, and services

- **Responsibilities:** Distributing responsibility among City of Oakland departments, other government agencies and community partners for emergency planning, response and recovery

- **City of Oakland ADA Policy:** Ensuring substantial compliance with Title II of the Americans with Disabilities Act of 1990, and adhering to all City access compliance policies, practices and procedures

- **Community Preparedness:** Ensuring that community emergency preparedness programs, activities and services provided by the City include information for and about people with functional needs in an integrated and non-discriminatory manner

- **Shelter Support:** Providing assistance to individuals, families, and their communities as required to ensure that immediate functional needs beyond the scope of the traditional local “mass care” services are addressed; and establishing Emergency Operations Center (EOC) and Shelter Site Functional Needs Coordinators (FNCs) with specific responsibilities, such as procurement and distribution of emergency durable medical equipment (DME) and consumable medical supplies (CMS)

- **Communication Access:** Ensuring that emergency alerts, warnings, and shelter site communications are delivered in multiple and alternate formats as needed to ensure effective communications

- **Shelter Identification and Activation:** Operating shelters in facilities that substantially comply with the ADA Accessibility Guidelines (ADAAG)

- **Evacuation and Transportation:** Providing evacuation and transportation assistance to people with functional needs during times of evacuation that are equivalent services to those provided to the general population

- **Short Term Recovery:** Implementing assistance programs to help disaster victims with functional needs obtain support and services, including Federal and State benefits and accessible temporary or transitional housing

A complete Glossary of Terms used within this document and Authority and References sections are presented directly following Chapter X.

The Annex incorporates a number of Attachments, which are referenced throughout and are located at the end of the document.

IV. SITUATION AND ASSUMPTION

The following contains the basic assumptions on the part of the City in regard to an emergency incident and response:

1. Early warning and notification of threats may or may not be practicable given the nature of the threat.

2. Some threats may require immediate sheltering operations without advance warning.

3. The general population, including persons with functional needs, will heed the directions of warnings and notifications, and recognize the authority of government to request evacuation or shelter in place.

4. Shelter in place action may be safer for the general population than movement to a public shelter.

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. Serious regional events may require long-distance evacuation or relocation outside of the City until recovery is achieved.

8. Less than 10% of the evacuated population will seek public sheltering.

9. Approximately 25% of shelter residents may be defined as a person with a functional need.

10. Many of the arriving individuals with functional needs may require minimal to acute assistance to maintain their independence within a public shelter.

11. Individuals with functional needs who require assistance may arrive at the shelter with or without support, medical records, medications, or required mobility aids or medical equipment. Some of these essential needs will be time sensitive, such as the need for medications to be administered.

12. Support systems are in place for metropolitan evacuations, either from within Alameda County or from other metropolitan areas, which will require care and shelter of persons with functional needs.

13. Mass care and shelter is available for persons with functional needs 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, the federal government and the private sector for unmet shelter needs for persons with functional needs, including durable medical equipment (DME), consumable medical supplies (CMS), pharmaceuticals and support staffing.

15. The City will coordinate recovery operations, to the maximum extent feasible, that will help restore evacuees with functional needs back to living conditions they had, or as similar to as possible, prior to the event as soon as possible.

V. GOALS AND OBJECTIVES

A. Goals

The goal of the City's Disaster Mass Care and Shelter Plan, as well as this Annex, is to provide safe, sanitary, secure care and shelter for all residents, including persons with functional needs, that reduces the health and safety impact on residents who must seek public shelter in an emergency or disaster situation.

B. Objectives

The objectives of this Annex include:

1. The City coordinates with community stakeholders to identify and contact persons with functional needs and provide these individuals with accessible warning and evacuation information, including directions to accessible general shelters and medical shelters.

2. The Emergency Operations Center (EOC) Functional Needs Coordinator (E-FNC) coordinates with Shelter Functional Needs Coordinators (S-FNC) and shelter site managers to ensure that arriving evacuees with functional needs are properly evaluated, accommodated, and to the maximum extent possible, included in general public sheltering.

3. City shelter managers coordinate with other county, state and federal personnel deployed to support shelter services for individuals with functional needs.

4. The Oakland *Emergency Management Services Division* (EMSD) works with State Functional Assessment Service Teams (FASTs), Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) to ensure that persons with functional needs who are entered into City shelters receive appropriate support services.

5. The City collaborates with other shelter operators to request resources for individuals with functional needs that are likely to be exhausted, or are exhausted, through the SEMS/NIMS mutual aid process. This includes possible requests for State FAST support.

6. The City assists in the recovery process for individuals with functional needs through collaboration and coordination with NGOs, CBOs, and other agencies that support people with disabilities.

7. The EMSD coordinates with the American Red Cross (ARC) to receive emergency assistance in the form of shelter management, emergency supplies,

durable medical equipment (DME), consumable medical supplies (CMS), and other disaster services as required.

8. The EMSD collaborates with community organizations to infuse disability and functional need specific content into a variety of trainings. The City provides opportunities for City staff, and when appropriate, community partners and the general public to participate in trainings and exercises to test policies, practices and procedures established by this Annex.

VI. CONCEPT OF OPERATIONS FOR SUPPORTING INDIVIDUALS WITH FUNCTIONAL NEEDS

A. Guiding Principles

This Annex has adopted a proactive functional needs framework for planning and providing mass care and shelter for people with disabilities. An essential element of building appropriate levels of capacity, specific planning and response successes is to move beyond the focus on *special needs*.

The *special needs* population is often viewed as a homogenous group. In addition to individuals with disabilities and older adults the term *special needs* can refer to a broad group of people, including minority groups, non-English speakers, children, single parents, people without vehicles, pregnant women, prisoners, people who are homeless, etc. Lumping groups together and using an ambiguous label translates into vague planning which often results in response failures.

A functional needs approach provides for a more accurate and flexible planning and response framework based on essential and overlapping functional needs of the disability population. The functional needs approach addresses a broad set of needs based on five universal areas of fundamental health and well-being: Communication; Medical; Independence maintenance; Supervision; and Transportation (C-MIST). Functional needs planning and service delivery focuses on:

1. **Communication** – Providing access to information in multiple, redundant formats and providing auxiliary aids and services as necessary to ensure effective communications with individuals with disabilities.

2. **Medical** – Providing basic medical care and 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 maintenance** – Replacing Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) necessary for daily living. Permitting service animals and personal attendants or caregivers to enter the shelter when needed. Providing basic care and support that allows individuals with functional needs to maintain independent living within the public shelter system.

4. **Supervision** – Ensuring persons with cognitive disabilities are appropriately cared for and receive individualized service coordination and case management within a public shelter environment.

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 a manner that: (a) builds appropriate levels of capacity for disaster preparation, emergency response processes, procedures and systems; (b) adopts guidelines and protocols for appropriate resource management; (c) strengthens service delivery and training; (d) reduces health and safety complications, unnecessary institutionalization, and inappropriate use of scarce, expensive and intensive emergency medical services; (e) allows disaster services to incorporate the value that everyone should be provided the chance to survive; and (f) improves the overall response successes.

See Attachment B: Functional Needs Framework for further details of the use of C-MIST.

B. Responsibilities

The section details the responsibilities of various City of Oakland agencies and other entities responsible for incident preparedness, shelter response, and recovery periods. Specific responsibilities are further defined throughout the remainder of this Annex.

1. Preparedness

The Oakland *Emergency Management Services Division* (EMSD) is responsible to coordinate and oversee all City emergency preparedness activities including but not limited to training, exercises/drills, and policy development.

The City's ADA Programs Division is responsible to draft and update this Annex, to coordinate implementation activities delineated in the Annex, and to provide expertise on federal, state and local disabilities laws and regulations.

The Oakland Office of Parks and Recreation (OPR), Oakland Unified School District (OUSD), EMSD, and ADA Programs are to identify and evaluate potential shelter sites, and coordinate structural improvements, as necessary to ensure a maximum level of physical accessibility is afforded at the City's primary and secondary shelter site lists.

The City's public access television channel KTOP-10 is responsible to implement effective communication methods that provide stock emergency bulletin information in text and audio format.

The Emergency Public Information Officer (PIO) team is responsible to coordinate outreach and registration services for emergency warning notification systems, including City Watch and Gov Delivery.

The Oakland Department of Human Services (DHS) is the primary agency that coordinates outreach and facilitates applications for the City's 9-1-1 Registry Program.

The Oakland Fire Department (OFD) shall regularly update and maintain the City's 9-1-1 Registry Program database, and share new and modified information with staff responsible for maintaining the City's Geographic Information System (GIS) emergency planning and response layers.

The City's Purchasing Department shall identify vendors and sources for emergency equipment and supplies, durable medical equipment (DME), and consumable medical supplies (CMS).

2. Response

The Emergency PIO team is responsible to ensure that all mass communications during an incident are made accessible and include audio *and* text-based formats whenever possible.

Oakland Police Department, OFD, EMSD and/or OPR coordinate the opening and operating of local shelters during an emergency with the ARC, DHS and OUSD. The City of Oakland is responsible for coordinating the opening of a Local Assistance Center Disaster Application Center with Oakland EMSD and Public Works Agency (PWA), and the State of California Emergency Management Agency (CalEMA) taking the lead.

The DHS supports the mass care and shelter effort in concert with OPR, the American Red Cross (ARC), the Oakland Unified School District (OUSD) and EMSD, utilizing SEMS/NIMS protocols. The American Red Cross, Oakland Police Department (OPD), OFD, EMSD, DHS, OPR and OUSD assess the availability of City shelters and emergency supplies.

3. Recovery

Recovery efforts are coordinated through EMSD, OFD, OPD, OPR, OUSD and the American Red Cross, and other county, state, and federal agencies as necessary.

In addition, State Functional Assessment Service Team (FAST) members coordinate with the City's DHS, OPR, and Community Economic Development Agency (CEDA) Housing and Community Development (HCD), and other responsible City departments and agencies to coordinate transition from a shelter setting into the community.

C. City of Oakland ADA Policy

The City of Oakland prohibits discrimination and/or the exclusion of individuals from its municipal facilities, programs, activities and services based on the individual person's disability. The City affirms its commitment to providing meaningful opportunities and access to municipal facilities, programs, activities and services in an effort to comply with all applicable federal and state access laws including: the Architectural Barriers Act of 1968; Section 504 of the Rehabilitation Act of 1973, as amended; the Fair Housing

Amendments Act of 1988; the Americans With Disabilities Act of 1990, as amended; and the California Unruh Civil Rights Act and other provisions of State civil and government codes. As a result, the City shall strive to put into place policies and procedures for its municipal facilities, programs, services and activities that promote the inclusion and integration of individuals with disabilities. The City shall make every effort to ensure that its services, programs and activities, when viewed in their entirety, are readily accessible to and usable by individuals with disabilities. The City recognizes its obligation to provide modifications to policies, practices, and procedures and, where necessary, to provide auxiliary aids and services to qualified individuals with disabilities.

For more information on City ADA policies and programs, or to report a complaint of disability discrimination, please contact:

Public Works Agency
ADA Programs Division
One Frank H. Ogawa Plaza, 3rd Floor
Oakland, CA 94612
510-238-5219 (Voice)
510-238-2007 (TTY)
510-238-3304 (FAX)
adaprograms@oaklandnet.com

1. Public Input

The City provided opportunities for interested persons, including individuals with disabilities or organizations representing individuals with disabilities, to participate in the development of the Annex by submitting comments and making specific recommendations. An open comment period was held to review and provide feedback on the draft Annex (version 1.3) from February 3 – 23, 2010. Public comment period was noticed on the City's web site, Disability Rights Advocates (DRA) web site, and the Yahoo! Groups Berkeley-disabled listserv.

The Mayor's Commission on Persons with Disabilities (MCPD) is a 15-member volunteer commission established in 1980 to represent and address issues faced by people with disabilities. The MCPD formed the Emergency Preparedness Access Advisory Committee (EPAAC) in April 2009 to review the draft Annex and provide comments and suggestions. The EPAAC has been made a permanent committee to review City emergency preparedness programming and policies; provide education and outreach to the local disability community about personal preparedness; and oversee implementation of this Annex.

EPAAC meets on the second Wednesday of each month between 11:00 A.M. and 1:00 P.M. in City Hall 11th Floor Conference Room. These meetings are open to the public and notified accordingly through the City Clerk's Office. A public comment period is reserved on each meeting's agenda. Guests who wish to provide comment during a meeting are asked to register at the beginning of each meeting with a staff member.

Individuals interested in receiving EPAAC meeting agendas and minutes should contact the ADA Programs Division (see above).

Public comments were consolidated by staff and reviewed by the EPAAC. Accepted changes will be incorporated into the Annex. The City's response to public comments was discussed at the April 2010 EPAAC meeting. The City's response to public comments, along with comments will be made available upon request by the ADA Programs Division.

2. Grievance Procedures

The City has a formal grievance procedure providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by Title II of the Americans with Disabilities Act.

Complaints of alleged disability discrimination concerning City of Oakland emergency preparedness, response and recovery programs, activities and services should be directed to the ADA Programs Division (see above).

3. Accommodations

a. Service Animals

It is the policy of the City that service animals owned by individuals with disabilities be permitted to accompany their owners into all City buildings, facilities and events, and onto the premises of contractors providing City programs, activities and services. This includes all City operated emergency shelter sites.

i. Definition

A service animal is any animal individually trained to perform tasks for people with disabilities. If an animal meets this definition, then it is considered a service animal under the ADA. Service animal users are not required to carry a service animal license or permit and shelter staff may not request to see such documents. If it is not readily apparent, then shelter staff may ask the service animal user what tasks the service animal is trained to perform. Service animals are not pets.
A therapy animal is an animal certified for animal assisted therapy (AAT) and used by a handler to provide comfort or companionship or for other "therapeutic" purposes. An animal meeting this definition is not a service animal and will not qualify as a reasonable accommodation at City operated emergency shelter facilities.

ii. Behavior

The service animal's owner shall at all times remain responsible for ensuring the appropriate behavior of the animal. Appropriate behavior includes but is not limited to:

1. All service animals must be well-behaved. Animals may not jump on persons or other animals, bark excessively, growl, wander about, or engage in other unruly behavior.

2. Service animals must be under the control of the user at all times.

3. Service animals must be clean, groomed, and free of ticks or other pests.

4. Service animals are to relieve themselves in designated locations only.

In the event that a service animal's presence or behavior becomes problematic, staff should promptly inform its owner about the problem. If the owner cannot immediately control the animal, staff may require the animal's owner to remove it from the premises until such time as the animal's problem behavior is resolved. In such an instance, staff should make clear to the animal's owner that he or she is welcome to remain in the building during the time that the animal will be required to remain outside.

iii. Care and Feeding

Reserved: This section reserved for information regarding how the City will support service animals at emergency shelters (i.e. care and feeding), and shall be included as staff researches responsibilities and develops the necessary resources.

b. Dietary Needs

Reserved: This section reserved for information regarding food service for individuals with dietary needs at emergency shelters, and shall be included as staff researches responsibilities and develops the necessary resources.

c. Environmental Illness/Multiple Chemical Sensitivity

Reserved: This section reserved for information regarding accommodations at emergency shelters for individuals with environmental illness/multiple chemical sensitivity, and shall be included as staff researches responsibilities and develops the necessary resources.

D. Community Preparedness

Since its inception in 1990, the *Communities* of Oakland Respond to Emergencies (CORE) program has provided free, community-based training to more than 18,000 residents. The mission of CORE is to promote the spirit of neighbor-helping-neighbor and to provide the highest quality emergency and disaster prevention, preparedness and response training. The City is committed to ensuring training is provided to and about individuals with functional needs at all levels of CORE courses.

The Emergency Preparedness Access Advisory Committee of the MCPD has defined their Calendar Year 2010 goals in to include:

- Inform and develop training curriculum for the CORE program, to include emergency preparedness tips for people with functional needs, community disability sensitivity trainings, and encourage others to think of people with functional needs as potential managers or leaders during community emergencies; and

- Conduct outreach and provide educational opportunities to the disability community regarding emergency preparedness for persons with disabilities.

ADA Programs will coordinate the development of new curriculum for the CORE program pursuant to this Annex. ADA Programs will work with the EMSD, EPAAC, ARC, and local disability organizations.

Individuals interested in attending the CORE program should contact:

CORE Coordinator
Emergency Management Services Division
[redacted]
Oakland, CA 94612
510-238-6351 . Voice
510-238-3254 . TTY
core@oaklandnet.com
www.oaklandcore.org

E. Shelter Support

This Annex and other emergency preparedness and response mechanisms used by the City rely upon collaborations with community partners. The City commits to meet and collaborate with community partners to ensure that persons with functional needs are considered during emergency planning and response phases. This Annex aims to provide a high level of service to all shelter residents.

1. Functional Needs Coordinators

The City has established two levels of coordination and oversight of shelter services provided to individuals with functional needs, called Functional Needs Coordinators (FNCs).

The FNCs play a primary role in implementing this Annex during an emergency incident. The Emergency Operations Center Functional Needs Coordinator (E-FNC) shall provide technical assistance and support to functional needs-related situations at all shelter sites. The E-FNC is located at the Emergency Operations Center (EOC).

A Shelter Site Functional Needs Coordinator (S-FNC) is located on-site at each open shelter. In addition to standard shelter responsibilities, all shelter managers assume the role of S-FNC as part of their primary responsibility. The S-FNC shall be involved with all shelter activities, such as shelter layout and set up, registration and assessment, daily needs, and activities related to shelter closure. The S-FNC shall be made directly available to shelter residents. The S-FNC shall conduct individualized assessment to determine appropriate accommodations.

The City shall create and maintain a Toolkit for FNC use. Toolkits shall contain resources for providing emergency shelter services to persons with functional needs, such as communication boards or flip charts, FNC identification, emergency evacuation pictogram, list of City vendors that provide durable medical equipment and/or consumable medical supplies, grievance documents, etc. Toolkits shall be located at the ADA Programs Division office in City Hall and at the EOC.

a. Emergency Operations Center

Initial EOC staffing patterns include a designated EOC Functional Needs Coordinator (E-FNC). The E-FNC shall have in-depth knowledge of diverse functional needs, including people with vision and hearing loss, physical disability, mental health disability, developmental and other cognitive disability, substance abuse and older adults.

The E-FNC shall be designated as follows:

PRIMARY E-FNC:	***PWA / ADA Programs*** ***ADA Specialist***
First Alternate:	***PWA / ADA Programs*** ***City ADA Coordinator***
Second Alternate:	***Department of Human Services / OPED*** ***Senior Services Supervisor***
Third Alternate:	***Department of Human Services / MSSP*** ***Senior Services Supervisor***
Fourth Alternate:	***Department of Human Services / AHHS*** ***Senior Services Administrator***
Fifth Alternate:	***Office of Parks and Recreation*** ***Designated EOC Liaison***

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

permitted to designate assistants during activation, as necessary, to ensure responsibilities are met.

The E-FNC provides technical assistance and resources to City staff and community partners working at shelter sites to assist with policy and procedure accommodations, paratransit transportation coordination, requests for durable medical equipment (DME) and consumable medical supplies (CMS), etc. This position, in conjunction with other EOC staff, shall participate in identifying which shelters to open using the City's primary and secondary emergency shelter lists.

See Attachment C Role of the Emergency Operations Center Functional Needs Coordinator for responsibility details.

b. Shelter Sites

In addition to standard shelter responsibilities, all shelter managers assume the role of a Shelter Functional Needs Coordinator (S-FNC) as part of their primary responsibility. Whenever necessary, the E-FNC shall attempt to identify an additional S-FNC to assist shelter managers with their duties. The S-FNC shall be assigned to delegate and request from the appropriate responsible partners and entities authorizations as follows:

- Identification of essential functional needs within the shelter setting via use of the Initial Intake and Assessment Tool (IIAT) developed by the ARC in partnership with the State Department of Health and Human Services (*see Attachment E*)

- Entry oversight of NGO workers to identify and meet essential needs of at-risk populations

- Designation of accessible shelter supplies, including accessible cots, durable medical equipment (DME), consumable medical supplies (CMS), power generators, and refrigeration for essential medications

- Providing access to electric power and/or generators for such items as life-sustaining medical devices, motorized wheelchairs or scooters, ventilator, air purifiers, refrigeration, etc.

- Ensuring accessibility of portable toilets, hand washing and bathing/shower units

- Providing as effective communication to individuals with disabilities as is afforded to the general shelter population

- Arranging transport and transfer to medical shelters when individuals with medical needs are identified; and provide for functional needs as necessary when medical shelters or transportation are not immediately available

In addition to the above responsibilities, the S-FNC shall assist with shelter layout and set-up, registration and assessment, communication access, and health and safety issues, as well as provide accommodations to policies, practices, and procedures. (*See Attachment D for Functional Needs Care and Shelter Checklist responsibilities.*)

2. Non-Governmental Organization (NGO) Roles

The City works with Non-Governmental Organizations (NGOs) to augment response and recovery capacity.

The City is committed to working with local organizations that serve individuals and families with disabilities and to ensure that anticipated challenges during an incident are addressed in the planning and preparedness stages. This includes organizations that serve: older adults; the Deaf community; individuals with blindness and visual impairments; Deaf-blind needs; persons with cognitive disabilities; persons with developmental disabilities; individuals with mental health disorders; physical and mobility disability needs; and other types of disability. Collaborations may include incorporating new curriculum into emergency preparedness training efforts and/or establishing vital services and support networks for use during an incident. ADA Programs Division staff shall be responsible for identifying organizations that serve individuals with disabilities. The City's Department of Human Services (DHS) staff shall be responsible for identifying organizations that serve older adults.

a. American Red Cross

The American Red Cross (ARC) provides emergency assistance, disaster relief, and preparedness education services throughout the United States, and remains the primary provider of mass care and shelter services for the City. ARC has access to a variety of resources, including local, state, and national stockpiles of relief equipment, and has trained volunteers able to provide shelter management support services. The City relies upon ARC for providing most emergency shelter supplies, durable medical equipment (DME) and consumable medical supplies (CMS), such as shelter cots, meals, portable restrooms, showers, portable generators, refrigerators, wheelchairs, walkers, white canes, shower chairs, commode chairs, gauze pads, ostomy supplies, facial masks, etc. Most ARC services will be available within 72 hours following an emergency. The City recognizes this time period may be greater during a catastrophic event.

ARC provides shelter management training to the City's employees, and the City intends to coordinate training on this Annex with the annual shelter management trainings through ARC.

b. Eden Information and Referral, Inc.

The City works with Eden Information and Referral, Inc. (Eden I & R), the primary centralized source for referral and information within Alameda County, which can be reached whenever callers dial 2-1-1. Eden I & R will provide disaster victims with information, relief and recovery resources, including information regarding open mass care shelters within the city and critical social services. Eden I & R services are available to callers using Tele Typewriters (TTYs). Eden I & R is a member of Alameda County Collaborating Agencies Responding to Disaster (CARD).

c. Collaborating Agencies Responding to Disaster of Alameda County

Collaborating Agencies Responding to Disaster (CARD) is a local non-profit organization that provides emergency preparedness training and technical assistance. Their programs are specially designed for non-profit organizations (NGOs), faith-based organizations (FBOs), and other service providers that serve various populations, including older adults, people with disabilities, youth and children, homeless individuals, limited-English proficient residents, low-income families and many others. CARD assists local government agencies to partner more successfully.

Emergency preparedness methods and emergency plans of local Long Term Care facilities (LTC) are currently unknown, although all LTC facilities are required to have a disaster plan. The City recognizes this large and diverse population may need access to general population shelters during a disaster. The LTC staff will have in-depth medical knowledge of the needs of their residents, needs that many residents may not be able to express. The LTC staff may not immediately be available to provide functional needs assistance to facility residents at a general population shelter. The City shall engage with CARD and the State of California to recommend their assistance to local LTC facilities with emergency preparedness and plan updates.

d. State Functional Assessment Service Team

A State Functional Assessment Service Team (FAST) consists of trained government employees and Community-Based Organization (CBO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST will work side by side with shelter personnel, the S-FNC, and other emergency response workers to assist in identifying and meeting essential functional needs so people with disabilities and older adults can maintain their health, safety and independence during disasters. FAST members work with shelter management and both the E-FNC and S-FNC to ensure quick and accurate requests for DME, CMS and essential medications.

The State maintains a list of trained FAST members who can support the functional needs population during care and shelter, and deploys responders to shelters as they are opened. The FAST will remain in the shelters until it is determined that they are no longer needed. The FAST may transfer to other shelters and may return to shelters as needed or requested. The FAST assists with care and coordination of services for individuals with

functional needs in shelters prior to recovery and helps facilitate the return of conditions similar to those prior to the event.

The FAST members will possess the knowledge, skills and ability to work in their area of disability expertise, as well as a minimum of two years' experience working with and assessing the needs of these populations. FAST will consist of members with experience in the following areas: aging (services/supports, including dietary needs); chronic health conditions; developmental and other cognitive disabilities (i.e. Traumatic Brain Injury, intellectual); hearing loss; mental health disabilities; mobility disabilities; substance abuse; and vision loss.

The purpose of the FAST program is to provide staff to conduct functional assessments of people with functional needs as they arrive at shelters. This assessment will evaluate the needs of the individual and determine whether they can be supported within the general population shelter.

The role of FAST is to conduct assessments of individuals and facilitate the process of getting essential resources needed by the PWD/E. These may include durable medical equipment (DME), consumable medical supplies (CMS), prescribed medications or a person to assist with essential activities of daily living.

The City works with Alameda County to negotiate mutual aid agreements for services FAST may be able to provide. Some of these services include:

- Identifying and tracking the needs of persons with disabilities, including mapping of shelters for follow-up or on-going assistance

- Identifying individuals in need who may not otherwise express their need

- Providing assistance to shelter staff in meeting functional needs and accommodation requests

- Assistance with providing essential medications, durable medical equipment (DME) and consumable medical supplies (CMS)

- Providing resources and service coordination to transition individuals from a shelter setting into the community during deactivation and to prevent inappropriate institutionalization

- Assist individuals with functional needs to connect with long-term health and mental health services as needed

- Assist individuals with functional needs to re-establish or access public benefits and services

FAST members and shelter management will not provide personal care attendant services to any shelter resident, but may assist in coordinating personal care attendant services.

FAST may be able to coordinate voluntary agency assistance and organize donations for necessary goods and services. This non-conventional shelter management assists and supports this Annex and the City's Disaster Mass Care and Shelter Plan.

F. Communication Access

The City shall work with organizations that serve individuals with disabilities and older adults to conduct education and outreach, and to register personal electronic devices with City emergency warning systems. ADA Programs staff shall be responsible for identification and coordination of disability community partners. The Oakland Department of Human Services (DHS) staff shall be responsible for identification and coordination of community partners that serve older adults.

EMSD will continue to provide emergency preparedness documents, information and all other public materials in alternative formats, including Braille, large print, computer disk, and audio disk, when necessary to ensure that its communications with individuals with disabilities are as effective as its communications with others.

1. Alerts and Warnings

The City's Emergency Public Information Officer (E-PIO) team is responsible for ensuring that emergency messages provided to the public, where appropriate, contain a disability access statement:

> The City of Oakland makes every effort to ensure that its emergency programs and facilities are accessible to people with disabilities. Functional Needs Coordinators are deployed to City-operated shelters to assist people with disabilities. In consideration of persons who experience chemical sensitivities, please refrain from wearing or bringing scented products to the shelter.

EMSD maintains and operates a citywide audible warning system for emergency use. This system is composed of multiple sirens located throughout the City that serve as an audible alarm immediately prior to, during, and/or after an incident. The audible sirens are tested on the first Wednesday of each month at 12:00 Noon.

The City intends to provide alerts, warnings, and updates immediately following an emergency incident to the following emergency broadcast radio stations: KCBS 740 AM; KGO 810 AM; KNBR 680 AM; and Radio Oakland 530 AM.

In conjunction with audible sirens, the City also maintains: (1) two emergency notification systems, City Watch and GovDelivery, with capabilities to provide audible and text-based emergency messages on-demand; (2) a contract with community-based organization Eden Information and Referral, Inc. for City use of the 2-1-1 program during an emergency; (3) KTOP TV-10, the City's government access cable television station; (4) a recently remodeled City web site with the ability to provide emergency information on-demand; and (5) emergency first responders to warn community members via door-to-door and/or neighborhood communications.

The City's E-PIO team is responsible for conducting education and outreach to the community for the purposes of registering non-landline telephones and other electronic devices with these emergency notification systems. This includes building partnerships with organizations that serve individuals with disabilities and older adults. Through these efforts with our community partners, the City intends to reach as many residents as possible to register their personal cellular devices, TTY numbers, and/or e-mail addresses with the various emergency notification systems.

a. City Watch

City Watch is the City's current emergency notification system to warn residents of an emergency situation. City Watch is composed of a localized, Oakland-based landline notification service. This system has the ability to interface with electronic mail, facsimile machines, text message service and short message service (SMS), text pager, landline, registered Text Telephones (TTY) for the Deaf and hard of hearing, and cellular and wireless devices. It can provide advanced warnings to pre-identified geographic or neighborhood clusters. The City *will continue* to explore and remedy potential gaps in service through use of available modern technologies.

The City's Department of Information Technology (DIT) plans to enter into new agreements for emergency notification systems as funding is secured. New or updated agreements for an emergency notification system will aim to minimally provide for:

- Automatic detection of TTYs to send text messages
- The ability to interface with electronic mail, facsimile machines, text message service, short message service (SMS), text pager, and TTY
- Increased rate of call
- Options to repeat the message
- Land line, cellular and other wireless device calling
- Advanced warning for clusters of vulnerable populations

DIT and Oakland Fire Dispatch will regularly test the emergency notification system to ensure optimum operability.

In addition, the City's EMSD will investigate the feasibility of cooperation with adjacent municipalities to jointly invest in a robust product with all necessary features to reach the unique population of each entity.

b. GovDelivery

A comprehensive e-mail and digital subscription management system, GovDelivery is a web-based application that monitors web sites for content updates and automatically generates e-mail or wireless alerts when changes are detected on designated web pages. GovDelivery allows public entities to send targeted emergency alerts to registered citizens based on geographic locations. Individuals must pre-register an e-mail address or electronic device with text messaging or SMS capability.

The City employs the GovDelivery application on its web site for the purpose of providing emergency alerts and warning updates. The application is currently available on the main web page and on ADA Programs web pages. The City plans to make GovDelivery registration available on the EMSD web site after full implementation of City agency web pages has occurred.

DIT is responsible for ensuring GovDelivery appears on designated web pages.

c. 2-1-1

The 2-1-1 system consists of a free, confidential, 3-digit telephone number and call-in service that provides access to housing information and critical health and human services. This telephone number operates 24 hours a day, 7 days a week with multi-lingual capabilities, and is usually reserved for non-emergency information.

The City has an agreement with Eden Information and Referral, Inc., the company that operates 2-1-1 in the Bay Area, to provide emergency assistance during an incident. Eden I & R will provide disaster victims with information, and relief and recovery resources, including information regarding open mass care shelters within the city and critical social services.

Eden I & R services are available to callers using Text Telephones (TTYs).

d. KTOP TV-10

The City's government access cable television station, KTOP TV-10, uses an electronic bulletin board called Information Access to post information to the public. The City's E-PIO team will coordinate the development of stock slides related to emergency preparedness. Stock bulletins contain general emergency information and are not tailored to a specific incident since they are created prior to its occurrence. ADA Programs

Division staff will coordinate an audible narration to accompany all text content of stock emergency information on KTOP's Information Access electronic bulletin board.

Currently, KTOP has the ability to create incident-specific text-based bulletins on demand. Immediate audio translation of custom bulletins is currently available.

KTOP shall ensure that live televised emergency announcements made by the City on its cable channel TV-10 include qualified sign language interpreters and/or real-time captions, if such translation services are available following an incident.

e. City Web Site

The City's Department of Information Technology (DIT) shall ensure that emergency information and trainings provided via the City's web site are developed and maintained in a format accessible to persons with disabilities as outlined by the City Web Access Policy. The City's Web Access Policy requires conformity to World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.0 Conformance Level A.

The City is currently exploring the feasibility of web-based broadcasts. These broadcasts may have the ability to display sign language interpretation on-screen. When such translation services are unavailable, essential information contained in the broadcast shall be provided in text format to the maximum extent practicable. The E-PIO team shall be responsible for ensuring inset sign language interpretation or text information is provided with any emergency web-based broadcasts, when such translation services are available.

f. First Responders

First responders are provided with a variety of methods of communication, both audible and visual. First responders, including Police and Fire personnel, shall have accessible door-to-door communications, such as loudspeakers and pictograms.

ADA Programs, OPD and OFD staff will research and select communication devices for first responder use in door-to-door emergency announcements. These devices will include pictograms that convey ideas, thoughts, and events and can be used to communicate with individuals with various functional needs, including people with speech disabilities, individuals who do not speak English, and others who may be unable to receive or convey audible communications during an emergency.

Staff shall work with the Mayor's Commission on Persons with Disabilities (MCPD) Emergency Preparedness Access Advisory Committee (EPAAC) to ensure selected images are representative of the functional needs population and do not encourage negative stereotypes.

2. Shelter Site Services

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

On-site shelter communications shall primarily be delivered through audible announcements and a community bulletin board. The City intends to provide sign language interpretation services to shelter residents to the extent that these contract services are available following an incident.

a. On-Call Sign Language Interpreters

The City explored obtaining an on-call sign language contract through a local vendor for local and regional disasters but was unsuccessful in making such an agreement. Vendors anticipate interruption of the local sign language interpreter service delivery system and they will not commit to coordinating such services during emergencies.

An on-call qualified sign language interpreter contract exists for all police emergency and non-emergency business. This contract is maintained and updated through Oakland Police Department (OPD) Communications Division. OPD has separate responsibilities under the Americans with Disabilities Act in regard to day-to-day communications. This on-call interpreter contract has been established to provide effective communication for persons with disabilities when they encounter OPD during routine police activity, such as traffic violations, court appointments, investigations, etc. The City acknowledges that it is unlikely this contract will be successful in delivering interpretation services during a disaster situation due to interruption of the local interpreter service delivery system.

b. Video Remote Interpreting

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.

Unfortunately, VRI is not a viable shelter-based communications service at this time. 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. 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 significant potential information technology barriers such as the inability to connect through a network's firewall and a lack of sufficient bandwidth to transfer video images quickly enough to be understandable. The City shall periodically review the feasibility of VRI as a shelter-based communications service.

c. Bulletin Boards

Shelter site managers shall establish and maintain a bulletin board to post all announcements. Bulletin boards shall be located in a central area available to all residents and shall be placed with consideration of wheelchair users in regard to physical accessibility and eye-level. All written bulletins provided on the bulletin board shall be provided in large print, Times New Roman equivalent text point size 16, or greater.

All audible announcements must be provided in text format and posted to the bulletin board in a timely manner. Information provided on the bulletin board should be audibly announced a minimum of two times per day, and shelter staff shall read posted information to individuals with functional needs upon request.

d. California Relay Service (7-1-1)

Communications between shelter staff and individuals with speech disabilities shall be coordinated through the use of Speech-to-Speech (STS) interpreters when the need occurs. STS interpreters can be reached by dialing 7-1-1 from a standard operating telephone. Interpreters are trained to understand a variety of speech disabilities and interpret the client's speech.

G. Shelter Identification and Activation

The City and Oakland Unified School District (OUSD) have an agreement completed in June 2009 that covers the use of OUSD school sites as temporary shelter sites during major emergencies. The City has further identified multiple Office of Parks and Recreation (OPR) sites as secondary shelter sites for use during an emergency situation. All of these sites have been analyzed 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 set forth by the American Red Cross.

The physical access evaluations are limited to primary areas that may be used for emergency sheltering activities (gymnasiums, cafeterias, and multipurpose rooms), restrooms, showers, drinking fountains, and exterior/interior paths of travel supporting those areas. Evaluations also note the type of kitchen facility and the availability of off-street parking, passenger loading zones, large outdoor staging areas and more at each facility.

The City's ADA Programs Division will track completion of minor repairs, renovations and modernizations to all primary and secondary emergency shelter sites, and coordinate City efforts to update the shelter list. An updated Emergency Shelter Site Accessibility Evaluation will be completed after repairs, renovations and modernizations in addition to regularly scheduled updates as outlined in Chapter X – Time Table and Updates.

The City's *Emergency Management Services Division* (EMSD) and the American Red Cross (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 EMSD 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 functional needs. 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 ARC or City vendors.

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, such as sports arenas, college campuses, and major hotels. The City plans to purse MOUs with major facility owners and operators. All tolled, however, the major facilities in Oakland cannot accommodate 10% of Oakland's population, which is the estimated number of evacuees who will seek public shelter, according to the Association of Bay Area Governments. Evacuees will 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 Alameda, and others. The City has participated in development of the San Francisco Bay Area Regional Emergency Coordination Plan that addresses sheltering after regional disasters.

The City will take into account the principles laid out in this Annex and will aim to incorporate those principles into any future negotiated agreements with major facility operators as well as with the ARC, the County of Alameda, and others involved in preparing for larger-scale disasters.

Furthermore, it is assumed that a number of Oakland NGOs and FBOs, such as community centers and places of worship, will open their doors during emergencies, local and regional. Oakland EMSD maintains a list of such facilities but no formal accessibility survey has been conducted. 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 people with functional needs will be provided to the public at the time of an incident via 2-1-1, KTOP, the Emergency Broadcast System, and the City's Emergency Public Information Officer (E-PIO) team.

1. **Primary Emergency Shelter Sites**

Oakland Unified School District and the City have identified multiple OUSD properties to be used as primary shelters (*see Attachment H*). All of these sites have been analyzed for physical access compliance using the Emergency Shelter Site Accessibility Evaluation matrix. Each location was ranked based on a physical access rating ranging between one (1) and four (4), where one represents poor ADA features and four represents excellent ADA features. These sites were then placed into one of three categories: (a) readily accessible facilities; (b) under modernization; or (c) for future consideration. As of April 1, 2009 there are eleven (11) distinct OUSD sites that are readily accessible facilities. These sites provide a cumulative total of 100,153 square feet of shelter space.

Minimum square footage requirements are usually determined on a per-person basis. The American Red Cross (ARC) uses 40-60 square feet sleeping space per person as a standard shelter space guideline. Forty square feet is adequate for the general population, while sixty square feet allows for enough space for support areas such as dining rooms, recreation area, health services, registration and material storage. Sixty square feet per person also allows for cot spacing to accommodate wheelchairs, walkers and other mobility aid devices.

Using ARC guidelines, readily accessible primary shelter sites can accommodate between 1,669 and 2,503 people.

It is anticipated three (3) OUSD sites will be modernized and added to the primary shelter list. This will add an additional 26,942 square feet of shelter space.

2. **Secondary Emergency Shelter Sites**

The City has identified multiple Office of Parks and Recreation (OPR) facilities as secondary shelters (*see Attachment I*). All of these sites have been analyzed for physical access compliance using the Emergency Shelter Site Accessibility Evaluation matrix. Each location was ranked based on a physical access rating ranging between one (1) and four (4), where one represents poor ADA features and four represents excellent ADA features. These sites were also placed into one of three categories: (a) readily accessible facilities; (b) major renovations required; or (c) planned construction. As of June 2, 2008 there are ten (10) OPR sites, where three (3) of the sites are located on the same physical property, that are readily accessible facilities. These sites provide a cumulative total of 32,710 square feet of shelter space.

Using ARC guidelines, readily accessible secondary shelter sites can accommodate between 545 and 817 people.

There exists one (1) site that requires major renovation and sizes in total of 3,724 square feet. One (1) additional OPR site has a 23,000 square foot facility that includes a large multi-purpose room.

3. Medical Emergency Shelter Sites

Alameda County Health Care Services Agency – Public Health and the Emergency Medical Services (EMS) coordinates the immediate medical response in a disaster, including emergency medical dispatch and emergency and non-emergency ambulance services. A medical shelter is planned for:

[redacted]

Medical shelters are for people who require intensive medical care. These individuals are medically fragile, in need of care beyond basic first aid, and necessary support systems are not provided for in the general population shelter. Individuals who require intensive medical care are considered in need of pre-hospital or in-hospital treatments.

Shelter staff, CBO and NGO partners will not provide personal care attendant services. Individuals who are unable to maintain their health or daily living activities due to a lack of adequate personal care attendant service within a mass shelter setting may be transferred to the medical shelter.

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 the medical shelter with family or their clients.

This site is evaluated by the County for physical and programmatic access compliance. Co-locating medical shelters in mass shelters when necessary shall occur. Oakland EMSD shall work with Alameda County to update its listing of emergency medical facility sites at least once every five years.

H. Evacuation and Transportation

The City's EMSD, in conjunction with first responders and transportation providers, shall ensure that functional needs are incorporated into exercises targeted at transportation and evacuation teams. The EMSD shall ensure that all other exercises and trainings that cover transportation and evacuation, including CORE, include information on transportation and evacuation procedures for persons with functional needs.

1. Paratransit Roundtable

The City aims to provide supplemental evacuation transportation in addition to public transit programs during an emergency. The Paratransit Roundtable was established to encourage voluntary participation of local public and private paratransit organizations to provide coordinated transit services for people with disabilities during a disaster. The Paratransit Roundtable meets bi-annually and includes City staff, local private paratransit

service providers, and representatives of the Metropolitan Transportation Commission (MTC).

The EMSD, through the Paratransit Roundtable, explored the possibility of drafting agreements with local paratransit service providers. Formal agreements with transit organizations would outline request, prioritization and scheduling procedures; provide stipulations for ensuring adequate space is made available for essential durable medical equipment (DME); and that essential prerequisites for federal, state and local reimbursement of emergency-related paratransit costs are met.

Initial dialogue has indicated that a voluntary program is more practical than a formal agreement process given the unique circumstances of disaster and relatively small fleet of paratransit vehicles and staff per agency.

In addition to facilitating on-going collaborations between private and public paratransit organizations, the Paratransit Roundtable actively pursues expansion and updating of the City's emergency Geographic Information System (GIS) emergency response layer. The Paratransit Roundtable successfully managed the development of a unique emergency evacuation pictogram (see below).

2. Emergency Evacuation Pictogram

The City shall pursue production of an emergency evacuation pictogram, which will be placed on the outside of vehicles used by the City during an emergency. This will assist community members and first responders to readily distinguish authorized contracted evacuation vehicles. The City worked with Communication@Ease, a local company owned and operated by individuals with disabilities, to develop this unique emergency evacuation vehicle identification system.

The image to be used as the City's emergency evacuation pictogram is white foreground on blue background depicting a driver and rider in a bus with blue letters "EVAC" on the side of the vehicle. An arrow points toward the bus door with three individuals with functional needs (an individual with a service dog, an older adult cane user, and a wheelchair user) in the foreground. The words "EVACUATION VEHICLE" appear above the image. The words "CALL 211 EVAC INFO" appear below the image.

Focus groups including individuals with disabilities and older adults were conducted within the Oakland community in May 2009 to receive feedback on various evacuation pictogram designs. The MCPD Emergency Preparedness Access Advisory Committee (EPAAC) approved the selected emergency evacuation pictogram in July 2009. The image was then approved by the Paratransit Roundtable in October 2009.

See Attachment (M) Emergency Evacuation Vehicle Pictogram.

3. Geographic Information System (GIS)

The City is currently using Geographic Information System (GIS) mapping to locate persons with functional needs. Oakland has currently identified long term care facilities, Residential Care Facilities for the Elderly (RCFE), and individual 9-1-1 Registry participants in its GIS emergency preparedness mapping system (layer). This GIS information was last updated in 2008. The City's EMSD will continue to improve this GIS layer with the addition of Oakland Housing Authority Section 8 and public housing locations for the sole use of persons with disabilities and older adults.

Efforts will commence to distinguish community areas where a high level of paratransit need exists through partnerships with Oakland Paratransit for the Elderly and Disabled (OPED), East Bay Paratransit, and private paratransit service providers. This GIS information may not be readily available to the City due to privacy concerns related to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The City operates a voluntary 9-1-1 Registry program for people with functional needs. This program provides useful information to first responders about a person's health or needs during an emergency situation. The 9-1-1 Registry is not intended for use during a mass emergency and is only for personal emergencies when that particular individual, or someone on their behalf, calls 9-1-1 for assistance. Only contact information of 9-1-1 Registry participants will be included in the GIS for potential mass emergency use.

The Oakland Department of Human Services (DHS) is responsible to create and update 9-1-1 Registry program documents, and to conduct community outreach to potential program participants. [To participate in the 9-1-1 Registry program, persons may contact: Oakland Fire Department *Emergency Management Services Division*, 510-238-3938 (Voice) or 510-839-6451 (TTY), or visit EMSD on the web at www.oaklandnet.com.]

The EMSD is responsible for creating and maintaining procedures related to access to vital GIS services during EOC activation.

I. Short Term Recovery

After an emergency shelter has opened, 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 people with functional needs, and that disaster situations create disruptions in vital community services.

The City's Community and Economic Development Agency (CEDA) Housing and Community Development (HCD) and community partners 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. HCD shall work with Community Based Organizations (CBOs) to provide referrals for individuals with functional needs to services and programs that re-establish vital community services.

State FAST members coordinate with the City's Department of Human Services (DHS), Office of Parks and Recreation (OPR), and CEDA/HCD and other responsible City departments and agencies to coordinate transition from a shelter setting into the community. FAST members are trained and knowledgeable in regard to a variety of types of disability. They are able to assist in prevention of inappropriate institutionalization, and secure long-term health and mental health services.

The City does not provide permanent housing for temporary shelter residents. Staff may assist in locating long-term temporary housing for those shelter residents with unique challenges in the housing market. City staff shall, to the best of their ability, identify temporary housing with accessible features. Shelter residents who have requested housing with accessible features shall be given priority to accessible housing.

The City will assist with transition of resources and services provided during response and recovery to an entity that is designated to lead long term recovery in each disaster (such as the American Red Cross or the Federal Emergency Management Agency).

(*See Attachment G for Functional Needs Coordinator Deactivation Checklist.*)

VII. OPERATIONAL PHASES OF SUPPORT FOR INDIVIDUALS WITH FUNCTIONAL NEEDS

A. Readiness Phases

Three phases of readiness conditions apply to City emergency operations prior to activation: Preparedness; Increased Readiness; and Alert and Warning. Although these phases are described below progressively, conditions may require escalating and de-escalating, or skipping from one phase directly to another without passing through each phase. Commencement of these phases will be made by the City's EMSD Manager in consultation with individual Section Chiefs, Managers, and other City departments in response to conditions within the City, or in order to respond in support of local agencies, non-profit services providers, other EOCs, or other agencies as needed either prior to or after the activation period.

1. Preparedness

This phase reflects the normal status of planning, training, and exercising. It is widely accepted that there is potential for various system failures that could result in infrastructure disruptions at a local and statewide level as a result of any major emergency. Due to the level of concern over these potential disruptions and public reaction to real events associated with any major crisis, the City's EMSD provides for or supports the followings actions:

a. Review and enhance Standard Operating Procedures (SOPs), phone rosters, and interagency procedures, as required

b. Request that City departments evaluate and test all of the above to ensure they operate as designed

c. Request that Department of Information Technology (DIT) and City departments inventory and test communications, equipment, and consumable supplies

d. Assist with the repair, enhancement, and purchasing of equipment, as necessary

e. Develop initial EOC staffing patterns

f. Re-evaluate emergency notifications procedures and checklists

g. Assist, plan, and carry out exercises to test the plans, as necessary

2. Increased Readiness

This phase will be initiated when the EMSD Director, in consultation with the Operational Area and State, determine that, based upon intelligence, a greater likelihood of threat may exist. Examples of these threats may include:

- Analysis of lessons documented from statewide exercises and drills
- Potential civil disturbance
- "Runs" on banks, markets, or gas stations
- Events in other cities which may have significant media or economic impacts on the City

During the Increased Readiness phase, the following steps are required:

- Poll agencies to ascertain potential impacts and/or potential resource requests
- Confirm 24-hour phone numbers and points of contact for agencies that staff the EOC
- Re-evaluate initial staffing patterns and determine staff needs and availability
- Develop a staff recall roster for off-hour recall
- Ensure all EMSD staff review SOPs and request that City departments review SOPs
- Determine standby time frames for staff, if necessary
- Test, repair and purchase equipment, as necessary
- Complete all activities pending from the previous phase
- Identify potential needs from analysis of situation reports
- Develop ad hoc contingency plans for perceived needs
- Share relevant alerts, warnings, and intelligence reports with local governments and the Operational Area and in accordance with the City's Emergency Public Information policies and strategy

3. Alert and Warning

The EMSD Director, in consultation with the Operational Area and State, will determine, based upon information from such sources as the California Emergency Management Agency (CalEMA) or other credible sources, if there have been occurrences in other parts of the State due to major emergencies that pose a significant impact on the City.

Possible triggering events might include:

- Major power outages, for any reason
- Nuclear power plant accidents, for any reason
- Terrorist acts or acts of unknown origin or suspicious cases that appear to be terrorism, of any location
- Major local gatherings or events that have or may lead to civil disturbance
- Major hazardous materials releases

During Alert and Warning phase, the following steps are required:

- Bring key staff to standby
- Cancel travel and vacations if necessary to ensure proper staffing levels are available
- Evaluate potential staffing patterns
- Advise the City key executive staff if back-up staff may be needed
- Establish communication with the Operational Area, CalEMA Regional Office and other State of Federal agencies, as needed
- Communicate with local neighboring governments regarding status
- Complete all activities pending from previous phase
- Implement City Emergency Public Information media protocols and strategies

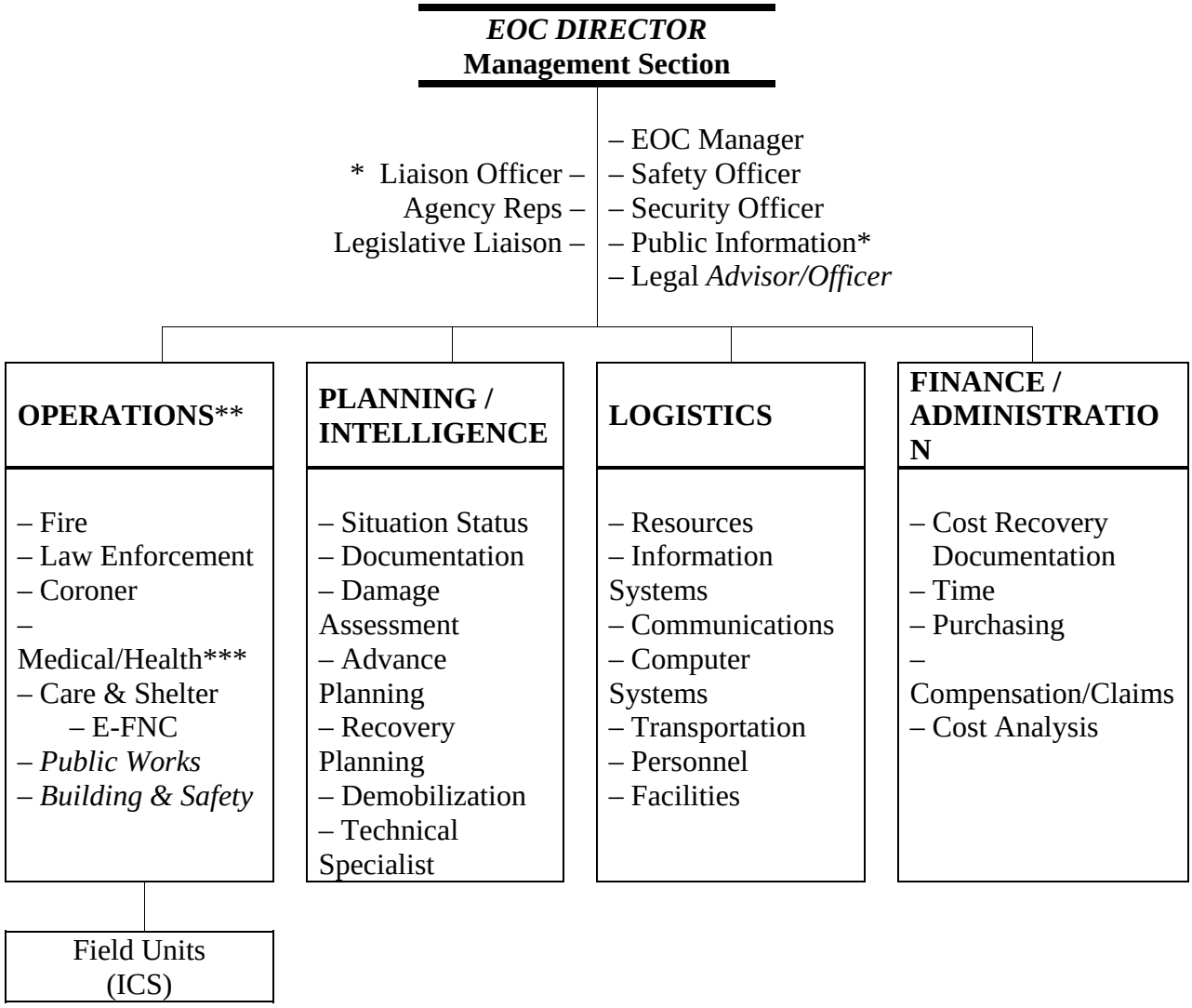
B. Response to Recovery

Due to the possibility of widespread activity as a result of citywide declared emergencies, the potential is great to have simultaneous response activities underway while recovery activities are going on in other areas. To ensure a smooth transition, the early communication with the Operational Area, CalEMA Regional Office and the State Disaster Assistance Branch by the EOC Planning and Intelligence Section is required.

Initially, the City Administrator's Office (CAO) representatives and the EOC Management Section will act as part of advance planning to ensure early identification of recovery issues and information needs. If conditions warrant, CAO staff will form a separate Recovery Planning Branch within the Planning and Intelligence Section and the Legal Section to act as the focal point of recovery action planning and the development of transition plans.

The Mayor and City Council representatives will provide key policy and liaison roles with regional, state and federal counterparts. Meetings to address recovery issues can be convened at the EOC where up-to-date information will be available to representatives.

VIII. RESPONSE ORGANIZATION / STRUCTURE



* May be organized as a section or branch.

** If all elements are activated, a deputy will be appointed to provide a manageable span of control.

*** Normally coordinated by County, but a local coordinator may be designated, if needed.

IX. ADMINISTRATION AND SUPPORT

A. Agreements and Understandings

1. Oakland Unified School District (OUSD)

In California, school districts are mandated to open school sites for sheltering during emergencies. The City and the Oakland Unified School District (OUSD) have established Memorandum of Understanding (MOU) for use of OUSD school sites as mass care shelter sites during an emergency incident. The City's Director of Emergency Services is responsible for maintaining and updating this MOU every five years or as otherwise designated in the agreement.

2. American Red Cross (ARC)

The City recognizes the importance of forming agreements with the American Red Cross (ARC) that detail sheltering responsibilities and facility transition periods. However, cities do not typically establish an MOU with the ARC. There is a natural automatic system for ARC assistance to cities, counties, and states. This assistance includes equipment dispersion, such as emergency generators and accessible cots. Normally, MOUs are formed between ARC and school districts.

The City intends to establish a Shelter – Functional Needs Coordinator (S-FNC) within the first 72 hour period of an incident and intends to transfer this position to ARC responsibility to the extent ARC will make available those resources, services and functions after shelter transition. The City will emphasize the importance of continuing the functional needs care framework within the shelter system during transfer from City to ARC authority. The City's Director of Emergency Services will make every effort to secure verbal commitments, and written commitments when possible, from ARC officials to maintain an S-FNC for each open shelter. 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.

3. County of Alameda

The City has a current mutual aid agreement with the County of Alameda and has participated in the development of the San Francisco Bay Area Regional Emergency Coordination Plan (RECP) Care and Shelter Subsidiary Plan.

4. Other Agreements

Partnerships with Collaborating Agencies Responding to Disaster of Alameda County (CARD) and Eden Information and Referral, Inc. exist through formal agreements. The

City's EMSD and the City's Office of the City Attorney (OCA) are responsible for maintaining and updating these agreements.

The City shall pursue formal agreements with other NGOs and make every effort to communicate to NGOs their responsibilities in meeting federal reimbursement requirements by providing the federal procedural requirements for reimbursement as an appendix to any MOU. The City cannot guarantee federal reimbursement and will not coordinate federal reimbursement for its partners.

5. Purchasing Procedures

During an emergency incident, the City's Purchasing Supervisor 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 all available funding sources to obtain necessary items from vendors.

Current and former contracts and agreements are in place to purchase DME, CMS, portable sanitation facilities, generators, refrigerators or cooling units, tents, essential medications, and supplies and equipment for acute medical care. These contracts are not specific about which types of equipment 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, but instead relies on its ability to draw from any open or former contract with a vendor during a disaster situation to rent or purchase equipment that is available at that time. The City acknowledges that these contracts are with vendors common to other organizations and entities that may request the same resources, and specific equipment availability cannot be guaranteed. The City anticipates that there may be complications to receiving necessary equipment. Should issues arise where vendors cannot obtain equipment in a timely manner, the City shall request the aid of ARC to supply these items.

The City is committed to identifying additional organizations that specifically supply essential DME and CMS to individuals with functional needs. ADA Programs staff shall coordinate new vendor applications with these organizations.

B. Training and Exercises Critiques

Since 2003, EMSD has worked in collaboration with Collaborating Agencies Responding to Disasters (CARD) to provide an annual workshop and newsletter on the topic of emergency preparedness training for persons with disabilities. EMSD shall infuse disability and functional need specific content into a variety of trainings, including Citizens of Oakland Respond to Emergencies (CORE) curriculum, such that the subject matter is not held separate from general emergency preparedness training. EMSD training coordinators will actively recruit and accommodate persons with functional needs to participate in preparedness drills involving role-play and tabletop exercises. Additionally,

the City will conduct and integrate disability-specific incident scenarios into general incident exercises.

ADA Programs staff are responsible for coordinating a four-hour training module to familiarize Emergency Public Information Officers (E-PIO), Emergency Operations Center Functional Needs Coordinators (E-FNC), Shelter Functional Needs Coordinators (S-FNC), and City staff who have emergency shelter responsibilities with the following Attachment guidelines and checklists: (1) Role of the Emergency Operations Center Functional Needs Coordinator; (2) Functional Needs Care and Shelter Checklist; and (3) Functional Needs Framework. This training will include an exercise scenario to test the Annex by addressing the goals and objectives as outlined in Chapter V.

1. First Responders

EMSD shall build partnerships among first responders, emergency planners and organizations of, by, and representing diverse functional needs populations to incorporate accurate functional needs training information and development of usable services and response. Training exercises, tabletops, and drills will involve the use of people with disabilities and activity limitations.

a. Emergency Public Information Officers

Training on this Annex has been provided to Emergency Public Information Officers (E-PIO) team members in March 2010. Curriculum focused on various methods to ensure effective communication with individuals with functional needs. Specific disability accommodations were thoroughly addressed for a variety of types of disability, including: people who are Deaf or have hearing impairments; people who are blind or have vision impairments; people with speech disabilities; people with mobility disabilities; people who have environmental illness/multiple chemical sensitivity; people with cognitive, intellectual, or developmental disabilities; and people with learning disabilities.

b. Oakland Police Department

Oakland Police Department (OPD) Training Bulletin Index Numbers VIII will incorporate disability specific language updates, door-to-door notification and communication access training, and procedures to utilize NGOs to assist in public warnings, alerts and announcements. The OPD Communications Division is responsible for coordinating these updates.

c. Evacuation Transportation

The City’s EMSD, in conjunction with first responders, transportation providers, and the Paratransit Roundtable, shall create new emergency drills and exercises targeted at transportation and evacuation teams. All other appropriate preparedness exercises shall include transportation and evacuation procedures. In addition, functional needs services

in relation to transportation and evacuation shall be incorporated into all general population transportation and evacuation preparedness trainings and exercises.

2. Shelter Staff

Full-time and permanent part-time employees in the Oakland Department of Human Services (DHS) and also those who work at or supervise the Office of Parks and Recreation (OPR) facilities or other City-owned potential shelter sites are required to attend annual shelter management training provided by the City in partnership with the American Red Cross. Beginning Calendar Year 2011, the functional needs framework and parts of this Annex will be incorporated into the annual shelter management training.

Curriculum includes shelter management overview by the American Red Cross, the functional needs framework, an overview of the responsibilities of the E-FNC, and detailed information on using the shelter layout and set up checklist.

ADA Programs staff maintains a list of individuals who have completed training on the Annex, and shall provide an update on training opportunities and attendees with required compliance reports to Disability Rights Advocates.

3. Functional Needs Coordinators

Emergency Operations Center Functional Needs Coordinators (E-FNC) are required to complete annual web-based disaster management training courses in the SEMS and NIMS protocols, emergency planning and response training opportunities offered through the City and other agencies, and participate in training exercises or real incidents on a regular basis.

Additionally, FNCs shall be required to meet once annually to review their responsibilities and participate in tabletop exercises. These exercises shall focus on providing emergency services to individuals with diverse functional needs. Content shall minimally include information on providing services to individuals with mobility, visual, hearing, and/or cognitive disabilities, individuals with mental health disabilities, and the older adult population.

X. TIME TABLE AND UPDATES

An Implementation Time Table (see Attachment J) has been established with all City departments and agencies holding specific responsibilities outlined in this Annex. Heads of departments 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 future developments, such as staffing limitations or shifts in priority. City department heads shall notify the City ADA Coordinator of all changes, including project completion or date shifts. The ADA Programs Division shall update the time table once every three months until all items are complete.

The ADA Programs Division shall be responsible for coordinating updates to this Annex as necessary. The City's *Director, Emergency Management Services Division* shall notify the City ADA Coordinator of all new and revised processes, policies, and procedures that should be integrated in this Annex.

This Annex and the elements contained within shall be reviewed and updated by the ADA Programs Division at least once every five years. This review process shall include participation of populations with functional needs and shall actively recruit qualified people with a variety of disabilities, such as those serving on the Mayor's Commission on Persons with Disabilities (MCPD), and subject matter experts.

GLOSSARY OF TERMS

Acronyms

ADA – Americans with Disabilities Act of 1990

ADAAG – Americans with Disabilities Act Architectural Guidelines

AHHS – Aging, Health and Human Services

ARC – American Red Cross

BiPAP – Bilevel Positive Airway Pressure

CalEMA – State of California Emergency Management Agency

CAO – City Administrator's Office

CARD – Collaborating Agencies Responding to Disasters of Alameda County

CBO – Community Based Organization

CEDA – Community and Economic Development Agency

CMS – Consumable Medical Supplies

CORE – Citizens of Oakland Respond to Emergencies

CPAP – Continuous Positive Airway Pressure

DHS – Department of Human Services

DIT – Department of Information Technology

DME – Durable Medical Equipment

Eden I&R – Eden Information and Referral, Inc.

E-FNC – Emergency Operations Center Functional Needs Coordinator

***EMSD** – Emergency Management Services Division*

EMS – Emergency Medical Services

EPAAC – Emergency Preparedness Access Advisory Committee

EOC – Emergency Operations Center

FAST – Functional Assessment Service Team

FBO – Faith Based Organization

FEMA – Federal Emergency Management Agency

FNC – Functional Needs Coordinator

GIS – Geographic Information System

HCD – Housing and Community Development

ICS – Incident Command System

IIAT –Initial Intake and Assessment Tool

LTC – Long Term Care

MCPD – Mayor's Commission on Persons with Disabilities

MOU – Memorandum of Understanding

MSSP – Multipurpose Senior Services Program

MTC – Metropolitan Transportation Commission

NGO – Non-Governmental Organization

NIMS – National Incident Management System

OA – Operating Area

OPD – Oakland Police Department

OPED – Oakland Paratransit for the Elderly and Disabled

OPR – Office of Parks and Recreation

OUSD – Oakland Unified School District

PIO – Public Information Officer

PWA – Public Works Agency

RCFE – Residential Care Facility for the Elderly

SEMS – Standardized Emergency Management System

S-FNC – Shelter Functional Needs Coordinator

SOP – Standard Operating Procedures

STS – Speech-to-Speech

The Plan – City of Oakland Mass Care and Shelter Plan

The City – City of Oakland

TTY – Tele Typewriter

VRI – Video Remote Interpreting

W3C – World Wide Web Consortium

WCAG – Web Content Accessibility Guidelines

Definitions

2-1-1 – A free, confidential, 3-digit telephone number and service that provides access to housing information and critical health and human services. This telephone number operates 24 hours a day, 7 days a week with multi-lingual capabilities, and is usually reserved for non-emergency information. The City has an agreement with Eden Information and Referral, Inc., the company that operates 2-1-1 in the Bay Area, to provide emergency assistance during an incident.

7-1-1 – A free, confidential, 3-digit telephone number and service that provides relay access to the Deaf, people who are hard of hearing or have speech disabilities, and the hearing to have telephone calls relayed voice-to-text, text-to-voice, and voice-to-voice.

9-1-1 Registry – A computer record of individual health information voluntarily provided to the City by persons with disabilities and older adults. The 9-1-1 Registry files can provide useful information to medical professionals about a person's health or needs during an emergency situation. Participation in the 9-1-1 Registry and all information provided to the City is voluntary.

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

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.

Accommodation – Any modification or adjustment to policies, practices, procedures or the environment that enables an individual to perform essential functions or participate in the 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. It contains five titles: Employment, Public Service, Public Accommodations, Telecommunications, and Miscellaneous, which include prohibitions on threats, coercion, retaliation, etc. against people with disabilities and those who assist them in exercising their rights.

BiLevel Positive Airway Pressure (BiPAP) – A method of respiratory ventilation, used in the treatment of sleep apnea or in individuals with respiratory failure as an alternative to endotracheal intubation, which blows air at two levels of prescribed pressure: inspiratory positive airway pressure and a lower expiratory positive airway pressure for easier exhalation.

Citizens of Oakland Responding to Emergencies (CORE) – Equivalent to Community Emergency Response Team Program (CERT), known throughout other jurisdictions, CORE educates people about disaster preparedness for hazards that may affect the local Oakland area and provides training in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

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. These are owned and managed by members.

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 either to 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.

Continuous Positive Airway Pressure (CPAP) – A method of respiratory ventilation, used in the treatment of sleep apnea or in individuals with respiratory failure as an alternative to endotracheal intubation, which blows air at a prescribed pressure.

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 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.

Functional Assessment Service Team (FAST) – Trained NGO and government workers ready to respond to and deploy to disaster areas to work in shelter, temporary housing and other disaster recovery centers. Team members have in-depth knowledge of the populations they serve, cultures and support service systems including housing, resources, benefit programs and disaster aid programs.

Functional needs population – Formerly *Special Needs Population*. For the purposes of this Functional Needs 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 without the presence of an emergency situation but who may need assistance during an incident.

GovDelivery – A full-automated, on-demand public communication system that utilizes a Software as a Service (SaaS) platform to provide government-to-citizen communication solutions in the form of e-mail, text messaging, RSS/web feed and social media.

Long Term Care (LTC) – A diverse group of licensed care facilities, congregate facilities, residential facilities, nursing homes, assisted living, group homes, intermediate care facilities, senior citizen housing, and RCFE's.

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

Personal care attendant / personal care assistant – Any person who provides assistance to an individual with functional needs 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. Many people with disabilities and older adults

utilize In-Home Supportive Services (IHSS) to provide financial assistance to maintain personal care attendants. IHSS refers to personal care attendants as "chore providers."

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 an individual with a disability and contains no barriers to entrance or participation.

Service animal – Any *dog* individually trained to perform tasks for people with disabilities. Service animals are not pets. Requirements of service animal licensing or permits are prohibited under the Americans with Disabilities Act.

Sign Language – A language that uses a system of manual, facial and other body movements as the means of communication, especially among Deaf people.

Speech-to-Speech (STS) – A service offered through the Telecommunications Relay Services through the United States, Virgin Islands, Puerto Rico, Australia, New Zealand and Sweden that provides communication assistants (CA's) for people with speech disabilities who may experience difficulty being understood by the public on the telephone. STS services can be reached by dialing 711 from any standard telephone.

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. TTYs provide a means of communication over the telephone line for the Deaf, people who are hard of hearing or who have speech disabilities.

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.

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ATTACHMENTS

A. **Head of Department Lines 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. **Functional Needs Coordinator Deactivation Checklist**

H. **Primary Emergency Shelter Site Accessibility Evaluation**

I. **Secondary Emergency Shelter Site Accessibility Evaluation**

J. **Implementation Time Table v. 12**

K. **Functional Needs Training Module**

L. **Functional Needs Training Curriculum Guide**

M. **Emergency Evacuation Vehicle Pictogram**

N. **Functional Needs Resources**

ATTACHMENT – A

HEAD OF DEPARTMENT LINES OF SUCCESSION

AGENCY/DEPARTMENT	**TITLE/POSITION**
City Administrator	1. City Administrator 2. Assistant City Administrator 3. Agency Director 4. *Director, EMSD*
Fire	1. Fire Chief 2. Deputy Fire Chief 3. Battalion Chief
Police	1. Chief of Police 2. Deputy Police Chief 3. Captain of Police 4. Watch Commander
Building & Safety	1. Director of Public Works 2. Deputy Director of Public Works 3. Administrative Services Manager II
City Clerk	1. City Clerk 2. Deputy City Clerk 3. Legislative Recorder
Community & Economic Development	1. Agency Director 2. Director of Economic Development 3. Deputy Director of Economic Development 4. Administrative Services Manager
Library Services	1. Agency Director 2. Director of Library 3. Administrative Services Manager II 4. Supervising Librarian
Parks & Recreation	1. Agency Director 2. Director of Parks & Recreation 3. Assistant Director of Parks & Recreation 4. Administrative Services Manager
Personnel Resource Management	1. Agency Director 2. Director of Personnel 3. Division Manager 4. Administrative Services Manager

ATTACHMENT – B

FUNCTIONAL NEEDS FRAMEWORK

This document was last updated on: April 15, 2010
This document was adapted from "A Function Based Framework for Emergency Management and Planning" by J. Kailes and A. Enders.

The following needs are met through collaborations with community partners, including those identified within the Annex. Services are not solely provided by the City or City staff. Services are not guaranteed.

COMMUNICATION NEEDS	
Who is affected	**How we meet their needs**

Large populations who may not be able to:
▪ Hear verbal announcements
▪ See directional signage to assistance services
▪ Understand how to get food, water and other assistance because of limitations in:
  o Hearing
  o Seeing
▪ Understand written or verbal announcements
 	
These populations will be diverse and may have:
▪ Reduced or no ability to speak, see or hear
▪ Limitations in learning and understanding
▪ Limited or no ability to speak, read or understand English
	▪ Create a bulletin board to post text content of all oral announcements in a public area
	
	▪ Make oral announcements of new information and all bulletin board content throughout the day
	
	▪ Read bulletin board content and other written information to residents upon request
	
	▪ Provide sign language interpreters and high-tech communication boards when available
	
	▪ Use written notes when necessary
	
	▪ Use low-tech communication boards (image-based flip charts) to communicate with individuals with speech or cognitive disabilities
	
	▪ Use both language and pictograms on signage when available

MEDICAL NEEDS	
Who is affected	**How we meet their needs**
Those who do not have or have lost adequate support from family or friends may need assistance with: ▪ Managing unstable, chronic, terminal or contagious conditions that require observation and ongoing medical treatment ▪ Managing medications, intravenous IV therapy, tube feeding and monitoring of vital signs ▪ Dialysis, oxygen, and suction administration ▪ Managing acute wounds ▪ Operating power-dependent equipment to sustain life	▪ Provide medical staff, including doctors, nurses, nurses aids, EMTs and other personnel trained to determine their level of medical assistance ▪ Permit personal care assistants to enter and exit the shelter during extended hours ▪ Replace essential consumable medical supplies (CMS) such as catheter tubing, Ostomy supplies, gauze pads, etc.

INDEPENDENCE MAINTENANCE	
Who is affected	**How we meet their needs**
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.	▪ Replace essential medications, lost or damaged durable medical equipment (DME) such as wheelchairs, scooters, walkers, etc. ▪ Replace essential consumable medical supplies (CMS) such as catheter tubing, Ostomy supplies, gauze pads, etc. ▪ Provide assistance with orientation to shelter facilities for those with visual or cognitive limitations

SUPERVISION NEEDS	
Who is affected	**How we meet their needs**
People who: ▪ Do not have or have lost adequate support from family or friends ▪ Have conditions such as dementia, Alzheimer's, psychiatric conditions such schizophrenia, intense anxiety, etc. ▪ Decompensate because of transfer trauma and stressors that exceed their ability to cope and function in a new environment	▪ Provide specially trained NGO and CBO volunteers, State FAST members, public security officers and law enforcement, private security, and emergency shelter personnel ▪ Permit personal care assistants to enter and exit the shelter during extended hours

TRANSPORTATION NEEDS	
Who is affected	**How we meet their needs**
People who: ▪ Cannot drive due to disability ▪ Require accessible transportation (i.e. wheelchair users)	▪ Provide several types of evacuation and transportation assistance: ○ Public transportation (transit buses, light rail, school buses) ○ Paratransit service by county, city or by voluntary consortium of private paratransit providers ○ Private transportation (cars or vans driven by volunteers, or CBO or NGO personnel) ○ Emergency transportation (law enforcement or medical ambulance)

ATTACHMENT – C

ROLE OF THE EMERGENCY OPERATIONS CENTER
FUNCTIONAL NEEDS COORDINATOR

This document was last updated on: March 8, 2010

PRIMARY E-FNC:	***PWA / ADA Programs*** ***ADA Specialist***
First Alternate:	**PWA / ADA Programs** **City ADA Coordinator**
Second Alternate:	**Department of Human Services / OPED** **Senior Services Supervisor**
Third Alternate:	**Department of Human Services / MSSP** **Senior Services Supervisor**
Fourth Alternate:	**Department of Human Services / AHHS** **Senior Services Administrator**
Fifth Alternate:	***Office of Parks and Recreation*** ***Designated EOC Liaison***

Specific staff positions for Functional Needs Coordinator shall be reviewed periodically to ensure the essential experience and requirements are maintained through staff changes.

QUALIFICATIONS OF THE EOC – Functional Needs Coordinator (FNC)

- In-depth knowledge of diverse functional needs populations, including people with vision and hearing loss, physical disabilities, mental health disabilities, developmental and other cognitive disabilities, substance abuse and older adults.
- 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 access 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 E – FNC
- Completion of the following training courses or comparable courses if no longer available:
    - Within six months of appointment as a designated primary or alternate, and at least once annually thereafter:

        - IS-800.b - National Response Framework: An Introduction
    - Within one year of appointment as a designated primary or alternate, and at least once every three years thereafter:
        - SEMS/ICS/NIMS Combined Course 100 and 200 basic ICS
    - At least once every six months:
        - Participation in at least one training exercise provided through the City's Office on Emergency Services, State of California, or other government entity, 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 people with functional needs
    - ☐ Immediate task for the E – FNC
    - ☐ Mission tasking transmission to the E – FNC
    - ☐ Initial information required by the EOC from the E – FNC
    - ☐ Work space for E – FNC
- ☐ Check-in with Planning/Intelligence regarding known information or plans that impact persons with functional needs
- ☐ Check-in with Operations regarding known information or plans that impact persons with functional needs
- ☐ Analyze the situation and determine the level of required staff
- ☐ Unpack any kit materials you may have brought with you and set-up assigned work station
- ☐ Provide information to be included in the Response Information Management System (RIMS)
- ☐ Co-ordinate 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

- ☐ Co-ordinate with EOC Operations and Logistics to facilitate the processing of mission tasking that impacts people with functional needs; Advise as necessary
- ☐ Provide input to the EOC Situation Report to include any information known about impacts on people with functional needs through the Planning/Intelligence Section
- ☐ Participate in Action Planning Meetings to advise on known and potential needs impacting people with functional needs
- ☐ Provide assistance to Advance planning to advise on known and potential needs impacting people with functional needs, as needed
- ☐ Provide a summary report of activities, capabilities and significant issues impacting people with functional needs at the end of each shift

Operational Phase:

- ☐ Co-ordinate with the appropriate EOC Sections, branches, and units to advise them of your presence and assigned work location
- ☐ Co-ordinate with the Care and Shelter Branch to identify potential mass care and shelter sites using the Primary Emergency Shelter Site Accessibility Evaluation (*see Attachment H*) and the Secondary Emergency Shelter Site Accessibility Evaluation (*see Attachment I*)
- ☐ Ensure shelter management teams are organized; appoint a Shelter Functional Needs Coordinator (S-FNC) at each site, as necessary, in conjunction with shelter management
- ☐ 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
- ☐ Co-ordinate with the Transportation Unit of the Logistics Section regarding transit needs of shelter residents with functional needs
- ☐ Upon relocation to work directly with a functional branch, advise the Liaison Officer of your location
- ☐ Facilitate requests for support or information on known and potential needs impacting people with functional needs; advise appropriate agencies and CBOs
- ☐ Maintain periodic updates on the general status of resources and activities associated with assisting people with functional needs
- ☐ Advise on known and potential needs impacting people with functional needs, as appropriate, to the Planning/Intelligence Section and EMSD Director
- ☐ Represent access and functional needs issues related to people with functional needs at planning meetings, as appropriate
- ☐ Provide update briefings about known activities impacting people with functional needs and priorities at planning meetings

- ☐ Maintain logs and files associated with the E – FNC responsibilities

<u>Deactivation Phase:</u>

- ☐ 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 full-time staff or appropriate Disaster Field Office (DFO) staff member
- ☐ 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

ATTACHMENT – D

FUNCTIONAL NEEDS CARE AND SHELTER CHECKLIST

This document was last updated on: April 15, 2010

INTRODUCTION

This document 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 shelter manager shall ensure responsibilities contained herein are met.

SHELTER SITE LAYOUT AND SET-UP

Accessible Route:

- ☐ 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. Arrange shelter so that people using mobility aids can move freely to and within the building.
- ☐ Ramp slopes 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.
- ☐ Provide an accessible drop-off area, also known as a passenger loading zone, on an accessible route leading to an accessible shelter entrance.
- ☐ Allocate additional off-street accessible parking spaces when needed by re-striping parking spaces, using tape to create wider spaces, and by posting temporary accessible parking signs. Designate on street accessible parking, where parallel parking spaces exist AND a curb ramp or driveway is made available to exit and enter the sidewalk.
- ☐ If the accessible entrance is not part of the main entrance(s), post directional signage clearly showing the path of travel from the main entrance to the accessible entrance(s).
- ☐ Ensure outside smoking areas are at least 25 feet distance from any shelter entrances, exits, windows, telephones, rest rooms or air intake vents as required by Oakland Municipal Code Chapter 8.30 “Smoking”.

- ☐ Ensure registration area is located on an accessible route.
- ☐ Ensure the canteen and feeding areas are on an accessible route and provide wheelchair accessible seating areas.
- ☐ If telephone trailers or communication equipment is made available to residents, locate such equipment on an accessible route and ensure that at Tele-Typewriter (TTY) is made available for persons who use text based telephone communications.
- ☐ Place a table with paper cups adjacent to inaccessible water fountains.

Bathing and Sanitary Facilities:

- ☐ Provide portable accessible toilets if built-in toilets are inaccessible.
- ☐ Provide accessible portable toilets whenever portable toilets are 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 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.
  - ☐ Disconnect or remove air fresheners from all portable toilets and all shelter facility restrooms.
- ☐ Provide portable accessible hand washing stations if built-in hand washing facilities are inaccessible.
- ☐ Provide portable accessible hand washing stations whenever portable hand washing stations are brought on-site.
- ☐ Provide portable accessible bathing/shower facilities if built-in bathing/shower facilities are inaccessible.
- ☐ Provide portable bathing/shower facilities whenever portable bathing/shower facilities are brought on-site:

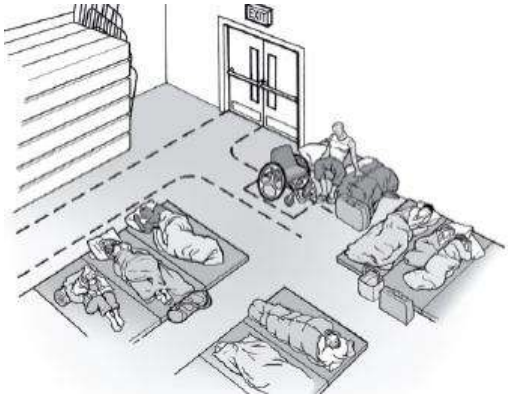
- ☐ Where multiple user portable bathing/shower units are clustered at a single location, at least 5 percent of the bathing/shower units at each cluster must be accessible.
- ☐ Where single user portable bathing/shower units are clustered at a single location, at least five percent but no less than one bathing/shower unit must be accessible.

☐ Provide adjustments, modifications or changes to shelter policies, procedures and practices when necessary to accommodate physical access for people with disabilities.

☐ Offer orientation and way-finding assistance to people who are blind or have low vision.

<u>Sleeping areas:</u>

☐ Ensure accessible sleeping area(s) 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.

☐ 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.

☐ Whenever possible, provide separate sleeping areas for families with children, older adults, 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).
  - ☐ Residents who require close supervision or monitoring by family members or an attendant; this includes people with significant cognitive limitations, autism, confusion, dementia and Alzheimer's Disease.
  - ☐ Residents who, for safety or health reasons, cannot be near service animals or emotional support animals.
- ☐ If private rooms are not available, create a private area using tenting, fabric, plastic sheets, or other materials.

PERSONAL CARE ATTENDANTS AND SERVICE ANIMALS

- ☐ Ensure that people with disabilities using service animals are permitted into and around all parts of the shelter. Remember: Service animals are not pets!
- ☐ Accommodate service 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.
- ☐ 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.

REGISTRATION AND ASSESSMENT

- ☐ Whenever possible, provide a private area within registration area.
- ☐ Upon request by people with functional needs, 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 shelter residents are located in hotels due to the increased need for accessibility, track and address feeding, essential medication, DME, CMS, and personal care assistant needs of these residents.

COMMUNICATION ACCESS

Signage:

- ☐ If the accessible entrance is not part of the main entrance(s), post directional signage clearly showing the path of travel to the accessible entrance(s).
- ☐ 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; 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 upon request 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 in this format.

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
- ☐ Continuous Positive Airway Pressure (CPAP) system
- ☐ Bilevel Positive Airway Pressure (BiPap) system
- ☐ Sleep Apnea face mask
- ☐ Facial mask for individuals with Environmental Illness/Multiple Chemical Sensitivity, asthma, or other respiratory disabilities

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 tape down or cable covers.

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 require 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.
- ☐ Coordinate 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.

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***[#]. 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.

[#] **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.**

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.

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Date/Time: _____ **Shelter Name/City/State:** _____ **DRO Name/#:** _____

Family Last Name: _____

Primary language spoken in home: _____ **Does the family need language assistance/interpreter?:** _____

Names/ages/genders of all family members present: _____

If alone and under 18, location of next of kin/parent/guardian: _____ **If unknown, notify shelter manager & interviewer initial here:** _____

Home Address: _____

Client Contact Number: _____ **Interviewer Name (print name):** _____

INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need **right now**?	YES / NO	If Yes, stop interview and refer to HS immediately. **If life threatening, call 911.**	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	**If life threatening, call 911.** If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	***If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.**
STOP **STOP HERE!** STOP	**REFER to:**	**HS Yes** ☐ **No** ☐	**DMH Yes** ☐ **No** ☐ **Interviewer Initial** ____

DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	**Circle**	**Actions to be taken**	**Comments**
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	**Circle**	**Actions to be taken**	**Comments**
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	**Circle**	**Actions to be taken**	**Comments**
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	**Circle**	**Ask all questions in category.**	**Comments**
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	**Circle**	**Actions to be taken**	**Comments**
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

ATTACHMENT – F

ACCESSIBLE AND MEDICAL COTS

This document was last updated on: April 14, 2009

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.

COTS – ACCESSIBLE									
	Model	**Dimensions (H x W x L)**		**Lbs**	**Weight Capacity**	**Position**		**Mattress**	**Price**
		Open	**Folded**			**Head**	**Foot**		
1	**Westcott 400** www.emergencyresources.com/ westcot400.html	18”x35”x81”	8”x32”x42”	32	400	Multi	2	2”	$310
2	**Cot, Special Needs Standard** http://store.cert-kits.com/L2015.html	18.5”x25”x71”	8”x28”x 36”	27	350	3	1	1”	$79 (1-49) $62 (500+)
3	**Cot, Oversized Special Needs** http://store.cert-kits.com/L2030-SRG.html	19”x31”x80”	8”x41”x31”	28	450	5	2	2”	$200
4	**Cot, Enhanced Special Needs** http://store.cert-kits.com/L2030.html	17.5”x27”x75”	8”x27”x37”	27	350	4	2	2”	$139 (1-49) $97 (500+)
5	**Black Pine Sports Big Johnson Deluxe Cot** www.gearforcamping.com/Black-Pine-Sports-Big-Johnson-Deluxe-Cot-Chair-p/30082.htm	16-20”x 31”x80”	6.5”x34”x29”	26.4	300	Multi	Multi	Mesh	$118.80

6	**Kamp Rite Emergency Treatment Cot** www.camping-gear-outlet.com/camping-gear-81360.html	18”x32”x84”	6”x32”x30”	30	450	2	2	Mesh	$179.99
7	**MED SLED Surge Deluxe 3** 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	**MED SLED Surge Deluxe 4** www.medsled.com/pdf/products/pdf_3.pdf	18”x32”x78”	7”x32”x40”	15-25	300	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	**XH-31V Special Needs Bed** http://firstrespondernetwork.com/items/products/stretchers~cots/cots/special-needs-bed-xh-31v-detail.htm	22”x34”x82”	7”x34”x41”	31	400	5	5	2”	$252.90
2	**MED SLED APC** www.medsled.com/pdf/products/pdf_3.pdf	28”x32”78”	8”x34”x41”	35	400	4	1	2”	$569.95 (1-100) $495.95 (101-199) $449.95 (1000+)

ATTACHMENT – G

FUNCTIONAL NEEDS COORDINATOR DEACTIVATION CHECKLIST

This document was last updated on: April 8, 2010

INTRODUCTION

This Attachment – G is intended for individuals, including Shelter Functional Needs Coordinators and shelter management, who have responsibility for deactivation and demobilization after an incident. The shelter manager at each shelter site shall be responsible for delegation and completion of tasks contained herein.

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, including CEDA/HCD and/or FAST members, to ensure continuity of services for individuals with functional needs
- ☐ Assist transition team with identifying community organizations and services necessary for individuals with functional needs, such as:
  - ☐ Public transportation
  - ☐ Community support services and social services
  - ☐ Interim housing services
- ☐ Consult with and utilize services and resources of:
  - ☐ Alameda County Department of Social Services
  - ☐ Social Security Administration
  - ☐ In-Home Supportive Services
  - ☐ Regional Center of the East Bay
  - ☐ Center for Independent Living, Berkeley and Oakland
  - ☐ Community Resources for Independent Living, Hayward

- ☐ Deaf Counseling, Advocacy & Referral Agency (DCARA)
- ☐ Disability Rights California
- ☐ Family Resource Network (FRN)
- ☐ Lions Center for the Blind
- ☐ United Way
- ☐ California Children's Services
- ☐ Multipurpose Senior Services Program (MSSP)
- ☐ Family Services

☐ Disseminate announcements and descriptions of services in alternate formats, including:

- ☐ 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

☐ 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

Attachment H
City of Oakland
Primary Emergency Shelter Site Accessibility Evaluation
Oakland Unified School District List v.5
Updated: July 30, 2013

Physical Access Rating 4=Excellent; 3=Good; 2=Fair; 1=Poor

						TYPE			CONDITION			SIZE			Essential ADA Features							Other ADA Features								Kitchen		Elec.	Notes	Repairs Needed
	Last Survey Date	Original Facility Name & {New Site Designation(s)}	Street Address	Zip	CD	HS	MS	ES	NEW	MOD	YR	GYM Sq. Ft.	Multi-Purpose Sq. Ft.	Cafeteria Sq. Ft.	Overall Rating	Gym Access	Gym Restroom	MP or Cafeteria Access	Other Restroom	Exterior Path of Travel	Interior Path of Travel	Drink Fount Y/N	If Yes, ADA Rating	Pay Phone Y/N	If Yes, ADA Rating	Showers Y/N	If Yes, ADA Rating	Single User Toilet	If Yes, ADA Rating	FULL	LIMITED	Back Up Generator Y/N		
		Category 1: READILY ACCESSIBLE FACILITIES																																
1	3.20.09	[redacted]				X				X	2008	7,200		3,290	3.5	3.5	SEE NOTE	4	4	4	4	Y	4	N	N/A	Y	3	Y	4		X	NO	PARTIAL MODERNIZATION FALL 2008 Gym restroom not improved but 4 (2 men's/ 2 women's) multi-user restrooms were improved within 100 feet of Gym. No off-street parking / no large off-street paved area.	
2	4.02.08	[redacted]						X		X	2007		2,704		4	N/A	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	Y	4		X	NO	Flat Campus. Large / flat yard. Limited off-street parking but PLZ provided. S.U. restrooms surveyed are Men's / Women's	
3	3.20.09	[redacted]						X		X	2008		2,706		4	N/A	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	Y	4		X	NO	MODERNIZED FALL 2008. Modest off-street concrete yard. No off street parking. Multi-purpose room has staff room. Prep kitchen has an additional S.U. accessible restroom (unisex).	
4	1.22.08	[redacted]				X				X	1997	8,661		3,960	4	4	3	4	N/A	4	4	Y	4 | 3	N	N/A	Y	3	Y	3	X		NO	Modernized off-street parking. Gym Multi User Restrooms are tight w/ <4 stalls. Caf. toilets are single user. Plan to bring in portable toilets? Site includes separate health clinic building (new).	Remove floor hazard at single user restroom (partition brackets). Provide hot water pipe wrap at lavatories, typ. DF at Caf./ replace missing rails.
5	4.02.08	[redacted]						X	X		2006		13,000	6,000	4	4	4	4	4	4	4	Y	4	N	N/A	N	N/A	Y	4		X	NO	Limited off-street parking but PLZ provided. Gates allow vehicular access to site.	
6	3.20.09	[redacted]						X		X	2008		2,500	2,800	4	N/A	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	Y	4	X		NO	MODERNIZED FALL 2008. Large flat asphalt yards served by multi-user accessible restrooms. Small accessible off street parking lot.	
7	1.07.08	[redacted]					X			X	1997	6,394		4,695	3.5	3.5	3.5	3.5	3.5	3	3.5	Y	3.5	N	N/A	Y	3.5	N	N/A	X		NO	Working HC Showers. No parking lot. Ramped Entry. Large / flat yard. Has locker rooms.	Provide hot water pipe wrap at lavatories.
8	1.22.08	[redacted]				X				X	2006	7,952		3,978	4	4	3	4	3.5	4	4	Y	2.5	N	N/A	Y	3	N	N/A	X		NO	Off-street parking with multiple access points and potential staging areas. Two exercise rooms serve Gym (get sq. ft.)	Provide hot water pipe wrap at lavatories. Provide hose/head assembly at HC showers. Repair HC shower benches. Replace DF w/ hi-lo type.
9	1.07.08	[redacted]						X		X	2001		3,360		4	N/A	N/A	4	4	4	4	Y	3	N	N/A	N	N/A	Y	4	X		NO	Flat Campus. Large / flat yard. No off-street parking. *Check DF alcove.	
10	1.07.08	[redacted]						X	X		2006		10,500		4	N/A	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	N	N/A		X	NO	Flat Campus. Superior Access. Off Street parking w/ PLZ. Building M includes MP room, alcove, music classroom. Childcare facility adjacent.	
11	1.22.08	[redacted]					X			X	2008	6,491		3,962	3.5	4	3	4	3	4	4	Y	4	N	N/A	Y	3	Y	4	X		NO	Scheduled for MOD. Site provides off-street parking w/ PLZ. Large / flat yard. Two SU Toilets M/F. Gym Multi-User Restrooms are tight w/ <4 stalls. Plan to bring in portable toilets? Site includes separate health clinic building (new).	Provide hose/head assembly at HC showers.
12	12.07.12	[redacted]					X			X	1997	6,520		4,346	3.5	4	4	4	4	3	3	Y	4	N	N/A	Y	3	Y	4		X	NO	Gymnasium and Multipurpose facility MOD completed. These facilities located at opposite sides of terraced campus. Wheelchair lifts (2) and vehicular ways connect them. Ample off-street asphalt areas exist for emergency parking and portable restroom facilities. The Gym provides Girl's and Boy's restroom and shower facilities plus a total of 4 single user restrooms; the Coach's include accessible shower. NOTE: OUSD to confirm if emergency stockpile on site is available to the City during emergencies.	Ascot Drive Parking Lot; disabled parking stall access aisle--truncated domes are lifting from asphalt. Accessible shower head assembly missing and main entry threshold needs repair at Boy's Locker Room. Access to Coach's Single User Restrooms (w/shower) is blocked by equipment.

13	12.07.12	[redacted]				X	X		2013		7044		4	N/A	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	Y	4	X	X	NO	Two story facility with accessible elevator. Two SU Toilets M/F. Ample multi-user restrooms. Flat yard. Drinking fountains are provided in three heights. No showers. Accessible on-street parking but no off street parking. Combined Multipurpose/Gym/ Cafeteria. Phase two construction on adjascent lot will include two additional large multi-pupose rooms and off-street parking.	
		TOTALS			3	3	7				43,218	41,814	33,031	118,063														7	6			
		Category 2: UNDER MODERNIZATION														**(Reported Existing Conditions)**																		
14		**Claremont**	5750 College Avenue	94618	**1**		X			X	1998	3,850		1,920	TBD	3	3	3	TBD	2	2	TBD		N	N/A	Y	1	TBD		X		NO	Future Scheduling TBD	
15		[redacted]					X			X	1997	5,729		4,577	TBD	3	2	3	TBD	3	3	TBD		N	N/A	Y	1	TBD			X	NO	MOD Schedule: January 2011 - March 2012	
		TOTALS					2				9,579		6,497	16,076														1	1			
		Category 3: FOR FUTURE CONSIDERATION														**(Reported Existing Conditions)**																		
		[NONE]																																
		TOTALS																																

KEY: C=City Council District / MOD=Modernized / HS= High School, MS=Middle School, ES=Elementary School / N/A= Not Applicable / TBD=To be determined / DF=Drinking Fountain / PLZ=Passenger Loading Zone / MP=Multi-purpose / SU=Single User

Attachment I
City of Oakland
Secondary Emergency Shelter Site Accessibility Evaluation
City Parks and Recreation List v.5
Updated: July 30, 2013

Physical Access (ADA) Rating 4=Excellent; 3=Good; 2=Fair; 1=Poor

						TYPE			CONDITION			SIZE			Essential ADA Features						Other ADA Features								Kitchen		Elec.		
	Survey Date	Facility Name	Street Address	Zip	CD	RC	RF	OT	MOD	REN	YR	GYM Sq. Ft.	Multi-Purpose Sq. Ft.	MP 2 or Cafeteria Sq. Ft.	Overall ADA Rating	Gym Access	MP or Cafeteria Access	Multi-User Restroom Access	Exterior Path of Travel	Interior Path of Travel	Drink Fount Y/N	If Yes, ADA Rating	Pay Phone Y/N	If Yes, ADA Rating	Showers Y/N	If Yes, ADA Rating	Single User Toilet	If Yes, ADA Rating	FULL	LIMITED	Back Up Generator Y/N	Comments	Minor CIP Needed / Notes
		Category 1: READILY ACCESSIBLE																															
1	4.17.08	[redacted]	[redacted]	[redacted]	[redacted]	x			x		2000	6,048	900	0	4	4	4	4	4	4	Y	4	N	N/A	N	N/A	N	N/A	x		NO	Off-street parking. Large fields / courts adj. Gym has weight room w/ lockers. Small Arts & Crafts room.	
2	4.28.08	[redacted]	[redacted]	[redacted]	[redacted]			x		x	2008	0	935	935	4	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	N	N/A	x		NO	Limited off-street parking. Large staging area provided. One multipurpose rooms & two multi-user restrooms (M/F) are located on the 1st and 2nd floors (elevator provided). Admin. office, staff room on first floor. Multiple studio spaces on 2nd floor. Adjacent to Oakland Tech. High School / Temescal Pool.	
3	4.17.08	[redacted]	[redacted]	[redacted]	[redacted]	x				x	2005	0	1,728	0	3+	N/A	4	N/A	3+	4	Y	4	Y	*	N	N/A	Y	3+	x		NO	Limited off-street parking but staging area is available.	Make DPZs standard. Replace lavatory pipe wrap and refinish restroom floors. *Pay phone to be removed.
4	4.17.08	[redacted]	[redacted]	[redacted]	[redacted]	x			x		1999	6,048	1,131	0	4	4	4	4	4	4	Y	4	N	N/A	Y	4	Y	4	x		NO	No off-street parking. Entry suitable for staging. Gym restrooms include lockers & 1 accessible shower stall. Facility includes computer lab & small arts room w/ SU toilet (kids ADAAG). Facility recently used to shelter 50+ people displaced by fire.	Provide 5%, but at least one, accessible locker.
5	4.28.08	[redacted]	[redacted]	[redacted]	[redacted]		x					0	2,520	0	4	N/A	4	4	4	4	Y	4	Y	3	N	N/A	N	N/A	x		NO	Limited off-street parking. Staging area provided. MP Room has outdoor decks not included in sq. ft. Three small break out rooms and office available.	Upgrade payphone to comply w/ deaf and hard-of-hearing access requirements.
6	4.23.08	[redacted]	[redacted]	[redacted]	[redacted]	x			x		2004	0	920	0	4	N/A	4	4	4	4	Y	4	N	N/A	N	N/A	N	N/A	x		NO	No off-street parking but vehicular access and staging areas. Interior and exterior multi-user restrooms and drinking fountains provided. Computer room.	
7a	4.23.08	[redacted]	[redacted]	[redacted]	[redacted]	x				x		2,000	0	0	3+	N/A	4	3	3+	3+	N	N/A	N	N/A	N	N/A	N	N/A	x		NO	Main Wing. Off-street parking, staging areas, & large fields. Multiple building entrances. Game rooms (2) and break-out rooms available. Also Head Start Annex. Shower is single user-modern but door needs lever hardware.	Replace door knobs with lever hardware and upgrade thresholds as required. Water closets too low (15 in.)--provide raised seats. Wrap lavatory pipes and lower accessories as required at restrooms.
7b	4.23.08	[redacted]	[redacted]	[redacted]	[redacted]	x				x		0	2,416	0	3+	N/A	4	3+	3+	3+	N	N/A	N	N/A	Y	4	Y	2	x		NO	This annex is the computer room/childcare area with modern kitchen. Off-street parking, staging areas, & large fields. Multiple building entrances.	Replace door knobs with lever hardware and upgrade thresholds as required. Wrap lavatory pipes and lower accessories as required at multi-user restrooms. Reverse door swing, install grab bars, lower accessories as required at single user restroom.
7c	4.23.08	[redacted]	[redacted]	[redacted]	[redacted]	x			x		2002	0	710	0	4	N/A	4	N/A	4	4	N	N/A	N	N/A	N	N/A	Y	4			NO	Off-street parking, staging areas, & large fields.	
8	4.23.08	[redacted]	[redacted]	[redacted]	[redacted]	x			x		1993	5,491	0	928	3+	4	4	4	3+	3+	Y	3	N	N/A	Y	2	N	N/A	x		NO	Off-street parking, large fields and staging areas. Interior and exterior multi-user restrooms and drinking fountains provided. Gym stage and bleachers not included in sq. ft. Path of travel to showers (2) is tight (narrow doorway and 32in x 34in turn) and locker water closets are not accessible. Never the less, fuly accessible locker water closets are located at the adjacent EOSC site.	
8a	1.09.13	[redacted]	[redacted]	[redacted]	[redacted]			x			2011	3300	480	150	4	N/A	4	4	4	4	4	4	N	N/A	Y	4	Y	4	NO	NO	NO	A new 23,000 sq. ft facility has been constructed adjacent to the Ira Jinkins site. It includes a parking lot, indoor pool, changing rooms, party room, gym/dance studio, and small community meeting space. In addition, there is a 3600 sr ft fitness center fully equipped with exercise apparatus.	
9	1.31.13	[redacted]	[redacted]	[redacted]	[redacted]	x					2012	3,724	N/A	N/A	3	4	N/A	2	3	3	Y	3+	N	N/A	Y	N/A	N	N/A	x		NO	No off street parking. Large lot / open area. Gym square footage excludes approx. 200 sq. foot annex located adjacent to the kitchen. Capital improvements were completed in Spring 2012 to facility restrooms, interior path of travel, and kitchen amenities. Four new curb ramps installed at Harrison and 11th Street.	
		TOTALS										**26,611**	**11,740**	**2,013**																			
		Category 2: UNDER MODERNIZATION															**(Reported Existing Conditions)**																
		[NONE]																															
		Category 3: FOR FUTURE CONSIDERATION															**(Reported Existing Conditions)**																
		[NONE]																															

Key:

CD= Council District / RC= Recreation Center / RF= Rental Facility / OT=Other

MOD=Modern / REN= Renovated / YR=Year built or renovated / CIP = Capital Improvement Project

N/A=Not Applicable / TBD = To be determined / DPZ = Disabled Parking Zone / DF = Drinking Fountain

Attachment J
City of Oakland
August 22, 2013
Semiannual Monitoring Report Four Implementation Time Table v. 12

DATE COMPLETED	DUE DATE	ACTION ITEM	RESPONSIBLE DEPARTMENT
	30-Sep-13	Issue Functional Needs Annex v. 1.6 to EMSD	ADA
	31-Jan-14	Semi-Annual Monitoring Report due to DRA for the period ending December 31, 2013	ADA
	1-Aug-14	Semi-Annual Monitoring Report due to DRA for the period ending June 30, 2014	ADA
	31-Jan-15	Semi-Annual Monitoring Report due to DRA for the period ending December 31, 2014	ADA

City of Oakland
August 22, 2013
EXHIBIT A
Semiannual Monitoring Report Four Implementation Time Table v. 12
Items Completed During the Implementation Phase

DATE COMPLETED	DUE DATE	ACTION ITEM	RESPONSIBLE DEPARTMENT
16-Mar-09		Host Paratransit Roundtable to discuss evacuation transportation for people with functional needs	OES; ADA
1-Apr-09		Issue updated Primary Shelter List	ADA
1-Apr-09		Research new emergency notification systems for capacity, features, and financial feasibility	OES; DIT
13-Apr-09		Create draft version of Shelter Checklist training module PowerPoint presentation	Kailes; ADA; OES
1-May-09		Create draft version of Functional Needs Annex and attachments	ADA; OES; Kailes
1-May-09		Investigate the nature of agreements and POs to receive supplies, including DME and CMS, during an emergency	Purchasing
6-May-09		Initial EPAAC Meeting #1 - Case overview; City activities to date	ADA
11-May-09		OES Annual Report delivered to MCPD	OES
14-May-09	13-May-09	Primary and Alternate FNCs Complete FAST Training	OES; ADA
28-May-09	28-May-09	Host Paratransit Roundtable to discuss evacuation transportation for people with functional needs	OES; ADA
3-Jun-09	3-Jun-09	EPAAC Meeting #2 - Emergency preparedness training; FN Annex review	ADA
22-Jun-09	22-Jun-09	Finalize Draft Functional Needs Annex v. 1.2	OES; ADA
1-Jul-09	1-Jul-09	EPAAC Meeting #3 - FN Annex review; Communications	ADA
16-Jul-09	1-Sep-09	Obtain appropriate signatures to finalize shelter site MOU with OUSD	OES
31-Jul-09	31-Jul-09	Finalize City Web Access Policy	ADA; DIT
3-Aug-09		Complete minor repairs to Category 1 of Primary Shelter Sites (unconfirmed)	OUSD
5-Aug-09	5-Aug-09	CFILC v. City of Oakland Settlement Conference	OES; ADA
CANCELED	28-Aug-09	Paratransit Roundtable meeting - finalize vehicle ID pictogram; clusters of people with disabilities	OES; ADA
1-Sep-09	1-Sep-09	Explore feasibility of video remote interpreting (VRI) and on-call sign language contracts	ADA
2-Sep-09	2-Sep-09	EPAAC Meeting #4 - FN Annex review	ADA
30-Sep-09	2-Nov-09	Coordinate training for Emergency PIO team in use of current emergency notification system	DIT; PIO
RESCHEDULED	5-Nov-09	EPIO Training on FN Annex and emergency notification system	ADA
5-Oct-09	1-Oct-09	Provide quote for audible equipment in master control that will permit on-demand audible recordings/live studio broadcast	KTOP
7-Oct-09	7-Oct-09	EPAAC Meeting #5 - FN Annex review (policy and administration; CMIST)	ADA

30-Oct-09	30-Oct-09	Paratransit Roundtable meeting - developing agreements; "Together We Ride"; HIPAA Regulations	OES; ADA
4-Nov-09	4-Nov-09	EPAAC Meeting #6 - FN Annex Review (shelters)	ADA
NOT REQUIRED	4-Dec-09	Issue RFQ for Shelter Checklist and Functional Needs Coordinator (FNC) training modules	ADA
NOT REQUIRED	4-Jan-10	Enter into contract for Shelter Checklist and FNC training modules	ADA
17-Nov-09	29-Jan-10	Explore feasibility of remote broadcasting	KTOP
17-Nov-09	29-Jan-10	Explore feasibility of live webcasts in conjunction with launch of new City web site	KTOP
3-Dec-09	3-Dec-09	Review FN Annex responsibilities with department heads in preparation for staff trainings (OPR, DHS, DIT, PIO, Purchasing, PWA, GIS, and CEDA)	ADA
16-Dec-09	16-Dec-09	Draft letter to disability organizations to receive cluster data for GIS discussed at EMADPC Transit Group meeting	ADA; OES
CANCELED	13-Jan-10	EPAAC Meeting #7 - FN Annex Review (EOC); staff implementation update; ARC personal preparedness presentation	ADA
19-Jan-10	30-Mar-10	City Council approves DRA Settlement (FN Annex version 1.3 as Exhibit A)	OES; ADA
3-Feb-10	3-Feb-10	Draft FN Annex v. 1.3 available for public comment (City web site, Yahoo Berkeley-disabled listserv, DRA)	ADA
3-Feb-10	3-Feb-10	EPAAC Meeting #8 - FN Annex Review (EOC); staff implementation update; ARC personal preparedness presentation	ADA
1-Mar-10	28-Feb-10	Cross reference list of national organizations providing DME and CMS with current list of City vendors	ADA
3-Mar-10	3-Mar-10	EPAAC Meeting #9 - Final review of FN Annex consolidated comments	ADA
4-Mar-10	4-Mar-10	EPIO Training: "Ensuring Communications Access for People with Disabilities During Emergencies"	ADA; DIT; OPR
8-Mar-10	12-Feb-10	Update stock card bulletins on emergency information	KTOP; PIO; ADA; OES
23-Mar-10	23-Mar-10	Submit City Council Rules Request to Adopt Annex	ADA
23-Apr-10	1-Apr-10	If UASI grant funding is secured, then enter into agreement for upgraded emergency notification system (applied for funding late 2009 to upgrade EAS to ensure automatic detection of TTY machines)	DIT; OES
23-Apr-10	1-Apr-10	Finalize FN Annex to send to OES	ADA
20-Apr-10	2-Apr-10	Survey North Oakland Senior Center as potential shelter site location	ADA
14-Apr-10	14-Apr-10	EPAAC Meeting #10 - City Response to FNA Public Comments	ADA
20-Apr-10	20-Apr-10	Shelter Management Training on Functional Needs Annex #1	ADA; OPR; ARC
29-Apr-10	29-Apr-10	Shelter Management Training on Functional Needs Annex #2	ADA; OPR; ARC

5-May-10	5-May-10	EPAAC Meeting #11 - Evacuation Chairs; draft City Council report	ADA
25-May-10	25-May-10	City Council report due	ADA; OES
3-Jun-10	30-Jun-10	Coordinate new E-FNC list to add to City Watch	ADA; OES; DIT
8-Jun-10	8-Jun-10	City Council adopts FN Annex	ADA; OES
9-Jun-10	9-Jun-10	EPAAC Meeting #12 - Evacuation Chairs; Building and Fire Code Proposed Amendments	ADA
15-Jun-10	15-Jun-10	Roundtable Discussion on Preparing to Meet the Functional Needs of Persons with Disabilities During Emergencies: CARD, Eden I&R, County of Alameda, and ARC	OES; ADA
30-Jun-10	30-Nov-10	Receive bids regarding KTOP remote broadcasting	KTOP
12-Jul-10	12-Jul-10	FNC Training: FEMA ICS 300/400 - Day 1 of 4	ADA
13-Jul-10	13-Jul-10	FNC Training: FEMA ICS 300/400 - Day 2 of 4	ADA
14-Jul-10	14-Jul-10	FNC Training: FEMA ICS 300/400 - Day 3 of 4	ADA
14-Jul-10	14-Jul-10	EPAAC Meeting #13 - C.O.R.E. curriculum review; NPM in September	ADA
15-Jul-10	15-Jul-10	FNC Training: FEMA ICS 300/400 - Day 4 of 4	ADA
31-Jul-10	30-Sep-10	Explore the possibility of purchasing and locating certain DME at OUSD, City shelter site locations, and at the City's Edgewater Drive facility	ADA
6-Aug-10	30-Jun-10	Share emergency stock bulletins with City and County of San Francisco	ADA
6-Oct-10	13-Oct-10	Draft Implementation Report presented to EPAAC	ADA
13-Oct-10	31-Jul-10	Coordinate pre-recorded audible narration to accompany stock cards on emergency activities	KTOP; PIO
20-Oct-10	15-Sep-10	Finalize letter to disability organizations to receive cluster data for GIS	DHS; ADA; OES
29-Oct-10		Review Primary and Secondary Shelter Site Lists	ADA; OUSD, OPR
30-Nov-10	30-Nov-10	**Submit CFILC v. Oakland Implementation Report One to DRA**	ADA
8-Nov-10	3-Jan-11	Commence $100k City Shelter Site ADA Capital Improvement Project (includes minor repairs / renovations previously identified in 06.02.09 Secondary Shelter List)	ADA; PWA; OPR
17-Feb-11	17-Feb-11	**End of Implementation Period Two**	ADA
24-Mar-11	24-Mar-11	Submit CFILC v. Oakland Implementation Report Two to DRA	ADA
31-May-11	30-Apr-11	Paratransit Roundtable meeting - re-establish commitments; review draft contracts	DHS; ADA; OES
12-Jun-11	31-Mar-11	Provide training for Functional Needs Coordinators	ADA
15-Jun-11	15-Jun-11	GIS mapping update - shelter facilities; OHA senior and disabled housing; senior centers and disabled day programs; etc	GIS
17-Jun-11	**17-Jun-11**	**End of Implementation Period Three**	ADA
8-Aug-11	8-Aug-11	Submit CFILC v. Oakland Implementation Report Three to DRA	ADA
31-Aug-11	31-Aug-11	Host Paratransit Roundtable Meeting	OES
1-Dec-11	30-Sep-11	Provide a FNA module as an addition to the general training of shelter managers and/or have ADA staff attend these trainings	ADA; OES
31-May-12	31-Dec-11	Complete Lincoln Square Recreation Center ADA Capital Improvement Project	ADA; PWA

31-Jan-12	31-Jan-12	Semi-Annual Monitoring Report due to DRA for the period ending December 17, 2011	ADA
24-Aug-12	1-Aug-12	Semi-Annual Monitoring Report due to DRA for the period ending June 17, 2012	ADA
6-Feb-13	31-Jan-13	Semi-Annual Monitoring Report due to DRA for the period ending December 31, 2012	ADA
30-Jul-13	31-Mar-13	Issue Updated Primary Shelter Site List	ADA; OUSD
30-Jul-13	31-Mar-13	Issue Updated Secondary Shelter Site List	ADA; OPR
30-Jun-13	**30-Jun-13**	**End of Implementation Period Four**	ADA
15-Aug-13	15-Aug-13	Completed Final Functional Needs Training Module	ADA
22-Aug-13	22-Aug-13	Submit CFILC v. Oakland Implementation Report Four to DRA	ADA

Attachment K Functional Needs Training Module

This is a “handout” version of the PowerPoint document. The complete training module with “Notes Pages” is available on the ADA Programs Division webpage on oaklandnet.com or by calling 510-238-6919 (voice).

Functional Needs Focused Care & Shelter

Serving People with Disabilities and Older Adults in the Mass Care and Shelter Environment

City of Oakland
Mass Care and Shelter Annex Functional Needs Component

Functional Needs:
Oakland Definition

The intent of the City's Disaster Mass Care and Shelter Plan is to provide safe, sanitary, secure care and shelter for all residents, including persons with functional needs.

According to the Cal EMA, Access and Functional Needs Populations are defined as those whose members may have additional needs before, during and after an incident in functional areas, including but not limited to: communication, medical care, independence maintenance, supervision, and transportation.

This training addresses the Functional Needs of people with disabilities and frail older adults only.

Goal

The goal of this training module is to increase the knowledge of City staff serving as emergency shelter managers and/or Shelter Functional Needs Coordinators (S-FNC) so they can facilitate and ensure mass care and shelter services for people with disabilities and older adults in the general shelter environment.

Training scope

This curriculum is designed to address the situation of a large scale, catastrophic emergency requiring mass care. However, certain parts of this training will be applicable to smaller, localized incidents as well.

Objectives

Part I: Introduction/Background
- Americans with Disabilities Act (ADA)
- C-MIST Framework – Who it serves

Part II: Roles and Responsibilities
- Disaster Service Workers
- EOC Functional Needs Coordinator (E-FNC)
- Shelter Site Functional Needs Coordinator (S-FNC)

Part III: In Action
- Intake and Assessment
- C-MIST Framework – How is it implemented
- Physical access to shelters
- Programmatic access in shelters

Part I: Introduction and Background

ADA Overview

- Signed into law in 1990, the Americans with Disabilities Act is the nation's first comprehensive civil rights law for people with disabilities.
- Covers Employment; Public Sector; Private Sector; Telecommunications; Miscellaneous Provisions
- The provisions of Title II of the ADA are enforced through the Department of Justice.
- The City continually works to be in compliance with its obligations under the ADA.

ADA Overview

Title II – State and Local Governments

Subject to the provisions of this Title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a state or local entity, or be subjected to discrimination by any such entity.

ADA Basic Principles

- Equal opportunity
- Integration
- No discriminatory eligibility criteria
- Modification of policies and practices
- Program accessibility
- Effective communication
- No surcharges
- Inclusion in planning
- Individualized assessment and interactive process

ADA Definition of Disability

An individual with a disability is one who has a physical or mental impairment that **substantially limits one or more major life activities**; who has a record of such an impairment; or is regarded as having such an impairment.

Oakland Demographics

- More than 12% of Oakland residents identify as having a disability
- Nearly 23% of Oakland is comprised of older adults
- 39% of older adults identify as a person with a disability

Source: American Community Survey (ACS), 2010

Major Life Activities

- Caring for oneself
- Manual tasks
- Walking
- Standing
- Lifting
- Bending
- Eating
- Sleeping
- Working
- Breathing
- Seeing
- Hearing
- Speaking
- Communicating
- Thinking
- Concentrating
- Reading
- Learning

Reasonable Accommodations

According to the Americans with Disabilities Act, a public entity must reasonably modify its policies, practices and/or procedures as to not discriminate against qualified individuals with disabilities.

Reasonable Accommodations

Examples:

- Permit personal care givers to enter/exit emergency shelters during extended hours
- Provide way finding services for people who are blind or low-vision
- Disconnect or remove air fresheners from all portable toilets and all shelter facility restrooms
- Allow service animals in all areas of the shelter where residents are allowed access

Disability Etiquette

You don't have to feel awkward when dealing with a person who has a disability. Here are some basic tips for you to follow. And, if you are ever unsure about what to do or say with a person who has a disability, just ask.

- Use People First Language – refer to the person first, their disability last. For example say "person with a disability", not 'disabled person". Say "a person who has AIDS", not "an AIDS victim". Avoid archaic terms such as: "crippled," "afflicted with," "a victim of," "deaf and dumb," and "wheelchair bound."

More Disability Etiquette

- Do say "hello," and make eye contact with a person with a disability as you would with anyone else. When talking to an individual who is using a wheelchair try to put yourself at the eye level of the person. Always speak directly to the person, not to his assistant, companion or sign language interpreter.
- If you offer assistance, wait until the offer is accepted. Ask for instructions before helping. Never touch or push a person's wheelchair without permission.
- Writing brief notes back and forth and using gestures is acceptable when communicating with a deaf or hard-of-hearing person.

Even More Disability Etiquette

- If you don't understand something said by a person who has a speech impairment do not pretend that you do. Politely ask the individual to repeat what was said or to use another word. Repeat back what was said for clarification.
- When talking to someone who is blind or visually impaired state clearly who you are, and speak in a natural tone of voice. Indicate when you are leaving the room or ending a conversation.
- Never touch or distract a guide dog without first asking the owner.
- And above all, treat the person with dignity, courtesy and respect.

Functional Needs Model

The Functional Needs Model provides a more accurate and flexible planning and response framework than a traditional "special needs" approach. It is based on the essential and overlapping functional needs of the vulnerable populations and addresses five universal areas of fundamental health and well-being. The functional needs model emphasizes an individualized, collaborative approach to needs assessment.

C-MIST for Disability Populations

- Communication
- Medical
- Independence Maintenance
- Supervision
- Transportation

Communication

Large populations who may not be able to:

- Hear verbal announcements
- See directional signage
- Communicate verbally
- Cognitively understand written or verbal announcements
- Understand how to get food, water and other necessary assistance due to vision and/or hearing limitations

Medical

Those who do not have or have lost support from caregivers and need assistance to:

- Manage stable, chronic or terminal conditions that require minimal observation and treatment
- Administer medications
- Manage intravenous IV therapy and tube feeding
- Manage dialysis, oxygen and suction administration
- Tend to minor wounds and first-aid
- Operate power-dependent equipment

Independence Maintenance

Individuals with functional needs who may require support completing activities of daily living (ADLs). Individuals such as:

- At-risk individuals who might experience costly deterioration of health and mobility if their functional needs are not identified and addressed immediately
- Individuals with whom addressing functional needs early can prevent health problems and avoid institutionalization

Supervision

Individuals who require support from others to look after their health and/or behavior, such as:

- People who have conditions such as dementia, Alzheimer's, psychiatric illness, etc.
- People who may be adversely affected because of transfer trauma and stressors that exceed their ability to cope and function in a new environment

Transportation

People who cannot drive due to a disability or who require accessible transit services.

Part II: Roles and Responsibilities

Roles and Responsibilities

- Disaster Service Workers Responsibilities
- Emergency Operations Center Functional Needs Coordinators (E-FNC)
- Shelter Site Functional Needs Coordinators (S-FNC)

Disaster Service Workers Responsibilities

- California Government Code Section 3100-3109 states that all public employees are obligated to serve as Disaster Service Workers (DSW).
- Public employees (civil service) are all persons employed by any county, city, State agency or public/special district in the State of California.
- DSWs provide services and aid during a declared emergency, disaster or catastrophic event.

Disaster Service Workers Responsibilities

What does this mean for you as a City of Oakland employee?

- You are required to perform duties as a DSW when the Mayor or his/her designee declares a citywide emergency.
- At any time during a declared emergency, you are required to report to work and you may be assigned to disaster service work.
- Assignments may require your DSW service to be at locations, times, and conditions other than your normal work assignments.

E-FNC Responsibilities

- Stationed at Emergency Operations Center
- Represent access and functional needs issues at EOC management meetings
- Advise on known and potential needs impacting people with functional needs
- Assist to identify accessible shelters to open
- Appoint S-FNC in each open shelter
- Facilitate shelter requests for functional need resources, support and information
- Coordinate transportation needs
- Coordinate deactivation phase

S-FNC Responsibilities

- Oversee and support NGO and other CBO individuals who work within the shelter environment
- Ensure the adequate number and placement of accessible portable toilets, hand washing stations and portable bathing/shower units brought on site
- Oversee and track assignment of shelter trailer supplies, including accessible cots, durable medical equipment (such as wheelchairs) and consumable medical supplies
- Establish and maintain a public bulletin board; and audibly announce posted bulletins daily
- Provide large print materials, sign language services when available, and other auxiliary aids upon request

S-FNC Responsibilities
Health Information Privacy

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule protects individually identifiable health information. The information protected is referred to as protected health information or PHI.

Always defer to trained medical personnel if on site. However, if trained medical personnel are unavailable, and there is a valid signed authorization from the individual, the HIPAA Privacy Rule does **not** apply and the S-FNC may handle necessary confidential medical disclosures.

S-FNC Responsibilities
Continued

- Identify essential functional needs of shelter residents at intake (all residents must complete the Initial Intake and Assessment Tool worksheet)
- Ensure individuals who use items such as life-sustaining medical devices, motorized wheelchairs or scooters, refrigeration, etc. receive priority access to electric power and/or generators
- Coordinate transport and transfer to medical shelters when necessary.

Part III: In Action

Functional Needs In Action

In the event of a large-scale regional disaster, the City of Oakland will be competing for much needed resources and assistance. This training tool will address what the City can reasonably do to support individuals with disabilities until the American Red Cross and other governmental agencies arrive.

Assumptions

- A large-scale regional disaster has occurred leaving the American Red Cross, as well as State and Federal organizations, unable to respond.
- Although requests will be made for resource mutual aid, the City of Oakland may be operating strictly with its own resources until other aid arrives.
- Depending on the circumstances, it is possible the City may receive assistance from a state Functional Assessment Service Team (FAST).
- Approximately 25% of shelter residents may be defined as a person with disabilities.

Assumptions

- Individuals with disabilities who require assistance may arrive at the shelter with or without support, medical records, medications, or required mobility aids or medical equipment.
- Most individuals with disabilities will be best served in the local shelter; not sent to a medical facility further away from their home, family, and/or network of support and service providers.
- In an event of this magnitude, transportation systems and access to medical facilities will be limited. Priorities will be for those most needing the services. To avoid overwhelming these services, we will strive to support individuals with disabilities in the local shelter.

Intake and Assessment

The intent of the City is to support individuals with disabilities so as to remain in the local shelter closest to their home, family and/or network of support and service providers. However, if appropriate resources do not arrive, shelter coordinators will need to recognize when an individual's functional needs exceed what is available at their site. If the individual is not able to safely remain in the local shelter environment, the shelter coordinator will arrange transfer to a more appropriate facility.

The shelter coordinator, on a case-by-case basis and in coordination with the individual and/or her advocate, will need to make individualized assessments in determining if that person's functional needs are such that they require transport to a more appropriate facility.

Intake and Assessment Accommodations

- Work collaboratively with NGOs (CARD & FAST)
- Provide staff to assist in completion of forms
- Provide a private area for intake questions
- Ensure the intake area is located on an accessible route
- Provide seating or priority access lanes for individuals who may not be able to stand or wait in long lines

Initial Intake and Assessment Tool

From the American Red Cross

- Although the City will be opening our own shelters, we will utilize the American Red Cross *Initial Intake and Assessment Tool.*
- Adhering to the ARC intake process will facilitate the transition of shelter coordination to the ARC staff when they arrive on site.
- The tool has two purposes:
  - For staff to determine if reasonable accommodations can be provided to enable individuals to remain in general shelters, and
  - To ensure proper and safe arrangements are made for those individuals with medical or functional needs beyond the scope and expertise of available shelter workers

Initial Intake and Assessment Tool

Representatives from the American Red Cross will now discuss the Initial Intake and Assessment Tool.

C-MIST: How is it Implemented?

- Communication
- Medical
- Independence Maintenance
- Supervision
- Transportation

Communication Needs

- Post text content of audio announcements on a bulletin boards in a specified public areas
- Provide written materials in large print format
- Broadcast audio announcements of written messages
- Provide way-finding services
- Communicate with residents by using their personal communication device, if they have one.
- Use both language and pictograms on signage when available

Medical Needs

- Coordinate with State FAST members and Shelter Functional Needs Coordinator (S-FNC) to determine level of medical assistance needed for shelter residents.
- Permit medical staff, including doctors, nurses, nurses aids, EMTs and other medically trained personnel, access to the shelter at all times.
- Provide privacy areas for completing activities of daily living
- To the maximum extent practicable, replace essential medications, lost or damaged DME (wheelchairs, scooters, walkers, etc.), and CMS (catheters, ostomy supplies, etc.). Likely, this will be possible once other assistance has arrived.

Medical Needs

NOTE:

- Due to limited capabilities at shelters prior to other agencies/services arriving, shelter coordinators will need to recognize if an individual cannot safely remain in the general shelter environment. If so, coordination will be needed to transport the individual to a medical facility.
- Be sure to include individuals with disabilities, and/or their advocate, in all discussions throughout the accommodation process. Consideration must be given to their preferences.

Independence Maintenance Needs

- Provide assistance with orientation to shelter facilities for those with visual limitations
- Permit personal care assistants to enter and exit the shelter during extended hours
- Permit service animals in shelters
- Give priority access for permanent housing

Supervision Needs

- Allow NGO and CBO volunteers, public security officers and law enforcement, private security, and emergency shelter personnel access to the shelter environment while assisting individuals with reasonable accommodations and case management
- Permit supervisorial support staff to enter and exit the shelter at all times

Transportation Needs

- Provide several types of evacuation and transportation assistance, including public transportation, private transportation (cars or vans driven by volunteers, or CBO or NGO personnel), and emergency transportation (law enforcement or medical ambulance)
- Coordinate transportation to shelter sites, between shelter sites when relocation is essential, and to long-term housing

Physical Access

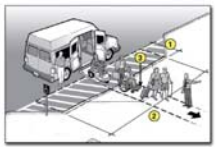
The following information applies to shelters opened for an emergency of any magnitude, from a small-scale localized event to a large-scale catastrophic event.

- Accessible Routes
- Entrances and Exits
- Temporary Access Measures
- Hygiene Facilities
- Sleeping Areas
- Private Areas
- Maintaining Access

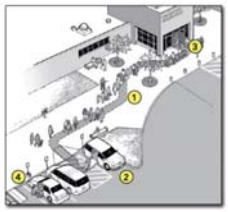
Physical Access

- The City has established a list of primary (OUSD) and secondary (OPR) shelter sites. All of these sites have been analyzed for physical access compliance according to the ADA Checklist for Emergency Shelters.
- The City OES will evaluate shelter sites for adequate space and essential utility services prior to opening each shelter to ensure the health and safety of shelter residents with disabilities.

Accessible Route



- Passenger loading zones
- Accessible Parking
- Accessible route (36” wide, 1:12 slope)



Entrances and Exits

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

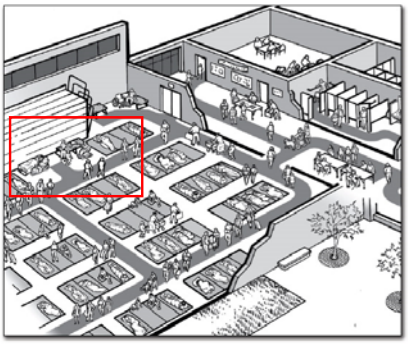
Temporary Access Measures

Hygiene Facilities

- Accessible hand washing stations
- Accessible toilets – 5%, but at least one
- Shower facilities – 5%, but at least one

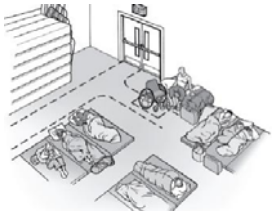
Sleeping Areas

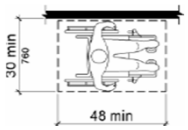
- Sleeping area must be on an accessible route connecting to rest rooms, bathing areas, food and exits
- Provide separate sleeping areas for families with children, elderly, and other unique situations – always consult with the individuals first

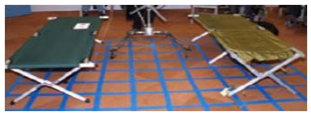


Sleeping Areas
Continued

- Accessible cots (32”W x 84”L x 18”H), 450 lbs
- Space along each side of the cot (36”) and one side against wall for support







Private Areas

When possible, set up accessible private areas for:

- Residents needing assistance with personal hygiene
- People with asthma, chemical sensitivities, weakened immune systems, etc.
- Residents requiring close supervision due to significant cognitive disabilities, dementia, Alzheimer’s Disease, etc.
- Disaster assistance and social services counseling
- Child care, child play areas

Private Areas
Continued

Create private areas using tenting, fabric, plastic sheets and other materials

Maintaining Access

- Conduct inspections of all public shelter areas at least three times per day
- Clear required wheelchair access routes
- Tape down extension cords to avoid tripping hazards
- Advise the media to refrain from stringing cables across walkways without appropriate materials to tape them down

Programmatic Access

- Initial Intake and Assessment
- Registration and Assessment
- Disability Etiquette
- Eating Areas
- Private Areas
- Service Animals
- Communications
- Signage

Food Service and Eating Areas

- Ensure the food service and eating areas are on an accessible route
- Provide wheelchair accessible seating areas with appropriate knee clearance
- Place paper cups on a table adjacent to water fountains
- Provide straws

Service Animals

- Service animals are permitted in shelters at all times with their owners.
- Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Service Animals
Continued

- Common tasks performed by service animals:
  - Guiding people who are blind
  - Alerting people who are Deaf
  - Pulling a wheelchair
  - Alerting and protecting a person who is having a seizure
  - Reminding a person with mental illness to take prescribed medications
  - Performing other duties

Service Animals
Continued

- When it is not obvious what service an animal provides, staff may ask only two questions:
  1. Is the dog a service animal required because of a disability?
  2. What work or task has the dog been trained to perform?
- It is illegal to ask the individual personal questions about their medical condition when inquiring about their service animal.
- People with disabilities using a service animal are not required to have any special identification or documentation for the dog.

Effective Communications

State and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with others.

Effective Communication
Continued

- Use multiple methods to communicate the same message. Be duplicative in where and how information is distributed.
  - Orally delivered messages
  - Text-based messages
- Turn captions on for all televisions in shelter.

Required Bulletin Boards

- Create and maintain announcement board
- Update information at least once daily
- Post contents of verbal announcements in writing on an announcement board
- Audibly announce written messages posted on announcement board throughout the day
- Post important contact information (names and telephone numbers, location and hours of operation of assistance centers and resources)

Required Signage

Post signs where accessible route is different from the one used by most evacuees, especially at key decision making points to direct toward activities

Required Signage
Continued

Post signs to all accessible rest rooms, telephones, outside smoking areas and other important areas of the shelter site, including where to locate shelter services such as nurses, mental health, food and water, etc.

Assumptions and Limitations

Assumption:

Although requests will be made for resource mutual aid, depending on the magnitude of the event, the City of Oakland may be operating strictly with its own resources until other aid arrives.

Limitation:

Therefore, items discussed in the following slides may not be available at shelter sites until other agencies arrive with additional resources. These items may include: generators, refrigerators, DME, CMS, prescription medications, etc. These items are **not** guaranteed to be immediately available at every shelter. The S-FNC, on a case-by-case basis and in coordination with the individual and/or her advocate, will need to make individual assessments in determining if their needs are such that they require transport to a more appropriate facility.

Power Generators

- Ensure back-up power generators are brought on-site as soon as they are available
- Provide priority access to electricity for individuals who require power to:
  - Maintain or operate life-sustaining medical devices
  - Re-charge motorized wheelchairs or powered scooters
  - Store medications, such as insulin, that require refrigeration

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

In coordination with other aiding agencies, request Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) from vendors as needs are identified.

DME and CMS
Continued

Examples:
- Wheelchairs
- Walkers
- Walking canes
- White canes
- Commode chairs
- Raised toilet seats
- Shower chairs
- Magnifiers

- Disposable respiratory tubing
- Bilevel Positive Airway Pressure System (Bi-PAP)
- Continuous Positive Airway (CPAP) System
- Gauze pads
- Medical gloves
- Ostomy supplies
- Cleaning wet wipes
- Sleep apnea facial masks

Prescription Drugs

- Coordinate pick-up or delivery of essential medications from local pharmacies if shelter resident is unable to travel
- Provide priority use of refrigerators or other cooling devices, once they arrive, for essential medications that require refrigeration, such as insulin

Auxiliary Aides and Services

The following auxiliary aides and services may be requested:

- Sign Language Interpretation
- Text equivalent information
  - Written word
  - Video captioning
- Sound amplification or assistive listening devices

These items should be provided as soon as they become available.

Auxiliary Aides and Services
Continued

- Alternative Augmentative Communication (AAC) devices and picture boards
- California Relay Service (7-1-1)

Conclusion

Part I:

ADA
- Learned about the Americans with Disabilities Act of 1990 – specifically Title II - and how it applies to City Government to ensure physical and programmatic access to emergency shelters
- Reviewed examples of reasonable modifications
- Discussed disability etiquette

C-MIST
- Learned about the five essential areas of functional needs for individuals with disabilities (Communication, Medical, Independence, Supervision, and Transportation), and who may be effected by each

Conclusion
Continued

Part II:
- Reviewed City workers' role of DSW in the event of an emergency
- Described the responsibilities of the E-FNC
- Described the responsibilities of the S-FNC

Part III:
- Reviewed the C-MIST framework in the context of reasonable accommodations
- Reviewed physical access requirements for shelter environments
- Reviewed programmatic access requirements for shelter services

Scenario 1

An ambulatory man with no apparent physical disability arrives at the shelter with a dog on a leash. The man insists that he is disabled and the dog is a service animal that needs to assist him at all times. He appears disoriented and cannot explain what tasks the dog performs for him.

Scenario 2

As part of shelter services, the shelter is providing daytime child care services for parents so they can work, as long as they are registered at the shelter and their children are under the age of 12. A 14-year-old shelter resident with a developmental disability requires assistance for toileting and eating. The child is of typical size but her mental functioning level is in the range of a 5-6 year old. If her parents are registered at the shelter, then is this child eligible for the child care program?

Scenario 3

A person registers at the shelter and has notified staff that they are unable to transfer to and from the cots provided in the sleeping areas. He requests a raised bed. In addition, he has brought along medical equipment which requires a significant amount of floor space.

Scenario 4

An adult blind woman arrives at the shelter. She is extremely upset because she has been separated from her guide dog. She explains that she is unable to negotiate an unfamiliar area with just a cane.

Scenario 5

An elderly person has arrived at the shelter after an emergency evacuation from a residential building. Their communication is limited to a few disconnected words. Staff notices that the person is very unsteady and at best can only move a few feet at a time with a walker. It appears that the person was separated from their medical of personal care attendant (PCA) during the evacuation but she cannot provide contact information for any relative or PCA.

Scenario 6

Tom, a registered shelter resident with a disability, requires personal attendant care and has identified a handful of attendants who are available to come to the shelter in shifts to assist him. All of the attendants are registered at other shelters (with their families) but spend multiple hours at a time at the shelter caring for Tom. Each night, one of the attendants stays at the shelter during sleep hours in case Tom needs assistance. Citing security concerns, shelter staff repeatedly attempt to restrict entrance and exit of these non-registered attendants after visiting hours.

Scenario 7

A Deaf person named Estelle is unable to complete the registration form. No one at the shelter is familiar with American Sign Language (ASL) and it will be at least 24 hours before an ASL interpreter will arrive at the shelter. Other than not being able to adequately communicate in writing, Estelle is self regulating.

Scenario 8

The shelter is full; people are waiting outside and it is getting dark. A family of five, including a grandmother who uses a wheelchair, is waiting for placement. A shuttle service arrives to move people to another shelter. The shuttle is not wheelchair accessible and there is no way the shelter can accommodate more than one additional resident.

Scenario 9

There is a substantially ADA compliant restroom at the shelter with the required amount of room in the ADA stall. However, there is a person in a reclining wheelchair that cannot sit up and is unable to access the toilet because the partition of the adjacent stall blocks her path of travel.

MASS CARE AND SHELTER ANNEX FUNCTIONAL NEEDS COMPONENT
FUNCTIONAL NEEDS FOCUSED CARE AND SHELTER
TRAINING CURRICULUM GUIDE

Purpose

This Overview is to provide presenters with a matrix of Functional Needs Annex (FNA) training modules in a variety of formats that may be used based on the target audience and/or time limitations. The modules may also be used as refresher courses with an emphasis triggered by changes in City programs, facilities, or other functional alterations.

Modules

Complete: This is a comprehensive training that includes all sections of the presentation. The complete module should be used when training City staff targeted as subject matter experts or who manage a facility that may become a shelter site in the event of a disaster. City staff trained in the Complete module will have a broad knowledge of the FNA and Americans with Disabilities Act Title II concepts and how these principles apply to mass care and shelter.

Functional: City staff who receive the Functional training include all Disaster Service Workers who are not a facility manager at a targeted shelter site and will have a broad or non-specialized interaction with public around mass care and sheltering. City staff who complete the Functional training will be able to support the Functional Needs Coordinator at designated shelter sites.

Shelter Access: Training in this area may focus on *either* the Physical Access or Programmatic Access section, or may cover both areas. This module is to Provide City staff with specialized or limited non-management level interactions with mass care and shelter sites. Examples would be staff members who would act in a support role in the City's effort to provide physical and/or programmatic access in the form of removing barriers or providing specific customer services (e.g. Volunteer Coordinator).

This training curriculum and guide was prepared by the City of Oakland ADA Programs Division.

FNA Training Module Matrix

Slide	Sections	Complete	Functional	Shelter Access
#'s	*includes title pages*	2.5 hours	1 hour	30-45 minutes
1-5	Functional Needs Training Module	All	Slides 1-4	Slides 1-4
6	Part I: Introduction/Background	All	All	All
7-18	Americans with Disabilities Act (ADA)	All	Slides 9, 14	Slides 9, 14
19-24	C-MIST Framework – Who it Serves	All	None	None
25-26	Part II: Roles and Responsibilities	All	None	None
27-28	Disaster Service Worker	All	All	None
29	EOC Functional Needs Coordinator (E-FNC)	All	None	None
30-32	Shelter Site Functional Needs Coordinator (S-FNC)	All	All	None
33-36	Part III: In Action	All	None	None
37-40	Intake and Assessment*	All	None	None
41-48	C-MIST Framework – How is it Implemented	All	All	None
49-65	Physical access to Shelters	All	All	All
66-82	Programmatic access to shelters	All	All	All
83-84	Conclusion	All	None	None
85-93	Scenarios	All	As time allows	As Applicable^
-	Q & A	As Needed	As Needed	As Needed

* Requires American Red Cross presentation, see slide 40

^ For Physical Access use slides 3, 4, 5, 6, 8, 9; For Programmatic access use slides 1, 2, 5, 7

ATTACHMENT – M

EMERGENCY EVACUATION VEHICLE PICTOGRAM

This document was last updated on: March 17, 2010

ATTACHMENT – N

FUNCTIONAL NEEDS RESOURCES

This document was last updated on: April 28, 2010

This document provides resources for shelter staff to community organizations and services that provide assistance to the functional needs community. The community organization resource list is directly followed by a listing of some of the city vendors that provide durable medical equipment (DME) and/or consumable medical supplies (CMS).

COMMUNITY ORGANIZATIONS

Alameda County Social Services Agency Department of Adult and Aging Services
http://alamedasocialservices.org
Voice: 510-577-1800
FAX: 510-577-1807

Alameda County Transportation Improvement Authority (ACTIA)
http://actia2002.com
1333 Broadway, Suite 300
Oakland, CA 94612
Voice: 510-893-3347
FAX: 510-893-6489

California Department of Rehabilitation (DOR)
www.dor.ca.gov
1515 Clay Street, Suite 119
Oakland, CA 94612
Voice: 510-622-2764
FAX: 510-622-2797
TTY: 510-622-2794

Center for Accessible Technology
http://cforat.org
2547 8th Street, Suite 12A
Berkeley, CA 94710
Voice: 510-841-3224
FAX: 510-841-7956
TTY: 510-841-5621

Center for Independent Living (CIL)
http://cilberkeley.org
2539 Telegraph Avenue
Berkeley, CA 94704
Voice: 510-841-4776
FAX: 510-841-6168
TTY: 510-848-3101

610-16th Street, #419
Oakland, CA 94612
Voice: 510-763-9999
FAX: 510-763-4910
TTY: 510-444-1837

Cerebral Palsy Center for the Bay Area
http://cpcoak.org
4500 Lincoln Avenue
Oakland, CA 94602
Voice: 510-531-3323
FAX: 510-531-2990

Community Resources for Independent Living (CRIL)
http://cril-online.org
439 A Street
Hayward, CA 94541
Voice: 510-881-5743
FAX: 510-881-1593
TTY: 510-881-0218

Deaf Counseling, Advocacy & Referral Agency (DCARA)
http://dcara.org
14895 East 14th Street, Suite 200
San Leandro, CA 94578
Voice/TTY: 510-483-0753

Deaf Disability Project of Berkeley Place, Inc.
1931 Center Street
Berkeley, CA 94704
Voice: 510-848-5865
TTY: 510-664-2000
FAX: 510-664-2000

Disability Rights California
www.disabilityrightsca.org
1330 Broadway, Suite 500
Oakland, CA 94612
Voice: 510-267-1200
TTY: 800-649-0754

East Bay Center for the Blind
http://eastbaycenterfortheblind.org
2928 Adeline Street
Berkeley, CA 94703
Voice: 510-843-6935
FAX: 510-843-6006

East Bay Housing Organizations
http://ebho.org
538 9th Street, Suite 200
Oakland, CA 94607
Voice: 510-663-3830
FAX: 510-663-3833

East Bay Paratransit
1720 Broadway, 3rd Floor
Oakland, CA 94612
Voice: 510-287-5040
FAX: 510-628-0719
TTY: 510-287-5065

Family Resource Network (FRN)
http://frnoakland.org
5232 Claremont Avenue
Oakland, CA 94618
Voice: 510-547-7322
FAX: 510-658-8354
TTY: 510-658-2307

In-Home Supportive Services (IHSS)
http://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_support/index.cfm
6955 Foothill Blvd, Third Floor
Oakland, CA 94605
Voice: 510-577-1900
FAX: 510-577-5615

LightHouse for the Blind and Visually Impaired
http://lighthouse-sf.org
214 Van Ness Avenue
San Francisco, CA 94102
Voice: 415-431-1481
FAX: 415-863-7568
TTY: 415-431-4572

Lions Center for the Blind
http://lbcenter.org
3834 Opal Street
Oakland, CA 94609
Voice: 510-450-1580
FAX: 510-654-3606

Oakland Housing Authority (OHA)
http://oakha.org
1805 Harrison Street
Oakland, CA 94612
Voice: 510-874-1500
FAX: 510-587-2168
TTY: 510-832-0633

Pacific ADA Center (Pacific DBTAC)
http://adapacific.org
555 12th Street, Suite 1030
Oakland, CA 94607
Voice: 510-285-5600
FAX: 510-285-5614
TTY: 510-285-5600

Regional Center of the East Bay
http://rceb.org
7677 Oakport Street, Suite 300
Oakland, CA 94621
Voice: 510-383-1200
FAX: 510-633-5022
TTY: 510-383-1354

Social Security Administration (SSA)
http://ssa.gov
238 11th Street
Oakland, CA 94607
Voice: 800-772-1213
TTY: 800-325-0778

Wheelchairs of Berkeley
www.wobwob.com
2911 Shattuck Avenue
Berkeley, CA 94705
Voice: 510-549-8727
FAX: 510-540-1210

CITY VENDORS

COMPANY (City of Oakland Supplier No.)

Access Speech and Language (22793)
379 Hayes St, San Francisco CA 94102

AccessAbility (43811)
320 Clement St, San Francisco CA 94118

AccessAbility Inc. (43903)
175 Mason Circle, Concord CA 94520
Voice: 925-680-7100

Accessible Home Lift Company (83459)
2324 Eagle Ave, Alameda CA 94501
Voice: 510-521-9526

Armstrong Medical Industries Inc. (66829)
575 Knightsbridge Pkwy, Lincolnshire IL 60069
Voice: 800-323-4220
www.armstrongmedical.com

Bischoff's Medical Supplies (75044)
1635 Divisadero St. #105, San Francisco CA 94115
Voice: 415-921-0440
www.bischoffsmedicalsupplies.com

C&D Medical and Orthopedic Supplies (24832)
419 30th St #100, Oakland CA 94609
Voice: 510-465-2084

California Home Medical Equipment – CHME (98583)
http://chme.org
289 Foster City Blvd Ste A, Foster City CA 94404
Voice: 650-357-8550

California Medical Equipment (87587)
5871 Stradella Rd, Yorba Linda CA 92886
Voice: 714-779-5455

Center for Accessible Technology (53581)
2547 8th St #12 A, Berkeley CA 94710
Voice: 510-841-3224
www.cforat.org

Coleman Medical (50936)
8166 14th Ave, Sacramento CA 95826
Voice: 916-737-6090

Freedom Medical Inc. (60955)
208 Carter Dr, Ste 20, West Chester PA 19382

Garmed Medical Disposables – Gar Med (49864)
6910 Lindley Ave, Reseda CA 91335
Voice: 818-757-1478

Jasper Medical Supplies (51260)
190 Stratford Pl. PO Box 546, Lakewood NJ
Voice: 732-367-3912

Johnston Medical Supply Inc. (54347)
2801 Shattuck Ave, Berkeley CA 94705
Voice: 510-843-2488
www.johnstonmedicalsupply.com

Medical Electronic Devices (34301)
4814 East Second St, Benicia CA 94510
www.medi.cc

Oakland Medical Supply, LLC (87881)
823 Harrison St, Oakland CA 94607

Pride Home Care Medical (48125)
3264 Adeline St, Berkeley CA 94703
Voice: 510-652-2644

Residential Medical Services (37641)
420 40th St, Ste 1, Oakland CA 94609

Special Medical Aid (96961)
PO Box 833, Penngrove CA 94951
Voice: 415-722-8876

Sunrise Medical Supplies (94585)
257 12th St, Oakland CA 94607
Voice: 510-893-1168
www.sunrisemedical6149.com

Thrifty Medical Supply (40515)
2139 Doolittle Dr, San Leandro CA 94577
Voice: 510-639-4444
www.thriftymedicalsupply.com

Walgreens (54139)
1330 Broadway, Oakland CA 94612

WalMart (60777)
1919 Davis St, San Leandro CA 94577

Wheelchairs of Berkeley (62721)
2811 Shattuck Ave, Berkeley CA 94705
Voice: 866-744-0691
www.wobwob.com

Wheelchairs of San Mateo (86777)
808 Burlway Rd Ste 7, Burlingame CA 94010
Voice: 650-342-4864
www.wheelchairs-sm.com