

IAEM Survey on DOJ Guidance – May 2008

Below are the responses to the open-ended question: Please describe any initial reactions you have or issues you've identified in regard to the DOJ Sheltering Guidance.

- I think it is a good document and it needs to be promoted more to get the word out to other agencies
- Reasonable
- As a City, we have a number of buildings that can be designated as general shelters but require significant modification to meet ADA. We have ID specific shelters for ADA
- I don't know if we have the capability to house the deaf. All of our shelter locations are schools and municipal buildings and are ADA compliant for access.
- I thought it was a terrific planning guide and gives support for what we have been trying to implement in all aspects of Emergency Management.
- Would have been nice to know
- Numerous issues. local facilities need significant additional funding to meet requirements
- Utopian concept far from reality during a disaster
- Thank you for the tool. Our current plans did include persons with special needs inclusion in mass care shelters/inclusive of their animals. Our current plan does address all of the recommendations; regarding dietary, we have the dietary manager plan meals based upon the initial triage intake, regarding special requirements, etc... these special dietary needs would be addressed accordingly, including 24 access to food, meds, etc... Our special needs includes kids as well, and we know they need to eat often, are particular, etc... as well. Great recommendations.
- This is an issue and our seniors services are aware and looking into it.
- My institution is designed to be ADA compliance, our local jurisdictions may not have that advantage especially regarding evacuation and sheltering.
- Not realistic in a crisis or emergency
- In our county, we only open Red Cross shelters or special needs shelters of which our Public Health Dept. is the primary agency responsible. Our EMA office provides assistance and support.
- Overall I see the guidance setting out good goals to strive for in shelter management. The challenge is meeting the goals when resources are overtaxed or simply not available - more specific to local jurisdictions.
- Small community, little to chose from.
- Chapter 7 Addendum 2, makes it likely that an agency, or GAO auditor, may infer that shelter managers "must" arrange to have medications available. Further, it may be suggested that the following statement establishes a "standard," "To provide equal access to people with disabilities, effective advance planning requires at least two steps: (1) identify the disability-related needs of the residents and visitors likely to be housed in a shelter, and (2) make the advance arrangements necessary to meet those needs in the event an emergency or disaster

strikes." What advance arrangements are necessary? Identifying the medications and sources to obtain those medications only? Or, identifying and establishing blanket purchase orders to acquire those medications during an emergency? I believe the level of planning DOJ intends should be unambiguous, instead of "necessary to meet those needs." One emergency manager may reach the conclusion that "identifying the needs and that sources are available" meets the advanced planning requirement, while an auditor, may conclude that advanced planning to meet the needs isn't met unless the planning includes a method to acquire the medication. DOJ should provide a better example or a legal decision on the definition of what constitutes, "effective advance planning."

- I am not clear if the guidance calls for disabled access for ALL shelters or can we designate specific shelters for special needs. If the guidance applies to ALL shelters this will set up an impossible situation.
- Provision and transportation of oxygen in a shelter environment as it is a prescription drug and based on the Number of clients requiring oxygen, and the limitations of power supply, only a limited number of concentrators may be used in a shelter, and oxygen suppliers are unwilling to transport tank oxygen, which requires special transport, to the shelter for the clients.
- Sheltering in mass care shelters without someone to provide personal assistance would require resources of shelter staff that may not be available.
- Am pleased to see that there is official guidance that addresses the needs of these populations. The question now is the enforcement and accountability to these standards by jurisdictions.
- Most buildings that I've seen designated as emergency shelters are already compliant with ADA requirements, so I do not feel the actual sites should be too much of an issue and are appropriate accommodations. My concern with the requirements is finding enough people with the ability to assist the special needs occupants in each of the shelters in an area. This, of course, would only be an issue if multiple shelters are needed.
- Provision of medications and medical equipment will be difficult.
- Prior to this publication, or our knowledge of its existence, we crafted planning requirements around Target Capabilities List, our service providers' insights and SLG 101, as well as our own state assessment of plans. This guidance would have been helpful. Frankly, we felt we were getting nowhere with such good information from the federal government, so we developed on our own with analysis of NOD data, Target Capabilities, SLG 101, our partners representing special needs groups.
- Compliance should be tied to funding such that if accessibility is not guaranteed and proven, no funding flows.
- Helpful information, clearly presented
- Shelters cannot supply the service animals dog food as most service dogs have specific dietary needs depending on their level of activity and tasks performed for their owners. An example, a dog, (young to mid age 2-4 years) pulling a wheelchair, bracing, and opening doors weighing approximately 80-90 pounds will require a high protein dry dog food with a protein level of at least 25%. A different dog, mid sized about 50-60 pounds used for hearing and alerting without

heavy physical activity levels will not need a high protein dog food and can get along well with a level of +/- 24%. I seriously doubt that ARC or any sheltering agency will have a variety of high quality/high protein dry dog food but will buy the cheapest dry dog food which if fed to a working dog will make them sick requiring Veterinary care. I have owned and currently own a service dog so I do know what I am speaking about.

- Another list of unfunded mandates
- You mean beside it being totally unrealistic and costly? 1. Disabled who require personal care attendants but unaccompanied being kept in a mass care shelter. A standard shelter has little medical support, and no staffing for personal care. 2. Many medical staff evacuate with their families too... although special needs shelters have a higher level of medical staff available. none will be akin to a hospital in terms of services available, and the cost to attempt would be astronomical. Like-wise, we certainly attempt to house families together, but if the medical needs are such that a person has to be placed in a special needs shelter, it is unlikely there will be room for family, or that the shelters (limited as they are) will routinely be adjacent. If family can care for the disabled in a mass shelter that should be allowed and encouraged. 3. Modified Sleeping arrangements..... who really believes that government has funded several different types of mats/cots/beds so there is a lot of choice in an emergency..... where are these all kept during non-emergency times? \$. Alternate format documents..... cost and storage issues. 5. Cane detectable barriers on the floor.... cost/storage/placement.... this is an emergency folks, not a trip to a hotel. 6. Quiet room... they are kidding right? Space is never adequate to shelter all who may require it in large scale emergencies. Shelter surveys---- there is generally a lack of appropriate shelter space during a large scale emergency. Declining good shelter space because it may not address all ADA requirements would be unacceptable..... special needs shelters may be available which meet those guidelines when regular mass shelters do not, we have to make the best use of what is available. There are no large budgets for sheltering or modifying shelters. While I support and applaud the ADA emergency operations are by their nature more difficult: inadequate resources, personnel, supplies, facilities, funding. Those who wrote these regulations have good points and intent, however don't work in an emergency environment. Much of this may be accomplished in a small localized emergency but quickly falls apart when there is a large scale disaster. They (ADA) should have to cost out their proposal as other gov't entities have to regarding time/resources to complete gov't forms, or the increased cost of new laws/regulations. We are talking millions in local expenditures/many billions nation-wide. I'm confident that emergency managers will do their best to accommodate needs of the disabled during a shelter period, and believe that some of these issues can be addressed with advance planning but to believe that life will basically go on in a nearly normal fashion is pie in the sky. Please keep this feedback anonymous.
- The level of specificity of the requirements may exclude shelters currently in county or municipal databases.

- The community provides the majority of shelter services in a disaster area. Although we may open an "ADA CERTIFIED" shelter, there is no guarantee that there won't be 15 other community based non-ADA shelters open who don't care one whit about the requirements within this document. And when discussing these issues in preparedness, I fully expect those community partners to respond with a "Whatever" attitude. We can not ask our community to step up and help but limit that assistance to only groups that can provide the federal requirements. When the ADA starts to provide direct service to communities through shelter operations, then they should be in a position to offer advice to us regarding planning for these things.
- Show me the money! We get dictated to on what we have to provide, yet the funding is nowhere to be found, and then we are told that is not an excuse.
- More excessive regulation.
- To break it down to logical "chunks" for instructional purposes and develop and extensive outreach and education program around it.
- I think that the output is good, but probably too detailed for most to review and digest
- Almost impossible for a local jurisdiction to comply during a mass sheltering procedure. Regional shelters are a must where sufficient assistance can be provided.
- Seems developed by administrators rather than operators
- While we understand and agree with the requirements, we do not have adequate facilities, staff, or volunteers to meet them.
- Pleased that there is further guidance in this vital area but cannot comment on the quality or accuracy of the content
- Need for specialized cots and lack of funding to purchase same. Need to plan for specialized food, need to purchase same. Need to obtain medications for shelter residents
- Appears to be written by a group of individuals that have never worked in a shelter nor have been involved in staffing a shelter. For example, Chapter 7 addendum 2 states that people requiring a personal assistant should be admitted to mass care shelters - even if they do have the assistant with them. They state that the shelter workers should take care of this individual. This may work in a small isolated shelter. However, in Florida, during hurricane evacuations, shelter workers and volunteers are at a premium. It is not as easy as waving a magic wand and more help arrives.
- Our main focus involves the PETS Act. There appears to be inadequate knowledge of this by local emergency management--particularly in regard to what was determined to be a "service animal".
- We are greatly relying on private sector agencies for special needs sheltering. Unfortunately it appears the state is also relying on our local people as well for other needs.
- Some concerns about the magnitude of requirements - especially when considering the availability of shelters (faith-based is often willing, but may not be able to meet requirements.) Would help to have some prioritization schedule.