



# Frequently Asked Questions (FAQ) on Access & Functional Needs Populations

Updated: June 2022  
Oklahoma Functional Assessment Support Team (FAST)  
Glenda Ford-Lee, MHR- Lead, OSDH/EPRS



# Contents

1.0 Access and Functional Needs Populations.....	4
2.0 Functional Assessment Support Team (FAST) .....	5
3.0 Americans with Disabilities Act of 1990 .....	6
4.0 Health Insurance Portability and Accountability Act of 1996 (HIPAA).....	8
5.0 Service Animals.....	10
6.0 Miniature Horse .....	15
7.0 Pets Evacuation and Transportation Standards Act (PETS).....	16
8.0 Pets.....	17
9.0 Therapy Dog.....	18
10.0 Therapy Animal .....	19
11.0 Emotional Support Animals.....	20
12.0 Quick Guide for Service Dog, Miniature Service Horse, Therapy Dog, and Emotional Support Dog.....	21
13.0 Mental Health .....	22
14.0 Prescription Medication and Supplies .....	24
15.0 Medical Treatments/Dialysis/Chemotherapy .....	25
16.0 People First Language.....	26
17.0 Diversity .....	27
18.0 Communication.....	28
19.0 Literacy .....	34
20.0 Health Literacy.....	35
21.0 Printed Information in the Shelter .....	36
22.0 Plain Language Documents or Websites.....	37
23.0 Human Trafficking .....	39
24.0 Families.....	44
26.0 Children .....	45
26.0 Children Reunification .....	47
27.0 Older Adult Etiquette.....	50
28.0 Vulnerable Adults.....	51
29.0 Personal Assistance Service (PAS) .....	53

30.0 Durable Medical Equipment (DME) .....	55
31.0 Portable Ramps.....	56
32.0 People with Cognitive Disabilities .....	57
33.0 People with Invisible Disabilities.....	59
34.0 People with Mobility Disability.....	60
35.0 People with Visual Disabilities.....	61
36.0 People who are Hard-of-Hearing .....	63
37.0 The Deaf Culture.....	64
38.0 American Sign Language (ASL) Interpreters.....	66
39.0 Language Barriers – Foreign Languages.....	67
40.0 Dietary Restrictions for AFN Populations .....	68
41.0 Bathing and Toileting Needs for AFN Populations.....	69
42.0 Accessible Care for AFN Populations .....	70
43.0 Transportation for AFN Populations .....	71
44.0 Radiation .....	72
45.0 Acronyms.....	74
References .....	76
Resource Authors .....	78

# 1.0 Access and Functional Needs Populations

## What is Access and Functional Needs?

**Answer:** Access and Functional Needs (**AFN**) is defined as people with disabilities, the deaf communities, seniors, and children, women in late stages of pregnancy, people without transportation, people who have low literacy, and people who speak or communicate other languages.

## 2.0 Functional Assessment Support Team (FAST)

### What is FAST?

**Answer:** The Functional Assessment Support Team is called (**FAST**). The team is a group of subject matter experts from many different state, local, and non-profit agencies that assist in the care of people who have access and functional needs during a disaster.

### What functions do the FAST perform?

**Answer:** Functional Assessment Support Team (**FAST**) provides support to disaster strike teams, shelter staff, and communities that are affected by disasters. The provide resources and subject matter experts in the field of (cultural competency, disability awareness and treatment, medical equipment resources (durable medical equipment (DME)), mental health, disability law, adult and children care).

### How does the shelter request the FAST group?

**Answer:** You can request the Functional Assessment Support Team (**FAST**) members through the Oklahoma Department of Emergency Management and Homeland Security Operations Center (**ODEMHS/EOC**).

### Who are the members of the FAST group?

**Answer:** The Functional Assessment Support Team (**FAST**) is a group of subject matter experts and community advocates that can help emergency managers or other organizations that respond to disasters with people who have disabilities, who are Deaf, and people who are senior in age. This team-teaching cultural awareness of people with disabilities and senior in age throughout the state of Oklahoma.

## 3.0 Americans with Disabilities Act of 1990

### What are the Americans with Disabilities Act (ADA)?

**Answer:** The Americans with Disabilities Act (**ADA**) is a comprehensive civil rights law. It prohibits discrimination on the basis of disability in employment, state, and local government programs, public accommodations, commercial facilities, transportation, and telecommunications. **The ADA became law in 1990.**

### Is the shelter staff required to implement the Americans with Disabilities Act (ADA) laws in disaster shelters?

**Answer:** Yes. The shelter staff cannot discriminate against someone just because a disaster situation is occurring in a community.

### Who is covered by the Americans with Disabilities Act (ADA)?

**Answer:** The Americans with Disabilities Act (**ADA**) covers people with disabilities. The **ADA** defines a person as disabled if he or she:

- a. Has a physical or mental disability which substantially limits one or more major life activities.
- b. Has a record of such a disability?
- c. Is regarded as having such a disability.

### Does the American Red Cross Shelters (ARC) have to adhere to these laws?

**Answer:** Yes. Under The Americans with Disabilities Act (**ADA**) Title III which covers Public Accommodations

- May not discriminate against individuals with disabilities on the basis of disabilities in the full and equal enjoyment of the services it provides.
- Must make reasonable modifications to its policies, practices, or procedures if those modifications are necessary to make its services available to persons with disabilities (exception: if the American Red Cross (**ARC**) could show the making of the modifications would fundamentally alter the services it provides).
- The American Red Cross (**ARC**) is not required to provide comprehensive medical facilities for individuals who are acutely ill, if they do not provide this service to acutely ill non-disabled individuals.
- Must eliminate architectural barriers in existing facilities when such barrier removal is readily achievable, that is, easily accomplishable and able to be carried out without much difficulty or expense.

**Note:** The American Red Cross (**ARC**) often uses buildings other entities own (and the **ARC** does not own or lease the buildings). This may not be generally applicable to the **ARC**. The **ARC** should choose buildings that do not have architectural barriers if at all possible.

**Does the shelter have to accommodate people with disabilities?**

**Answer:** Yes. The Americans with Disabilities Act (**ADA**) requires emergency managers and shelter operators to accommodate people with disabilities in the most integrated setting appropriate to their needs.

## 4.0 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### **What is Health Insurance Portability and Accountability Act (HIPAA)?**

**Answer:** The Health Insurance Portability and Accountability Act (**HIPAA**) Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

### **Are there exceptions for covered entities to release information in emergency situations?**

**Answer:** Yes. There are exceptions to the privacy of releasing patient information during emergency responses.

### **What are the exceptions to the release of patient information during emergency response?**

**Answer:** Providers and health plans covered by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule can share patient information in all of the following ways:

1. Treatment. Health care providers can share patient information as necessary to provide treatment. Treatment includes: sharing information with other providers (including hospitals and clinics); referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
  - a. Providers can also share patient information to the extent necessary to seek payment for these health care services.
2. Notification. Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
  - a. The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.



- b. Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
  - c. In addition, when a health care provider is sharing information with disaster relief organizations like the American Red Cross (ARC), are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.
3. Imminent Danger. Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public—consistent with applicable law and the provider's standards of ethical conduct.
  4. Facility Directory. Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

**Note:** The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross (ARC) from sharing patient information.

**Does a client have to tell the shelter staff all of their medical history in the open shelter, for everyone to hear?**

**Answer:** No. The shelter staff should ask questions in a private setting. The client should have privacy when discussing medical or personal information with shelter staff.

**Can a client say no, when the shelter staff asks medical questions concerning their health?**

**Answer:** Yes. It is the client's right to say no, at any time when the shelter staff is asking questions, they do not feel comfortable to answer.

## 5.0 Service Animals

### What makes an animal a service animal?

**Answer:** Service animals are defined as dogs (and miniature horses) that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (**PTSD**) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under The Americans with Disabilities Act (**ADA**).

### What does “do work or perform tasks” mean?

**Answer:** The dog must be trained to take a specific action when needed to assist the person with a disability. For example, a person with diabetes may have a dog that is trained to alert him when his blood sugar reaches high or low levels. A person with depression may have a dog that is trained to remind her to take her medication. Or, a person who has epilepsy may have a dog that is trained to detect the onset of a seizure and then help remain safe during the seizure.

### Can a person deny my service dog entrance into a shelter?

**Answer:** No. It is illegal to prevent you and your service dog from entering and staying in a shelter. Under the Americans with Disabilities Act (**ADA**), State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. For example, in a hospital it would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms.

## **Can a person ask questions concerning the services performance for the service animal owner?**

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

1. Is the dog a service animal required because of a disability, and
2. What work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

## **Can the shelter staff prevent the service animal from entering into the food areas?**

**Answer:** No. Establishments that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises.

## **Does the shelter staff have the right to refuse the service dog entrance into the shelter, if someone is allergic to or afraid of dogs?**

**Answer:** No. Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.

## **Is it okay to pet the service animal?**

**Answer:** No. The service animal is on duty. The service animal is not a pet.

## **If someone's dog calms them when having an anxiety attack, does this qualify it as a service animal?**

**Answer:** It depends. The Americans with Disabilities Act (**ADA**) makes a distinction between psychiatric service animals and emotional support animals. If the dog has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen its impact, that would qualify as a service animal. However, if the dog's mere presence provides comfort, that would not be considered a service animal under the **ADA**.

**Does the Americans with Disabilities Act (ADA) require service animals to be professionally trained?**

**Answer:** No. People with disabilities have the right to train the dog themselves and are not required to use professional service dog training programs.

**Are service-animals-in-training considered service animals under the Americans with Disabilities Act (ADA)?**

**Answer:** No. Under the Americans with Disabilities Act (**ADA**), the dog must already be trained before it can be taken into public places. However, some state or local laws cover animals that are still in training.

**Do service animals have to wear a vest or patch or special harness identifying them as service animals?**

**Answer:** No. The Americans with Disabilities Act (**ADA**) does not require service animals to wear a vest, identification (**ID**) tag, or specific harness.

**Can a people bring more than one service animal into a public place?**

**Answer:** Generally, yes. Some people with disabilities may use more than one service animal to perform different tasks. For example, a person who has a visual disability and a seizure disorder may use one service animal to assist with way-finding and another that is trained as a seizure alert dog. Other people may need two service animals for the same task, such as a person who needs to dogs to assist him or her with stability when walking. If both dogs can be accommodated, both should be allowed in.

**Can a service animal be any breed of dog?**

**Answer:** Yes. The Americans with Disabilities Act (**ADA**) does not restrict the type of dog breeds that can be service animals.

**Can a person bring a service animal with them as they go through a salad bar or other self-service food lines?**

**Answer:** Yes. Service animals must be allowed to accompany their handlers to and through self-service food lines. Similarly, service animals may not be prohibited from communal food preparation areas, such as are commonly found in shelters or dormitories.

### **Must a service animal be allowed to ride in an ambulance with its handler?**

**Answer:** Generally, yes. However, if the space in the ambulance is crowded and the dog's presence would interfere with the emergency medical staff's ability to treat the patient, staff should make other arrangements to have the dog transported to the hospital.

### **Does the Americans with Disabilities Act (ADA) require that service animal be certified as service animals?**

**Answer:** No. Covered entities may not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal, as a condition of entry.

### **What does under control mean? Do service animals have to be on a leash? Do they have to be quiet and not bark?**

**Answer:** The Americans with Disabilities Act (**ADA**) requires that service animals be under control of the handler at all times. In most instances, the handler will be the individual with a disability or a third party who accompanies the individual with a disability. The service animal must be harnessed, leashed, or tethered while in public places unless these devices interfere with the service animal's work or the person's disability prevents use of these devices. In that case, the person must use voice, signal, or other effective means to maintain control of the animal. For example, a person who uses a wheelchair may use a long, retractable leash to allow her service animal to pick up or retrieve items. She may not allow the dog to wander away from her and must maintain control of the dog, even if it is retrieving an item at a distance from her.

Or, a returning veteran who has Post Traumatic Stress Disorder (**PTSD**) and has great difficulty entering unfamiliar spaces may have a dog that is trained to enter a space, check to see that no threats are there, and come back and signal that it is safe to enter. The dog must be off leash to do its job, but may be leashed at other times. Under control also means that a service animal should not be allowed to bark repeatedly in a lecture hall, theater, library, or other quiet place. However, if a dog barks just once, or barks because someone has provoked it, this would not mean that the dog is out of control.

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

**Answer:** If a service animal is out of control and the handler does not take effective action to control it, staff may request that the animal be removed from the premises.

## 6.0 Miniature Horse

### **Is a miniature horse really a service animal?**

**Answer:** Yes. In addition to the provisions about service dogs, the Departments revised The Americans with Disabilities Act (**ADA**) regulations have a new, separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities.

### **What guidelines are established for the miniature horse?**

**Answer:** The assessment factors are as follows:

- a. Whether the miniature horse is housebroken;
- b. Whether the miniature horse is under the owner's control;
- c. Whether the facility can accommodate the miniature horses' type, size, and weight; and
- d. Whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

### **Are there weight or height requirements for the miniature horse?**

**Answer:** Yes. Miniature horses generally range in height from **24 inches to 34 inches** measured to the shoulders and generally weigh between **70 and 100 pounds**.

### **The shelter has a "no pet" policy. Do we allow service animals in the shelter?**

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

## 7.0 Pets Evacuation and Transportation Standards Act (PETS)

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

**Answer:** The (**PETS**) Act is defined as Pets Evacuation and Transportation Standards Act 2006, Public Law 109-308.

### **What does the PETS Evacuation and Transportation Standards Act (PETS) Act do?**

**Answer:** The Pets Evacuation and Transportation Standards Act (**PETS**) Act is meant to ensure that state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals following a major disaster or emergency.



## 8.0 Pets

### **Is a client allowed to have pets in the shelter?**

**Answer:** In most cases **no**. Pets are not allowed in the shelter.

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

**Answer:** Shelter staff or emergency managers will contact the “animal response team”. They will bring a trailer that will be used to care for the pets during the shelter activation period.

### **Can the client(s) visit their pet while he/she is housed in the animal trailer?**

**Answer: Yes.** The client can visit and walk their pet(s), while the animal(s) are housed in the trailer.

## 9.0 Therapy Dog

### **What is a therapy dog?**

**Answer:** A therapy dog is a dog trained to provide affection and comfort to people in hospitals, retirement homes, nursing homes, schools, hospices, disaster areas, and to people with learning difficulties. They are not Service Animals.

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

**Answer:** The support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

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

**Answer: No.** Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under The Americans with Disabilities Act (ADA).

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

**Answer: Yes.** Therapy dogs are not determined to have a “specific breed”. They can be any size, breed, or gender.

### **Are therapy dogs allowed inside the shelter?**

**Answer: Yes,** but under strict supervision. These animals are trained to provide support during stressful times in people’s lives.

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

**Answer: No.** Therapy dogs are not allowed into the food areas. They are not service dogs.

## 10.0 Therapy Animal

### **Are there other breeds of animals used for therapy?**

**Answer: Yes.** Many different types of animals have been used for animal assisted therapy. Contact your emergency manager if a shelter client requests their therapy animal to stay with them in times of crisis.

### **Are there other animals that have been used for animal assisted therapy?**

**Answer: Yes.** Cats are also used in animal assisted therapy. These animals are not allowed to roam the shelter. They must always stay with their owner.

## 11.0 Emotional Support Animals

### **Are there Emotional Support Animals?**

**Answer: Yes.** An Emotional Support Animal is a dog or other common domestic animals that provides therapeutic support to a person or elderly person who is disabled. The support can come in the form of companionship, non-judgmental positive regard, affection, and a focus in life.

### **Is the Emotional Support Animals a service animal?**

**Answer: No.** The emotional support animal is not a service animal. They do not perform a specific task for their owner, besides emotional support.

### **Are Emotional Support Animals allowed in the shelter?**

**Answer: Depends.** The shelters staff, the client(s), and the emergency manager should discuss the pros and cons of the emotional support animal(s) in the shelter.

## 12.0 Quick Guide for Service Dog, Miniature Service Horse, Therapy Dog, and Emotional Support Dog

Characteristics	Service Dog	Miniature Service Horse	Therapy Dog	Emotional Support Dog
Owner has rights to be accompanied by these animals in establishments open to the public that are protected by The Americans with Disabilities Act.	<b>x</b>	<b>x</b>		
Animals may live with their owners in housing facilities with a “no-pets” policy in place.	<b>x</b>	<b>x</b>		
Animals are allowed in eating areas and medical areas of the shelter	<b>x</b>	<b>x</b>		
Dogs visit hospitals, schools, hospices, disaster sites and activated shelters and other institutions that aid in psychological or physical therapy.			<b>x</b>	
Handlers encourage these dogs to accept petting and socialize with people while they’re on-duty.			<b>x</b>	
Animals are individually trained to perform tasks or do work to mitigate their owners’ disabilities.	<b>x</b>	<b>x</b>		
Petting, talking to or otherwise distracting these animals can interfere with their job and pose a serious danger to the dog and owner.	<b>x</b>	<b>x</b>		
Dog’s primary functions are to provide emotional support, through the method of companionship.				<b>x</b>

## 13.0 Mental Health

### **What is Psychological First Aid (PFA)?**

**Answer:** Psychological First Aid (**PFA**) is an evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

### **When is Psychological First Aid (PFA) intended to be delivered?**

**Answer:** It is intended to be delivered in the immediate aftermath of a disaster.

### **What setting is Psychological First Aid (PFA) used in disasters?**

**Answer:** Psychological First Aid is designed for delivery in diverse settings.

### **What types of settings with the Psychological First Aid (PFA) occur after the disaster?**

**Answer:** Mental health and other disaster response workers may be called upon to provide Psychological First Aid (**PFA**) in general populations shelters, field hospitals, and medical triage areas, acute care facilities, staging areas or respite centers for first responders or other relief works, emergency operations centers, family reception, crisis hotlines, or phone banks, feeding locations, and disaster assistance service centers.

### **Can a person who is having Post Traumatic Stress Disorder “PTSD” use Psychological First Aid (PFA)?**

**Answer: No.** Psychological First Aid (PFA) is not designed to treat Post Traumatic Stress Disorder (PTSD) or other forms of diagnosed mental illness.

### **Who is intended for Psychological First Aid (PFA)?**

**Answer:** Psychological First Aid (**PFA**) is intended for people who are experiencing acute stress reaction and those who appear to be at risk for significant impairment in functioning.

**Who provides the Psychological First Aid (PFA)?**

**Answer:** Psychological First Aid (**PFA**) is delivered by disaster response workers who provide early assistance including:

- First Responders
- Mental Health Professionals
- School Professionals
- Religious Professionals
- Disaster Volunteers
- Health and Public Health Officials

**If a person needs mental health counseling, can the shelter help find a counselor?**

**Answer: Yes.** The shelter staff has contacts with mental health counseling.

## 14.0 Prescription Medication and Supplies

**Can the shelter staff help with the replacement of the lost medication?**

**Answer: Yes.** The shelter staff has contacts to assist in medication replacement.

**A client lost their blood sugar monitor in the disaster. Can the blood sugar monitor be replaced?**

**Answer: Yes.** The shelter staff has contacts to assist in medication equipment replacement.



## 15.0 Medical Treatments/Dialysis/Chemotherapy

### **Can a person ask for assistance to and from a dialysis center?**

**Answer: Yes.** The state has partners that will assist in the transport of people who receive dialysis treatments.

### **Can a person ask for transport to and from a medical clinic to receive chemotherapy?**

**Answer: Yes.** The state has partners that will assist in the transport of people who receive chemotherapy treatments.

### **Does a person have to pay for medical treatments or care provided in the shelter?**

**Answer: No.** All medical treatments or care provided in the shelter is “free” to the public.

### **Can the shelter provide tetanus shot(s) for a family?**

**Answer: Yes.** All vaccines are provided free of charge.

## 16.0 People First Language

### What is people first language?

**Answer:** People-First Language is a form of linguistic prescriptivism in English, aiming to avoid perceived and subconscious dehumanization when discussing people with disabilities, as such forming an aspect of disability etiquette.

The basic idea is to impose a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people", (handicapped and crippled) in order to emphasize that "they are people first". Because English syntax normally places adjectives before nouns, it becomes necessary to insert relative clauses, replacing, e.g., "asthmatic person" with "a person who has asthma".

### Why is people first language important?

**Answer:** It is important and ethical to treat everyone with respect.

### Examples of People First Language:

Say	Don't Say
People with disabilities	The handicapped or disabled
He has a cognitive disability/diagnosis	He's mentally retarded
She has a mental health condition	She's emotionally disturbed/mentally ill

## 17.0 Diversity

### **Does someone really need to understand cultural differences in the shelter?**

**Answer: Yes.** Our culture values inform every part of our day-how we dress, how we act, and how we react. Many people are unaware of just how strongly their cultural influences:

- Beliefs and reactions to situations
- Values and decision-making
- Verbal and nonverbal communications styles and expectations
- Notions of time

### **How does someone overcome cultural boundaries?**

**Answer:** The ability to interact effectively with people from diverse cultures requires you:

- Become aware of your own cultural viewpoint and influences. Understand that the similarities and differences among people are both important.
- Understand your preconceived notions and attitudes toward cultural differences. Accept that there are multiple ways to reach the same goal and to live life.
- Learn about cultural differences. Ask questions.
- Communicate. Be motivated and have the skills to communicate and interact with people across cultures.

## 18.0 Communication

### **Does the shelter staff have to make information in accessible formats?**

**Answer:** Yes. Effective communication is essential during an emergency or disaster. The Americans with Disabilities Act (**ADA**) states that a public entity shall take appropriate steps to ensure that communication with applicants, participants, and members of the public with disabilities are as effective as communication with others. Effective communication requirements also apply to private and non-profit entities providing sheltering services.

### **How does someone communicate with a person who has blindness or has other visual disabilities?**

**Answer:** Speak directly to the person who is blind or has a visually disability. Do not ignore the person with the disability and speak to their companion or family member, when seeking information concerning the individual. Direct communication is respectful to everyone. Also, when speaking, use normal tones of voice reflection.

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

**Answer:** The shelter staff can use “*communication board(s)*” until they can contact the response partners that work with people who are non-verbal in communication. Subject matter experts in non-verbal communication are located the Oklahoma Department of Human Services (**DHS**).

### **Can the shelter staff use a computer tablet for a communication device?**

**Answer: Yes.** Many people use the tablets and communication software to remove the barrier in communication exchanges. Some computers may contain software that can assist you with communication exchange with a person who is non-verbal.

### **How do does someone communicate with a person that does not speak English?**

**Answer:** Call your response partners that work with the shelter managers. Request the type of foreign language that is needed for communication with the individual(s). Until the person arrives in the shelter that speaks the person’s language, try to use the language telephone service that many state agencies provide for the public. This would reduce stress for the individual and the shelter staff.

This is also a perfect time to use the communication board until the person has a language interpreter in the shelter to help with information exchange between staff and the individual. The communication board (See **page 26** for more information on communication board(s)) is only for short term communication transfer between the shelter staff and the client(s) in the shelter.

### **What is Effective Communication?**

**Answer:** Under **Title II** of The Americans with Disabilities Act (**ADA**) “effective communication” means that whatever is written or spoken must be clear and understandable to people with disabilities as it is for people who do not have disabilities. Information on effective communication act can be found on this website: <https://www.ada.gov/effective-comm.htm>

### **Does OSDH Provide services to assist in Language Translation or Communication?**

**Answer: Yes.** The Oklahoma State Department of Health (**OSDH**) has a contract with Language Line Solutions. Language Line Solutions services provides 24 hours/ 7 days a week language interpretation services in 240 languages (audio only). This service is primary through telephone operations. However, they can provide laptop, tablet, or smart phone language interpretation in 40 different languages with the required agency account number and special pin code that can be provided from the **OSDH Communications Department**.

### **What are some of the video language interpretation services that the Language Line Solutions provides for OSDH on the tablet, laptop, or smart phone?**

**Answer:** American Sign Language (**ASL**), British Sign Language (**BSL**), Japanese, Spanish, Haitian Creole, Hebrew, Hmong, Laotian, French, Arabic, German, Korean, Hindi, and Farsi languages. This list is just an example of their services. For the complete list use <https://www.languageline.com>

### **What are some of the “audio only” language interpretations that Language Line Solutions provided in for their customers?**

**Answer:** Apache, Arabic, Farsi, Edo, Afrikaans, Dutch, Spanish, Somali, French Canadian, Fijian, Sudanese Arabic, Swahili, Tagalog, Thai, and Nigerian Pidgin. This list is a small example of their services provided for the company. Language line provides 240 language interpretation services. For the complete list of languages use <https://www.Languageline.com>

### **What is does it mean to have auxiliary aids and services?**

**Answer:** Auxiliary aids and services are devices or services that enable effective communication for people with disabilities.

### **What are different types of auxiliary aids and services?**

**Answer:** The following examples are different types of auxiliary aids and services that can and should be provided in emergency situations:

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

Remember: The staff must consult with the individual to determine what is effective for him or her in exact communication exchanges.

## What types of communication styles or formats are considered accessible?

**Answer:**

Communication Formats	Strategies
<b>General</b>	Assign volunteers ahead of time to provide one-on-one assistance to residents who need help in providing and receiving effective communication throughout the sheltering process (e.g., completing forms).
<b>Blind and Low Vision</b>	Provide Braille, large and high contrast print, audio recording, readers, Braille, assisted listening devices, raised print signs.
<b>Deaf</b>	Provide qualified American Sign Language ( <b>ASL</b> ) or oral interpreter, video description.
<b>Hard of Hearing, Speech Disability</b>	Augmentative communication device; post message in central location; have notepads, pens and pencils, amplified telephones, text to speech, computer assisted real-time transcription ( <b>CART</b> ), captions, video description, and audio warning.
<b>Intellectual Disability</b>	Present information slowly, use simple language and speak in short sentences, video description.

## What is a Communication Board?

**Answer:** A communication board contains pictures with words that describe the image for “primary communication transfer” between two or more people. The word(s) will be underneath the picture. The picture provides a simple way to explain what the person is feeling or needing during that specific time. This method is can be useful for a very short-term communication exchange. However, this method is culturally sensitive and it may not be useful for everyone in accurate information transfer between individuals.

**Can the shelter staff write down what they want the client to know about the shelter?**

**Answer: Yes and No. Yes,** for some people in the shelter. The **No** comes into play because writing down the information you want to share on a piece of paper is not acceptable to everyone. People who cannot see, read, understand, or is not able to comprehend the English language; access and functional needs (**AFN**) populations may need other methods of communication transfer for effective understanding of information. Individuals, who are Deaf, have low vision, cognitive or intellectual disabilities, people who have low literacy, and people who communicate using other languages besides English may not understand entirely what is written down on the paper.

**What communication devices does the shelter need for the access and functional needs clients?**

**Answer:**

<b>Communication Methods</b>	<b>Strategies</b>
Communication Devices	All communication devices must be accessible to people with access or functional needs
Telephone	Access to teletypewriter (CapTel)
Television	Accessible captioning
Pocket Talker	This device amplifies the sound of the words that are spoken to the client.
Page magnifiers	The device increases the size of the words that are on paper or other physical structures.
Computers	Video Remote Interpreting (VRI), Equipment and programs that make computers accessible to people who are deaf, blind, those who have intellectual, or mobility disabilities, assisted real-time transcription (CART), captions

**Do you have to use the accessible formats in shelter messages to the clients?**

**Answer: Yes.** All information exchange inside the shelter should be in accessible formats and this includes languages besides English.



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

**Answer: Yes.** When posting information on the website ensure the information is all accessible formats. This includes American Sign Language **(ASL)**, Spanish, audio, font style **(Arial and Bold)** and larger font **(size 16 and larger)**.

**Do you change anything concerning the information that is stated during the televised news conferences?**

**Answer: Yes.** The information that is stated during a news conference should be in American Sign Language (ASL) and other foreign languages.

**Is there a general rule to follow when communicating with someone who is older in age or has disabilities?**

**Answer: Yes.** Just like any other person; always identify yourself, be compassionate, and respectful.

## 19.0 Literacy

### What is literacy?

**Answer:** National Assessment of Adult Literacy (NAAL) defines literacy as both task-based and skills-based. The **task-based definition of literacy**, used in both the 1992 and 2003 assessments, focuses on the everyday literacy tasks an adult can and cannot perform.

The 2003 NAAL adds a complementary **skills-based definition of literacy** that focuses on the knowledge and skills an adult must possess in order to perform these tasks. These skills range from basic, word-level skills (such as recognizing words) to higher level skills (such as drawing appropriate inferences from continuous text). New information provided by the 2003 NAAL is intended to improve understanding of the skill differences between adults who are able to perform relatively challenging literacy tasks and those who are not.

### How do you find the literacy rates for the state of Oklahoma?

**Answer:** The NAAL created an interactive map of the United States. This map provides information on a state and local county percentages of literacy rates. This map can be found on the following website:  
<https://nces.ed.gov/surveys/piaac/skillsmap/>

### How can the NAAL map help with emergencies or disasters?

**Answer:** Knowing and understanding the literacy percentages in your county can help with the emergency planning messages on any topic. These messages could be health information (boil water alerts, air quality, disease outbreaks, or heat warnings) or local for emergency responses (highway collapse, wildfires, or tornado response). Messages formatted in a clear manner, will help increase the public's understanding of what you want them to know and do for any critical or minor incident.

### How does the shelter staff ensure everyone understands the information on the shelter intake forms and other forms in used in the shelter?

**Answer:** Ensure all information is presented in oral, written, braille, plain language, American Sign Language (**ASL**) and Spanish. Other languages might be needed depending on the populations of the shelter. Have professional readers in the shelter that can read to the guests/clients.

## 20.0 Health Literacy

### **What is the definition of health literacy?**

**Answer:** The health literacy scale and health literacy tasks were guided by the definition of health literacy used by the Institute of Medicine and Healthy People 2010 (a set of national disease prevention and health promotion objectives led by the U.S. Department of Health and Human Services). This definition states that health literacy is: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. This definition can be found on the following website: <https://nces.ed.gov/pubs2006/2006483.pdf>

### **Does the medical staff have to read instructions to guest t have low literacy skills and/or individuals with limited English?**

**Answer: Yes.** Reading will help with the understanding of any medical information provided in the shelter.

## 21.0 Printed Information in the Shelter

### **Do you use the same printed information for everyone in the shelter?**

**Answer: No.** Seniors might need to have the information in larger fonts and in **Arial, Times Roman, or Georgia**. The font should at least be 14-16 in size. The printed material should also be doubled spaced for easier reading. **Large print** information should be developed in **18-24 size font in Arial Black**.

### **Do white space or upper- and lower-case letters really make a difference in printed information?**

**Answer: Yes.** White space on a page can provide natural places for the eyes to relax from reading and may help others to focus their attention. Upper- and lower-case letters make reading the words easier for people who are senior in age and those with visual disabilities.

### **What about printed information for people with visual disabilities?**

**Answer:** People with visual disabilities need to have **Arial font** used for their information. They also need to have size **16 fonts up to 24 fonts and bold** for printed information. The shelter should use size **14 fonts** for printed information provided in the shelter and then increase to size 18 font for people with visual disabilities. As a guideline use start with 14, then 16, and increase to 18 for printed information. Shelter clients might ask for larger font size and please accommodate this request.

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

**Answer: Yes.** The printed material that is handed out in the shelters could be made accessible for everyone who needs to have the information. Information should start at 14 font and use Times Roman. Always double space for reading clarity.

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

**Answer: Yes.** All information provided in the shelter should be made accessible to everyone in the shelter. This includes language, font size, and font type.

## 22.0 Plain Language Documents or Websites

### **Do you really have to reduce the language level in “plain language” documents?**

**Answer: No!** This is a popular myth. The first rule of plain language is: write for your audience. Use language your audience knows and feels comfortable with. Take your audience’s current level of knowledge into account.

Don’t write for an 8th grade class if your audience is composed of Ph.D. candidates, small business owners, working parents, or immigrants. Only write for 8th graders if your audience is, in fact, an 8th grade class.

### **What are the steps in the development of a “plain language” document or website?**

**Answer:** There are seven key steps in the document development using “plain language”.

1. Organization is key.
2. Start by stating the document’s purpose and its bottom line.
3. Eliminate filler and unnecessary content.
4. Put the most important information at the beginning.
  - a. Put general information first.
  - b. The material that addresses most readers in most situations comes first.
5. Include background information (when necessary) toward the end.
6. Put specialized information or exceptions to the general information later.
7. Think through the questions your audience is likely to ask and then organize your material in the order they’d ask them.

### **Why is it important to use “plain language” in your websites or in your documents?**

**Answer:** People read documents and visit websites to get answers. They want to know how to do something or what happens if they don’t do something. They want to gain this knowledge quickly. Organize your document to respond to these concerns.

### **When you creating a “plain language” document do you address the group or a single person?**

**Answer:** Remember that even though your document may affect a thousand or a million people, you are speaking to the one person who is reading it.

When your writing reflects this, it's more economical and has a greater impact.

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

**Answer:** Singular nouns and verbs prevent confusion in your document or website. This helps establish whether a requirement applies to individual users or to groups.

## 23.0 Human Trafficking

### What is the definition of “human trafficking”?

**Answer:** In the United States, the **Trafficking Victims Protection Act of 2000 (TVPA)**, as amended by the **Justice for Victims of Trafficking Act of 2015 (JVTA)**, defines sex trafficking as “recruiting, harboring, transporting, providing, obtaining, patronizing, or soliciting of an individual through the means of force, fraud, or coercion for the purpose of commercial sex”. However, it is not necessary to demonstrate force, fraud, or coercion in sex trafficking cases involving children under the age of 18.

### What is the definition of sex trafficking?

**Answer:** Sex trafficking is a form of modern-day slavery in which individuals perform commercial sex through the use of force, fraud, or coercion. Minors under the age of 18 engaging in commercial sex are considered to be victims of human trafficking, regardless of the use of force, fraud, or coercion.

### What is the definition of commercial sex act?

**Answer:** The term “commercial sex act” is defined as “any sex act on account of which anything of value is given to or received by any person” (22 U.S.C. 7102).

### What is slavery?

**Answer: Slavery is defined as** forced to work without pay, under the threat of violence, and being unable to walk away.

### Where do slaves work?

**Answer:** Slaves work in: farm fields, factories, mines, construction sites, logging camps, restaurants, hotels, retail stores, brothels and private homes- anywhere slave owners can feed their greed.

### What other words are used for Slavery?

**Answer:** Slave holders use many terms to avoid the word “slavery” such as debt bondage, bonded labor, attached labor, forced labor, indentured servitude and human trafficking.

## **What is Human Smuggling?**

**Answer:** Human Smuggling is defined as the importation of people into the United States involving deliberate evasion of immigration laws. This offense includes bringing illegal aliens into the United States as well as the unlawful transportation and harboring of aliens already in the United States.

## **Is human smuggling and human trafficking the same the terms or can they be interchanged with each other?**

**Answer: No.** Human smuggling is transportation-based. Human trafficking is exploitation-based.

## **What is the Blue Campaign?**

**Answer:**

- The Blue Campaign serves as the unified voice for the Department of Homeland Security (**DHS's**) efforts to combat human trafficking.
- Educates the public through awareness resources including public service announcements, posters, brochures, and infographics.
- Partners with state, local, and tribal governments, federal agencies, and non-governmental and private organizations to provide training and resources on recognizing and reporting suspected human trafficking.
- Use social media to communicate with stakeholders and the general public about the Department of Homeland Security (**DHS's**) efforts, how to recognize and report human trafficking, and how to get involved.

**Report Suspicious Activity: 1-866-DHS-2-ICE (1-866-347-2423)**

[www.dhs.gov/bluecampaign](http://www.dhs.gov/bluecampaign)

## **What are the indicators for trafficking?**

**Answer:** The following questions can guide you in human trafficking awareness:

- Is the victim in possession of identification and travel documents; if not, who has control of the documents?
- Was the victim coached on what to say to law enforcement and immigration officials?
- Was the victim recruited for one purpose and forced to engage in some other job?
- Is the victim's salary being garnished to pay off a smuggling fee? (Paying off a smuggling fee alone is not considered trafficking.)



- Was the victim forced to perform sexual acts?
- Does the victim have freedom of movements?
- Has the victim or family been threatened with harm if the victim attempts to escape?
- Has the victim been threatened with deportation or law enforcement action?
- Has the victim been harmed or deprived of food, water, sleep, medical care, or other life necessities?
- Can the victim freely contact friends or family?
- Is the victim a juvenile engaged in commercial sex?
- Is the victim allowed to socialize or attend religious services?

**Report Suspicious Activity: 1-866-DHS-2-ICE (1-866-347-2423)**

[www.dhs.gov/bluecampaign](http://www.dhs.gov/bluecampaign)

**What are the physical indicators of human trafficking?**

**Answer:** The following information will assist you in identifying physical indicators of human trafficking.

Does the person:

- Show signs of physical and/or sexual abuse, physical restraint, confinement, or torture?
- Appear to be deprived of food, water, sleep, medical care, or other necessities?
- Lack personal possessions?

**What are the social indicators of human trafficking?**

**Answer:** The following information will assist you in identifying social indicators of human trafficking.

Does the person:

- Work excessively long and/or unusual hours?
- Show sudden or dramatic changes in behavior?
- Act fearful, anxious, depressed, submissive, tense, or nervous/paranoid?
- Defer too another person to speak for him or her?
- Appear to be coached on what to say?
- Appear disconnected from family, friends, community organizations, or place of worship?
- Not have the ability to freely leave where they live?

## **What do disaster responders need to know about human trafficking?**

**Answer:** As a disaster responder and/or a healthcare provider, the likelihood that you will come in contact with a human trafficking victim is very high! Remember that anyone can be trafficked- men and boys, women and girls.

## **Do disasters increase the risks of human trafficking?**

**Answer: Yes**, in all phases of the disaster.

### Beginning of Disasters

- Disruption and chaos make it easy to exploit disaster survivors
- Perpetrators of trafficking may pose as responders offering survivors help with housing, food, or water

### During Disasters

- Disaster survivors may engage in survival strategies that make vulnerable to be taken advantage of
- Children may be separated, sometimes permanently, from their parents

### After Disasters

- Rebuilding and cleanup create new markets for cheap or free labor
- Disaster survivors may lose their main source of income and look for new types of work, including commercial sex

## **What is the definition of labor trafficking?**

**Answer:** Labor Trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery, (*22 USC § 7102*).

## **Are there signs to notice in labor trafficking?**

**Answer: Yes.** The individual states the following:

- Reports performing work duties in exchange for basic necessities (food, water, housing), rather than money
- Unable to freely choose where they live
- Identification documents are held by employer

## **Are their different types of labor trafficking?**

**Answer: Yes.** The federal government has three different categories of labor trafficking.

- Involuntary Servitude
- Debt Bondage
- Coercion

## **What is Involuntary Servitude?**

**Answer:** Involuntary servitude is a condition of servitude induced by means of any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process (22 U.S.C. 7102 (6)).

## **What is Debt Bondage?**

**Answer:** Debt bondage is the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined (22 U.S.C. 7102 (5)).

## **What is Coercion?**

**Answer:** Coercion in labor trafficking consist of the following process:

- threats of serious harm to or physical restraint against any person;
- any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- the abuse or threatened abuse of the legal process (22 U.S.C. 7102 (3)).

## 24.0 Families

**Can family members forcible be separated in the shelters?**

**Answer: No.** Families should never be separated in shelters.

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

**Answer: Yes.** Children and families can receive direct deposits from (Temporary Assistance for Needy Families) (**TANF**) to assist in immediate essentials after a disaster. Temporary Assistance for Needy Families (**TANF**) is a federal assistance program for children and families.

## 26.0 Children

### **What are some things I can do for children, who have been affected by a disaster?**

**Answer:** **Two** of the most important things you can do are to establish a routine within the shelter for children such as play times or reading times and to provide a safe play environment with caring, attentive adults.

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

**Answer:** **Yes.**

- **Natural supports work best.** Children with cognitive impairments, like other children, adapt best in their own environments and routines.
- **Education helps.** Knowing what to expect helps you be prepared to provide support. For example, expect children to misunderstand some of the things they hear and see. Be prepared to learn what they know and supply accurate and timely information. Teach older children that recovery is a process: it takes time, everyone responds uniquely, and there is no “right” way to feel. There are right ways to act, however, and children need good role models. Help them learn about federal, state, and community leaders whose responses are constructive and inspire confidence.
- **Focus on doing.** When you demonstrate caring for yourself and others, you are engaged in coping. It is important to express feelings, but coping is also about learning, thinking, and doing. Some specific steps you can take are the following:
- **Limit further exposure to trauma.** Given how immersed we are in unfolding events, assume that children know about them. It is important, however, to limit ongoing exposure to the trauma. For younger children, turn off the television during the news. Set aside some time to look at newspaper stories and photographs and answer questions. For older children, watch the news together. Change channels if you feel the media coverage is not constructive. Talk about what you see while you are watching and afterward.
- **Address concerns about safety.** Discuss safety with children. Children will be assured by knowing steps authorities are taking to protect the public. Explain in concrete terms how our leaders are working together to restore normalcy. Be honest and calm about risk; don’t promise that nothing like this will happen again. Explain that most of us will live long and grow old. Reassure children that you will do everything in your power to protect them.

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

**Answer: No.** Each infant may have different nutritional needs or may have a medical condition that precludes the use of certain formulas. A variety of formulas will need to be available. Your local county health department's Women, Infants, and Children (**WIC**) program may be able to assist shelter personnel in finding specific formulas. Not all infants' formula feed. Many mothers may want to exclusively breastfeed. Provide a curtain in the mother's sleeping area or a specific area in the shelter for breastfeeding mothers to be comfortable and have privacy

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

**Answer: Yes.** These infants have been medically evaluated as stable and have the ability to survive and thrive outside of hospital walls. Parents/caregivers who come to the shelter with a medically stable infant on home medical equipment have the skills and knowledge they need to care for their infant. Examples of home medical equipment you may see include: oxygen canisters and tubing, nasal cannula and tubing, intravenous (**IV**) tubing and intravenous (**IV**) medication, ports, IV lines called peripherally inserted central catheter (**PICC**) lines, and breathing tubes in the middle of the throat called tracheostomy (**trach**).

These parents may need assistance if they do not have **extra batteries or oxygen** (particularly if they had to evacuate in a hurry) for their devices. Any emergency situation should be handled by emergency medical services (**EMS**). Shelters may want to keep a pediatrician on standby for the shelter medical clinic for situations like this as needed.

### **Does your child have to wear the identification wrist band in the shelter?**

**Answer: Yes.** The identification wrist band helps with proof of identity for each child/minor in the shelter. The band will have the appropriate family name of each child for family/care giver identification.

### **Can a family request a crib or baby bed while in the shelter?**

**Answer: Yes.** Infant supplies can be requested and received for families in the shelter.

## 26.0 Children Reunification

### **What is child or children reunification during emergencies or disasters?**

**Answer:** Reunification is defined as the process of assisting displaced disaster survivors, including children, in voluntarily reestablishing contact with family and friends after a period of separation.

### **Which agencies should be contacted for unaccompanied minors during emergencies?**

**Answer:** The agencies below should be contacted if you find a child or children that are unaccompanied by parents or guardians. They are State Child Welfare Agencies such as Department of Social Services, Department of Human Services, Department of Children and Family Services, and the local or state police departments).

### **What should you do while you wait for the proper child welfare agencies to respond to the unaccompanied child or children?**

**Answer:** Assume responsibility for the unaccompanied minors, as provided by the law. This includes coordination with state or local law enforcement and the judicial system to ascertain the legal responsibilities of various agencies to accomplish the following:

- Provide temporary and, if necessary, long-term care of the minor.
- Implement standardized guidance to verify the identity and custody rights of adults seeking the release of the child.
- Safely release the child to a verified parent or legal guardian.
- Work within the judicial system to ensure that proper legal procedures are followed and keep the safety of the child in mind at all times.

### **What roles does the state child welfare agencies have in child reunification during emergencies?**

1. Support the safety and needs of children separated from parents or legal guardians and parents or legal guardians seeking missing children during a disaster.
2. Coordinate with the appropriate agencies and organizations for culturally and linguistically appropriate temporary care and shelter of unaccompanied children.
3. Coordinate with law enforcement and the judicial system to ascertain the legal responsibilities of various agencies to accomplish the following:

- a. Provide temporary and, if necessary long-term care of the minor.
  - b. Implement standardized guidance to verify the identity and custody rights of adults seeking the release of the child.
  - c. Safely release the child to a verified parent or legal guardian.
  - d. Work within the judicial system to ensure that proper legal procedures are followed and keep the safety of the child in mind at all times.
4. Support human services role and functions, including reunification, in disaster response and recovery operations in accordance with defined roles and emergency preparedness plans.
  5. Develop consensus among agencies and organizations responsible for the management (e.g., processes, procedures, credentialing, and training) of needs of children and families, including those with disabilities and other access and functional needs.
  6. Provide guidance and assistance to local child welfare agencies and child care centers with their emergency preparedness planning and reunification activities.
  7. Plan for the potential need for emergency foster care in a mass casualty event in which many children are left orphaned.
  8. Support the development of all-hazards emergency preparedness planning inclusive to children with disabilities and other access and functional needs to address lockdown procedures in daycares and summer camps, evacuation, sheltering-in-place, relocation, and reunification of children with their parents or legal guardians.
  9. Reinforce the need for family contact information and authorization for emergency transportation and medical care before a disaster happens.

### **What are state clearinghouses for missing children?**

**Answer:** State clearinghouses provide resources for missing children, their families, and the professionals who serve them.

### **What is a “critically missing child?”**

**Answer:** A critically missing child is one who is at an elevated risk of danger if not located as soon as possible due to the circumstances surrounding the child’s disappearance. A child’s age or mental/physical condition can be factors in determining whether a child is deemed to be critically missing.



**What is Team Adam?**

**Answer:** Team Adam is a quick response team of consultants deployed in critical cases of missing children. Consultants provide rapid on-site technical assistance to law enforcement agencies investigating cases of missing, abducted and sexually exploited children.

**What is The Unaccompanied Minors Registry?**

**Answer:** The Unaccompanied Minors Registry is a tool for reporting children displaced during a disaster such as a tornado or terrorist attack. Through the Unaccompanied Minors Registry National Center for Missing and Exploited Children is able to assist emergency management personnel on the ground in their efforts to reunite families.

## 27.0 Older Adult Etiquette

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

**Answer: No.** Present information in a clear and familiar way to reduce the number of inferences that must be made. If your suggestions are by necessity general, like “Eat healthier food”, then try to give specific examples. Omit unnecessary words.

**Is it okay to call a person who is senior in age “honey”, pet names, or by their first name only?**

**Answer: No.** Always show respect for the individual no matter their age. Many seniors and others will find the words “honey or baby” to be offensive. Calling them by their first name is not respectful for a senior in age to be addressed.

**Who does the shelter staff speak to in a large family unit?**

**Answer: Always,** speak to the most senior in age of the family. Then they can redirect you, if they find it necessary for specific information paraphrasing.

## 28.0 Vulnerable Adults

### **What is considered a vulnerable adult?**

**Answer:** Vulnerable adult is defined as an individual who is an incapacitated person or who, because of physical or mental disability, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively. Or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without the assistance from others (*O.S. Title 63 10-103(5)*).

### **What is executive functioning in assessing mental capacity?**

**Answer:** Executive Functioning is an assessing tool that analyzes the mental capacity of an older adult. This assessing tool provides information on the level of mental capacity the older adult has for problem solving. Executive functioning assesses within the following areas:

- Can the person make a plan?
- Follow through (with plan)
- Complete activities of daily living

### **What is transfer trauma?**

**Answer:** Transfer trauma is a term used to describe the stress that an individual with dementia may experience when changing living environments.

### **Who can be affected by transfer trauma?**

**Answer:** Many people can be affected by transfer trauma during emergencies. People who are adversely affected by transfer trauma are the following:

- People living with dementia
- People suffering from post-traumatic stress
- People who have mental illness

### **Can the shelter staff minimize transfer trauma for vulnerable adults?**

**Answer: Yes.** The best method to minimize transfer trauma for vulnerable adults is the following:

- Keep familiar people and their belongings together
- Assess individual interests
- Individualized activities during their stay in the shelter

### **What is a “mini mental exam”?**

**Answer:** The mini mental examination is the most commonly used test for complaints of memory problems. It can be used by clinicians to help diagnose dementia and to help assess its progression and severity.

## 29.0 Personal Assistance Service (PAS)

### **What is a Personal Assistance Service (PAS) Program?**

**Answer:** The Personal Assistance Service (**PAS**) is a federal emergency management association (**FEMA**) program that performs formal and informal services by paid personal attendants, friends, family members, and/or volunteers that enable children and adults with access and functional needs to maintain their independence during disasters.

### **What activities are provided in the Personal Assistance Service (PAS) services?**

**Answer:** The provision of Personal Assistance Service (**PAS**) supports the Activities of Daily Living (**ADL**) including grooming, eating, bathing, toileting, dressing and undressing, walking, transferring, and maintaining health and safety. Depending on an individual's needs, higher levels of **PAS** care can include the provision of skin care, catheterization, colostomy care, administering medications, and some respiratory assistance.

### **Who provides the Personal Assistance Service (PAS) staff?**

**Answer:** Personal Assistance Service (**PAS**) is provided as Individual Assistance (**IA**) under the Stafford Act, Emergency Support Function (**ESF**) #6-Mass Care, Emergency Assistance, Housing and Human Services, Section 403, to augment the ability of States, Tribes, and US Territories in helping individuals with access and functional needs maintain their health, safety, and independence in a general population shelter.

### **When is the PAS staff activated for duty?**

**Answer:** When the need for Personal Assistance Service (**PAS**) exceeds the state's capability, during a presidentially declared disaster, the Governor may request PAS through Federal Emergency Management Agency (**FEMA**).

### **How do you request the services provided by the Personal Assistance staff?**

**Answer:** The shelter client or medical services can request Personal Assistance staff through the emergency operations center (**EOC**).

**Does the client pay for the services provided by the PAS?**

**Answer: No.** The services provided by the Personal Assistance Service (PAS) staff are free to the client(s) in the shelter.

## 30.0 Durable Medical Equipment (DME)

### **What is durable medical equipment (DME)?**

**Answer:** Durable equipment is defined as equipment which can be repetitively used and is medically necessary for the treatment of an illness, injury, and/or the prevention of a patient's medical condition.

### **What items are considered durable medical equipment?**

**Answer:** Examples of durable medical equipment (**DME**) includes the following: walkers, hospital beds, crutches, wheelchairs, canes, flexible or bendable straws, dry eraser white board and pen, zip lock bags, and oxygen equipment. The list stated is not comprehensive.

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

**Answer: Sometimes.** The state has many different resources to assist in replacement of lost durable medical equipment. However, the durable medical equipment (**DME**) item is only available through our multi-level resources and partners.

### **Are all wheelchairs the same for everyone?**

**Answer: No.** Wheelchairs should be fitted to the client's height and weight.

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

**Answer: No.** The durable medical equipment (**DME**) is replaced at no charge to emergency clients, if resources are available.

### **What items of durable medical equipment should be pre-positioned in a shelter?**

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

## 31.0 Portable Ramps

**Can the shelter use portable ramp(s) to provide “accessibility” into the facility?**

**Answer: Yes.** Portable ramps can be used to create accessibility for shelter clients



## 32.0 People with Cognitive Disabilities

### **What is a cognitive disability?**

**Answer:** A cognitive disability is a term used when a person has certain limitations in mental functioning and skills such as communicating, taking care of themselves, and social skills.

### **Are there strategies that should be used with children who have cognitive disabilities after a disaster?**

**Answer: Yes.**

- Use language the child understands. Speak at the child's language level, giving short explanations.
- Check the child understanding of the specific situation. Ask often about what children are thinking and feeling. Encourage them to draw pictures if they are able. Draw, paint, or color with them. Provide choices of emotions they may be experiencing. Use pictures that represent "sad" or "upset" if they are not good at expressing themselves with words.
- Expect misunderstanding. Children with language and cognitive disabilities may be particularly vulnerable to misconceptions. Multiple television rebroadcasts may be confusing and children may become afraid that the attack continues or has started anew.
- Correct misunderstandings. A news report about requests for blood donations confused one child who could not understand why someone would take people's blood from them. Ask children about what they hear and tune in closely to their reactions, including facial expressions.
- Use pictures and talk together. Each discussion offers an opportunity to help children understand and cope. Provide information to more than one sense at a time, allowing children to see, hear, touch, talk, and do. For very young and elementary-age children, show photos of recovery operations. Tell them how the firefighter or police officer pictured is helping. This can be done many times over the coming days.
- Identify the human element of the tragedy if inappropriate questions are asked. Some children may want to talk about aspects of the tragedy that may seem irrelevant or insensitive.
- Look at what might be upsetting. Use comfort and explanations that will calm the child.

**Should the shelter have a “quiet room” for people who have autism?**

**Answer: Yes.** Quiet rooms will help with sound reduction for people who are sensitive to sounds. This will help people who have autism and people who have migraines.

## 33.0 People with Invisible Disabilities

### What is an invisible disability?

**Answer:** Invisible disabilities are certain kinds of disabilities that are not immediately apparent to others. It is estimated that **10% of people in the U.S.** have a medical condition which could be considered a type of invisible disability.

### What examples can you provide that are contained in the invisible disability's areas?

**Answer:** Examples of invisible disabilities are as follows: Asthma, Arthritis, Acquired Immune Deficiency Syndrome (**AIDS**), Attention Deficit Hyperactivity Disorder (**ADHD**), and Autism. Invisible disabilities can also be the following: back injuries, mental illness, cancer, chronic pain, cognitive disabilities, Cystic Fibrosis, low vision, hard of hearing, Diabetes, Epilepsy, food allergies, Lupus, Multiple Sclerosis, and etc.... **Note:** The pervious list does not contain all of the examples of invisible disabilities.

## 34.0 People with Mobility Disability

**Can a shelter refuse to take a person if they use a wheelchair, cane, walker, or any other mobility device?**

**Answer: No.** It is illegal to refuse a person entrance into a shelter because they use a wheelchair, walker, cane, or any mobility device or equipment.

**Can the shelter staff help in replacing a wheelchair?**

**Answer: Yes.** The shelter staff has contacts and resources that can assist in the replacement of a wheelchair, walker, crutches, or a cane.

**Should a person start pushing a person in a wheelchair without their permission?**

**Answer: No.** Never assume it is okay to make someone move to another area. Ask questions and person to move the individual if they are not independent in using their wheelchair.

## 35.0 People with Visual Disabilities

### **Can a shelter refuse to take a client, because he or she is blind?**

**Answer: No.** It is illegal to deny someone who is blind or have any physical or mental health needs on the basis of their disability.

### **Can a person always recognize someone who is blind or has a visually disability?**

**Answer: Not necessarily.** Some blind people use a white cane or a dog guide (service animal) to help them navigate in their surroundings, which will help you identify the individual as possibly needing assistance. Others may not choose to use any mobility aids. It is the responsibility of the person with a disability to let you know that assistance is needed.

### **Is it okay to separate a person who is blind from his/her cane or guide dog?**

**Answer: No.** Do not separate the person who is blind from his/her cane or guide dog.

### **What should the staff member do if they need to leave the person who is blind alone in the shelter?**

**Answer:** Tell the person that you are about to leave. Make sure the person is comfortable and is aware of their surroundings. Never just leave the person standing there in “free space”.

### **Can the shelter staff assist in the replacement lost eyeglasses?**

**Answer: Yes.** The shelter staff has contacts and resources that can assist in the replacement of eyeglasses.

### **Should we provide sun glasses for people who are blind?**

**Answer: Yes,** if the client requests the sun glasses. Some people who have low vision or who are blind might need dark sun glasses to wear in the bright shelters. The light can cause them to have headaches.

**Is the shelter staff required to provide a tour of the shelter, to a person who is blind?**

**Answer: Yes.** The person who is blind will need to know where things are in the shelter. Such as the following areas: bathroom, food table, and resource areas. The tour will provide the individual independence in the shelter. Note-tours of the shelter should be provided to all clients and staff.

**Are there special efforts that should be made when preparing the shelter for people who are blind?**

**Answer: Yes.** The immediate area around the person who is blind should be clear for walking.

**Will a word or page magnifier help with reading documents for people who are blind or have low vision?**

**Answer: Sometimes.** Blindness occurs at different levels. Sometimes a person who is blind can see objects very close up and larger. Also, the page/word magnifier can be used for people who have low vision.

## 36.0 People who are Hard-of-Hearing

**Are there services to assist in replacing a lost hearing aid?**

**Answer: Yes.** There are resources to replace lost hearing aids in Oklahoma.

**Should the shelter staff speak loudly to the person that is hard-of-hearing for information transfer?**

**Answer: No.** This will not help the person and the discussion is not private.

## 37.0 The Deaf Culture

**Is American Sign Language (ASL) required to effectively communicate with someone who is Deaf?**

**Answer: Yes.** It is required if the person requests or communicates using American Sign Language (**ASL**) as their primary language.

**Should the shelter staff write the questions or information on a sheet a paper, when trying to communicate with a person who is Deaf?**

**Answer: No.** It is **unethical** to use this method of communication if the person requests American Sign Language (**ASL**) as their primary language. The staff should use **ASL** certified interpreter(s) or video remote interpreting (**VRI**) services with a trained and certified interpreter(s) for accurate information exchange in emergency and routine exchanges.

**Is the shelter staff required to call an American Sign Language (ASL) Interpreter for the person who is Deaf?**

**Answer: Yes.** It is required that you call a certified American Sign Language (**ASL**) interpreter for “accurate and effective” communication translation if requested or is needed for information transference of information.

**Is American Sign Language (ASL) a real language?**

**Answer: Yes.** American Sign Language (**ASL**) is the **third** most used language in the USA.

**Can all people who are Deaf read the information on the paper?**

**Answer: No.** The words and art of the spoken languages are second language to a deaf person. Being able to read requires the same amount of learning just like a hearing person, and as sign languages often bare slightly different sentence structures and grammar, a deaf and hard- of- hearing person often will find it hard to read and comprehend fully without extensive practice.



**Can all people who are Deaf can read lips effectively?**

**Answer: No. Only about 30%** of the spoken words can be lip read due to their phonetic uniqueness and lip-reading other words become a guess work.

Those who are born deaf find it more difficult to learn lip reading because in a deaf person's world, the spoken languages are essentially their second language, therefore they will require the understanding of the spoken language before they can learn how to lip read.

**How does a person communicate with a person who is Deaf-Blind?**

**Answer:** You call for a qualified American Sign Language (**ASL**) services for people who are both Deaf-Blindness interpretation. Make sure you state that the client has Deaf-Blindness and need these specific services.

**Can the shelter staff use the American Sign Language (ASL) interpreter that is in the shelter, for the person who has Deaf-Blindness?**

**Answer: No.** Not every American Sign Language (**ASL**) interpreter can sign for a person who has Deaf-Blindness.

## 38.0 American Sign Language (ASL) Interpreters

**Can the shelter staff use the client's family(s) members/children as a language interpreter?**

**Answer: No.** It is illegal to use the family member as the interpreter. Also, children may not understand the importance of the information that is being discussed. Information transfer might not be complete or accurate for the client.

**Who do the person look at when the client is using an interpreter?**

**Answer:** You look at the person that you are talking to for effective communication exchange. **Do not look** at the interpreter during effective communication exchange.

**Does the American Sign Language (ASL) Interpreter have to be certified?**

**Answer: Yes.** It is required that the American Sign Language (ASL) interpreter be certified by no less than a Quality Assurance Screening Test (QAST) Level III-IV for shelter activity, but best practice would be to utilize nationally certified Registry of Interpreters for the Deaf (RID).

**Can the shelter staff use one American Sign Language (ASL) interpreter for every person in the shelter that is Deaf?**

**Answer: No.** One person may need medical help and the others may need other communications that are occurring in the shelter. More than one interpreter will be needed in the shelter for the group of people who are Deaf. One person who is deaf will need more than one American Sign Language (ASL) interpreter. They sign in shifts, alternating within a set timeframe for interpretation.

**Can the shelter staff use anyone who says they know American Sign Language (ASL)?**

**Answer: No.** Accurate and effective information transference is essential for the client in the shelter, recovery center, and medical area.

## 39.0 Language Barriers – Foreign Languages

**Can't the shelter staff just speak English and have the clients figure out what is being said?**

**Answer: No.** Miscommunication can occur and cause too many life-threatening problems.

**Can the shelter staff have any Spanish translator communicate with the person, who speaks Spanish as their primary language?**

**Answer: No.** There are many different dialects in the Spanish language. Their word usage can be completely different in its meaning.

**Should the shelter have information sheets printed in Spanish?**

**Answer: Yes.** All information should be translated into other languages for the public.

**Can the shelter staff use the client's child/family member(s) as the primary interpreter in the shelter?**

**Answer: No.** Information is very critical and this pressure should not be placed on a child or other family members. This is also against policy for health privacy concerns and accuracy of medical information exchange.

**Are there different dialects in the Spanish language?**

**Answer: Yes.** Depending on who you ask; there are (8-10) different dialects in the Spanish language.

**Is it important to know and understand the different Spanish dialect's?**

**Answer: Yes.** Dialects refers to those differences in intonation and pronunciation in their language. Even words and expressions that exist in some branches of the language can be absent in another dialect. Some words can take on the meaning of an insult to the person. While the same word means is harmless in another's dialect.

## 40.0 Dietary Restrictions for AFN Populations

**Does the shelter staff have to provide meals for people with “dietary restrictions”?**

**Answer: Yes.** Plans should include provisions to ensure meals and snacks are provided to all shelter residents, including children and adults with specific dietary needs and restrictions (e.g., people with diabetes, people with dietary restrictions, or severe allergies to common food ingredients and baby formulas).

**Does the shelter staff provide snacks for people who have diabetes?**

**Answer: Yes.** Additional snacks such as cheese and crackers, etc., will be provided for people who have diabetes or other health needs.

## 41.0 Bathing and Toileting Needs for AFN Populations

**Do we have to accommodate bathing and toileting needs for people with disabilities?**

**Answer: Yes.** Whenever bathing and toileting facilities are available in a general population's shelter, they must include accessible bathing and toileting facilities for children and adults.

## 42.0 Accessible Care for AFN Populations

### Can a shelter client request “personal assistance” for their activities of daily living (ADL’s) care?

**Answer: Yes.** The request can be made while they are in the shelter. The shelter manager will send the request to the state Emergency Operations Center (**EOC**). The EOC can request a person to be sent to the shelter for the client(s) needing “personal care assistance”.

### What are Activities of Daily Living (ADL’s)?

**Answer:** Most senior care providers and health professionals group the activities of daily living (**ADL’s**) into the following six categories:

- **Bathing:** includes grooming activities such as shaving, and brushing teeth and hair
- **Dressing:** choosing appropriate garments and being able to dress and undress, having no trouble with buttons, zippers or other fasteners
- **Eating:** being able to feed oneself
- **Transferring:** being able to walk, or, if not ambulatory, being able to transfer oneself from bed to wheelchair and back
- **Continence:** being able to control one’s bowels and bladder, or manage one’s incontinence independently
- **Toileting:** being able to use the toilet

## 43.0 Transportation for AFN Populations

### **Should transportation services be accessible to everyone in the shelter?**

**Answer: Yes.** Accessible vehicles should be able to transport wheelchairs, scooters, or other mobility aids, as well as equipment and supplies (e.g., portable oxygen, portable toilets, communication devices, service animals). Even if accessible public or private transportation is ordinarily available, there should be a contingency plan for transporting people if this transportation is disrupted.

## 44.0 Radiation

### What is an Improvised Nuclear Device (IND)?

**Answer:** The improvised nuclear device (**IND**) is a nuclear emergency involves the explosion of a nuclear weapon or improvised nuclear device (IND). The explosion produces an intense pulse of heat, air pressure, and radiation. The nuclear explosions produce fallout (radioactive materials that can be carried long distance by the wind).

### Are there dangers from the Improvised Nuclear Device (IND)?

**Answer: Yes.** The improvised nuclear device (**IND**) can cause great destruction, death, and injury and have a wide area of impact. People close to the blast site could experience the following:

- Injury or death (as a result of the blast)
- Moderate to severe burns
- Flash blindness
- Radiation Sickness is also called acute radiation syndrome (ARS)
- Contaminated food and water sources

### What is a Dirty Bomb or Radiological Dispersal Device (RDD)?

**Answer:** A dirty bomb is a mix of explosives, such as dynamite, with radioactive power or pellets. It is also known as a radiological dispersal device (**RDD**).

A dirty bomb cannot create an atomic blast like an improvised nuclear device or nuclear weapon. When the dirty bomb explodes, the blast carries radioactive material into the surrounding area.

### Is there a main danger from a dirty bomb?

**Answer: Yes.** The main danger from a dirty bomb comes from the explosion, not the radiation. The explosion from a dirty bomb can cause serious injuries and property damage.

Only people who are very close to the blast would be exposed to enough radiation to cause immediate serious illness. However, the radioactive dust and smoke can spread farther away and could be dangerous to health if people breathe in the dust, eat contaminated food, or drink contaminated water.



### **What is a Radiological Exposure Device (RED)?**

**Answer:** Radioactive material could be hidden from sight to expose people to radiation without their knowledge. These devices are called Radiological Exposure Devices (**RED**), or hidden sealed sources.

REDs could be hidden from sight in a public place (e.g. under a subway seat, in a food court, or in a busy hallway). People who sit or pass close to the site of a RED could be exposed to radiation.

### **Are there main dangers from Radiological Exposure Devices (RED)?**

**Answer: Yes.** The dangers of a RED depend on the following:

- The type and amount of radioactive material
- How long people were near the device
- What parts of their bodies were exposed?
- People exposed to high levels of radiation could develop symptoms of acute radiation syndrome (**ARS**), or could develop radiation burns.
- Health effects may take hours, days, or weeks to appear. These effects range from mild to severe effects, such as death or cancer. Some people may not experience any health effects.

### **How is radioactive material transported?**

**Answer:** Radioactive material is transported by trucks, rail, and other shipping methods. Shipments involving significant amounts of radioactive material are required to have documentation, labels, and placards identifying the cargo as radioactive.

### **What are the main dangers of a transportation accident involving radiation?**

**Answer:** The main dangers of transportation accidents involving radiation are contact with and exposure to radioactive material.

It is very unlikely that accidents involving transport of radioactive material will cause any radiation-related injuries or illnesses. Emergency officials have plans to safely respond to transportation accidents involving radioactive material.

## 45.0 Acronyms

**ADA** – Americans with Disability Act

**ADHD** – Attention Deficit Hyperactivity Disorder

**ADL's** – Activities of Daily Living (s)

**AFN** – Access and Functional Needs

**AIDS** – Acquired Immune Deficiency Syndrome

**ARC** – American Red Cross

**ARS** – Acute Radiation Syndrome

**ASL** – American Sign Language

**BSL** – British Sign Language

**CART** – Computer-Assisted Real-Time Transcription

**DHS** – Department of Human Services

**DME** – Durable Medical Equipment

**EMS** – Emergency Medical Services

**EOC** – Emergency Operations Center

**FAST** – Functional Assessment Support Team

**HIPAA** – Health Insurance Portability and Accountability Act

**IA** – Individual Assistance

**IND** – Improvised Nuclear Device

**IV** – Intravenous

**MOU** – Memorandum of Understanding

**MRC** – Medical Reserve Corp

**NAAL** – National Assessment of Adult Literacy

**NDRN** – National Disability Rights Network

**OCCHD** – Oklahoma City County Health Department

**ODEMHS** – Oklahoma Department of Emergency Management and Homeland Security

**OK-VOAD** – Oklahoma Volunteer Organizations Active in Disasters

**OSDH** – Oklahoma State Department of Health

**PAS** – Personal Assistance Services

**PETS** – Pets Evacuation and Transportation Standards

**PFA** – Psychological First Aid  
**PICC** – Peripherally Inserted Central Catheter  
**PTSD** – Post Traumatic Stress Disorder  
**RED** – Radiological Exposure Device  
**RDD** – Radiological Dispersal Device  
**RID** – Registry of Interpreters for the Deaf  
**QAST** – Quality Assurance Screening Test  
**THD** – Tulsa Health Department  
**VRI** – Video Remote Interpreting  
**WIC** – Women, Infants, and Children

## References

Americans With Disabilities Act: <http://www.ada.gov>

Best Practices and Guidelines for Large Print Documents Used by Low Vision Community: <http://www.cclvi.org/large-print-guidelines.html>

Centers for Disease Control and Prevention – Radiation Emergencies: <https://www.cdc.gov/nceh/radiation/emergencies/moreypes.htm>

Communicating with and About People with Disabilities: [http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter\\_photos.pdf](http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf)

Deaf Websites – Deaf Etiquette: <http://www.deafwebsites.com/deaf-culture/deaf-etiquette.html>

Invisible Disabilities Association: <http://invisibledisabilities.org/>

Oklahoma Literacy Resource Office  
<http://www.odl.state.ok.us/literacy/statistics/health/htm>.

National Assessment of Adult Literacy (NAAL): <http://www.Nces.ed.gov>

National Institute on Aging  
<http://www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly>

National Institute of Neurological Disorders and Stroke – Autism: [http://www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm)

Office of Disability Integration & Coordination: <http://www.fema.gov/office-disability-integration-coordination>

Oklahoma QAST: <http://okrid.org/documents/drsQASTapp.pdf>

Oklahoma Statutes: <http://www.oklegislature.gov/osstatuestitle.html>

Personal Assistance Services (PAS):

[http://www.fema.gov/pdf/emergnecy/disasterhousing/guidance\\_plan\\_pa\\_gp\\_ops.pdf](http://www.fema.gov/pdf/emergnecy/disasterhousing/guidance_plan_pa_gp_ops.pdf)

Pets Evacuation and Transportation Standards Act (PETS) ACT:

<http://www.gpo.gov/fdsys/pkg/PLAW-109publ308/pdf/PLAW-109publ308.pdf>

Robert T. Stafford Disaster Relief and Emergency Assistance Act:

<http://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended>

Services Animals: [http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

The National Child Traumatic Stress Network- Psychological First Aid:

<http://www.nctsn.org/content/psychological-first-aid>

Disaster Preparedness Resource Guide- For Child Welfare Agencies:

<http://www.jointcommission.org>

## Resource Authors

Thank you for your time and expertise in Access and Functional Needs emergency planning and response.

Glenda Ford-Lee, MHR  
Oklahoma State Department of Health  
Emergency Preparedness & Response Services  
Statewide At-Risk Populations Coordinator  
GlendaFL@health.ok.gov

Rick Barcus (retired)  
Oklahoma Department of Human Services  
Oklahoma Developmental Disabilities Counsel

Elizabeth Billingsley, RN, BSN  
Oklahoma City County Health Department  
Public Health & Preparedness and Emergency Response Public Health Nurse  
Elizabeth\_Billingsley@occhd.org

Vicky Golightly (retired)  
Oklahoma Department of Rehabilitation Services  
Oklahoma Library for Blind and Physically Handicapped

Rick Lewis  
Progressive Independence  
Information Specialist  
Rlewis@progind.org

Tom Thomson, M.Ed., LPC, CPM (retired)  
Oklahoma Department of Mental Health and Substance Abuse Services

Joy Turner, JD  
Oklahoma Disability Law Center  
Attorney  
joy@okdlc.org

William J. Whited  
Department of Human Services, Aging  
Deputy State Long-Term Care Ombudsman  
Programs Manager II  
William.Whited@okdhs.org