



IRAA Mass Care & Evacuation Planning Project

A Project of the Western Regional Homeland Security Advisory Council

Summary Report: Strategies and Findings

Preface

BACKGROUND

This project was completed under the auspices of the Western Regional Homeland Security Advisory Council (WRHSAC). The Council's Pandemic Flu Subcommittee, comprised of Council Members and representatives from the four Regional Public Health Coalitions, set the guidelines for addressing IRAA populations emergency preparedness planning. Within the overall context of the Western Mass IRAA Preparedness Project, the Subcommittee provided ongoing guidance for the IRAA Mass Care & Evacuation Planning Project.

The work on the project was implemented by the following contracted team:

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- Berkshire County Coordinator: Vivian Orlowski, Emergency Planner, Berkshire County Boards of Health Association
- Franklin County Coordinator: Nina Martin-Anzuoni, Regional Preparedness Community Based Organization Coordinator, Franklin Regional Council of Governments
- Hampden County Coordinator: Kathleen Conley Norbut, Coordinator, Western Mass Medical Reserve Corps and Emergency Management Director, Town of Monson
- Hampshire County Coordinator: Peter Klejna, Consultant, Hampshire Public Health Preparedness Coalition

ACKNOWLEDGMENTS

We wish to thank all those who contributed to and/or supported this project:

- Western Regional Homeland Security Advisory Council Members and Leaders (during the project) - Chair: Linda Moriarty and Vice Chair: Major Thomas Grady
- Pandemic Flu Subcommittee Members and Subcommittee Chair: Sandra Martin
- Homeland Security Program Manager: Susan Brown
- Members of the Western Mass Public Health Coalitions
- 14 EMDs and Assistant EMDs in all four Western Massachusetts Counties
- Representatives of the cooperating state and regional agencies and organizations mentioned in this Summary Report.

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Introduction

Building on the previous and ongoing work within mass care, evacuation and sheltering, combined with the ongoing work of the Western Mass Individuals Requiring Additional Assistance (IRAA) Preparedness Project, and utilizing the relationships established therein, the Western Mass IRAA Preparedness Project liaised with state agencies, service agencies and other applicable NGOs to develop evacuation and sheltering strategies with particular attention to IRAA populations.

The Project advocated for fully accessible shelters for the general population that are fully inclusive of IRAA physical, mental, and communication needs. The Project has also identified equipment and sheltering needs for IRAA in regional shelters and proposed specific strategies for communicating with IRAA during emergency response situations.

PROJECT ACCOMPLISHMENTS

Directed by the Project Manager, the four IRAA County Coordinators for Berkshire, Franklin, Hampden and Hampshire Counties accomplished the following:

1. Networked with EMDs through MEMA, REPC and LEPC meetings to educate first responders and shelter partners on IRAA population needs and resources for mass care, evacuation and sheltering;
2. Facilitated Advisory Council input for mass care, evacuation and sheltering for the populations that they serve;
3. Expanded municipal and private sector participation in the project through outreach, training, development and dissemination of IRAA mass care, evacuation and sheltering materials;
4. Produced a guide with checklists including IRAA sheltering considerations, IRAA sheltering supplies, communication strategies, and IRAA Agency contact lists. This guide will be provided to the Planning Committee to assist their outreach to EMDs and shelters.

Gaps between first responders and community based organizations serving IRAA, as well as stakeholders in elected positions and the private sector, were addressed through the networking and outreach specified above. Emphasis on articulating IRAA needs in shelter situations through outreach with planning partners helps to identify and narrow the cultural and resource gaps between first responders, IRAA providers and advocates.

PROJECT BENEFICIARIES

Direct and indirect benefits of the project will have impact on:

- IRAA individuals, their families, and the organizations that serve them, through improved communications and preparedness planning for mass care, evacuation and sheltering;
- EMDs, first responders, municipal officials and shelter partners, who all will benefit through improved emergency preparedness and response capacity in the region.
- The entire population is benefited by building emergency planning, response and recovery capacity for IRAA by reducing stressors on limited public response systems in an emergency;
- The Western Regional Homeland Security Council's *Homeland Security Plan/Strategy*, as it supports and expands current evacuation planning projects and emergency preparedness planning for special populations/individuals requiring specific assistance initiated with FFY2006 Homeland Security grant funds.

STATE HOMELAND SECURITY STRATEGY

This investment addresses the first goal identified in *The Commonwealth of Massachusetts State Homeland Security Strategy* (September 2007), to create a common operating picture among homeland security and public safety stakeholders, and addresses the State's objective to prepare the Commonwealth for mass evacuation and shelter.

Specifically, the Council's proposed objectives would create a jointly developed evacuation and shelter plan; take traffic plans and intended destinations into account; identify and establish local as well as regional sheltering networks; incorporate population demographics with particular focus on individuals requiring additional assistance during times of emergency.

These project objectives seek a coordinated multi-agency and multi-jurisdictional planning. Through this and related projects, the Council is incorporating IRAA in emergency planning and is further addressing their unique care needs with increased preparedness, community involvement and specific training.

Task 1: IRAA Mass Care & Evacuation Planning - CEMPs

COMPREHENSIVE EMERGENCY MANAGEMENT PLANS

The Project Manager and County Coordinators reached out to town officials to review shelter plan information and to establish suggested guidelines to ensure IRAA needs are considered in shelter plan development.

The first step was to identify prospects for obtaining Comprehensive Emergency Management Plans (CEMPs) in order to procure a minimum of two CEMPs per County for assessment. This stage of the Project was met with many obstacles. Each County met various impediments in identifying which CEMPs to request for assessment, and additional barriers in obtaining access to CEMPs for assessment.

The Project Manager and County Coordinators worked together to formulate strategies for choosing which localities to target, working with EMDs and Assistant EMDs, keeping CEMP information confidential, and developing an *Assessment Guideline Template*.

Each County Coordinator utilized the *Assessment Guidelines Template* to assess CEMPs. The IRAA Mass Care and Evacuation Planning Project reviewed multiple plans representing diverse communities in the region for the purpose of identifying and articulating best practices in relation to IRAA. Emergency Preparedness, Response and Recovery follow the Incident Command System. Incumbent in this task is the integration of IRAA awareness and training for Incident Commanders and all section chiefs in the ICS structure both on the community, shelter and individual levels.

CEMP ASSESSMENT GUIDELINES

CEMPs are designed with the following sections that were assessed as part of the IRAA Mass Care and Evacuation Planning Project:

1. Situation and Assumptions
2. Concept of Operations
3. Management
4. Organization and Assignment of Responsibility
5. Administration and Logistics

Additional criteria for assessment included: Spatial/physical facility; Partner inclusion; ICS team and responder IRAA awareness training; Public Information IRAA awareness training; and Completion and timely plan updates.

Each Assessment included identification of CEMP strengths and special considerations for IRAA that may be utilized as “Best Practices.” In order to safeguard the confidentiality of participating localities, each County was assigned three letters, A - L to identify their CEMP assessments. Hampden, Hampshire, and Berkshire Counties secured and assessed three CEMPs, while Franklin County secured and assessed two.

HAMPDEN COUNTY

The Hampden County IRAA Coordinator obtained and evaluated three evacuation and sheltering plans for three communities in Hampden County. The plans were chosen to reflect the diverse size, demographics, and geographical locations in the most densely population county in Western MA. The municipal plans have been designated community A, B and C for purposes of the project.

HAMPSHIRE COUNTY

The Hampshire County IRAA Coordinator obtained and evaluated three evacuation and sheltering plans for three communities in the county. More specifically, these communities are within the purview of the Hampshire Public Health Preparedness Coalition. The municipal plans have been designated community D, E, and F. Communities D and F provided no materials for consideration for inclusion in an *IRAA Best Practices Manual for Evacuation and Mass Care Sheltering* that would inform future revisions of Massachusetts municipal CEMPs. These plans closely adhere to the CEMP model provided by MEMA. Community E provides an example of a community having taken the effort to build up from the minimum CEMP requirement to better address IRAA needs.

FRANKLIN COUNTY

The Franklin County IRAA Coordinator obtained and evaluated two evacuation and sheltering plans for two communities in Franklin County. The municipal plans have been designated community H and I for purposes of the project.

BERKSHIRE COUNTY

The Berkshire County IRAA Coordinator obtained three CEMPs and evaluated three evacuation and sheltering plans for three communities in the county. The municipal plans have been designated community J, K, L for purposes of the project.

Based on the review of CEMPs in three municipalities in north, south and central regions of the county, the Berkshire County IRAA Coordinator compiled the best practices. In order to avoid repetition, the summary consolidates points derived from all reviewed plans.

Following the organizational order of the CEMP template, it also provides relevant suggestions to improve preparedness, response, recovery, mitigation for IRAA Mass Care and Evacuation. The framework draws on experience in Berkshire County coordinating the Western Mass IRAA Preparedness Project, planning Emergency Dispensing Sites, and participating in REPC meetings and projects, as well as access to federal, state and regional resources.

Task 1: IRAA Mass Care & Evacuation Planning - Best Practices

COMPLYING WITH FEDERAL LAW

Often, it is assumed that during a disaster, IRAA must be housed in a medical special needs shelter. IRAA, however, do not necessarily have medical conditions and typically do not require the care that medical shelters provide.

Diverting to medical shelters can result in the separation of individuals with disabilities from those associated with them such as family, friends, neighbors and caregivers. In addition, inappropriate placement can jeopardize the health and safety of the entire community by creating unnecessary surges on emergency medical resources.¹ It is important to collaborate with community partners when planning for sheltering and evacuating. One place to start would be contacting the organizations listed under Task 4 of this Report.

To comply with Federal law, those involved in emergency management and shelter planning should understand the concepts of accessibility and nondiscrimination and how they apply in emergencies. The following are key nondiscrimination concepts applicable under Federal laws, and examples of how these concepts apply to all phases of emergency management.²

¹ *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* created for FEMA by BCFS Health and Human Services, San Antonio, Texas. www.bcfs.net.

² *FEMA: IV. Non-discrimination Principles of the Law*. <http://www.fema.gov/oer/reference/principles.shtm>

1. Self-Determination – People with disabilities are most knowledgeable about their own needs.
2. No “One-Size-Fits-All” – People with disabilities do not all require the same assistance and do not all have the same needs. Many different types of disabilities affect people in different ways. Preparations should be made for people with a variety of functional needs, including people who use mobility aids, require medication or portable medical equipment, use service animals, need information in alternate formats, or rely on a caregiver.
3. Equal Opportunity – People with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities. Emergency recovery services and programs should be designed to provide equivalent choices for people with disabilities as they do for people without disabilities. This includes choices relating to short-term housing or other short- and long-term disaster support services.
4. Inclusion – People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations. Inclusion of people with various types of disabilities in planning, training, and evaluation of programs and services will ensure that all people are given appropriate consideration during emergencies.
5. Integration – Emergency programs, services, and activities typically must be provided in an integrated setting. The provision of services such as sheltering, information intake for disaster services, and short-term housing in integrated settings keeps people connected to their support system and caregivers and avoids the need for disparate services facilities.
6. Physical Access – Emergency programs, services, and activities must be provided at locations that all people can access, including people with disabilities. People with disabilities should be able to enter and use emergency facilities and access the programs, services, and activities that are provided. Facilities typically required to be accessible include: parking, drop-off areas, entrances and exits, security screening areas, toilet rooms, bathing facilities, sleeping areas, dining facilities, areas where medical care or human services are provided, and paths of travel to and from and between these areas.
7. Equal Access – People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general population. Equal access applies to emergency preparedness, notification of emergencies, evacuation, transportation, communication, shelter, distribution of supplies, food, first aid, medical care, housing, and application for and distribution of benefits.

8. Effective Communication – People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable and timely. Auxiliary aids and services may be needed to ensure effective communication. These resources may include pen and paper; sign language interpreters through on-site or video; and interpretation aids for people who are deaf, deaf-blind, hard of hearing or have speech impairments. People who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms.
9. Program Modifications – People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures. Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.
10. No Charge – People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment. Examples of accommodations provided without charge to the individual may include ramps; cots modified to address disability-related needs; a visual alarm; grab bars; additional storage space for medical equipment; lowered counters or shelves; Braille and raised letter signage; a sign language interpreter; a message board; assistance in completing forms or documents in Braille, large print or audio recording.³

FIVE ESSENTIAL BEST PRACTICE GUIDELINES

1. Reference and Resource Lists

At a minimum, these lists should include relevant excerpts from the following key laws:

- Americans with Disabilities Act;
- Stafford Act
- Post-Katrina Emergency Management Reform Act (PKEMRA)
- Federal civil rights laws that “mandate integration and equal opportunity for people with disabilities in general population shelters.”⁴

³ FEMA: IV. *Non-discrimination. Principles of the Law*; <http://www.fema.gov/oer/reference/principles.shtm>.

⁴ Section 3.4 “Legal Foundations for FNSS Guidance” and Section 3.5 “Legal Authorities and References” *FEMA Guidance on Planning for Integration of Functional Needs Support Services (FNSS) in General Population Shelters*.

It is important to identify IRAA rights, but the terminology requires updating, e.g., Functional Needs or IRAA (Individuals Requiring Additional Assistance), instead of “special needs populations.”

2. Training

It is vital to have properly trained back-up personnel, who are familiar with the rights of IRAA. Instructional materials and training should be developed on the rights of IRAA in evacuation and sheltering and other emergency response measures.

In terms of training Mass Care Shelter managers, there should be a clearly specified training module on diversity and disability awareness. This module should include understanding individuals with vision impairments, the deaf and hard of hearing, language delayed and foreign language speakers, developmental disabilities, mental illness, young children and the elderly.

This training should include information on how IRAA may be vulnerable in emergency situations and how certain individuals, for example those with heart conditions, mental illness, developmental delays, may react during times of stress. The CEMP should recognize that IRAA with medical, physical or mental health conditions would be especially vulnerable under these circumstances.

Consider training for public information officer and elected officials on “accessible” messaging including size of font, level of complexity of information, alternate formats (deaf, blind, non-English, illiterate).

3. Collaboration with Local Organizations and with IRAA

The availability of local capability and timely accessibility of support from state and federal agencies are assumptions that did not reflect realities on the ground in hurricane Katrina and in the 2008 ice storms. In light of recent experience, these assumptions should be reevaluated. For example, if there is a widespread disaster or weather-related emergency, the Red Cross may not have staffing or supplies to open all local shelters as requested. Local planning should take this into consideration and provide a back-up plan. This is especially vital for IRAA who are challenged to make alternate sheltering arrangements due to financial constraints and/or personal circumstances such as homelessness.

Local organizations and individuals are more likely to be familiar with other local organizations serving IRAA as well as with specific individuals. Accordingly, there should be a preference for local contracts/agreements can help serve IRAA in emergencies. These partner organizations

and individuals should be brought into the planning process and trained on emergency response.

For example, having a general understanding of ICS can be useful for community based organizations that serve IRAA, as well as to IRAA who are able to become familiar with the system. This is why the Western Mass IRAA Preparedness Project included presentations on ICS to these organizations and individuals at seven *Emergency Preparedness Conferences* held in Berkshire, Franklin, Hampshire and Hampden Counties. Emergency Management Planning should encourage opportunities to share ICS basics with IRAA organizations and individuals when feasible.

Including the Salvation Army, MRC, CERT and other private organizations could help include those experienced with a broad range of IRAA requirements. Other organizations, such as local food banks, could help respond to food needs at shelters, which may include special dietary restrictions and requirements.

4. Communication Before, During and After an Emergency

Time-sensitive information needs to be made available to IRAA who cannot access English-language radio or TV and to those who are hearing impaired. Non-institutionalized IRAA emergency communication needs need to be addressed. CEMPs should promote emergency messaging via Mass 211 (a joint project of MEMA and United Way). Those calling the toll-free phone number can be quickly connected to a translation service for over 120 foreign languages, thus helping provide access to emergency messaging for non-English speaking individuals. Those who are hearing-impaired can obtain the emergency message online at: www.Mass211help.org or access the Mass 211 TTY number at: 508-370-4890.

Since a Public Information Officer must provide information in accessible formats, we recommend training for public information officer and elected officials on “accessible” messaging including size of font, level off complexity of information, alternate formats (deaf, blind, non-English, illiterate). Advanced preparation of printed copy, audio and video tapes would enable the PIO to request review of messaging and accessibility by relevant IRAA organizations or individuals.

Additionally, amateur band radio can often provide communication to and from areas not reached by other means of transmission and thereby provide needed warning or support to isolated IRAA. We recommend that towns upgrade amateur band radio capacity and coverage by outreach to regional ham operators and clubs. Furthermore, any warning systems such as bullhorn, cable TV, door-to-door, should include TTY, accessible captioning on TV, computer-assisted real time translation, and other means to reach deaf and hard of hearing people.

5. Updating and Monitoring Shelter Plans

The Mass Care Shelter Coordinator should use a standardized evaluation tool to survey Mass Care Shelter sites for their fitness to accommodate IRAA needs.

An IRAA representative should review the site and resources on an annual basis with the Mass Care Shelter Coordinator if the Coordinator is not trained to assess for IRAA physical, programmatic, and communication accessibility. Day-to-day functions should be reviewed to assure that appropriate civil rights and ADA rights are already integrated into the functioning of the agencies and personnel that would be called upon in an emergency.

Task 2: Assess Shelter Needs

SHELTER SUPPLIES AND SERVICES

Elements of this task are being addressed in various on-going projects initiated by the Council. A total of \$219,375 was obligated from FFY 2006 HS Grant funds for Evacuation/ Sheltering activities under Investment 9 of the FFY 2006 HS Plan update – enhancement of regional and state preparedness programs.

These funds were subcontracted to the Regional Planning Authorities (RPAs) in Western Massachusetts to initiate local evacuation planning. The RPAs will utilize modeling to demonstrate population flow and traffic during times of emergencies, identifying shelters as destinations and incorporating critical infrastructure data. An agreement has been reached to work collaboratively with UMass Amherst Transportation Engineering Program on modeling and system design.

Once the model development is complete, four county emergency scenarios and one regional scenario will be run. For additional information, see the Western Massachusetts Regional Homeland Security Advisory Council: *Potential Shelter Supplies and Service Needs* (based on the shelter survey).

IRAA EQUIPMENT FOR SHELTERS

In addition to the shelter supplies and service needs identified above, the IRAA Mass Care & Evacuation Planning Project identified equipment for consideration, with a particular focus on IRAA. This equipment includes but is not limited to:

- Hygiene safety supplies (gloves, masks, gowns, hand sanitizer, baby-wipes, etc.)
- Communication boards (such as ARC Florida communication board)
- Hearing aid batteries of different sizes (including batteries for cochlear implants)
- Electronic communications (internet accessible) such as wireless connections
- Hearing aids
- Accessible seating for bariatric persons
- Accessible seating if unable to lay prone (upright chairs, cots w/ head rests)
- Transfer-assist devices (boards, etc.)
- Privacy screens
- Wound-care kits (for post-operative wounds, lesions, etc.)
- Elimination related supplies (chucks, catheter supplies, menstrual supplies etc.)
- Vomit/portable waste containers for individuals with limited mobility
- Glucometer strips
- Scissors, stethoscope, blood pressure cuff
- Sharps container and biohazard bags

Task 3: State Coordination

MUNICIPAL - REGIONAL - STATE AGENCIES AND ORGANIZATIONS

Throughout this Project, the Project Coordinator and County Coordinators outreached to municipal officials and partner community based organizations relative to IRAA Mass Care and Evacuation, as well as participating in meetings of the Western Mass Homeland Security Council Pandemic Flu Subcommittee.

In addition to the above, the Project liaised with state and regional entities including:

- Massachusetts Emergency Management Agency (MEMA)
- Mass 211
- Massachusetts Department of Public Health (MDPH)
- Assistant Secretary of Veterans Affairs
- Veterans Center (main office Springfield, MA)
- REPCs, LEPCs and MMRS.

The Berkshire County Coordinator arranged for a presentation to the Southern Berkshire REPC by the Mass 211 Program Director. She gave an interactive presentation about Mass211 and resources relevant to IRAA that First Responders and EMDs could access on the Mass211help.org website. She also explained the advantages of using Mass 211 as a

centralized resource for disseminating public information and providing 24/7 phone and internet access for the public.

In Hampshire County, the Project developed a Foreign Language Media Database for the county, and the Hampshire County Coordinator served as a panelist at the Hampshire REPC 2009 Annual Conference.

AMERICAN RED CROSS

The Project Manager and Coordinators also worked with the American Red Cross (ARC) Massachusetts Bay Chapter and other regional chapters as the ARC rolls out its regional shelter planning workshops. The Project provided substantive review and recommendations to WRHSAC Pandemic Flu Subcommittee on the MassBay ARC proposal (funded by EOPSS)⁵

All four County Coordinators also participated in the Mass Care Planning Conference organized by the American Red Cross and MEMA on September 10, 2010 at UMass-Amherst. The Hampden County Coordinator, who also serves as Western Mass MRC Coordinator was one of the presenters at the conference.

DISABILITY LAW CENTER - PUBLIC HEALTH - OTHER LEADING ORGANIZATIONS

This Project is wholly a collaborative effort between Disability Law Center, Public Health Departments, Public Health Coalitions, Western Mass Regional Homeland Security Advisory Council, Community Based Organizations serving individuals with disabilities, law enforcement, emergency planners, town officials, Head Start Programs, Service Organizations, the Department of Developmental Services, ARC, the Department of Mental Health, Massachusetts Commission for Deaf and Hard of Hearing, and Immigrant and Refugee Associations.

The Project Manager also sought and obtained invaluable input and guidance from the National Council on Disability, National Organization on Disability, FEMA, National Fire Protection

⁵ Findings include: Mass Care and & Evacuation plans with inclusion of consideration of IRAA have been developed by municipal entities in the county. The formats and degree of involvement by LEPC/REPC, EMD, LBOH/LHD and outside service providers such as the American Red Cross vary in each community. Plans are embedded in CEMP, LEPC-Hazardous Materials plans, stand-alone documents retained by the EMD and no response by local departments due to ARC coverage of the shelter. While there is disparity in the formats and documents in which the mass care and evacuation plans are housed, there appears to be widespread understanding by EMDs, LEPC and other planners about the needs of individuals requiring additional assistance.

Association, the Medical Reserve Corps, and the Eunice Kennedy Shriver Center at the University of Massachusetts Medical School.

Task 4: Identify Community Partners

The collaborative effort between all groups originated with Advisory Councils in Berkshire, Franklin, Hampden and Hampshire Counties, which helped to guide and direct the Project. Many organizations that participated in various aspects of the Western Mass IRAA Preparedness Project were involved in preparedness workshops and conferences, and continue to network and build capacity in their communities.

The networking and capacity building in communities between the collaborating organizations and first responders increases capacity to plan for and respond to a community based emergency. By breaking down silos that distance providers, responders and care-givers, this Project served to improve the quality and effectiveness of services to the general public, including IRAA. Emergency planning becomes part of daily planning and practice, and communities are better equipped to respond to all in need.

This Project has included extensive outreach to across a broad spectrum of vulnerable populations, including immigrant and refugees, individuals with guardians, and minorities. This outreach was effective in bringing in a more widely representative group of vulnerable populations into our Advisory Councils, and at our conferences. We also provided individual trainings to several disability organizations, immigrant/refugee Centers, Islamic organizations, and housing authorities.

Task 5: Enhance Communication Strategies

The Project Manager and County Coordinators conducted extensive outreach to various IRAA community based organizations, as indicated in previous sections of this report. As part of this outreach and information gathering, the Project explored communication strategies to IRAA and reviewed various guides. The Project also developed a Foreign Language Media Database for Hampshire County, under the auspices of the Hampshire Public Health Preparedness Coalition.

Based on the information obtained, the Project has developed a list of suggested communications devices in order to facilitate improved communication with individuals with mental and or physical disabilities, including deaf and hard of hearing and those with vision

impairments.⁶ The following list is in addition to communication items included in sheltering supplies list previously presented:

- TTY/TDD Phones
- Cap Tel Phones (for captioning)
- Access to notepads, pens and pencils
- Computer Assisted Real time Translation (CART)
- Synthesizers used with PCs for text-to-speech
- Screen Readers
- Screen Magnification Programs
- Scanning Systems for Low Vision Users
- Accessible captioning
- Equipment and programs that make computers accessible to people who are deaf, blind, or those with intellectual or mobility disabilities
- Volunteers to provide one-on-one assistance to residents who need help in providing and receiving effective communication
- Qualified sign language or oral interpreter, augmentative communication device
- Braille, large and high contrast print, audio recording, readers

As mentioned above, CEMPs should promote emergency messaging via Mass 211 (a joint project of MEMA and United Way). Those calling the toll-free phone number can be quickly connected to a translation service for over 120 foreign languages, thus helping provide access to emergency messaging for non-English speaking individuals.

⁶ *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs*, California Emergency Management Agency, Office for Access and Functional Needs, www.oes.ca.gov/, Click on Office for Access and Functional Needs.
See also: [http://www.bcfs.net/NetCommunity/Page.aspx?pid=498#Communications Assistance](http://www.bcfs.net/NetCommunity/Page.aspx?pid=498#Communications%20Assistance).

Those who are hearing-impaired can obtain the emergency message online at: www.Mass211help.org or access the Mass211 TTY number at: 508-370-4890. Time-sensitive information needs to be made available to IRAA who cannot access English-language radio or TV and to those who are hearing impaired. Non-institutionalized IRAA emergency communication needs present challenges for all concerned and require increased planning efforts.

One suggested area for action is training of public information officers and elected officials on “accessible” messaging techniques including size of font, level off complexity of information, and alternate formats (deaf, blind, non-English, illiterate). Advanced preparation of printed copy, audio and video tapes would enable PIOs to request review of messaging and accessibility by relevant IRAA organizations or individuals.

Task 6: Project Summary

This Summary Report is the result of collaboration between the Project Manager and Berkshire County Coordinator to bring together the strategies and findings provided by all those contributing to the IRAA Mass Care and Evacuation Planning Project.

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