

# Guidance on Planning for Personal Assistance Services in General Population Shelters



FEMA





# Guidance on Planning for Personal Assistance Services in General Population Shelters

## Goal

Present guidance to State, local, and tribal governments regarding the need to provide Personal Assistance Services (PAS) in general population shelters for children and adults with and without disabilities who have access and functional needs.

Personal Assistance Services (PAS) are services that enable children and adults to maintain their usual level of independence in a general population shelter.

## Objectives

Present guidance on:

- Defining “sufficiency of services”
- Minimizing risk and exposure to litigation
- Identifying resources necessary to provide PAS to children and adults who require them
- Planning considerations for assisting children and adults requiring PAS
- Utilizing volunteers and leveraging existing systems that provide PAS



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# Guidance on Planning for Personal Assistance Services in General Population Shelters

## 1. Acronyms

AED	Automated External Defibrillator
ADA	Americans with Disabilities Act
CIL	Center for Independent Living
CART	Computer Assisted Real time Translations
CBO	Community-Based Organization
CMS	Consumable Medical Supplies
DME	Durable Medical Equipment
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
PAS	Personal Assistance Services
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter
VOAD	Voluntary Organizations Active in Disasters

## 2. Purpose:

The purpose of this document is to provide guidance to emergency managers and shelter planners for the development of Personal Assistance Services (PAS) for children and adults with and without disabilities who have access and functional needs and require PAS to maintain their usual level of independence in a general population shelter. These guidelines, based on Federal law directives, identify methods of achieving a lawful and equitable program.

## 3. Disclaimer:

This document provides guidance to assist emergency managers and shelter planners in understanding the requirements related to providing PAS to children and adults who require them in general population shelters. It is not intended to establish new legal obligations, alter existing obligations, or constitute a legal interpretation of the statutes that are the basis of the guidance materials.

Listing of an agency's or organization's processes/procedures as an operational tool in this guidance does not constitute a recommendation or endorsement of the resource. In addition, information presented in an operational tool may have been summarized, modified, and/or combined with other cited sources.

This PAS Guidance is an appendix of the Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters and should be used in conjunction with that document.

## 4. Scope:

This document is intended to provide guidance regarding the PAS necessary to meet Federal requirements of integrating children and adults with and without disabilities who have access and functional needs into every aspect of emergency planning and response. It is intended to be used in conjunction with general population shelter standard operating procedures to ensure that all shelter residents benefit equally from programs, services, and activities. It provides a context for providing PAS in light of other existing plans and describes a process to use in any planning effort. These guidelines are scalable and can be applied to urban, suburban, and rural localities with multiple or limited resources.

The PAS guidance recognizes that many jurisdictions across the country operate general population shelters and many have already developed emergency operations plans; however, the PAS Guidance is designed to help both novice and experienced emergency managers and shelter planners ensure inclusion of people with disabilities and/or access and functional needs.

Children and adults with and without disabilities who have access and functional needs and require PAS have the same right to services in general population shelters as other residents. Emergency managers and shelter planners have the responsibility to plan for shelter services and facilities that are accessible.

## 5. Premise:

Every day, Americans provide extraordinary levels of assistance to individuals of all ages and situations. Formal and informal PAS are provided in virtually every community to enable children and adults with and without disabilities who have access and functional needs to maintain their independence and fully participate in all aspects of home and community life.

Historically, gaps have existed in planning for and meeting the need for PAS in general population shelters. This has resulted in disparate treatment and the denial of full and equal services. This guidance is provided to ensure that children and adults with disabilities and/or access and functional needs are no longer turned away from general population shelters and inappropriately placed in special needs or medical shelters. Addressing these gaps benefits the entire community and maximizes resources.

## 6. Definition:

Personal Assistance Services (PAS) are formal and informal services provided by paid personnel, personal attendants, friends, family members, and volunteers that enable children and adults to maintain their usual level of independence in a general population shelter. These services (when necessary) may include, but are not limited to, assisting with:

- Basic personal care:
  - Grooming
  - Eating
  - Bathing
  - Toileting
  - Dressing and undressing
  - Walking
  - Transferring
  - Maintaining health and safety
  
- Activities of daily living:
  - Taking medications
  - Shopping for groceries
  - Communicating
  - Accessing programs and services

The Operational Tools in this document are excerpts and examples taken from agency and jurisdictional documents throughout the United States. While they are not meant to dictate a State’s policies or procedures, they do present ideas and practices that can be adapted to fit each State’s specific needs.

<b>Operational Tool #1 Personal Assistance Services</b>	
Definition of PAS	<p><b>Personal Assistance Services</b> – Also known as personal attendant services, attendant care services, and personal care services (PCS) – These services include “people or devices that assist a person with a physical, sensory, mental, or learning disability with tasks that the person would perform for himself or herself if he or she did not have a disability.” It includes a range of assistance provided to persons with disabilities and chronic conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability.</p> <p>PAS are provided to people of all ages to help with Activities of Daily Living (ADLs), such as grooming, eating, bathing, dressing and undressing, toileting, or Instrumental Activities of Daily Living (IADLs), such as taking medications, shopping for groceries, communicating, and accessing programs and services.</p> <p>PAS are generally classified into two categories:</p> <ul style="list-style-type: none"> <li>• Informal (unpaid) services provided by family members, friends, and neighbors</li> <li>• Formal services that are paid either directly out-of-pocket, or by public payers, private insurance, or other sources</li> </ul>
Source	Center for Personal Assistance Services, University of California, San Francisco, Cal.; <a href="http://www.pascenter.org">http://www.pascenter.org</a>



# 7. Legal Foundation For PAS Guidance

The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters.

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. Following are key nondiscrimination concepts applicable under Federal laws, and examples of how these concepts apply to all phases of emergency management.

1. Self-Determination – People with disabilities are the 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.
  - Different types of disabilities affect people in different ways. Preparations should be made for individuals with a variety of functional needs, including individuals who use mobility aids, require medication or portable medical equipment, use service animals, need information in alternate formats, or rely on a personal attendants.
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 individuals without disabilities. This includes choices relating to short-term housing or other short-term 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 individuals connected to their support system and personal attendants and avoids the need for disparate service 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 provided programs, services, and activities. 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, as well as accessible, understandable, and timely.
  - Auxiliary aids and services may be needed to ensure effective communication. These may include pen and paper or sign language interpreters through on-site or video and interpreting for individuals who are deaf, deaf-blind, hard of hearing, or have speech disabilities. Individuals who are blind, deaf-blind, have low vision, or have learning disabilities may need large print information or assistance 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 mobility aids and other equipment; lowered counters or shelves; Braille and raised letter signage; a sign language interpreter; a message board; assistance in completing forms and providing documents in Braille; large print or audio recording.

See FEMA’s Non-discrimination Principles of the Law:  
<http://www.fema.gov/oer/reference/principles.shtm>

The Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973 (RA), and the Fair Housing Act (FHA), their regulations and agency guidance, as well as State counterparts, among others, define the scope of FNSS. These hallmarks of equal opportunity for people with disabilities include:

- The implementation and execution of a general policy of nondiscrimination on the basis of disability
- Sheltering persons with disabilities in the most integrated setting appropriate to the needs of the individual, which is the same setting people without disabilities enjoy in almost every case
- Reasonable modifications of policies, practices, and procedures to ensure nondiscrimination, with reasonableness judged in light of nondiscrimination principles applied in emergent circumstances
- The provision of auxiliary aids and services to ensure effective communication, with primary consideration of the aid or service given to the individual with a disability
- Elimination of eligibility criteria, discriminatory administrative methods, paternalistic safety requirements, and surcharges where discrimination results
- The selection of accessible sites for the location of general population emergency shelters, the construction of architecturally-compliant mass care shelters and elements, and required physical modifications to ensure program accessibility in existing facilities

The U.S. Department of Justice has provided guidance to State and local governments advising that **people with disabilities should be housed in mass care shelters even if they are not accompanied by their personal care aides.** “Some people with disabilities use personal care assistance for activities of daily living, such as eating, dressing, routine health care, and personal hygiene needs. One question that frequently arises is whether people with disabilities who use attendant care can be appropriately housed in mass care shelters. In most instances, they can. Most people with disabilities who use attendant care are not medically fragile and do not require the heightened level of medical care provided in a special needs or medical shelter.

In the past, some shelter operators maintained policies that prevented people with disabilities who regularly use attendant care from entering mass care shelters unless they were accompanied by their own personal care attendants. These policies denied access to many people with disabilities.

During emergencies, many personal care attendants – like other people – evacuate or shelter with their own families instead of staying with their clients. Shelter operators should provide support services in mass care shelters to accommodate people with disabilities who are not medically fragile but need some assistance with daily living activities unless doing so would impose an undue financial and administrative burden. Such assistance can be provided by medical personnel or trained volunteers.”<sup>1</sup>

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<sup>1</sup> <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

## 7.1. Legal Authorities and References

*ADA Best Practices Tool Kit for State and Local Governments, Chapter 7, Emergency Management under Title II of the ADA (2007), Addenda 1-3, and the Introduction to Appendices 1 and 2 (Attached as Exhibit 1); Titles II, III, and V of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12103, 12131-12134, 12181-12188, and 12201-12213, as amended by the ADA Amendments Act of 2008. Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 C.F.R. pt. 35. Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 C.F.R. pt. 36. The Americans with Disabilities Act Title II Technical Assistance Manual (1993) and Supplement (1994). The Americans with Disabilities Act Title III Technical Assistance Manual (1993) and Supplement (1994).*

*Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 794, as amended. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Federal Emergency Management Agency, 44 C.F.R. pt. 16. Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by the Department of Justice, 28 C.F.R. pt. 39. Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 C.F.R. pt. 84 (Department of Health and Human Services). Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. pt. 104 (Department of Education). Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development, 24 C.F.R. pt. 8.*

*Title VIII of the Civil Rights Act of 1968 (“Fair Housing Act”), as amended, 42 U.S.C. §§ 3601-3631. Discriminatory Conduct Under the Fair Housing Act, 24 C.F.R. pt. 100.*

*The Architectural Barriers Act of 1968, as amended, 42 U.S.C. §§ 4151-4157. Construction and Alteration of Public Buildings, 41 C.F.R. pt. 101-19.*

*The Homeland Security Act of 2002, 6 U.S.C. §§ 101-557, as amended.*

*The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, as amended. Federal Disaster Assistance, 44 C.F.R. pt. 206.*

*The Post-Katrina Emergency Management Reform Act, 6 U.S.C. § 761(d), as amended*

Emergency managers and shelter planners are encouraged to investigate their applicable State laws for additional requirements.

# 8. PAS Guidance

This document outlines common scenarios that general population shelter managers and operators may encounter during emergencies and disasters, and presents guidance to emergency managers and shelter planners on providing Personal Assistance Services (PAS) so people who require these services may benefit from the sheltering program. In most instances, PAS have not been provided in general population shelters up to this point. Clarification of legal obligations, recognition of the need to plan for all members of the community, and favorable outcomes resulting from implementation of best practices have all supported the benefits of planning for the delivery of PAS in general population shelters. The guidance provided in this document suggests strategies to assist in planning for PAS. PAS is provided in virtually every community on a daily basis. Consequently, resources to plan for shelter-based PAS are readily available locally.

The Operational Tools in this document are excerpts and examples taken from agency and jurisdictional documents throughout the United States. While they are not meant to dictate a State's policies or procedures, they do present ideas that can be adapted to fit each State's specific needs.

Throughout this document "State" is used to refer to a U.S. State or U.S. territory.

## 8.1. Introduction

Historically, PAS for children and adults with disabilities have not been provided in general population shelters. During disasters, children and adults with and without disabilities who have access and functional needs have been re-directed to “special needs” or medical shelters. In some instances, the only shelters that would admit people with disabilities have been remotely located and have caused children and adults who required PAS to be separated from their families, friends, or personal attendants.

To help address the lack of PAS in general population shelters, this guidance has been developed to assist emergency managers and shelter planners in establishing plans to address the provision of PAS to children and adults who require these services in order to maintain their independence.

Emergency managers and shelter planners need to include information in their State’s emergency response plan related to identifying, developing, and providing PAS in general population shelters.

## 8.2. Sufficiency of Care

General population shelters should be prepared to provide sufficiency of care for all residents. These services include PAS. As with other shelter services, it is imperative that plans to provide PAS are in place prior to an emergency or disaster.

Because PAS are offered in virtually every community, emergency managers and shelter planners can begin planning for these services at the local level by involving people who routinely use and provide these services. (Reference Leveraging Services below). In many instances, the individuals and/or agencies that are experienced PAS providers will be willing and able to continue providing those services in a shelter setting. However, should these services be unavailable, the State should plan to use volunteers and/or paid providers to ensure a sufficiency of care when PAS is needed.

## 8.3. Jurisdictional Variances

State codes and standards must, at a minimum, meet Federal requirements, but can be more comprehensive. The ADA and other Federal laws, including the Stafford Act, the Rehabilitation Act, the Fair Housing Act, and the Architectural Barriers Act, provide affirmative obligations and prohibitions of discrimination on the basis of disability. No State or local government, or its contractors, in providing services may, by law, policy or contract, provide services below those standards without violating Federal law. This does not mean that a State or local government cannot enact laws and ordinances or provide services, obligations, and prohibitions that extend beyond these standards to ensure even greater access. A common example would be to provide twice as many as the required number of accessible parking spaces and access aisles.

Because each jurisdiction (State, local, and tribal) is different and the laws, rules, and regulations that apply to each State and community vary, there is no single national plan for providing PAS in general population shelters. Emergency managers and shelter planners should use existing information regarding the local laws, rules, regulations, and demographics of their State and/or community to develop a plan to provide PAS. At a minimum, the plan should consider and address:

- Existing information regarding the day-to-day utilization of PAS
- Service provider-to-shelter resident ratios based on projected need for PAS and availability of State and local resources to provide these services in a shelter setting
- The development of plans and agreements to utilize resources (e.g., DME and CMS) currently available to provide required PAS
- Potential gaps in current information regarding the need for PAS, including:
  - Transient populations such as migrant workers and tourists
  - Individuals who receive informal PAS from family and friends
  - Plans for providing PAS in regional evacuation areas where local PAS resources may be insufficient, destroyed, or damaged

Emergency managers and shelter planners need to include in their State plan, options for providing PAS outside the area where an emergency or disaster occurs in the event that it is not possible to shelter residents in their home community.

<b>Operational Tool #2 Demographic Information – by State</b>	
Sample of available information regarding the number of persons who have a disability or have difficulty performing self-care activities in California	1,109,000 persons (3.9%) of Californians have difficulty with self-care activities and/or other routine activities
Source	Center for Personal Assistance Services, University of California, San Francisco, Cal; <a href="http://www.pascenter.org">http://www.pascenter.org</a> Note: Click on Need for PAS; click on Disability Statistics

<b>Operational Tool #3 Demographic Information – by county</b>	
Sample of available information regarding the number of persons who have a disability or have difficulty performing self-care activities in Travis County, Texas	1.3% of the population ages 16 through 64 have a “self-care disability” and 2.2% have a “go outside disability.” 12% of the population, ages 65 and above, have a “self-care disability” and 18.9% have a “go outside” disability.” These percentages in either category should not be added together since people with a “self-care disability” are often a subset of the “go outside disability.”
Source	Center for Personal Assistance Services, University of California, San Francisco, Cal.; <a href="http://www.pascenter.org">http://www.pascenter.org</a> Note: Click on Need for PAS; click on Disability Statistics; click on Disability Statistics; click on Disability Prevalence for Counties; click on Texas; click on Travis County



# 9. Providing PAS During an Emergency or Disaster

## 9.1. Leveraging Services

### 9.1.1. Identifying Existing Community Resources

Long before an emergency or disaster occurs, emergency managers and shelter planners should begin working closely with individuals in the community who require PAS. Emergency managers and shelter planners should also reach out to organizations and providers that routinely provide PAS to children and adults with disabilities. It is essential that appropriate PAS are available when needed in an emergency situation. Suggested Community-based Organizations (CBO) providing or advising on PAS on a regular basis include, but are not limited to:

- Center for Independent Living (CIL)
- Home health organizations
- Rehabilitation centers
- Home and community living organizations
- Respite providers
- Mental health organizations
- Developmental disability organizations
- Aging organizations
- Advocacy groups
- Protection and advocacy agencies
- The Salvation Army
- Faith-based organizations
- Colleges and universities
- Vocational service agencies
- Rehabilitation agencies
- American Red Cross
- Personnel from nursing homes and assisted living facilities
- Personnel from hospitals and health care systems

<b>Operational Tool #4 Identifying PAS Resources</b>	
Locating PAS	Assistance and advice on providing PAS is available from: <ul style="list-style-type: none"> <li>• The National Council on Independent Living</li> <li>• Association of Programs for Rural Independent Living</li> <li>• Independent Living Research Utilization</li> </ul>
Source	<a href="http://www.ncil.org">http://www.ncil.org</a> 1710 Rhode Island Avenue Northwest/Fifth Floor Washington, D.C. 20036
Source	<a href="http://www.april-rural.org">http://www.april-rural.org</a>
Source	<a href="http://ilru.org/">http://ilru.org/</a>

<b>Operational Tool #5 Identifying Community-based PAS</b>	
Involvement and cooperation with local community-based organizations (CBOs)	<ul style="list-style-type: none"> <li>• Identify and build relations with the CBOs already linked to local government through service contracts</li> <li>• Meet to discuss potential areas for CBOs involvement in care and shelter operations</li> <li>• Encourage CBOs to cooperatively use their resources (e.g., food, transportation, health/mental health services) to ensure that care and shelter services meet the PAS needs within the community</li> <li>• Determine the support that CBOs will need to keep services going during a disaster or emergency</li> <li>• Focus additional meetings around specific planning issues</li> <li>• Involve CBOs in disaster planning, training, and exercises sponsored by State and local governments</li> <li>• Support CBOs by: <ul style="list-style-type: none"> <li>◦ Giving them priority status for supplies or resources</li> <li>◦ Having a CBO representative in the EOC</li> <li>◦ Establishing a memorandum of understanding with selected CBOs</li> <li>◦ Developing agreements with CBOs stipulating that the CBOs will make staff experienced in providing PAS as required during an emergency or disaster</li> </ul> </li> </ul>
Source	A Guide for Local Jurisdictions In Care and Shelter Planning, Alameda County Operational Area Emergency Management Organization, September 2003 <a href="http://www.cdsscounties.ca.gov/coplanners/res/pdf/doc16.pdf">http://www.cdsscounties.ca.gov/coplanners/res/pdf/doc16.pdf</a>

## 9.1.2. Recruiting, Orienting, and Training PAS Providers

Emergency managers and shelter planners should include in their plans strategies to recruit, enroll, orient, and communicate with PAS providers.

Recruitment strategies can include:

- Utilizing existing PAS providers
- Publicizing the need for PAS providers in malls, universities, service club newsletters, State and local websites, and public services announcements
- Targeting individuals with interests and/or skills to provide PAS
- Implementing a simple process for volunteering

Enrollment strategies can include:

- Obtaining basic identifying information on providers
- Completing criminal background checks, when necessary

Orientation strategies can include:

- Defining PAS
- Stating what tasks PAS providers will be expected to perform
- Providing comprehensive information about how to:
  - Set-up exercises for PAS providers to practice the tasks they will be expected to perform
  - Develop a training curriculum that includes how to provide assistance in:
    - Basic personal care
      - Grooming
      - Eating
      - Bathing
      - Toileting
      - Dressing and undressing
      - Walking
      - Transferring
      - Medications, DME, and CMS
      - Maintaining health and safety
    - Effective communication
    - Accessing programs and services

<b>Operational Tool #6 PAS Workers and Personal Attendants</b>	
PAS Workforce Project	Presents information regarding PAS workers and personal attendants, including who they are, what they provide, and tools and support necessary to carry out their tasks
Source	Center for Personal Assistance Services; <a href="http://pascenter.org">http://pascenter.org</a> Note: Click on Workers and Caregivers

Implementing these or similar strategies will increase the likelihood that PAS providers will be available when they are needed and that they will be assigned appropriate PAS responsibilities during an emergency or disaster.

<b>Operational Tool #7 Non-professionals Providing PAS</b>	
Red Cross Family Caregiving	Includes information for non-professionals who are providing PAS including: <ul style="list-style-type: none"> <li>• Home safety</li> <li>• Caregiving Skills</li> <li>• Body Mechanics</li> <li>• Personal Care</li> <li>• Healthy Eating</li> <li>• Caring for the Caregiver</li> <li>• Legal and Financial</li> <li>• Dementia</li> <li>• Caregiving Resources</li> </ul>
Source	Be Red Cross Ready, American National Red Cross, Safety Series Vol.1, 2007; www.mississippi-redcross.org

<b>Operational Tool #8 PAS Training</b>	
Providing information, training, and experience to persons providing PAS	Prior to an emergency, plan how staff will be instructed in their roles and responsibilities during a disaster. Include in the training: <ul style="list-style-type: none"> <li>• A definition of “emergency”</li> <li>• When an emergency plan will be implemented</li> <li>• Roles and responsibilities of essential and non-essential PAS providers</li> <li>• Procedures for educating clients about the preparedness plan</li> <li>• Information for PAS providers regarding how they can work with the local shelter management during an emergency</li> </ul>
Source	Virginia Department of Health, Office of Licensure and Certification, Emergency Preparedness Planning for Hospice and Home Care Providers, Effective September 1, 2006 <a href="http://www.vdh.state.va.us/OLC/Laws/documents/HCO%20and%20HSP%20emergency%20prep.pdf">http://www.vdh.state.va.us/OLC/Laws/documents/HCO%20and%20HSP%20emergency%20prep.pdf</a>

### 9.1.3. Providing PAS Resources and Supplies

In addition to identifying staff and volunteers to provide PAS, emergency managers and shelter planners should include in emergency plans, several options for pre-identifying resources and supplies that will be critical to assisting children and adults who require PAS. This includes DME, CMS, and the services that support the provision of PAS. At a minimum, plans should address:

- Processes for locating, purchasing, and storing as much of the DME and CMS as possible and practical to meet the needs of children and adults who require PAS
- Agreements with providers to ensure that necessary DME and CMS will be available during an emergency or disaster
- Agreements with communities to ensure that if one community is severely damaged or destroyed, necessary DME and CMS will be available
- Identifying and leveraging resources of assistive technology exchanges, lending, and reutilization programs

<b>Operational Tool #9 Durable Medical Equipment (DME) List</b>	
DME (for children and adults)	See the “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters” for the Federally-approved DME list.
Source	FEMA: Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters; Appendix 3: Durable Medical Supply Sample List

<b>Operational Tool #10 Consumable Medical Supplies (CMS) List</b>	
CMS (for children and adults)	See the “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters” for the Federally-approved CMS list.
Source	FEMA: Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelter; Appendix 4: Consumable Medical Supply Sample List

<b>Operational Tool #11 Communication Devices</b>	
Communication Devices – not inclusive	<ul style="list-style-type: none"> <li>• Sound amplification aids: TTY/TDD Phones</li> <li>• Computer/laptop with capability for video relay communication</li> <li>• Cap Tel Phones (for captioning)</li> <li>• Computer Assisted Real-time Translation</li> <li>• Hearing aid batteries of different sizes (including batteries for cochlear implants)</li> </ul>
Source	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; <a href="http://www.calema.ca.gov/">http://www.calema.ca.gov/</a> Note: Click on Office for Access and Functional Needs
Source	BCFS: <a href="http://www.bcfs.net/fnsrecommendations">www.bcfs.net/fnsrecommendations</a>

<b>Operational Tool #12 Resource for Assistive Technology</b>	
Reuse of assistive technology	There is at least one Federally funded program in every State that engages in the reuse of assistive technology. These programs are also connected to other entities in the State that reuse assistive technology so they can serve as a central point of contact for emergency managers and shelter planners.
Source	<a href="http://www.resnaprojects.org/nattap/at/statecontacts.html">http://www.resnaprojects.org/nattap/at/statecontacts.html</a> (contact information only)
Source	<a href="http://www.resnaprojects.org/nattap/at/statecontacts.html#a1">http://www.resnaprojects.org/nattap/at/statecontacts.html#a1</a> (contact information)

In addition to DME, CMS, and communication devices, emergency managers and shelter planners should ensure that the services necessary to support the provision of PAS are identified and consistently available.

<b>Operational Tool #13 Legal Authority for PAS</b>	
<b>Legal Authority for PAS</b>	<p>Federal agencies may, on the direction of the president, provide assistance essential to meeting immediate threats to life and property resulting from a major disaster, including:</p> <ul style="list-style-type: none"> <li>• Medicine, durable medical equipment, goods, and other consumables</li> <li>• Emergency medical care; emergency mass care shelter; and provision of food, water, medicine, and durable medical equipment</li> </ul> <p>In any emergency, the president may assist State and local governments in the distribution of medicine, food, and other consumable supplies and emergency assistance.</p> <p>Federal authority for provision of PAS can be found in the reference below.</p>
<b>Source</b>	<p>Source Sections 403 (a)(2) and (3)(B) and 502(a)(7) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206, as amended. Federal Disaster Assistance, 44 C.F.R. pt. 206.</p> <p><a href="http://www.fema.gov/about/stafact.shtm">http://www.fema.gov/about/stafact.shtm</a></p>

During an emergency or disaster, some shelters may have no source of emergency power generation, while others may have only a limited source. Emergency managers and shelter planners should take whatever steps are necessary to plan for providing an alternate source of power in the event of an outage.

Many children and adults who require PAS depend on battery-powered assistive devices for mobility, including wheelchairs and scooters. The batteries in these mobility aids must frequently be recharged or they stop functioning. Without these mobility aids, children and adults with disabilities lose their ability to move independently. This may render them unable to participate in some services offered by the shelter and more dependent on assistance from others.

In addition, plans should include arrangements with multiple providers for an ongoing supply of oxygen and access to dialysis facilities. Not having these services available will result in a failure to provide residents sufficient care and may result in an unnecessary surge on medical facilities. Many people live independently and require very little assistance when they are able to access oxygen, dialysis, and other life sustaining aids and services.

Emergency managers and shelter planners should make arrangements for these services well before an emergency or disaster, and should include back-up plans in the event that primary providers cannot follow through as promised. DME and CMS may be available from a State, regional, FEMA, and/or HHS stockpile.

When a shelter does not have in place the provisions for necessary DME, CMS, and communication devices and services, operating a general population shelter that includes children and adults requiring PAS becomes much more difficult and seriously threatens the well being of shelter residents.

Every community will have residents and visitors needing PAS in a disaster. Planning to meet these needs in advance strengthens the ability of the community to meet the needs of its members and maximize limited resources.