



# Durable Medical Equipment (DME) and Assistive Technology (AT) EMERGENCY PLANNING GUIDE

This is a working document designed to assist emergency managers and related personnel in creating appropriate disaster and emergency plans for their jurisdiction. Additional technical assistance is available by contacting the Institute on Disabilities via email at [iod@temple.edu](mailto:iod@temple.edu). To improve the usefulness of the DME Plan, constructive comments are welcomed. Please submit any feedback via the Institute on Disabilities by contacting [iod@temple.edu](mailto:iod@temple.edu) (subject line: DME Plan).

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Pennsylvania Department of Health DME/AT Emergency Planning Guide

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## PREFACE

Nearly 1 in 5 people in the United States of America have a disability.<sup>1</sup> All persons with and without disabilities face the risk of being involved in an emergency or disaster situation. However, during an emergency or disaster situation, persons with a disability may experience greater challenges. During an emergency or disaster situation, people with disabilities may need durable medical equipment (DME) or assistive technology (AT) in order to function in a shelter situation. Additionally, people with disabilities may need new or replacement devices in order to recover after an emergency or disaster.

In FEMA's publication *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (2010), durable medical equipment (DME) is defined as "medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence."<sup>2</sup> Additionally, DME may be items used to help people with disabilities maintain health and vital functions, such as highly specialized medical equipment and other breathing apparatuses. DME is the term usually assigned specific meaning by private and public health insurers as meeting the following criteria:

- Durable (having a functional life of 5 years);
- Medical in nature (not for persons without a disease or disability);
- Medically necessary, prescribed by a physician or relevant health care professional; and
- Not experimental.

Assistive Technology (AT), is "any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities".<sup>3</sup> AT is not always medical in nature and may be as simple as a piece of foam that makes a spoon easier to grasp, or as complex as a computer that responds to voice commands.

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<sup>1</sup> [www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html](http://www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html)

<sup>2</sup> [www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)

<sup>3</sup> [www.gpo.gov/fdsys/pkg/PLAW-108publ364/html/PLAW-108publ364.htm](http://www.gpo.gov/fdsys/pkg/PLAW-108publ364/html/PLAW-108publ364.htm)

To reach a high level of disaster or emergency preparedness, it's important that mass care strategies need to be designed to meet the needs of the whole community, including adults and children with disabilities, and others who have access and functional needs (AFN). The specific strategies focused on DME/AT outlined in this document are designed for all-hazards use, meaning that they can be implemented in response to a wide range of incidents. In Pennsylvania, hazards that may occur and require mass care include, but are not limited to, floods, hurricanes or tropical storms, large fires, chemical spills, acts of terrorism, and severe weather outbreaks. Hazards that result in loss of power are can be especially significant for those who depend on DME/AT devices that require electricity.

In disaster or emergency situations that cause individuals to evacuate or be displaced, persons often seek alternative arrangements to public disaster shelters. This may include lodging with friends or relatives, staying in hotels, camping in their backyard, or even sleeping in the family car. However, while many persons may sleep elsewhere, they may still use local shelter services for meals and for obtaining information. For persons who may solely rely on public disaster shelters, the Federal Emergency Management Agency (FEMA), incorporates Functional Needs Support Services (FNSS) into existing shelter plans and resources. FNSS are services that enable children and adults to maintain their usual level of independence in a general population shelter. DME and AT are included in FNSS.

Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Women in the late stages of pregnancy, seniors, and people needing bariatric equipment may also benefit from FNSS.

Planning for the integration of individuals with AFN in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as moving independently within the shelter, communicating with shelter personnel, understanding spoken or written directions, and completing self-care tasks. These are all tasks that may be made easier – or possible – with DME/AT.

The primary purpose of this guide is to present suggested processes and procedures to (1) meet the DME and AT needs within mass care situations, (2) integrate persons with and without disabilities who have AFN into all aspects of emergency shelter planning and response, and (3) plans to assist survivors with AFN in recovery from a disaster or emergency

situation. These guidelines are meant to be scalable and can be applied to localities with multiple or limited resources.

The authors would like to thank the Philadelphia Office of Emergency Management and the American Red Cross Serving Central Pennsylvania for their assistance with reviewing this document and providing valuable feedback.

# USING PENNSYLVANIA'S DEPARTMENT OF HEALTH'S DURABLE MEDICAL EQUIPMENT (DME) PLAN

The Pennsylvania Department of Health's Durable Medical Equipment (DME) Plan ("DME Plan") was developed by the Institute on Disabilities at Temple University. This publication was supported by the Cooperative Agreement Number U90 TP 00545-03 funding by the Centers for Disease Control and Prevention and/or Assistant Secretary for Preparedness and Response. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention and/or Assistant Secretary for Preparedness and Response or the Department of Health and Human Services.

The Pennsylvania Department of Health (PADOH) recognizes the importance of providing guidance to county and local organizations that coordinate the emergency management activities of agencies in their communities. The DME Plan is intended to be used as a template by county and regional entities with specified roles in preparedness, response, and recovery with a focus on the important role of DME and AT. For persons with a disability, DME and AT can make the difference between a person needing to be housed in a specialized shelter rather than a general population shelter (e.g. with the rest of his/her family) and assure access to the general shelter and facilitate the provision of the supports and services available to all individuals affected by emergency or disaster.

An electronic version of the Plan can be found by going to Institute on Disabilities at Temple University's website, [disabilities.temple.edu](http://disabilities.temple.edu). The DME Plan is not intended to be read from cover to cover. You can quickly find the information you need by clicking on the hyperlinks or, for the "hard copy" version, turning directly to the page number listed directly next to each topic.

# INTRODUCTION

According to the U.S. Census Bureau, more than 56 million Americans, 19% of the U.S. population, have a disability.<sup>4</sup> More than 15 million adults have difficulties with one or more instrumental activities of daily living and require. Historically, resource gaps have existed in mass care planning for meeting the needs of people with AFN in general population shelters.<sup>5</sup> As a result, persons with AFN may be at risk for diversion to more restrictive environments and/or denied access to full and equitable service.

To find the approximate number of residents with disabilities within a community, use the population of any community and divide by five. Naturally, some communities will have a larger or smaller proportion of citizens with disabilities, but few vary markedly from this calculation. When planning for potential disaster or emergency situations, it's helpful to set forth a few basic (national) statistics, keeping in mind that people may have more than one disability:

- Nearly 6.5 million people require the assistance of another person for daily life activities, such as getting dressed, eating, and bathing.<sup>6</sup>
- A previous preparedness study found only 24% of people with disabilities had emergency plan preparations specific to their disability.<sup>7</sup>
- Currently 34.7 million people (12.7% of the US population) are 65 years and older. By 2030, that number will increase to 64.9 million people.<sup>8</sup>
- 21.2 million Americans are blind or have trouble seeing even with glasses or contact lenses.<sup>9</sup>
- Approximately 15% of American adults (37.5 million) aged 18 and over report some trouble hearing.<sup>10</sup>

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<sup>4</sup> [www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html](http://www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html)

<sup>5</sup> Communities Actively Living Independent and Free v. City of Los Angeles (2011); Brooklyn Center for Independence of the Disabled and Center for Independence of the Disabled, New York v. Bloomberg and the City of New York (2013)

<sup>6</sup> U.S. Census Bureau, year 2000, [www.census.gov/](http://www.census.gov/)

<sup>7</sup> FEMA Citizen Corps, Personal Preparedness in America: Findings from the Citizen Corps National Survey, June 2009, p. 58. [www.citizencorps.gov/pdf/Personal\\_Preparedness\\_In\\_America-Citizen\\_Corps\\_National\\_Survey.pdf](http://www.citizencorps.gov/pdf/Personal_Preparedness_In_America-Citizen_Corps_National_Survey.pdf)

<sup>8</sup> U.S. Census Bureau, year 2000, [www.census.gov/](http://www.census.gov/)

<sup>9</sup> National Center for Health Statistics, National Health Interview Survey, 2012, [www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm)









When planning for FNSS in general population and mass shelters, emergency planners should include the development of mechanisms that address the needs of children and adults in areas such as:

- DME that assists with activities of daily living, such as dressing, eating, using the bathroom;
- Sleeping accommodations, including the provision of universal/accessible cots;
- Auxiliary aids and services, including AT, necessary to ensure effective communication for persons with communication disabilities;
- Access to text, as well as orientation and way-finding for persons with low vision or who are blind;
- Assistance for persons with cognitive and intellectual disabilities; and
- Assistance for persons with chronic and acquired health conditions.

## CONSIDERING YOUR COMMUNITY STATISTICS

People with disabilities live and work independently in communities like persons without disabilities. A community's emergency planning needs and the types of people required in the planning process will be partly determined by evaluating community demographics. A broadly based working group can assist emergency planners in anticipating the true impact of disaster on people with disabilities. This collaboration leads to a more detailed, comprehensive, and thoughtful response plan for any community.

Involving people with all types of disabilities, including sensory, physical, mental, and cognitive disabilities as well as their family and/or caregivers, helps to establish the most complete picture possible of the effect of disasters on people with disabilities, and project DME/AT needs. It is important to have representation of people with a range of disability, including individuals as well as organizations affiliated with a specific disability willing to participate in planning efforts for the whole community. Emergency planners can draw from disability community representatives to establish an advisory or planning committee on people with disabilities and AFN. A list of community disability stakeholders is found in the [Appendix H](#).

In addition to involving persons with disabilities, it is also important to gather local disability demographics including residences, workplaces, schools, and other community settings where there may be larger concentrations of people with disabilities, seniors, and others with AFN. Emergency planners should work with local disability organizations to identify clusters of people with disabilities who live, work, or attend school in the community. Some emergency managers use geographic information system (GIS) mapping to locate high concentrations of functional needs populations. Essentially, GIS relies on special software and available data to pinpoint areas where persons with disabilities live. Should disaster strike, GIS mapping can help emergency responders know which areas may need priority attention or special consideration.

In addition to the resources and organizations listed in the stakeholder section, emergency planners may find formal and informal disability specific resources and community services,

including DME and AT resources, throughout Pennsylvania by contacting PA211.<sup>14</sup> [PA211](#) is a statewide collaborative for health and human service information for Pennsylvanians. Users can customize their search by zip code, county, region, keyword, or category.

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<sup>14</sup> [www.pa211.org/](http://www.pa211.org/)

# STATEWIDE DISABILITY STAKEHOLDERS

## How to Involve People with Disabilities in Planning

The most effective way to prepare to meet the DME and AT needs of people with AFN in emergencies is to involve community members with disabilities in the planning and preparation process. Involvement with community members, especially those who use DME and AT, may include their participation in planning and implementing drills and exercises. It is important to realize that people with disabilities, even more than other demographic segments of the population, are not a homogeneous group. Persons with disabilities have differing capabilities, differing needs for AT, diverse opinions, needs, and circumstances, and no one person or organization speaks for all people with disabilities.

There are a number of organizations, in most communities, that make an effort both to represent the interests of their constituencies, and to work with government and civic officials to ensure that people with and without disabilities work together on issues of common concern. Many of these organizations can provide a wealth of information and assistance guiding emergency professionals to available resources with a focus on DME and AT. It is best practice to develop relationships with these organizations prior to the emergency, not during or after the event.

Five categories suggested for disability representation in emergency planning include:

- government organizations
- national and regional resources
- professional associations and institutions
- advocacy groups
- DME / AT specific organizations

### Government Organizations

One of the places to begin selecting and involving disability representatives is the disability agency, task force, or ADA Coordinator for the state, county offices, or mayor's office. In addition, there's a variety of federal or state-funded organizations charged with the provision of services to Pennsylvanians with disabilities or seniors. In most cases, officials in these

organizations can assist in identifying a cross-section of disability representatives within a locality (e.g. through their district or regional offices or affiliates).

### **A non-exhaustive list of Pennsylvania entities that may be helpful include:**

- [Bureau of Vocational Rehabilitation Services \(BVRS\), Office of Vocational Rehabilitation, Department of Labor and Industry](#)
  - [Hiram G. Andrews Center \(HGAC\)](#)
- [Bureau of Blindness and Visual Services \(BBVS\), Office of Vocational Rehabilitation, Department of Labor and Industry](#)
- [Office for the Deaf & Hard of Hearing \(ODHH\), Department of Labor and Industry](#)
  - [ODHH Directory of Resources and Services](#)
- [PA Department of Aging](#)
  - [Area Agencies on Aging](#)
- [PA Link to Aging and Disability Resources](#)
- [PA State Independent Living Council](#)
- [Pennsylvania Association of Intermediate Units \(PAIU\)](#)
- [Pennsylvania Council on Independent Living \(PCIL\)](#)
- [Pennsylvania Deaf-Blind Project](#)
- [Pennsylvania Department of Health](#)
- [Pennsylvania Department of Human Services, Office of Developmental Programs](#)
- [Pennsylvania State Veterans Commission](#)
- [Special Kids Network \(SKN\), PA Department of Health](#)

### **National and Regional Resources**

- [The Mid-Atlantic ADA Center](#)

### **Professional Associations and Institutions**

A non-exhaustive list of Pennsylvania professional associations and institutional partners that may be helpful include:

- [Ambulance Association of Pennsylvania \(AAP\)](#)
- [PA Association of Area Agencies on Aging](#)
- [PA Providers Association](#)

- Pennsylvania Community Mental Health Centers
- [Pennsylvania Dialysis Centers](#)
- [Pennsylvania Homecare Association](#)
- [Pennsylvania Hospice Network](#)
- [Pennsylvania Occupational Therapy Association](#)
- [Pennsylvania Physical Therapy Association](#)
- [Pennsylvania Speech-Language-Hearing Association](#)
- Private Psychiatric Hospitals
- Representatives from the home-based care industry, such as the local Visiting Nurse Association and the Home Health Aides Association
- Residential healthcare facilities, such as nursing homes, skilled care homes, and assisted living facilities
- [The Hospital & Healthsystem Association of Pennsylvania](#)

## Advocacy Groups

It is important to include representatives from advocacy groups in the disability community. A non- exhaustive list of Pennsylvania entities that may be helpful include:

- [Disability Rights Network of Pennsylvania](#)
- Local Mayor's Commission on People with Disabilities
- Local and statewide groups serving specific disability or cross-disability populations (e.g., people who are blind, deaf, or have limited mobility or cognitive disabilities) such as:
  - [Acquired Brain Injury Network of PA](#)
  - [ADAPT of Pennsylvania](#)
  - [Alzheimer's Association of Pennsylvania](#)
    - [Alzheimer's Association of the Delaware Valley](#)
  - Autism Society of America
    - [Autism Society - Berks County Chapter](#)
    - [Autism Society - Pittsburgh Chapter](#)
  - [Blossom Philadelphia](#)
  - [Brain Injury Association of Pennsylvania](#)
  - [Deaf-Hearing Communication Centre](#)



- Easter Seals
  - [Easter Seals - Eastern Pennsylvania](#)
  - [Easter Seals - Southeastern Pennsylvania](#)
  - [Easter Seals - Western and Central Pennsylvania](#)
- [Hearing Loss Association of America – Pennsylvania](#)
- [Keystone Paralyzed Veterans of America](#)
- Mental Health Association in Pennsylvania (local and state)
- Muscular Dystrophy Association
  - [MDA Pittsburgh](#)
  - [MDA Allentown](#)
  - [MDA Harrisburg](#)
  - [MDA Philadelphia](#)
- [National Federation of the Blind of Pennsylvania](#)
- National Multiple Sclerosis Society
  - [Pennsylvania Keystone Chapter](#)
  - [Greater Delaware Valley Chapter](#)
- [Pennsylvania Association for the Blind](#)
- [Pennsylvania Association of Goodwills](#)
- [Pennsylvania Council of the Blind](#)
- [Pennsylvania Partnership for the Deafblind](#)
- [Pennsylvania Society for the Advancement of the Deaf](#)
- [Self-Advocates United as One](#)
- Speaking for Ourselves
- [The ARC of Pennsylvania](#)
- The ALS Association
  - [ALS Western Pennsylvania Chapter](#)
  - [ALS Greater Philadelphia Chapter](#)
- United Cerebral Palsy
  - [Alleghenies United Care Providers](#)
  - [UCP of Central Pennsylvania](#)
  - [UCP of Northeastern Pennsylvania](#)

- [Penn Cares](#)

## **Specific Resources for Durable Medical Equipment and Assistive Technology**

State and local jurisdictions can benefit by working in collaboration with statewide and local DME/AT programs. By working together, each program can assist with identifying DME and AT resources, while better meeting the DME/AT needs of the people served in an emergency. The following programs can be valuable partners in emergency response efforts throughout Pennsylvania to assure people have ready access to DME and other needed AT after a natural or man-made disaster.

Please note that this list is dynamic and there may be additional resources that can be identified as the document grows. A comprehensive list of all agency contact information (e.g. agency main contact, phone numbers, address, email and website) is located in Appendix H at the end of this document.

### **Pennsylvania**

- [AgrAbility for Pennsylvanians](#)
- [Pennsylvania Association of Medical Suppliers \(PAMS\)](#)
- [Pennsylvania's Initiative on Assistive Technology \(PIAT\), a program of the Institute on Disabilities at Temple University](#)
  - [Assistive Technology Resource Centers \(ATRC\)](#)
  - [Pennsylvania's Reused and Exchanged Equipment Partnership \(REEP\)](#)
- [Pennsylvania Rehabilitation & Community Providers Association](#)

### **National**

- [National Registry of Rehabilitation Technology Suppliers \(NRRTS\)](#)
- [National Coalition for Assistive and Rehab Technology \(NCART\)](#)
- [Pass It On Center](#)
- [Rehabilitation Engineering and Assistive Technology Society of North America \(RESNA\)](#)

# SELECTED COUNTY DEMOGRAPHIC, FUNCTIONAL, AND MEDICAL NEEDS DATA

Demographic profiles were developed using data sources that provide information about specific characteristics of the community. To aid local emergency jurisdictions planning to address functional and medical needs during a disaster, jurisdictions should consult with the PA Department of Health to develop a demographic profile for each Pennsylvania County to aid local emergency management agencies planning to address AFN during a disaster for their jurisdiction. The demographic profiles can be developed using data sources that provide information on specific characteristics of the community and may include an estimated percentage of the population with select disabilities.

Data on disability characteristics is rather limited. For this reason it is suggested that local emergency managers use this information only as a guideline for predicting the functional and medical needs (including DME and AT) of their communities and are encouraged to investigate the needs of their local communities more thoroughly.

Some additional resources to identify the disability demographic in your jurisdiction include the following:

- The American Community Survey (ACS) is an ongoing survey that provides data every year about various family, education, income, disability, and age characteristics. The ACS provides current estimates and is administered annually. Its sample is large enough to enable state and local estimates. It is important to note that the ACS definition may not capture persons with upper body disabilities (e.g., back, arm or shoulder issues) or persons with psychological /mental illnesses, even though both of these types of disability account for a large proportion of people with disabilities. U.S. Census American Fact Finder– <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Disability Statistics – Online Resource for U.S. Disability Statistics is an online resource hosted by Cornell University. <http://www.disabilitystatistics.org/>
- [DisabilityPlanningData.com](http://DisabilityPlanningData.com) is a program completed in collaboration with Cornell University Employment and Disability Institute. The website is a planning resource for county and state data. This website provides housing and population tables at the county (or group of

counties) level based on pooled 2005-2007 public-use data from the American Community Survey.

- Additional population census data can be found at [www.census.gov](http://www.census.gov). The Survey of Income and Program Participation (SIPP) uses much more detailed disability criteria than the ACS. This more expansive definition means that the SIPP identifies more individuals with a much wider variety of disabilities, including, but not limited to, those with upper body and mental health disabilities as well as those with difficulties with activities of daily living; these individuals are unlikely to be captured by the ACS questions. Overall, the SIPP provides a better estimate of how many individuals are covered under the ADA, but its sample is such that it is only useful for **national-level estimates**.<sup>15</sup>

Table A (below) is an example of local disability data for planners in Philadelphia County using [www.disabilityplanningdata.com](http://www.disabilityplanningdata.com).

**Table A: Local Disability Data (Philadelphia County)<sup>16</sup>**

Population	Total with disability	% with disability	Total without disability	% without disability	Total	% Total Ages 5 +	Sample Size
Ages 5+	244,080	18.9%	1,046,070	81.1%	1,290,150	N/A	23,031
Ages 21-64	137,400	17.3%	656,750	82.7%	794,150	61.6%	14,002
Ages 16-64	145,520	16.2%	750,160	83.8%	895,680	69.4%	15,692

Demographics – Ages 21 to 64	Total	% with Disability	Total	% without Disability	Total	% of Ages 21 to 64	Sample Size
Male	62,260	43.3%	303,220	46.2%	365,480	48.6%	6,234
Female	75,150	54.7%	353,530	53.8%	428,680	54%	7,768

<sup>15</sup> Understanding disability statistics <https://adata.org/factsheet/understanding-disability-statistics>

<sup>16</sup> [www.disabilityplanningdata.com/site/county\\_population\\_table.php?cntyname=Philadelphia&state=pennsylvania&submit=submit](http://www.disabilityplanningdata.com/site/county_population_table.php?cntyname=Philadelphia&state=pennsylvania&submit=submit)

<b>Labor Force Participation – Ages 21-64</b>	<b>Total</b>	<b>% with Disability</b>	<b>Total</b>	<b>% without Disability</b>	<b>Total</b>	<b>% of Ages 21 to 64</b>	<b>Sample Size</b>
Employed	32,580	23.7%	486,200	74.0%	518,780	65.3%	9,429
Employed; Not currently at work	4,570	14.0%	14,740	3.0%	19,310	3.7%	350

<b>Transportation to Work– Ages 21 to 64</b>	<b>Total</b>	<b>% with Disability</b>	<b>Total</b>	<b>% without Disability</b>	<b>Total</b>	<b>% of Ages 21 to 64</b>	<b>Sample Size</b>
Work at Home	780	2.4%	11,040	2.3%	11,820	2.3%	225
Car, Truck, or Van	15,790	48.5%	297,980	61.3%	313,770	60.5%	5,673
Mass Transit	8,430	25.9%	118,600	24.4%	127,030	24.5%	2,145
Other	3,010	9.2%	43,830	9.0%	46,840	9.0%	856

Another method to obtain data is by using the American FactFinder, which gathers disability statistics and characteristics using the American Community Survey (ACS). Planners should use the following steps to obtain data:

- Use the American FactFinder at <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Click on “Advanced Search”
- Choose County or use address to choose Census Tract
- Choose Topic (e.g. disability)
- Recommend table **S1810** “Disability Characteristics”

After gathering the demographic data, planners can utilize this data for planning activities, including effective communication, evacuation planning and appropriate sheltering needs.

Table B (below) is an example of local disability data using the American FactFinder.

**Table B: Local Disability Data (Adams County)**

<b>Population</b>	<b>Total Estimate</b>	<b>Total Margin of Error</b>	<b>Estimate with Disability</b>	<b>Estimate Margin of Error with Disability</b>	<b>Estimate % with Disability</b>
Civilian Noninstitutionalized	100,15	+/- 732	15,023	+/- 1,673	14.9%

<b>Population under 5 years</b>	<b>Total Estimate</b>	<b>Total Margin of Error</b>	<b>Estimate with Disability</b>	<b>Estimate Margin of Error with a Disability</b>	<b>Estimate % With Disability</b>
Under 5 years old	4,836	+/-89	n/a	n/a	n/a
hearing difficulty	n/a	n/a	0	+/- 174	0%
vision difficulty	n/a	n/a	04	+/- 174	0%

<b>Population 5 to 17 years old</b>	<b>Total Estimate</b>	<b>Total Margin of Error</b>	<b>Estimate with Disability</b>	<b>Estimate Margin of Error with Disability</b>	<b>Estimate % with Disability</b>
5 to 17 years	15,887	+/- 227	n/a	n/a	n/a
hearing difficulty	n/a	n/a	214	+/- 208	1.3%
vision difficulty	n/a	n/a	0	+/- 174	0%
cognitive difficulty	n/a	n/a	1,097	+/- 504	6.9%
ambulatory difficulty	n/a	n/a	96	+/- 106	0.6%
self-care difficulty	n/a	n/a	101	+/- 108	0.6%

<b>Population 18 to 64 years old</b>	<b>Total Estimate</b>	<b>Total Margin of Error</b>	<b>Estimate with Disability</b>	<b>Estimate Margin of Error with a Disability</b>	<b>Estimate % with Disability</b>
18 to 64 years	60,863	+/- 658	n/a	n/a	n/a
hearing difficulty	n/a	n/a	646	+/- 213	1.1%
vision difficulty	n/a	n/a	899	+/- 545	1.5%
cognitive difficulty	n/a	n/a	3,014	+/- 829	5.0%
ambulatory difficulty	n/a	n/a	2,809	+/- 739	4.6%
self-care difficulty	n/a	n/a	1,198	+/- 547	2.0%
independent living difficulty	n/a	n/a	1,789	+/- 576	2.9%

<b>Population 65 years old and over</b>	<b>Total Estimate</b>	<b>Total Margin of Error</b>	<b>Estimate with Disability</b>	<b>Estimate Margin of Error with Disability</b>	<b>Estimate % with Disability</b>
65 years and over	19,298	+/- 703	n/a	n/a	n/a
hearing difficulty	n/a	n/a	3,342	+/- 658	17.3%
vision difficulty	n/a	n/a	1,082	+/- 421	5.6%
cognitive difficulty	n/a	n/a	1,729	+/- 552	9.0%
ambulatory difficulty	n/a	n/a	4,466	+/- 848	23.1%
self-care difficulty	n/a	n/a	1,345	+/- 483	7.0%
independent living difficulty	n/a	n/a	2,972	+/- 535	15.4%

# DURABLE MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY

The purpose of this section is to provide local jurisdictions with recommendations for meeting the durable medical equipment (DME) and assistive technology (AT) needs of displaced populations with AFN in a disaster or emergency.

Although similar, there is a distinct difference between DME and AT. In FEMA's publication *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (2010), DME (e.g., walkers, canes, wheelchairs, etc.) is described as items used by persons with a disability to maintain their usual level of independence. On the other hand, DME may be items used to maintain health and vital functions, e.g. highly specialized medical equipment such as nebulizers, feeding pumps, suctioning devices, ventilator and other breathing apparatus. DME is the term usually assigned specific meaning by private and public health insurers as meeting the following criteria:

- Durable (having a functional life of 5 years)
- Medical in nature (not for persons without a disease or disability)
- Medically necessary, prescribed by a physician or relevant health care professional
- Not experimental

An AT device is "any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities" (P.L. 108-364). AT is not always medical in nature. Assistive devices may be as simple as a piece of foam which makes a spoon easier to grasp, or as complex as a computer that responds to voice commands.

It is important to consider the unique needs of individuals who may need DME or AT to be as independent as possible in their activities of daily living. DME or AT should not be considered "one size fits all." Federal laws define an assistive technology service as any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. This definition stresses the importance of involving qualified professionals available to help support the appropriate matching of equipment to those individuals with AFN after a disaster or emergency. Emergency planners should consider the use of professionals



as members of an emergency shelter team (e.g. occupational, physical, or recreational therapists, speech language pathologists, therapy students, and other AT professionals).

One example of a “best practice” for matching appropriate DME and AT to individuals with AFN is through the implementation of a program called the Functional Assessment Service Team (FAST). The purpose of the FAST program is to provide personnel to conduct functional assessments of people with AFN who are in shelters. This assessment will evaluate the needs that people with AFN may have (including the needs for DME/AT), and determine how they can be supported within the shelter.

Several municipalities across the country have implemented a FAST program that frequently works with the American Red Cross. A sample of regions that have initiated FAST include:

- California [www.cdss.ca.gov/cdssweb/entres/forms/English/PUB462.pdf](http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB462.pdf)
- Washington (Pierce County) [www.co.pierce.wa.us/index.aspx?nid=995](http://www.co.pierce.wa.us/index.aspx?nid=995)
- Wisconsin <http://emergencymanagement.wi.gov/resources/fast.asp>

A FAST consists of a team of 2-8 trained members (typically government employees and community based organization [CBO] personnel) ready to respond and deploy to disaster areas to work in shelters. Once deployed, the FAST will conduct functional assessments of people with AFN as they arrive at the shelter, and may determine what resources, including DME and AT, are needed to accommodate their AFN so they can remain at the shelter.

Members of the FAST work side by side with shelter personnel and other emergency response workers to assist in identifying and meeting essential functional needs so that people with AFN can maintain their health, safety and independence during disasters. The team may assist with obtaining DME and AT, consumable medical supplies (CMS), prescribed medications, or a personal assistant to assist with essential activities of daily living.

A draft copy of the Functional Assessment Service Teams (FAST) course design document can be found by visiting [www.smrrc.org/PDF files/FAST 2009 training curriculum summary.pdf](http://www.smrrc.org/PDF_files/FAST_2009_training_curriculum_summary.pdf)

An overview of the FAST program, as presented by the Wisconsin Department of Health Services, can be viewed by visiting

[www.emergencymanagement.wi.gov/resources/docs/01\\_FAST\\_Overview\\_2012-12-07.pdf](http://www.emergencymanagement.wi.gov/resources/docs/01_FAST_Overview_2012-12-07.pdf)  
[Training.pdf](#)

## Effective Planning for a DME/AT Cache

Ideally, every location that is a potential designated shelter would have the ability to house and maintain a supply of frequently needed DME/AT devices. However, because most are “pop-up” shelters and have another primary function absent a disaster or emergency (e.g. serving as a university gym), it may be impossible, and too costly, to pre-stage such devices. An alternative to this is the development of one or more stores or “caches” of equipment that would be transported to the shelter(s) as needed.

Emergency managers and shelter planners must also consider the aspects of planning for access to DME/AT that may vary based on whether the declaration is federal or state only. This will affect issues such as transportation and other assistance available from FEMA (e.g. AT available in FEMA’s “communication kits” for Disaster Recovery Centers<sup>17</sup>).

It is vital that emergency managers and shelter planners work closely with the private sector agencies such as non-profits and rehabilitation facilities and share the responsibility of providing emergency shelter care and resources to children and adults with AFN. Private sector agencies and organizations can assist emergency managers and shelter planners in identifying the number of constituents they serve and the extent to which they may require assistance in the event of an emergency or disaster. This information will also help determine the inventory of DME/AT in the cache. For example, if an organization reports serving 100 individuals with mobility impairment in a select region, or it is known that there are more than a dozen mid-size nursing homes in the county, emergency managers and shelter planners will be able to make better decisions regarding the type and quantity of DME/AT to which they may need access.

In developing plans that will meet the needs of people who have functional needs and support services, emergency managers and shelter planners should collaborate with all relevant stakeholders including:

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<sup>17</sup> Accessible Communication Technology for Disaster Survivors (FEMA flyer) [www.fema.gov/media-library-data/1429810218579-62f359adb6582311fd437e25cb0d7d36/AccessibleTechnologyforDisasterSurvivors\\_508.pdf](http://www.fema.gov/media-library-data/1429810218579-62f359adb6582311fd437e25cb0d7d36/AccessibleTechnologyforDisasterSurvivors_508.pdf)

- People requiring support services, their families, friends and other informal (unpaid) supports;
- Agencies and organizations that provide support services;
- Agencies and organizations that advocate for the rights of people requiring support services; and
- DME/ AT, personal assistance, and communication providers (e.g. interpreters and translators).

The plan for a DME/AT cache must identify funding to cover the costs related to purchasing and maintaining DME/AT in the cache(s) (including personnel costs), storage costs and funding to cover transporting devices to individuals with AFN and/or to emergency shelters, as necessary. The plan must also include policies and procedures outlining responsibility (organization/personnel) for maintaining the inventory of all equipment in the cache. Policies and procedures should be considered for the following:

### **Determining Inventory**

Data can be obtained from FEMA as well as from entities that have assisted in emergency response/recovery to identify the DME/AT most requested in recent disasters/emergencies. A list of most frequently used DME/AT is elsewhere in this document.

### **Procuring Inventory**

Memorandum of Understanding (MOU) should be in place to identify device providers (vendors/manufacturers) who are willing and able to supply equipment either for loan or ownership to individuals with AFN and/or emergency shelters. Planning should include steps to develop provider agreements with the private sector to ensure necessary equipment and associated supplies that are not available through the cache can be obtained during an emergency or disaster. The MOU should specify any restrictions on the equipment (e.g. equipment supplied by the Red Cross belongs to the Red Cross and cannot leave a shelter; equipment supplied by a device reutilization program becomes the property of the individual in need).

### **Maintaining Inventory**

A database system should be in place to track all DME/AT inventory. The inventory should include the vendor/supplier contact information, year of purchase, device make, model and

serial number, size (e.g. wheelchair seat, walker width), user weight limitations (if applicable). The database should also include a way to store photos of devices, device warranty (which should be filed upon receipt of the device) and owner's manual. The warranty and manual should be reviewed annually to make sure all maintenance procedures recommended by the manufacturer are followed (e.g. charging; removal of batteries during prolonged storage). A policy and procedure should be developed to identify when and how equipment should be properly disposed of if it is damaged and/or at the end of its useful life. The policy should include steps to develop agreements with area suppliers to maintain equipment (e.g., generators, oxygen concentrators) as needed.

### **Tracking Equipment**

The database system should have the functionality to track the immediate location of all existing DME/AT (e.g. equipment located with consumer, regional disaster site, cache, etc.). Appropriate personnel should be designated to change status of the device location, as updates are necessary. For more information on tracking equipment, please refer to the section of this document on tracking inventory.

### **Transporting and Retrieving Equipment**

Policies and procedures should be designed to identify who (organization and/or person) is responsible for returning the DME/AT to the cache (e.g. consumer, state or regional emergency managers, Voluntary Organizations Active in Disasters other). Resources available for transporting equipment and especially, the availability of "specialized" transportation vehicles equipped with lift systems for large devices (e.g. power wheelchairs and scooters) should be located. The policy should include the development of agreements with non-governmental entities to ensure that shipping is available to transport and return to equipment to the cache from shelter sites. Policies and procedures should cover transportation for deploying and returning items during local, state and federal declared emergencies/disasters.

### **Cleaning and Sanitization**

One of the first priorities is to make all DME/AT safe for use by other individuals. Steps should be taken immediately to minimize the potential transmission of disease from devices that are no longer in original (sealed) packaging and in fact may have been used in one emergency and then returned to the cache, or moved from one shelter to another (e.g. as shelters are closed). Many diseases are caused by microorganisms. Some microorganisms can survive on

solid surfaces for long periods of time and are transmitted through simple contact. For example, cold and flu viruses can survive up to 72 hours on solid surfaces. Viruses can be contracted by touching the surface of any DME/AT used by an infected person. A policy and procedure should be designed for cleaning and sanitizing all equipment upon return from any loan to an individual or a shelter. Additional information regarding cleaning and sanitization is found elsewhere in this document.

## **Product Recall**

A procedure should be designed for designated staff to monitor product recalls (e.g. FDA and vendor announcements) and safe removal and disposal of recalled device(s) from the inventory.

## **System Updates**

A procedure should be designed for designated staff to inspect and upgrade (as appropriate) adapted hardware, tablet computers, software and “apps” in order for the device(s) to properly function. Review and inspection, at minimum, should occur on a monthly basis.

## **Matching Equipment**

A policy and procedure should be designed to assure persons with an AFN is appropriately matched with the technology. The procedure should include steps to develop agreements with public and private sector organizations to ensure that training and technical assistance is available, if necessary, to match the consumer to the DME/AT that meets his/her needs. The procedure should include a checklist of standardized questions which will help a volunteer or emergency or shelter personnel match less complex DME/AT to an individual with an access or functional need (e.g. walker, cane). The procedure should also identify when a lay person or emergency personnel should refer instead to a list of appropriately licensed or certified professionals (e.g. medical personnel, occupational, physical, recreational, or speech therapists, AT professionals) to assist with proper matching of more complex DME/AT (e.g. speech generating devices, custom wheelchairs). An example of an individual measurement guide designed to assist with proper matching can be found in [Appendix C](#). Emergency planners must consider MOUs in advance with those entities willing/able to provide these AT-related professional services.

## **Device Reutilization**

In the event a person needs DME/AT that is not available in the cache, a procedure should be designed for contacting resources to assist with locating appropriate DME/AT through national, statewide or regional reutilization programs (including but not limited to those listed at [www.passitoncenter.org](http://www.passitoncenter.org)).

## **Short-term Equipment Loan**

The list of resources should include vendors and other organizations who are able to provide or assist with facilitating device loans (e.g. through “loan closets” or lending libraries). In addition, wherever possible, these resources should be identified and agreements formalized in advance of an emergency/disaster.

## **Staff Training**

A policy should be established to provide staff with an annual overview of all DME/AT in the cache, including purpose, basic operations and troubleshooting. The accompanying procedures should include a directory of all owner’s manuals (especially those that exist on line), video training opportunities (e.g. YouTube or vendor videos) and community organizations familiar with the devices. State partners should provide guidance and training/education opportunities related to FNSS in shelters.

## **Resources**

The organization responsible for maintaining the cache (either centralized or regional location[s]) should be responsible for maintaining a list of resources for assistance with operating, repairing, and/or matching equipment. The list of resources may include a list of organizations identified in the [Stakeholder](#) section of this document.

# DURABLE MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY CACHES

This section of the document identifies a list of durable medical equipment and AT which can be housed in a central or regional location and deployed in the event of emergency or disaster to make a shelter accessible. Two models utilizing equipment caches are presented for consideration:

## Model One

Prepare a single statewide DME/AT cache that pre-positions DME/AT which can be utilized by area health care and/or emergency systems involved in emergency medical. The cache is one part of an emergency supply system developed to ensure that required DME/AT are available and accessible in a timely manner in the event of a large-scale emergency or disaster. All material contained in the cache would be available by request to any county throughout the commonwealth. The cache should be stored in a secure, temperature and environmentally controlled warehouse appropriate for storage of DME/AT and must be able to be accessed by designated and authorized personnel 24 hours a day, 7 days a week.

## Advantages

- DME/AT can be easily inventoried in one single location versus multiple caches throughout the commonwealth, avoiding duplication of that activity and enhancing coordination and reporting.
- DME/AT can be maintained (e.g. cleaning and sanitizing, routine updates if necessary) at one single location.

## Disadvantages

- Depending on how much equipment will be stored, it may not be possible to find a large enough, secure, temperature –controlled warehouse.
- Depending on the location of the emergency or disaster, the ability to transport equipment (e.g. over land) in a safe, timely manner may be hindered by the conditions between the warehouse and the area of need;

- Depending on the location of the emergency/disaster, the transportation logistics and expense may be greater than from a more regional location (e.g. a warehouse located in Dauphin County that must transport to an Erie County disaster site);
- Staffing and warehouse storage are also a disadvantage if this is to be a state responsibility.

## **Model Two**

Prepare regional or county DME/AT caches that pre-position items which can be utilized by area health care and/or emergency systems involved in emergency medical care. The regional cache for Model Two is similar to Model One but calls for smaller, multiple caches located around the commonwealth. State emergency planners will need to collaborate to identify the number, appropriate size, and locations of these caches, based on demographic data including but not limited to the number of facilities serving individuals likely to have AFN (e.g. assisted living; nursing homes; Intermediate Care Facilities for People with Intellectual Disabilities; special residential schools for students with disabilities); numbers of people on related registries; history of natural disasters in locations; risk factors for man-made disasters (e.g. refineries); or other factors (e.g. flood plains).

Regional emergency planners will coordinate storage of each cache and design policies and procedures for transporting the cache to the destination (including distribution of DME/AT at the destination). For example, the American Red Cross of Susquehanna has two trailers that are specifically used for storing / transporting their DME.

### **Advantages**

- Caches of DME/AT in strategic locations can be easier and quicker to access due to Transport Time.

### **Disadvantages**

- Multiple personnel and/or organizations are responsible for each cache, including cleaning and sanitization, inventory, updates as necessary;
- Duplication of costs related to purchasing DME;
- Duplication of personnel and warehouse storage costs.



## **Transition Considerations for People Who Need DME/AT and are Leaving the Shelter**

To assist people in avoiding unnecessary institutionalization, emergency managers and shelter planners should include strategies for children and adults with functional support needs to have the assistance necessary to coordinate the transition of DME/AT out of a shelter environment and into their home environment. This is critical as recovery may depend on the ability of the individual with an AFN to access DME/AT. DME/AT may have been lost or damaged in the emergency or disaster, or it may have emerged as a new but continuing need related to the emergency. Emergency plans must be designed to provide resources and direction for organizations providing direct services to people with disabilities and others with access or functional needs in an emergency. This includes plans for assisting individual with AFNs who had unmet DME/AT needs prior to the emergency. An MOU should be considered for all organizations providing local assistance and disaster recovery efforts in an attempt to promote coordination with one another, maximize resources, eliminate duplication of services, and ultimately, promote successful recovery for affected Pennsylvanians with AFN.

## BASIC RESOURCE LIST

The resource list in this section is based upon best practices demonstrated in Louisiana, Texas, Oklahoma and Georgia, as well as guidance from FEMA (2010), *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*, p. 117) and reflects devices that are recommended as required inventory items in the DME cache. In addition, the list is based on requests made as a result of previous Pennsylvania declared disasters, specifically DME/AT demands in southeastern Pennsylvania resulting from storms Irene and Lee, and AT requests fulfilled by Pennsylvania's Initiative on Assistive Technology (PIAT) for the Assistive Technology Act program in Louisiana (LATAN), on behalf of survivors of Hurricane Katrina. These DME/AT resources should be considered the minimum inventory needed in order to provide reasonable accommodations to individuals with AFN, as well as to make someone safe and independent for the immediate shelter stay. Individuals with AFN may require additional DME and AT when returning to their natural environment or when moving into longer shelter stays or temporary housing.

This non-exhaustive list may be used as a starting point in determining the DME/AT to include in the cache. Of importance is consideration of size and weight restrictions and including multiple sizes of items such as commodes, walkers, and transport chairs in the cache(s). The list includes items to meet the needs of children and adults with communication, mobility, cognitive/intellectual, hearing, and vision impairment, either temporary or permanent.

There is little data that provides guidance on projecting needs for those DME items that are highly customized and clearly medical in nature, in that they are related to functions such as breathing, nutrition, and medication administration. For example, CPAP machines and portable oxygen tanks are products that can help people with AFN be safely supported in general needs shelters. However, these devices do not readily lend themselves to caches because of the nature of the equipment (e.g. oxygen storage) and the mechanics and materials of which the device is constructed. Emergency planners are advised to focus on identifying appropriate resources for obtaining such equipment at the time of the emergency. For example, emergency planners should contact and develop MOUs with organizations such as the Pennsylvania Association of Medical Suppliers (PAMS), a trade association representing

Durable Medical Equipment, Prosthetic, Orthotic and Supplies (DMEPOS) Suppliers from Pennsylvania and Delaware. Contact information for PAMS is located in [Appendix I](#).

## Basic DME/AT List

Support Kit	DME	Specifications	Quantity Per Kit*
Accessibility	Folding Portable Ramp, 4 ft.	29" W x 48" L. Durable, non-skid driving surface	1
Accessibility	Folding Portable Ramp, 6 ft.	29" W x 72" L. Durable, non-skid driving surface	1
Accessibility	Solid Portable Ramp, 5 ft.	5' x 36" Solid Ramp, anti-slip, high traction surface	1
Accessibility	Rubber Threshold Wheelchair/ Scooter Ramps	Rise Usable size (W x L x H) – 24" x 24" x 2.25 (two each), accommodates up to 4 ¾ (using risers and additional ramp)	2
Mobility	Walker, dual release, standard with two wheels (300lb. capacity)	Weight Capacity: 300lbs	2
Mobility	18" Wheelchair, standard seat, manual	Weight Capacity: 250 lbs. Weight: 40 lbs. Seat Width: 18"	4
Mobility	22" Wheelchair, standard seat, manual	Weight Capacity: 350 lbs. Weight: 56.2 lbs. Seat Width: 22"	4
Mobility	24" Wheelchair, standard seat, manual	Weight Capacity: 350 lbs. Weight: 56.2 lbs. Seat Width: 24"	4
Mobility	28" Wheelchair, standard seat, manual	Weight Capacity: 400 lbs. Seat Width: 28"	4
Mobility	Transfer boards, standard 30"	Cutout handles for easy carrying and gripping. Used for transferring from wheelchair, bed, chair, or toilet.	8
Mobility	Patient (Hoyer) lift with chain and sling; 450 lbs. capacity	Adjustable U-base compatible with many slings 400 lbs. weight capacity	2
Mobility	Crutches- child	n/a	3
Mobility	Crutches- youth	n/a	3

<b>Support Kit</b>	<b>DME</b>	<b>Specifications</b>	<b>Quantity Per Kit*</b>
Mobility	Crutches- adult	n/a	3
Mobility	Crutches- adult forearm	n/a	3
Mobility	Cane- Quad	700 lbs. capacity, right or left hand use, height adjustable, locking ring for additional stability durable steel construction	2
Mobility	Cane- Adjustable	Aluminum, up to 450 lbs. capacity	3
Mobility	Cane- Adjustable Aluminum	Aluminum, 250 lbs. capacity, round handle, height adjustable	2
Mobility	Gait belts (deluxe)	Easy to grip hand loops, 4' back height for greater weight leverage, quick release buckle, soft nylon, Length 28"-52"	2
Mobility	Gait belts (standard)	Small length: 53"	2
Mobility	Gait belts (standard)	Medium length: 60"	2
Mobility	Gait belts (standard)	Large length: 72"	2
Mobility	Gait belts (standard)	X-large length: 80"	2
Toileting / Bathing	3 in 1 Commode Chair (for over toilet or bedside use)	Up to 300 lbs. capacity	3
Toileting / Bathing	3 in 1 Commode Chair (for over toilet or bedside use)	Up to 450 lbs. capacity	2
Toileting / Bathing	Shower chair without backrest	300 lbs. capacity	2
Toileting / Bathing	Handheld Shower Wand	Handheld shower with 84" hose	4
Feeding	Non-skid feeding plates with raised edges	Combination plate/bowl with contoured lip. Microwave and dishwasher safe	4
Feeding	Padded grips for feeding utensils	n/a	8
Feeding	Universal cuff for utensils	Adjustable nylon material to help hold utensils	8
Feeding	2-handed mugs	n/a	3
Feeding	Bendable straws (box)	n/a	2
Dressing	Reachers	32" length, aluminum	5

<b>Support Kit</b>	<b>DME</b>	<b>Specifications</b>	<b>Quantity Per Kit*</b>
Dressing	Dressing sticks	27' length	5
Communication	Print communication board- words	NOTE: know the language(s) prevalent in your community and include appropriate boards for your diverse community	10
Communication	Print communication board- pictures	NOTE: know the language(s) prevalent in your community and include appropriate boards for your diverse community	10
Communication	Print communication board- letter	NOTE: know the language(s) prevalent in your community and include appropriate boards for your diverse community	10
Communication	Dry eraser board and markers	n/a	10
Communication	Personal amplification device (i.e. Pocket Talker)	n/a	2
Communication	Captioned telephone	n/a	1
Communication	Large button, amplified telephone	n/a	1
Communication	Thick felt tip, non-smear pens (i.e. 20/20 pens)	n/a	24
Communication	Personal pager, vibrating alert	n/a	5

\*Recommended quantity per kit is based on a presumption of 100 individuals with access and functional needs.

NOTE: Refer to [Appendix I](#) for a list of vendors who sell or distribute these items

## SELECTING AND OBTAINING DME/AT

Each local planning unit's resources and capabilities regarding DME/AT for people with AFN should be assessed and integrated into short- and long-term plans. This approach seeks to maximize local financial resources, especially in those instances where the emergency does not rise to a state or federal declaration. Key stakeholders from local agencies, businesses, disability organizations, and faith-based groups and congregations that serve people with functional needs within the jurisdiction should be identified and included in emergency planning committees. These key stakeholders will be valuable resources when identifying resources to obtain DME and AT.

Once you know who is in your community, develop the list of DME/AT that you intend to either pre-position or cache (e.g. using the [Basic Resource List](#) in the previous section). With your list in mind, decide what equipment you will need to purchase or obtain through other methods, including device reutilization programs, device lending programs or vendor donations. In Pennsylvania, Pennsylvania's Assistive Technology Lending Library (the "Lending Library") is a free service that provides short-term loans AT devices to Pennsylvanians of all ages and disabilities. The Lending Library may be a stop-gap resource for individuals who have lost their DME/AT or have new needs resulting from the emergency or disaster. Planners should budget accordingly keeping in mind that some equipment will need to be purchased and some may be acquired via alternative programs (e.g. reuse or specialized equipment distribution programs, e.g. Telecommunication Device Distribution Program) and including possible vendor donations.

Long before an emergency or disaster occurs, emergency managers and shelter planners should begin working closely with DME vendors to identify devices and services with which they are able to assist.

Jurisdictions may already have local resources for access to DME. It is good practice to formalize these relationships. There are several reasons to establish formal working relationships and/or contingency contracts with local suppliers for their DME and AT needs. Local DME vendors and other organizations, including the Pennsylvania Association of Medical Suppliers (PAMS), may be considered a resource to assist with the following activities as outlined in a Memorandum of Understanding (MOU). A sample MOU is identified in [Appendix F](#).

Formalized roles for DME providers or other local resources (e.g. equipment loan closets, first aid squad, American Red Cross) may include:

- Inspection and sanitization of cached or pre-positioned DME after each use
- Routine annual inspection of DME
- Maintenance or repairs, as needed
- Appropriate disposal of damaged DME
- Transportation of DME/AT to specified shelter

Planning should include vendors who are geographically dispersed in the event one or more partners are affected by the emergency or disaster and unable to assist. Make sure your list of vendors represent a variety of DME products, as some vendors may only service one type of DME/AT.

## **Procedure for Obtaining DME/AT**

DME and AT providers recognize that the loss of a person's wheelchair, walker, shower chair, communication device or other DME /AT after a disaster results in a loss of independence and exacerbates the trauma, thereby slowing recovery. There are several mechanisms for individuals to obtain the DME/AT they need. Pennsylvania's Assistive Technology Lending Library (the "Lending Library") is a free service that provides short-term loans AT devices to Pennsylvanians of all ages and disabilities. The Lending Library may be a stop-gap resource for individuals who have lost their DME/AT or have new needs resulting from the emergency or disaster. It is important to note that the Lending Library does not have every device to meet the needs of every single person, and does not include commode chairs, crutches and other mobility aids (with the exception of a few portable ramps).

In Pennsylvania, local jurisdictions may contact Pennsylvania's Initiative on Assistive Technology (PIAT) or the Pennsylvania Association of Medical Suppliers (PAMS) to help identify resources throughout the community, utilizing the following process:

- The emergency manager notifies Pennsylvania's Initiative on Assistive Technology (PIAT) via phone or email (Voice: 800-204-7428 or [atlend@temple.edu](mailto:atlend@temple.edu)) of a disaster in a specific community or county and receives the local Assistive Technology Resource Center contact person's name, location, and other contact information.

- PIAT sends a list of the available equipment to the state and local emergency manager.
- PIAT contacts its DME and reuse partners to see if they have equipment to contribute to the response based on the specific request.
- Depending on the scale of the disaster, PIAT may contact other state reuse programs. In the event of a federally declared disaster, PIAT will respond through an MOU between the PassItOn Center and FEMA.
- Emergency managers may consider distributing press releases to media or PSAs to radio stations to request donations of specific types of equipment (in good condition) for individuals affected by the disaster. It is important to note that these donations may require inspection, sanitization and/or minor repairs. Refer to the section of this document on Sanitization, found on page 43.

The following table shows some of the resources the jurisdiction may access:

<b>Agency/ Organization</b>	<b>Resource</b>	<b>Use</b>
PAMS	DME Providers	List of providers/vendors who can assist with transport of DME to shelter
PAMS	DME Providers	List of providers/vendors who can inspect DME, ensuring safe equipment
PAMS	DME Providers	List of providers/vendors who can donate equipment in an event of an emergency
PIAT	AT Resources	List of reuse programs
PIAT	AT/ DME Resources	List of programs that offer device loans (ATLL)
PIAT	AT/ DME Resources	Technical assistance (TA) for developing internal policy and procedure for acquiring and maintaining DME
American Red Cross	DME Resources Transportation	List of programs that have DME supplies and equipment trailers

## **Durable Medical Equipment Supplier Locator**

Vendors who participate in Medicare may be a starting point for identifying local DME/AT suppliers. [Medicare.gov](https://www.medicare.gov) has an online supplier directory to find vendors of DME. Providers can be located by entering zip code. Once a zip code is entered search can be refined by type of equipment desired.



<http://www.medicare.gov/Supplier/Include/DataSection/Questions/SearchCriteria.asp?version=default&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStat us=True>

NOTE: If this link does not work use the following link [www.medicare.gov/supplierdirectory/](http://www.medicare.gov/supplierdirectory/) and select “Medical Equipment Suppliers” from the left side bar.

Keeping in mind that the provision of services to appropriately match technology to individuals with significant disabilities (particularly in the area of seating, positioning, and mobility) is key to being sure to “do no harm”, the emergency manager’s “Rolodex” should include resources for such services. Complex Rehabilitation Technology (CRT) professionals are listed with the National Registry of Rehabilitation Technology Suppliers (NRRTS), a professional association supporting members who provide highly customized wheelchairs and seating and positioning systems for people of all ages and diagnoses with postural or mobility deficits. Visit [www.nrrts.org](http://www.nrrts.org) and select “Find a NRRTS Registrant” from the side bar.

# INVENTORY MANAGEMENT

Management of an equipment cache must include the use of a system by which the inventory can be maintained and tracked. Such a system will assist in deploying and retrieving items, and learning the status of the items (e.g. returned but not yet sanitized; out to vendor for repair). All equipment obtained for the DME/AT cache should be coded with a unique number that is entered into the inventory number field of the database. When planning for the inventory system, calculate the staff time and costs that may be required for the development of such a database, the labelling process, and personnel costs associated with uploading initial product information and updating the location and status of deployed DME.

The following example is one approach to coding the inventory of DME/AT cache. The barcode has an adhesive back and is formatted as shown below:

PROPERTY OF [PROGRAM NAME]  
<<Insert Program Contact Information>>  
<<INSERT PROGRAM WEBSITE>>  
**DME#####-02PHL-MMY**

DME##### is a unique six-digit number, starting at 000001, that is given to every piece of equipment. Numbers will be assigned in chronological order.

The second number and letter code identifies the DME category (listed below) and the location of the equipment (e.g. county, state, etc.). For example, 02PHL identifies that a bath chair is located in the Philadelphia cache.

The last number identifies the month and year that a piece of equipment was purchased. The date is important because it will identify the “shelf-life” of each device, a helpful piece of information to share with vendors or other qualified professionals assisting with the inspection of DME.

#### DME Categories:

1. Communication Kit
2. Portable Ramps
3. Walkers
4. Wheelchairs (manual)
5. Wheelchairs (power)
6. Transfer Board
7. Patients Lifts
8. Gait Belts
9. Commode Chairs
10. Shower Chairs
11. Feeding Equipment
12. Dressing Equipment
13. Cots
14. Other

In general, durable laminated stickers designed for outdoor use should be utilized rather than paper tags, as they will withstand repeated sanitizing and cleaning much better than paper tagging systems. Clean, sanitize, and evaluate equipment before barcoding (in some cases, you'll have to clean, sanitize, and tag equipment before dropping equipment off at a DME provider for evaluation). Part of the coding process for the equipment will include making sure the surface is clean and dry before applying the code. In addition, staff should apply the barcode to a highly visible area on the equipment when possible.

## SANITIZATION

According to a 2010 report from the Centers for Disease Control and Prevention (CDC), sanitizing lowers the number of microorganisms on surfaces or objects to a safe level as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection. It is assumed that DME and AT that is either a part of a cache or pre-positioned in a shelter will be used for multiple events and/or by multiple people, e.g. will be “re-used.” Accordingly, cleaning and sanitization for DME and AT is required to:

- Protect staff, volunteers, and individuals by avoiding the spread of germs and infection.
- Maintain a standard of quality for the used equipment being shared with others.
- Avoid the risk of infection based on:
  - Pathogen or germs involved
  - Type of exposure

These are minimum guidelines. The American Red Cross and other responsible entities may have their own procedures that meet or exceed these suggestions. The key is that responsible staff is familiar with and adhere to the policies. Suggested supplies and procedures are detailed as follows:

### **Sanitizing Supplies and Common Cleaning Products**

- Disposable gloves
- Alcohol-based hand rub
- Soap and hot water
- Chemical germicide cleaners and germicide carpet spotting towels
- Spray and wipe product that cleans and deodorizes without rinsing for use on vinyl, stainless steel, other metals, ceramic, and fabric
- Enzyme cleaner that mixes with water to clean hard surfaces
- Ready-to-use product carpet spotting towels used to clean seats on scooters, wheelchairs and upholstery

## **Steps to Protect Yourself (for staff cleaning the equipment)**

- Wash hands with hot water and soap before beginning
  - Apply soap to all hand surfaces, rinse, and dry thoroughly
- Put on disposable gloves before handling equipment
  - Put on new gloves before cleaning the next piece of equipment
- Clean Equipment
- Follow cleaning product instructions
  - If the germicide is added to hot water, make an adequate amount of the solution to clean the equipment.
- Wash hands with soap and hot water and dry them thoroughly
- Put on gloves and eye protection
- Remove visible stains
- Clean and deodorize the surface
- Clean all surfaces, including upholstery
  - Other surfaces on devices may be allowed to air dry or be dried with a clean absorbent towel.
- Properly dispose of any remaining cleaning solution and dry out the bucket, if using a germicide/hot water solution.

## **Sanitization Rules when Picking Up or Delivering Equipment**

- Put on disposable gloves before handling equipment
  - If you are picking up multiple pieces of equipment, put on new gloves after handling each piece of equipment.
  - If you cannot wear disposable gloves due to sensitivity, use an alcohol-based hand rub after handling each piece of equipment.
- Wash hands before touching any equipment, regardless if delivering or picking up.
- Inspect equipment before loading it. If it is not clean, follow the sanitization procedures for cleaning or request that it be cleaned.

## Device Reuse

Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, is the commonwealth's statewide program funded by the federal Assistive Technology Act. PIAT operates the Reused and Exchanged Equipment Partnership (REEP), a program that may be a source for "previously-owned" assistive devices, usually available at a lower cost than buying new (and, sometimes, for free). These efforts help get used AT devices such as wheelchairs, walkers, commodes, amplified and text telephones, low-vision aids, lifts, portable ramps, augmentative communication devices and other devices out of attics and garages and into the hands of people with disabilities who need them. PIAT can serve as a central point of contact for emergency managers and shelter planners regarding reused DME and AT.

There are several methods to obtain DME/AT devices for an equipment cache. Some vendors who specialize in DME goods may consider a donation to your equipment cache. In fact, in Pennsylvania, major retailers with local warehouses (e.g. Rite Aid, Walgreens and CVS) have generously contributed their overstock and discontinued DME to reuse programs. Some jurisdictions may want to consider finding "previously owned" DME for their cache. Reutilized or "reused" DME can be a viable solution for programs trying to build their inventory with limited funds. Some agencies provide open-ended loans to individuals, they can use the equipment until they no longer need it. Emergency planners may consider contacting PIAT for more information about device loan programs in their region.

It is important that any equipment cache follow best practice guidelines to ensure that equipment is safe for use by anyone in the community. If the device appears to be viable, it should be cleaned and sanitized, coded/tagged, and entered into the program database. If the equipment is damaged, it should be disposed of properly. For example, many public works departments will accept old, damaged walkers and wheelchairs because they can be broken down for scrap metal. If you are unsure of how or where the device should be properly disposed of, contact the equipment vendor, manufacturer or Pennsylvania's Initiative on Assistive Technology.

Equipment must be cleaned and sanitized properly when it is brought into the program.

- Cleaned after it is picked up

- Equipment should be bagged before being placed in the pick-up vehicle
- If a person brings a donated device to the program, it should be bagged and stored away from the public until it can be removed for inspection, cleaning and sanitization.
- Only staff who have been trained on cleaning and sanitization practices should be allowed to sanitize equipment.
- Equipment should be cleaned and sanitized in a space separate from the equipment storage area.
- If equipment must be stored before it can be cleaned and sanitized, it should be kept in a DME bag and stored separately from sanitized equipment.
  - To provide additional protection, staff may bag sanitized equipment while the devices are in storage.
- Equipment should be cleaned and sanitized before being taken to a DME provider for repair unless the provider is responsible for a portion of the sanitization process.
- Equipment that is going to be delivered after repairs should be cleaned and sanitized again before the delivery.

## **Planning for DME/AT Maintenance and Repair**

It is appropriate practice to plan for the appropriate care of all DME/AT devices not only before its deployment, but during and after a disaster. Many devices will have a “shelf life” (determined by the manufacturer) of a few years and are not considered safe for use after its expiration date. Accurate record keeping is important to determine how long a device is in the DME cache, as well as maintaining documentation on the current state of the equipment (e.g. visible signs of rust, cracked edges, etc.).

Local DME vendors and appropriate community-based organizations, including Pennsylvania Association of Medical Suppliers (PAMS), may be considered a resource to assist with the following activities as outlined in a MOU:

- Inspection of cached/pre-staged DME after use
- Annual inspection of DME, in the event the equipment is not used during the course of a year
- Maintenance or repairs as identified in the inspection of cached equipment
- Appropriate disposal of damaged DME

- Transport of cached DME to specified shelter or other location
- Provision of DME not in the cache

In addition to maintenance and repair of DME/AT devices that are part of the cached inventory, DME/AT belonging to individuals with AFN may have been damaged during evacuation to the shelter. Especially where the AT is highly customized (e.g. “complex rehabilitation technology”), the availability of resources for repair may resolve the challenges of supplying these types of wheelchairs that are so important to independence and mobility within the shelter environment.

Long before an emergency or disaster occurs, emergency managers and shelter planners should begin working closely with vendors or other appropriate community-based organizations (CBO) to assist with the maintenance of DME. When addressing DME, planners should contact several vendors and CBOs in the event one or more vendors are unable to assist during an emergency because they, or the transport routes, are immediately affected.

In general, the planning stage should include the following steps:

1. Identify vendors in [COUNTY/JURISDICTION] willing to assist with inspection of AT and/or DME. A list of vendors willing to assist during emergencies may be obtained by contacting PAMS or PIAT. After a vendor has been identified, it is recommended that an MOU be drafted stating responsibilities, and specifying any associated costs. A list of vendor contact information can be found in [Appendix I](#).
2. Identify vendors in [COUNTY/JURISDICTION] willing to assist with repairs or reuse of AT and/or DME and specifying any associated costs. A list of vendors willing to assist during emergencies may be obtained by contacting PAMS or PIAT. After a vendor has been identified, it is recommended that an MOU be drafted stating responsibilities. A list of vendor contact information can be found in [Appendix I](#).

For items that need repair, when necessary, the jurisdiction will pay a DME contracted vendor to make repairs that will meet manufacturer’s specifications. The jurisdiction should develop a policy regarding the threshold for paying for repairs, e.g. repairs that cost more than 60% of the replacement value of the DME will not be pursued; or repairs on an item that is one year past its expiration date will not be pursued.



# TRANSPORTATION

Children and adults with and without disabilities who have AFN may require transportation services while in shelters and for re-entry into the community. It is important that people with AFN be transported with their DME and/or AT. However, in an emergency situation when safety and speed are priorities, people may be separated from their DME and/or AT. Special transportation considerations must be addressed in both personal preparedness planning as well as community emergency management plans.

## Transport Planning

Emergency planners should see that plans include strategies to ensure that accessible vehicles, ambulances, and drivers are available to transport to the shelter individuals who use heavy equipment like power wheelchairs and/or individuals whose mobility impairment is related to excessive weight. When considering transportation systems, emergency planners should ensure that accessible vehicles are able to transport wheelchairs, scooters, or other mobility aids, as well as more portable DME/ AT (e.g., portable oxygen, communication devices). In addition to planning for the delivery of DME/AT, planners must consider plans to return the equipment to the cache(s).

Transferring equipment during an evacuation must be considered in planning and exercises of facility plans. Equipment may include the following:

- Orthotics/prosthetic
- Portable TTYs
- Apnea monitor
- Speech generating devices
- Canes
- Halter monitors for heart conditions
- Wheelchairs
- Oxygen tanks
- Specialized medical cots
- Bath and bed lifts

As part of planning to meet the needs of individuals with AFN, it is important that emergency planners have agreements with transportation agencies and discuss what can and cannot be transported during an emergency evacuation. A list of equipment should be established and agreed upon based on the criteria for each facility. In addition, it may be necessary to work with DME supply companies for delivery arrangements for frequently used personal DME/AT such as portable oxygen tanks.

A transport system used for evacuating people with AFN (ideally, with their DME/AT) or delivery of DME and AT to a shelter may include automobiles, buses, trains, boats, and/or aircraft. Each community will have access to specific modes of transportation, and all transportation resources—public, private, and non-governmental—should be considered in planning and operations. No matter what mode of transportation is utilized, it will be critical to consider specific modes of transportation for people with physical disabilities (e.g. wheelchair lift, wheelchair tie downs and restraint system) and those with medical conditions. Prior identification of all available transportation resources and commitments for use (e.g. through a MOU) will be valuable during an emergency to avoid competition for resources.

**It is important for emergency planners to identify the following:**

- Number and type of vehicles that will need to be acquired through a contract and/or MOU,
- Name of the agency that holds the contract and/or MOU for transportation,
- The requirements/stipulations of the contract and/or MOU,
- The specifications required to move people with AFN WITH their equipment (including particularly large/heavy devices, e.g. power wheelchairs)
- The process for how costs are accounted for and reimbursed under the contract/MOU.

**Transport Collaboration**

Jurisdictions are encouraged to identify local resources to support the transporting to shelters of DME/AT for individuals with AFN. For example, transportation from centralized “caches” or from other sources of supply will need to be arranged to deliver the DME/AT to the shelter location. Planning should include arrangements for delivery, outlined prior to the emergency and formalized with a MOU. As part of emergency planning, Pennsylvania’s lead agencies

involved with ESF-6<sup>18</sup> (Mass Care, Emergency Assistance, Temporary Housing, and Human Services) should collaborate with the PA Department of Human Services to identify in advance available resources within the state to support FNSS in shelter operations at the request of a jurisdiction.

In the event a locality is not immediately impacted by the specific event or incident, neighboring jurisdictions with shelter trailers and/or DME/AT caches may share these resources with impacted counties through mutual aid, if requested. If a mutual aid agreement is developed, it should include consideration of transporting DME/AT including large items. Counties may request assistance from non-impacted counties through a mutual aid agreement or through a resource request process. This request for assistance may be performed in coordination with PEMA and may provide assistance with FNSS through the state.

If feasible, local EMA, Red Cross and Department of Health should pre-stage various FNSS supplies and equipment at or near the receiving shelter location(s), if requested, and local resources have been depleted. Depending upon the nature of the event or incident, and the availability of advanced warning, local emergency planners may decide to pre-deploy some or all of the DME Cache to staging areas (to be determined at the time of the incident) closer to the impacted area in order to expedite delivery to shelters in the affected area.

To assist people in avoiding unnecessary institutionalization, emergency managers and shelter planners should include strategies for children and adults with functional support needs to have the assistance necessary to coordinate the transition of DME/AT out of a shelter environment and into their home environment, which includes the transportation of their DME/AT as they leave the shelter. This is critical as recovery may depend on the individual's access to DME/AT. DME/AT may have been lost or damaged in the emergency or disaster, or it may have emerged as a new but continuing need related to the emergency. Emergency plans must be designed to provide resources and direction for organizations providing direct services to people with disabilities and others with access or functional needs in an

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<sup>18</sup> [www.fema.gov/media-library-data/1470149820826-7bcf80b5dbabe158953058a6b5108e98/ESF\\_6\\_MassCare\\_20160705\\_508.pdf](http://www.fema.gov/media-library-data/1470149820826-7bcf80b5dbabe158953058a6b5108e98/ESF_6_MassCare_20160705_508.pdf)

emergency. This includes plans for assisting individuals with an AFN who had unmet DME/AT needs prior to the emergency.

Collaborative efforts with Red Cross personnel at the shelter should be considered with coordination of the pick-up and return of DME/AT.

When considering transportation of DME/AT, as with other aspects of emergency planning, an MOU should be considered for all organizations providing local assistance and disaster recovery efforts in an attempt to promote coordination with one other, maximize resources, eliminate duplication of services, and ultimately, promote successful recovery for affected Pennsylvanians with AFN. Some potential organizations that may be able to assist with accessible transportation includes, but is not limited to:

- Local school districts with lift-equipped buses
- College or university vehicles with accessible lifts
- Community EMS services
- Assisted living facility
- Area agencies on aging
- Local community and public transit vehicles with lift systems
- Non-medical emergency services
- Paratransit services
- Vehicles from places of worship
- Older adult day center and vendors
- Health care center vendors
- Airport shuttle services
- Accessible Public transportation services
- hotel shuttle vans

In the event that DME or AT will be transported on its own (without the person with an AFN), emergency planners should consider implementing an MOU with alternative transportation entities that are designed to transport supplies and material goods. Such alternative transportation organizations may include, but are not limited to:

- Shipping/Moving companies
  - United Postal Service

- FedEx
- U-Haul
- Local moving company
- Retail stores
  - Walmart
  - Target
  - RiteAid
  - CVS
  - Food distributor with lift-equipped vehicles
  - Walgreens
  - Lowes
  - Home Depot
- Spring water distributor (e.g. Poland Spring, Aquafina, etc.)
- Livestock/Animal Feed and Supply companies with lift-equipped vehicles

Emergency planners should also contact their regional American Red Cross chapter to determine the availability of DME trailers that available to assist with the transporting of necessary equipment. Several regional chapters have access to trailers that are equipped with DME supplies and may be able to assist with transporting of additional equipment, as needed.

## SUMMARY

Planning for the integration of individuals with AFN in general population shelters includes the development of mechanisms that address the needs of children and adults in areas such as communication assistance and services when completing the shelter registration process and other forms or processes involved in applying for emergency-related benefits and services. Availability of needed DME and AT can promote survivors' independence within the shelter environment, approximating their pre-event functioning and providing some sense of "control" in an anxiety-filled context. While there are many considerations to think about, careful planning can facilitate the provision of these devices and services that may make all the difference to people with AFN.

This guidance document outlines the suggested processes and procedures used to meet the DME and AT needs within mass care situations, to integrate persons with and without disabilities who have AFN into every aspect of emergency shelter planning and response. These guidelines are meant to be scalable and can be applied to localities with multiple or limited resources.

This is a working document designed to assist emergency managers and related personnel in creating appropriate disaster and emergency plans for their jurisdiction. Additional technical assistance is available by contacting the Institute on Disabilities via email at [iod@temple.edu](mailto:iod@temple.edu). To improve the usefulness of the DME Plan, constructive comments are welcomed. Please submit any feedback via the Institute on Disabilities by contacting [iod@temple.edu](mailto:iod@temple.edu) (subject line: DME Plan).

## **Aids for Daily Living**

Another category of AT, these self-help aids help people with disabilities eat, bath, cook and dress. A “low tech” example would be a fingernail brush with two suction cups attached to the bottom that could stick onto a flat surface in the bathroom. Such an aid for daily living would allow a person with limited mobility to clean her nails with one hand. There are also “higher tech” devices, currently referred to as “electronic aids for daily living” (EADL). For more information on these devices, see Environmental Control Units (ECUs).

## **APPENDIX A: GLOSSARY OF COMMON ASSISTIVE TECHNOLOGY TERMS AND ACRONYMS**

### **Augmentative and Alternative Communication**

Augmentative and alternative communication (AAC) assists or replaces speech communication, helping individuals with complex communication needs express feelings, wants, needs, and desires. Augmentative communication can consist of symbols, devices, or strategies. Assistance can range from low tech to high tech solutions. The American Speech-Language-Hearing Association (ASHA) states that AAC is used as temporary or permanent solutions for individuals without the ability to communicate through oral speech.

### **Activities of Daily Living**

Frequently used in national surveys as a way to measure self-care abilities in daily life, ADLs include basic tasks such as eating, bathing, dressing, toileting, getting in and out of a chair or bed, and getting around while at home. National surveys also measure another level of self-care functioning, Instrumental Activities of Daily Living (IADLs), which include activities such as doing everyday household chores, preparing meals, conducting necessary business, using the telephone, shopping, and getting around outside the home.

Resource: Family Center on Technology and Disability: [www.fctd.info](http://www.fctd.info)

### **Americans with Disabilities Act / ADA Amendments Act of 2008**

The Americans with Disabilities Act (ADA) is a law designed to establish a clear and comprehensive prohibition of discrimination on the basis of disability. The ADA gives civil rights

protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion, mandated in the Civil Rights Act of 1964. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications. The “ADA Amendments Act of 2008” revised the definition of “disability” to more broadly encompass impairments that substantially limit a major life activity. The amended language also states that mitigating measures, including assistive devices, auxiliary aids, accommodations, medical therapies and supplies (other than eyeglasses and contact lenses) have no bearing in determining whether a disability qualifies under the law. Changes also clarify coverage of impairments that are periodic or in remission that substantially limit a major life activity when active, such as epilepsy or post-traumatic stress disorder.

Resource: The Americans with Disabilities Act of 1990 (amended) is available from [www.ada.gov/pubs/ada.htm](http://www.ada.gov/pubs/ada.htm)

## **American Sign Language (ASL)**

ASL is the linguistic system of manual symbols used by the Deaf in the United States. (See also the definition for sign language.)

## **Assistive Technology Act**

The 2004 amendments to the Assistive Technology Act of 1998 support State efforts to improve the provision of AT to individuals with disabilities through comprehensive statewide programs of technology-related assistance, for individuals with disabilities of all ages. The “AT Act” authorizes appropriations that support programs in all 56 states and territories (listed at [www.ataporg.org](http://www.ataporg.org)) and defines key roles of those programs including state financing (e.g. low interest cash loan programs for the purchase of AT), device reutilization, device demonstrations, device lending programs, training, technical assistance, and public awareness.

## **Assistive Technology Devices**

In the AT Act, an assistive technology (AT) device is defined as “any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to



increase, maintain, or improve functional capabilities of individuals with disabilities.” AT includes and is not limited to certain durable medical equipment (DME) (see the definition of DME). Other terms that are closely synonymous with AT devices include rehabilitation technology and adaptive devices.

## **Assistive Technology Services**

In the AT Act, an AT service is defined as “any service that directly assists an individual with a disability in the selection, acquisition, or use of an AT device.” Such term includes:

- A. The evaluation of the AT needs of an individual with a disability, including a functional evaluation of the impact of the provision of appropriate AT and appropriate services to the individual in the customary environment of the individual;
- B. Services consisting of purchasing, leasing, or otherwise providing for the acquisition of AT devices by individuals with disabilities;
- C. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices;
- D. And use of necessary therapies, interventions, or services with AT devices, such as therapies, interventions, or services associated with education and rehabilitation plans and programs;
- E. Training or technical assistance for an individual with disabilities, or, where appropriate, the family members, guardians, advocates, or authorized representatives of such an individual; and
- F. Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.

## **Auxiliary Aids and Services**

Under the Americans with Disabilities Act, professionals and organizations must communicate as effectively with people with disabilities as they do with others. Auxiliary aids and services assist in this effort. The ADA defines these as follows:

1. Qualified interpreters, note takers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDD's), videotext displays, or other effective methods of making aurally delivered materials available to individuals with hearing impairments;
2. Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments
3. Acquisition or modification of equipment or devices; and
4. Other similar services and actions.<sup>19</sup>

## **Braille**

“Braille,” unless otherwise specified, means a tactile system of reading and writing for individuals with visual impairments commonly known as Standard English Braille.

## **Braille Display**

A Braille display is a tactile device consisting of a row of special soft cells. A soft cell has six (6) or eight (8) pins made of metal or nylon; the pins are controlled electronically to move up and down to display characters as they appear on the display of the source system—usually a computer or Braille note taker. A number of cells are placed next to each other to form a soft or refreshable Braille line. As the little pins of each cell pop up and down, they form a line of Braille text that can be read by touch.<sup>20</sup>

## **Captioning**

A text transcript of the audio portion of multimedia products, such as video and television that is synchronized to the visual events taking place on screen.<sup>21</sup>

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<sup>19</sup> Excerpted from the "ADA Title III Regulation 28 CFR Part 36" [www.ada.gov/reg3a.html](http://www.ada.gov/reg3a.html)

<sup>20</sup> Resource: Family Center on Technology and Disability: [www.fctd.info](http://www.fctd.info)

<sup>21</sup> Resource: Family Center on Technology and Disability: [www.fctd.info](http://www.fctd.info)

## **CART**

Communications Access Real Time (CART) is a system that provides simultaneous access to spoken information for people with hearing loss by creating a transcript in real time. CART operators use a court reporting machine to input spoken text. These machines are quite complex, but they are much faster than a typewriter because they allow for inputting words a syllable at a time rather than a word at a time. The output of the court reporting machine is fed to a computer, which produces a text document that corresponds very closely to the words used by the speaker. Once in the computer, the text can be displayed on a computer monitor (for one or two users) or projected onto a screen.

## **Durable Medical Equipment (DME)**

Durable Medical Equipment is equipment that typically meets the following criteria: (1) can withstand repeated use (durable), (2) is primarily and customarily used to serve a medical purpose (more than a convenience), (3) is generally not useful to an individual in the absence of illness or injury, (4) is appropriate for use in the home or institution that is used as a home (not a hospital or skilled nursing facility (SNF)), (5) is prescribed by a physician.

## **Environmental Control Unit**

Environmental control units (ECUs) are systems that enable individuals to control various electronic devices in their environment through a variety of alternative access methods, such as switch or voice access. ECUs can control lights, televisions, telephones, music players, door openers, security systems, and kitchen appliances. Note: Now sometimes referred to as "electronic aids to daily living".<sup>22</sup>

## **Screen Reader**

A screen reader is a software program that uses synthesized speech-to-speak graphics and text aloud. This type of program is used by people with limited vision or blindness, and may also

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<sup>22</sup> Resource: Family Center on Technology and Disability: [www.fctd.info](http://www.fctd.info)

be used by individuals with limited literacy skills (including speakers of English as a Second Language; individuals with learning disabilities).

## **Sign Language**

Sign language is a formal language system that uses symbols comprised of hand shapes and movements, accompanied by facial expression. Sign language has its own “grammar”. (See also American Sign Language).

## **Telecommunication Device for the Deaf**

There are several types of communication devices that allow individuals who cannot speak or hear to use a telephone. These devices allow individuals to communicate via text using a standard telephone line. The caller can either communicate with another device or can place a call using an operator (or “communication assistant”, part of the Telephone Relay Service (TRS) available through 711 across the US). The operator can relay the call, allowing the two people to “speak.” They are usually small and have a keyboard or other input device and screen or printer. The TRS is usually used when one party with a hearing or speech disability wants to communicate to someone without a communication impairment.

There are some differences in the way these devices allow for communication; new devices can communicate from a personal computer using an internet connection and specially designed software. Some models are portable and can be used instead of a normal landline phone.

A TTY (sometimes “TT” or text telephone) stands for telephone typewriter or teletypewriter. Telecommunications Device for the Deaf (TDD) is a device with a keyboard that sends and receives typed messages over a telephone line. Because these technologies are used by other than people who are deaf (e.g. people with significant speech disabilities), the more generic “TTY” is in common usage.

## **Universal Design**

The Assistive Technology Act of 1998 defined universal design (UD) as a concept or philosophy for designing and delivering products and services that are usable by people with the widest range of functional capabilities, which include products and services that are directly

accessible (without requiring assistive technologies) and products and services that are made usable with assistive technologies." Examples of universally designed environments include buildings with ramps, curb cuts, and automatic doors.

## **Web Accessibility**

Universal accessibility to the web means that all people, regardless of their physical or developmental abilities or impairments, have access to web-based information and services. Making web pages accessible is accomplished by designing them to allow the effective use of assistive technologies to access their content. Web accessibility means that people with disabilities can perceive, understand, navigate, and interact with the web and contribute. Web accessibility benefits others, including older people with changing abilities due to aging. The Web Accessibility Initiative (WAI) works with organizations around the world to develop strategies, guidelines, and resources to help make the Web accessible to people with disabilities. The Web Accessibility Initiative develops guidelines and techniques that describe accessibility solutions for Web software and Web developers. These WAI guidelines are considered the international standard for Web accessibility. Section 508 ([www.section508.gov/](http://www.section508.gov/)) is part of federal law that mandates and sets standards for web accessibility for federal contractors.

# APPENDIX B: SELECTED POPULATION DEMOGRAPHICS

## BLANK TEMPLATE

### Selected Population Demographics Using the American Community Survey (ACS)

*[Insert County/Town Name Here], PA*

The following guide may be used to determine the number of individuals in your community who have self-identified as having a disability. These numbers may help to determine if your DME cache requires additional DME/AT devices quantities versus the recommended standard number.

#### American Community Survey (ACS) 3-Year Estimates [BLANK SPACE] County

The ACS provides an estimate of people with disabilities by county. A 1-3 year estimate is available for counties with populations over 65,000. Counties with populations under 65,000 rely on 3-5 year estimates. Disability data is not currently available for certain smaller communities. American Community Survey– [www.census.gov/acs/www/data/data-tables-and-tools/](http://www.census.gov/acs/www/data/data-tables-and-tools/)

#### Total Non-institutionalized Population ([BLANK] County, PA)

Population with Disability	0 to 4 years Count	0 to 4 years Rate	5-17 years Count	5-17 years Rate	65+ years Count	65+ years Rate	Total Count	Total Rate
Hearing Loss								
Vision Loss								
Cognitive Impairment								
Ambulatory Difficulty								
Self-Care Difficulty								
Independent Living\ Difficulty								

## Total Population by Zip Code

Based on the [year] U.S. Census. This is the most current data for overall populations by zip code at this time.

<b>Zip Code</b>	<b>0 to 4 years</b>	<b>5 to 17 years</b>	<b>18 to 64 years</b>	<b>64+ years</b>	<b>Total</b>
Code # 1					
Code # 2					
Code # 3					

# SAMPLE DISABILITY POPULATION STATISTICS

## Local Disability Data for Planners

[www.disabilityplanningdata.com/](http://www.disabilityplanningdata.com/)

### Sample Disability Population Statistics for Pennsylvania (Philadelphia County)

Age Range	Total	% of Population	Total	% of Population	Total	% Ages 5 +	Sample Size
Ages 5+	244,080	18.9%	1,046,070	81.1%	1,290,150	N/A	23,031
Ages 21-64	137,400	17.3%	656,750	82.7%	794,150	61.6%	14,002
Ages 16-64	145,520	16.2%	750,160	83.8%	895,680	69.4%	15,692

Demographics- Ages 21 to 64 Sex	Total	% of Ages 21 to 64 with Disability	Total	% of Ages 21 to 64 without Disability	Total	% of Ages 21 to 64	Sample Size
Male	62,260	45.3%	303,220	46.2%	365,480	48.6%	6,234
Female	75,150	54.7%	353,530	53.8%	428,680	54.0%	7,768

Labor Force Participation – Ages 21 to 64	Total	% of Ages 21 to 64 with Disability	Total	% of Ages 21 to 64 without Disability	Total	% of Ages 21 to 64	Sample Size
Employed	32,580	23.7%	486,200	74.0%	518,780	65.3%	9,429

Transportation to Work–Ages 21 to 64	Total	% of Ages 21 to 64 with Disability	Total	% of Ages 21 to 64 without Disability	Total	% of Ages 21 to 64	Sample Size
Employed; Not currently at work	4,570	14.0%	14,740	3.0%	19,310	3.7%	350
Work at Home	780	2.4%	11,040	2.3%	11,820	2.3%	225
Car, Truck, or Van	15,790	48.5%	297,980	61.3%	313,770	60.5%	5,673



<b>Transportation to Work—Ages 21 to 64</b>	<b>Total</b>	<b>% of Ages 21 to 64 with Disability</b>	<b>Total</b>	<b>% of Ages 21 to 64 without Disability</b>	<b>Total</b>	<b>% of Ages 21 to 64</b>	<b>Sample Size</b>
Mass Transit	8,430	25.9%	118,600	24.4%	127,030	24.5%	2,145
Other	3,010	9.2%	43,830	9.0%	46,840	9.0%	856

# APPENDIX C: INDIVIDUAL MEASUREMENT GUIDE

## Individual Measurement Guide

### Safe and Appropriate Practice

The purpose of this form is to obtain rudimentary measurements when deploying a wheelchair from the cache to a person with AFN. There is no expectation that shelter staff become seating specialists. It is important to utilize the Individual Measurement Guide to decrease the risk of an inappropriate equipment match that may potentially harm an individual. For example, an individual who is provided with a wheelchair that is too small for him is at increased risk for skin breakdown or back pain. An individual who typically uses a walker without wheels may be at risk for falling if improperly given a walker with wheels. Above all, it is important to do no harm.

It is considered safe and appropriate practice to utilize the services of a physical or occupational therapist who specializes in seating and positioning, wherever possible. It is recommended that emergency planners initiate dialogue with stakeholders who may be able to help with matching appropriate DME to an individual with AFN. A list of stakeholders can be found in [Appendix H](#). However, in an emergency, these procedures outlined in the Individual Measurement Guide should (at minimum) be followed to prevent injury.

If the individual is not currently working with a therapist, please contact Pennsylvania's Initiative on Assistive Technology (PIAT) to request assistance with identifying providers who may be able to assist with matching certain DME.

Pennsylvania's Initiative on Assistive Technology  
Institute on Disabilities at Temple University  
1755 N. 13th Street, Room 411S  
Philadelphia, PA 19122  
800-204-PIAT (7428) or 215-204-5967 voice  
866-269-0579 TTY  
Email: [ATinfo@temple.edu](mailto:ATinfo@temple.edu)  
Website: [www.disabilities.temple.edu](http://www.disabilities.temple.edu)

# Individual Measurement Guide

Individual Name:

Height:

Weight:

In typical environments, individual measurements are performed by a qualified professional such as an occupational or physical therapist, or an assistive technology professional (ATP) who specializes in seating and mobility. In an emergency situation, you may not have immediate access to these professionals. This guide should be utilized as a resource to make sure you do no harm during the matching process.

1. First, measure the wheelchair:

[                    ] Seat width: Measure seat surface from side to side. The most popular wheelchair seat width is 18 inches  
Seat depth: Measure from seat back to seat front.

[                    ] Seat surface to top of headrest: Measure from seat surface to top of headrest (if available).

[                    ] Seat surface to top of seat back: Measure from seat surface to top of seatback.

[                    ] Seat surface to floor: Measure from seat surface to floor for the average adult.

2. Second, measure the person:

Provide body measurements, not chair measurements. The person should be seated on a firm surface with feet flat. Use a tape measure to determine the values for matching individuals to wheelchairs, scooters, shower chairs and commodes. The most important measurements for these devices are seat width and depth. (The letters C, D, H, G, and B correspond to areas of the body in the diagram shown below.)

[                    ] **C.** Seat surface to top of head: Measure from seat surface (where buttocks contact the seat surface) to top of head. This measurement is especially useful for tilt systems, recliners, and those with headrests or high backs.

[                   ] **D.** Seat surface to top of shoulder: Measure from seat surface (where buttocks contact the seat surface) to top of shoulder. This measurement is especially useful for wheelchairs with high backs.

[                   ] **G.** Behind knee to back of hips: Measure from seat back (where buttocks contact the seat back) to just back of knees when knees are bent at 90 degrees and subtract about 2 inches.

[                   ] **H.** Heel to back of knee: Measure from floor (where bottom of heel contacts floor) to back of the knee when knees are bent at 90 degrees. If the person intends to propel with his feet, you want to be sure that the wheelchair seat is close enough to the floor to work. Hemi chairs are closer to the floor than standard chairs. You can also change tires on some wheelchairs to get closer to the ground.

[                   ] **B.** Lap width: Measure the hips at the fullest part. You can add up to 2 inches to the number depending on the amount of room the person wants. If you were to place two books on either side of the hips, you would measure straight between the two books instead of curving up and over the lap like a seatbelt would.

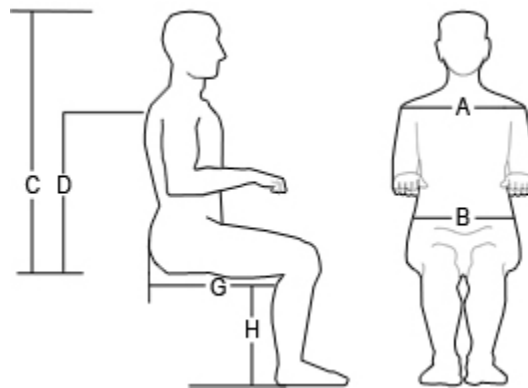


Image: Seated Measurements

**Other Considerations:**

Does wheelchair need seatbelt?	YES	NO
Does person need leg rests?	YES	NO
Does person need elevated leg rests?	YES	NO

## **Final Steps**

After the Individual Measurement Guide is completed, the staff member assigned to assist with matching DME to individuals with AFN should identify whether or not the appropriate wheelchair is available from the DME/AT cache.

If the appropriate wheelchair is not available from the DME/AT cache, the emergency professional should follow the shelter procedure for seeing alternative resources, which may involve contacting outside providers, including PIAT, PAMS, private vendors and the American Red Cross.

When contacting outside providers to obtain such equipment, the emergency professional should provide a copy of the Individual Measurement Guide to the organization whose assistance is being requested. The guide will assist service providers by providing the information they need to match appropriate equipment to the person with AFN.

### **Scenario 1**

Following a massive flood, a young male with bi-lateral below the knee amputation, along with 20 residents from his apartment complex, is brought to a mass care shelter. Due to transportation limitations, the male was evacuated without his wheelchair and responders do not have a timeframe for when the wheelchair will be brought to him. After the appropriate shelter staff complete the Individual Measurement Guide, it is determined that there is an appropriate 18" manual wheelchair is available in the DME cache and will meet his needs until his personal wheelchair is brought to him.

### **Scenario 2**

An obese woman is transported to a mass care shelter, along with her manual wheelchair. The woman reports that the front caster (wheel) was bent during the ride to the shelter and now presents as a hazard. Shelter staff complete the Individual Measurement Guide, but are notified that the last two bariatric wheelchairs have been loaned out. The shelter staff contact PIAT, inquire if any bariatric wheelchairs are available through any regional reuse programs, and fax a copy of the Individual Measurement Guide. Within four hours, PIAT reports that a gently used bariatric wheelchair meeting the woman's needs is available through a reuse program located 25 miles away. The shelter sends a transport vehicle to pick up the wheelchair from the reuse program.

# APPENDIX D: DME/AT INSPECTION CHECKLIST

## Equipment Checklist: AT Devices

This is suitable for such as adapted telephone, portable video magnifier, and personal amplifier.

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>GENERAL</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. holds charge 2 days)</b>
Clean and sanitize the device and all components			
Parts available from manufacturer			
Device needs to be sent to manufacturer for diagnostic testing			
Determine model and specifications			
Account for all parts			
Reset and delete old files			
Make sure all cells are working			
Make sure auditory output is clear			
Check scanning lights			
Check jacks			
Check switches			
Check A/C adapter and wire			
Check carrying case			

<b>POWER/BATTERIES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Does it fully charge (rechargeable)			

<b>POWER/BATTERIES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
How long does it hold a charge (rechargeable)			
Do you have enough appropriate batteries			
Does it fully charge (rechargeable)			

<b>PHYSICAL APPEARANCE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check for cracks			
Make sure it is clean			
Check overlays			
Check clasps			
Check hardware			
Check straps			
Make sure screen is free of cracks or scratches			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## Equipment Checklist: Manual Wheelchairs

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>GENERAL</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. missing armrest)</b>
Wheelchair rolls straight (no drag or pull to one side)			

<b>FRAME AND CROSS BRACES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for loose or missing hardware			
Inspect for bent frame or cross braces			

<b>WHEEL LOCKS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Does not interfere with tires when rolling			
Pivot points free of wear and looseness			
Wheel locks easy to engage			

<b>SEAT AND BACK UPHOLSTERY</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for rips and sagging			
Inspect for loose or broken hardware			

<b>TIRES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for flat spots			
At least half the thread remains			



<b>TIRES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
If pneumatic tires, properly inflated			

<b>REAR WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
No excessive side movement or binding when lifted or spun			
If equipped, quick-release axles lock work			

<b>HANDRIMS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for signs of rough edges or peeling			

<b>SPOKES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for cracked or broken spokes			

<b>FRONT CASTER</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect wheel/fork assembly for proper tension by spinning caster			
Caster should come to a gradual stop			
Loosen/tighten lock nut if wheel wobbles noticeably or binds to a stop			
Wheel bearings are clean and free of moisture			

<b>CLEAN AND SANTIZING</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>

<b>CLEAN AND SANTIZING</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize upholstery, armrests, and all other components			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## Equipment Checklist: Power Wheelchairs (optional)

Disclaimer: Most programs will not have power wheelchairs in their inventory, due to the complexity of matching and maintaining. Prior to an emergency, it is important to develop an agreement with community resources (e.g. vendor or stakeholder agency) who may be able to assist.

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>GENERAL</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. battery not holding charge)</b>
Wheelchair rolls straight (no drag or pull to one side)			
If not rolling straight, check tire pressure			
If not rolling straight, balance motors (up to 10% deviation)			

<b>CLOTHING GUARDS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Ensure all fasteners are secure			

<b>ARMS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Secure but easy to release			
Adjustment levers engage properly			
Adjustable height arms operate and lock securely			

<b>WHEEL LOCKS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Does not interfere with tires when rolling			
Pivots points free of wear and			

<b>WHEEL LOCKS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
looseness			
Wheel locks easy to engage			

<b>ARMRESTS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for rips in upholstery			
Armrest pad sits flush against arm tube			

<b>SEAT AND BACK UPHOLSTERY</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for rips and sagging			
Inspect fasteners			
Custom seating secure to chair frame			
Custom seating locks work correctly			

<b>FRONT RIGGING</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Footrests/leg rests solid and secure (hangers, extension tubes)			
Check footplates for smooth operation and tightness			
Check swing away latches for smooth operation, secureness			
Heel loops secure			

<b>DRIVE WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Axle nut and wheel mounting nuts secure			
No excessive side movement or binding when lifter and spun when disengaged (free-wheeling)			
Lockout hubs work properly			

<b>DRIVE WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check motor brush condition			
Check gearboxes for leakage			

<b>ELECTRONICS AND WIRING</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clear previous programs and reset with manufacturer standard programs			
Check fault logs			
Test all drive switches for proper function (joystick, head array, sip and puff, etc.)			
Check all cables, wiring harnesses, and electrical connections for wear and damage			
Check battery charger for correct function and performance			
Check integrity of battery box(es) and batteries			
Load test batteries (program and power stall- no more than 2v drop)			

<b>FRONT STABILIZERS- MWD WHEELCHAIRS ONLY</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Bolts are tight			
Adjusted for desired ride			

<b>CASTERS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect wheel/fork assembly for proper tension by spinning caster			
Caster should come to a gradual stop			
Loosen/tighten lock nut if wheel wobbles noticeable or binds			

<b>CASTER/WHEEL/FORK/ HEAD TUBE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Ensure all fasteners are secure			

<b>TIRES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for flat spots, wear, or cracks			
Check for at least half tread remains			
If pneumatic tires, check for proper inflation			

<b>Clean and sanitize</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize upholstery, armrests, and all other components			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## Equipment Checklist: Scooters (optional)

Disclaimer: Most programs will not have scooters in their inventory, due to the complexity of matching and maintaining. Prior to an emergency, it is important to develop an agreement with community resources (e.g. vendor or stakeholder agency) who may be able to assist.

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>GENERAL</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. tear in seat)</b>
Scooter drives straight (no excessive drag or pull to one side)			

<b>BRAKE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Does not bind or interfere with travel			
Brake easy to disengage/engage			

<b>UPHOLSTERY</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for rips/tears			

<b>REAR WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
No excessive side movement/ binding when raised and turned			

<b>FRONT WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect wheel/fork assembly for proper tension by spinning wheel			

<b>FRONT WHEELS</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Wheel should come to a gradual stop			
Loosen/tighten lock nut if wheel wobbles noticeably or binds to a stop			
Wheel bearings are clean and free of moisture			

<b>TILLER</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Ensure that tiller adjustment handle engages/disengages properly and securely			
Scooter stops completely when throttle is released (does not continue to roll)			

<b>SEAT</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect seat swivel for release and engagement			
Seat locks into the determined swivel positions			

<b>TIRES</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Inspect for flat spots, wear, and cracks			
If pneumatic tires, check for proper inflation			
Check to see if at least half tread remains			

<b>CLEAN AND SANITIZE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize upholstery and armrests			



<b>CLEAN AND SANITIZE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize molded frame and all other components			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## Equipment Checklist: Mobility and Positioning (e.g. shower chair, commode)

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>GENERAL</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. sharp edge on side)</b>
Check to ensure parts are still available from manufacturer			
Determine model and size			
Account for all parts			
Check for cracks			
Check for sharp edges			
Check for stains			
Check to make sure upholstery is intact			
Make sure straps are secure			
Check for stress cracks on welds			

<b>HARDWARE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check for stripped threads			
Make sure wings are on wing nuts			
Check to be sure caster are secure			

<b>OPERATION</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check hydraulics			
Check chain			
Make sure it is aligned properly			
Check for smooth operation			

<b>CLEAN AND SANITIZE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize all components			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## Equipment Checklist: Patient Lifts

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

<b>CASTER BASE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment (e.g. needs caster tightened)</b>
Inspect for missing hardware			
Base opens/closes w/ease			
Inspect casters/axel bolts for tightness			
Inspect caster for smooth swivel and roll			

<b>SHIFTER HANDLE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Operates smoothly			
Locks adjustable base whenever engaged			

<b>THE MAST</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Mast MUST be securely assembled to boom			
Inspect for bends or deflections			

<b>THE BOOM</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check all hardware and swivel bar supports			
Inspect for bends or deflections			
Inspect bolted joints of boom for wear			
Inspect to ensure the boom is centered between base legs			

<b>SWIVEL BAR</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check the bolt/hooks for wear or damage			
Check sling hooks for wear or tear			

<b>MANUAL/HYDRAULIC PUMP/ELECTRIC ACTUATOR</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check for leakage			
Inspect hardware on mast and boom			
Check for wear or deterioration			
Cycle to ensure smooth quiet operation			
NOTE: If damaged, return to factory			

<b>PUMP HANDLE AND CONTROL VALVE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Check pump handle for smooth operation			
Check control valve open and close easily			

<b>CLEAN AND SANITIZE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize all components			

<b>SLINGS AND HARDWARE</b>	<b>Inspection Complete (date)</b>	<b>Action Needed Yes or No</b>	<b>Comment</b>
Clean and sanitize all components			
NOTE: Check all sling attachments to ensure proper connection and patient safety			

Comments, recommendation, action – (e.g. discard; send to vendor for repair; needs vendor inspection; order part):

## **APPENDIX E: EMERGENCY COMMUNICATION BOARD (ENGLISH AND SPANISH)**

### **Emergency Communication 4 ALL—Picture Communication Aid (English and Spanish)**

This communication aid has pictures of important words. It also has some important phrases and a small letter "keyboard." On the back is a personal information form to be filled out by a person with AFN, by a family member, a familiar support person, or by an emergency responder.

Individuals who need communication assistance can download this communication aid in English, Spanish, or Haitian Creole. It can then be carried in case of an emergency.

An emergency responder or health care provider can also download the English, Spanish, and Haitian Creole Picture Communication Aids. You can keep it handy for anyone who needs communication assistance in an emergency. This communication board can be downloaded at: <http://disabilities.temple.edu/aacvocabulary/e4all/EprepLetterWordAid.pdf>

### **Emergency Communication 4 ALL—Letter and Word Communication Aid (English and Spanish)**

This letter and word/phrase board can be used with someone who needs communication assistance and who can read and spell. On the back of this communication aid is a personal information form to be filled out by you, by a family member, a familiar support person, your doctor, or by an emergency responder.

Individuals who need communication assistance can access this communication aid in either English or Spanish. However, you must be able to read and spell to use it. Then it can be carried with you in case of an emergency.

An emergency responder or health care provider can also download the English and Spanish Letter and Word Communication Aids. You can keep it handy for anyone who needs communication assistance in an emergency as long as they can read and spell. This communication board can be downloaded at:

<http://disabilities.temple.edu/aacvocabulary/e4all.shtml#index>

# APPENDIX F: MEMORANDUM OF UNDERSTANDING (MOU)

## MOU Sample 1

NOTE: Customize this document to meet your program needs as instructed by the phrases set off by parenthesis throughout this sample.

### **Memorandum of Understanding Between (Your Organization and Partnering Organization)**

This Memorandum of Understanding (MOU) establishes a (type of partnership between your organization and partner organization.)

#### **Mission**

(Brief description of your mission. You might want to also include a sentence about the specific program, if applicable.)

(Brief description of the partnering organization’s mission.)

Together, The Parties enter into this Memorandum of Understanding to mutually promote (describe efforts that this partnership will promote. Accordingly, (your organization and the partnering organization), operating under this MOU, agree as follows:

#### **Purpose and Scope**

(Your organization and partnering organization – describe the intended results or effects that the organizations hope to achieve, and the area(s) that the specific activities will cover.)

- (Why are the organizations forming a collaboration? Benefits for the organization.)
- (Who is the target population?)
- (How does the target population benefit?)

Include issues of funding, if necessary. For example, “Each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU”.

#### **Responsibilities**

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU.

The list of appointees of each organization is:

(List contact persons with address and telephone information.)

The organizations agree to the following task for this MOU:

(Your organization) will:

- (List tasks of your organization as bullet points)

(Your Partnering organization) will:

(List tasks of your organization as bullet points)

(Your organization and partnering organization) will:

(List tasks of your organization as bullet points)

### **Terms of Understanding**

The term of this MOU is for the period of (insert length of MOU), from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least (insert how often) to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon 30 days written notice without penalty of liabilities.

### **Authorization**

The signing of this MOU is not a formal undertaking. It implies that the signatures will strive to reach, to the best of their ability, the objectives states in the MOU.

On behalf of the organization I represent, I wish to sign this MOU and contribute to its future development.

(Your Organization)

(Name)

(Title)

(Signature)

(Date)

(Partnering Organization)

(Name)

(Title)

(Signature)

(Date)



## MOU Sample 2

### Memorandum of Understanding Between (Your Organization and Partnering Organization)

NOTE: Customize this document to meet your program needs by filling in the blank areas between the brackets and after the colons.

#### Introduction

This facility [ ] is the central point of contact for the overall administration of its Emergency Operation Plan. All activities will be coordinated through the facility's incident Commander.

#### Purpose of this agreement

The purpose of this agreement is to acquire resources from [ ] located in [ ] during an emergency at this facility [ ].

This agreement is intended, through cooperation between all entities listed, to best service the residents of this facility [ ] in the event of a declared emergency.

This document is not meant to be legally binding; it is a statement of cooperation between the parties said herein.

#### Purpose of this agreement

[ ] shall perform all the functions in furtherance of this Memorandum of Understanding (MOU) if able to and if resources are available:

- Provide/Supply:
- Bring:
- Help with:

There is no monetary agreements pursuant to this MOU between this facility [ ] and [ ].

This facility [ ] commits to the following:

- This facility [ ] shall provide and [INSERT PARTNER ORGANIZATION NAME HERE] with summary information regarding all related emergency event activities.
- This facility [ ] shall provide [INSERT PARTNER ORGANIZATION NAME HERE] with information concerning the location of special population groups requiring assistance as information becomes available.
- This facility [ ] shall support [INSERT PARTNER ORGANIZATION NAME HERE] with updates and education relevant to the mission.
- This facility [ ] shall provide adequate notices to [ ] regarding emergency events relevant to the mission.

**Activation**

This facility [ ] or its representative (insert staff authority) [ ] shall contact the [ ] or other key staff to request the services of [ ] during and event.

The facility designee shall contact one or more of the following contact to request services and activate the terms of the MOU:

Name:

Name of Co. or Agency:

Address:

City, State, Zip:

Phone:

Cell:

Email:

Fax:

If there are more than once contact, repeat this section with all contact information.

**Implementation and Term**

This MOU shall take effect upon its signing by all parties. This MOU may be amended any time by mutual agreement of all parties. All parties on an annual basis will review this MOU. This MOU shall remain in effect until terminated by written notification from any party to the other.

Again, this document is not legally binding.

**Agree and Accepted:**

Facility:

Sign:

Print Name:

Date:

Co., Agency, Etc.:

Signature:

Print Name:

Date:

# APPENDIX G: DME/AT PLAN (MAINTENANCE, TRAINING, EXERCISES)

## DME/AT Plan Maintenance, Training, Exercises

### DME/AT Plan Management and Revision

This plan is reviewed at least annually during the month of [MONTH]. Responsibility for updating and maintaining plan information is that of [POSITION].

### Training

Training for staff occurs as follows:

- All new employees receive a copy of DME/AT plan within two days of employment or upon their first day at work, whichever comes first. Employees sign a receipt within two days indicating review of the plan.
- Within 30 days of their hire date anniversary, employees review emergency plan elements relevant per their supervisor and renew their signature on the human resources training form.
- Staff will receive training on basic awareness of DME and AT for individuals with AFN within two months of start date.
- Staff will receive training on how to clean and sanitize mobility equipment and other common DME and AT by using the training format provided by project personnel, and monitor to ensure the practices are implemented within two months of start date.

### Exercises

The program conducts an orientation or functional exercise of the DME/AT plan or DME/AT portion thereof annually during the month of [MONTH].

The program conducts an evacuation of individuals drill, including people with AFN who use DME/AT during the months of [MONTH] and [MONTH].

Exercise examples may include scenarios such as:

- Your region was recently hit by massive flooding that resulted in the evacuation of seven apartment buildings that housed a total of 600 individuals. Your jurisdiction has opened a shelter. A 45-year old woman who arrives at the shelter mentions that a friend drove her to

the shelter, but she was transported to the shelter without her walker and is having a difficult time walk. How many walkers should you have planned for in your cache?

- What type of questions (regarding the DME) should you ask?
- Should you simply hand her a walker you found in the DME cache?
- Do you have the equipment in your DME cache?
  - If yes, how do you make the safe and appropriate match?
  - If no, who would you contact to request assistance?
  - What stakeholders can be contacted for more information on how to obtain
- A 25-year old man arrives at the shelter. He arrives using his personal manual wheelchair, but the front wheel (caster) is badly twisted and damaged and he is unable to self-propel in a safe manner. Emergency staff notices that he may be at risk for falling over and quickly run over to assist him so he does not fall over. What are your next steps?
  - What type of questions (regarding the DME) should you ask?
  - Should you simply give him a wheelchair you found in the cache?
  - Do you have the equipment in your DME cache?
    - If yes, how do you make the safe and appropriate match?
    - If no, who would you contact to request assistance with matching?
    - What stakeholders can be contacted for more information on how to obtain an appropriate wheelchair?

# APPENDIX H: COMMUNITY STAKEHOLDER CONTACT LIST

## Government Organizations

### Bureau of Blindness and Visual Services (BBVS)

Office of Vocational Rehabilitation, Department of Labor and Industry

Contact: David DeNotaris  
Title: Director  
Address 1: 1521 North Sixth Street  
City/State/Zip: Harrisburg, PA 17102  
Phone: 717-787-3201, 800-622-2842  
TTY: 866-830-7327  
Fax: 717-787-3210  
Email: [ddenotaris@state.pa.us](mailto:ddenotaris@state.pa.us)  
Web Address: [www.dli.pa.gov/Individuals/Disability-Services/odhh/Pages/default.aspx](http://www.dli.pa.gov/Individuals/Disability-Services/odhh/Pages/default.aspx)

### Hiram G. Andrews Center (HGAC)

Contact: Jill Moriconi, M.S., CRC  
Title: Deputy Director/Acting Director  
Address 1: 727 Goucher Street  
City/State/Zip: Johnstown, Pa 15905-3092  
Phone: 800-762-4211 ext. 0404  
TTY: 814-255-8200  
Fax: 814-254-0438  
Email: [jmoriconi@pa.gov](mailto:jmoriconi@pa.gov)  
Web Address: [www.dli.pa.gov/individuals/disability-services/hgac/pages/default.aspx](http://www.dli.pa.gov/individuals/disability-services/hgac/pages/default.aspx)

### Office for the Deaf & Hard of Hearing (ODHH), Department of Labor and Industry

Contact: Sharon Behun  
Title: Office Director  
Address 1: 1512 North 6th St.  
City/State/Zip: Harrisburg, PA 17102  
Phone/TTY: 717-783-4912  
VP: 717-831-1928  
Fax: 717-783-4913  
Email: [sbehun@pa.gov](mailto:sbehun@pa.gov)  
Web Address: [www.dli.pa.gov/Individuals/Disability-Services/odhh/Pages/default.aspx](http://www.dli.pa.gov/Individuals/Disability-Services/odhh/Pages/default.aspx)

## **PA Department of Aging**

Contact: Theresa Osborne  
Title: Secretary, PA Dept.of Aging  
Address 1: 555 Walnut Street, 5th Floor  
City/State/Zip: Harrisburg, PA 17101  
Phone: 717-783-1550  
Fax: 717-783-6842  
Email: [tosborne@pa.gov](mailto:tosborne@pa.gov)  
Web Address: [www.aging.pa.gov/](http://www.aging.pa.gov/)

## **PA State Independent Living Council**

Contact: Matthew Seeley, Esq.  
Title: Executive Director  
Address 1: 207 House Avenue  
Address 2: Suite 107, Rm 114  
City/State/Zip: Camp Hill, PA 17011  
Phone: 717-364-1732  
Fax: 717-236-8800  
Email: [maseeley@psfilc.org](mailto:maseeley@psfilc.org)  
Web Address: [www.pasilc.org/](http://www.pasilc.org/)

## **Pennsylvania Association of Intermediate Units (PAIU)**

Contact: Thomas E. Gluck  
Title: Executive Director  
Address1: 55 Miller Street  
City/State/Zip: Enola, PA 17025  
Email: [tgluck@paiu.org](mailto:tgluck@paiu.org)  
Web Address: [www.paiu.org/](http://www.paiu.org/)

## **Pennsylvania Deaf-Blind Project (children)**

Contact: Doug Williams  
Address 1: 6340 Flank Drive  
City/State/Zip: Harrisburg, PA 17122  
Phone: 717-901-2224  
Email: [dwilliams@pattan.net](mailto:dwilliams@pattan.net)  
Web Address: [www.pattan.net/category/Educational%20Initiatives/Deaf-Blind](http://www.pattan.net/category/Educational%20Initiatives/Deaf-Blind)

## **Pennsylvania Department of Human Services, Office of Developmental Programs**

Contact: Nancy Thaler  
Title: Deputy Secretary  
Web Address: [www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/PRCNT.ASP](http://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/PRCNT.ASP)

## **Pennsylvania State Veterans Commission**

Contact: Human Resources Service Center  
Address 1: Bldg. S-0-47, Ft. Indiantown Gap  
City/State/Zip: Annville, Pennsylvania 17003  
Phone: 717-861-6993  
Email: [ra-dmva-jobs@pa.gov](mailto:ra-dmva-jobs@pa.gov)  
Web Address: [www.dmva.state.pa.us/portal/server.pt/com](http://www.dmva.state.pa.us/portal/server.pt/com)

## **Special Kids Network (SKN), PA Department of Health**

Phone: 800-986-4550  
Web Address: [www.health.pa.gov/my\\_health/infant and childrens health/special kids network/pages/default.aspx - .WfnRhoZrxjo](http://www.health.pa.gov/my_health/infant_and_childrens_health/special_kids_network/pages/default.aspx -.WfnRhoZrxjo)

## **National and Regional Organizations Mid-Atlantic ADA Center**

Contact: Marian Vessels  
Title: Executive Director  
Address 1: 401 North Washington Street, Suite 450  
City/State/Zip: Rockville, MD 20850  
Phone: 301-217-0124  
Fax: 301-251-3762  
Email: [mvessels@transcen.org](mailto:mvessels@transcen.org)  
Web Address: [www.transcen.org/](http://www.transcen.org/)

## **Professional Associations and Institutions**

### **Ambulance Association of Pennsylvania (AAP)**

Contact: Heather Sharar  
Title: Executive Director  
Address 1: PO 60183  
City/State/Zip: Harrisburg, PA 17106  
Phone: 717-789-9090  
Fax: 717-789-9091  
Email: [executivedirector@aa-pa.org](mailto:executivedirector@aa-pa.org)  
Web Address: [www.aa-pa.org/](http://www.aa-pa.org/)

### **PA Association of Area Agencies on Aging**

Web Address: [www.p4a.org/](http://www.p4a.org/)

### **PA Providers Association**

Contact: Richard S.Edley, PhD  
Title: President and CEO  
Address 1: 777 E Park Drive, Suite 300



City/State/Zip: Harrisburg, PA 17111-2754  
Phone: 717-364-3280  
Fax: 717-364-3287  
Email: [redley@paproviders.org](mailto:redley@paproviders.org)  
Web Address: [www.paproviders.org/](http://www.paproviders.org/)

### **Pennsylvania Homecare Association**

Contact: Jennifer Haverty  
Title: Communications  
Address 1: 600 N. 12th Street, Suite 200  
City/State/Zip: Lemoyne, PA 17043  
Phone: 800-82-1211 EX 22  
Fax: 717-975-9456  
Web Address: [www.pahomecare.org/](http://www.pahomecare.org/)

### **Pennsylvania Hospice Network**

Contact: Lonna H. Donaghue  
Title: Executive Director  
Address 1: 475 W. Governor, Suite 7  
City/State/Zip: Hershey, PA 17033  
Phone: 717-533-4002  
Fax: 717-533-4007  
Email: [phn@pahospice.org](mailto:phn@pahospice.org)  
Web Address: [www.pahospice.org/Public/Pennsylvania-Hospice-and-Palliative-Care-Network.aspx?WebsiteKey=95d81e02-07b4-492e-8b75-58634a51ca7c](http://www.pahospice.org/Public/Pennsylvania-Hospice-and-Palliative-Care-Network.aspx?WebsiteKey=95d81e02-07b4-492e-8b75-58634a51ca7c)

### **Pennsylvania Occupational Therapy Association**

Contact: Julie Ann Nastasi  
Title: Chair, Commission on Edu.  
Address 1: Mailbox #201  
Address 2: 1060 First Avenue, Suite 400  
City/State/Zip: King of Prussia, PA 19406  
Phone: 570-941-5857  
Email: [julie.nastasi@scranton.edu](mailto:julie.nastasi@scranton.edu)  
Web Address: <http://pota.site-ym.com/>

### **Pennsylvania Physical Therapy Association**

Contact: Karl Gibson, PT, MS  
Title: Public Policy & Advocacy  
Address 1: 4646 Smith Street  
City/State/Zip: Harrisburg, PA 17109  
Phone: 412-487-3283

Email: [kannibali@ppta.org](mailto:kannibali@ppta.org)  
Web Address: [www.ppta.org/](http://www.ppta.org/)

## **Pennsylvania Speech-Language-Hearing Association**

Contact: Anne Gilbertson, MS, CCC-SLP  
Title: PSHA President  
Address 1: 700 McKnight Park Drive  
Address 2: Suite 708  
City/State/Zip: Pittsburgh, PA 15237  
Phone: 412-366-9858  
Fax: 412-366-8804  
Email: [psha@psha.org](mailto:psha@psha.org)  
Web Address: [www.psha.org/](http://www.psha.org/)

## **The Hospital & Healthsystem Association of Pennsylvania**

Contact: Tom Grace  
Title: President, Emergency Preparedness  
Address 1: 4750 Lindle Road  
Address 2: PO Box 8600  
City/State/Zip: Harrisburg, PA 17105  
Phone: 717- 564-9200  
Email: [tgrace@haponline.org](mailto:tgrace@haponline.org)  
Web Address: [www.haponline.org](http://www.haponline.org)

## **Advocacy Groups**

### **Disability Rights Network of Pennsylvania**

Contact: Peri Jude Radecic  
Title: Chief Executive Officer, Hbg.  
Address 1: 1414 N. Cameron Street, 2nd Fl.  
City/State/Zip: Harrisburg, PA 17103  
Phone: 800-692-7443  
TTY: 877-375-7139  
Fax: 717-236-0192  
Email: [drnpa-hbg@drnpa.org](mailto:drnpa-hbg@drnpa.org); [drnpa-phila@drnpa.org](mailto:drnpa-phila@drnpa.org); [drnpa-pgh@drnpa.org](mailto:drnpa-pgh@drnpa.org)  
Web Address: <https://disabilityrightspa.org/>

### **ADAT of Pennsylvania**

Contact: Pam Auer  
Title: Central PA Contact  
Phone: 717-798-1900 x 226

Email: [paier41@gmail.com](mailto:paier41@gmail.com)  
Fax: [www.adapt.org/join/groups/pa](http://www.adapt.org/join/groups/pa)

### **Alzheimer's Association of Pennsylvania**

Contact: Gail Roddie-Hamlin, MPH, CHES  
Title: President and CEO  
Address 1: 2595 Interstate Drive  
Address 2: Suite 100  
City/State/Zip: Harrisburg, PA 17110  
Phone: 800-272-3900  
Email: [ghamlin@alz.org](mailto:ghamlin@alz.org)  
Web Address: [www.alz.org/pa/](http://www.alz.org/pa/)

### **Alzheimer's Association of the Delaware Valley**

Contact: Wendy Campbell  
Title: President and CEO  
Address 1: 399 Market Street  
Address 2: Suite 102  
City/State/Zip: Philadelphia, PA 19106  
Phone: 800-272-3900  
Email: [Wendy.Campbell@alz.org](mailto:Wendy.Campbell@alz.org)  
Web Address: [www.alz.org/delval/](http://www.alz.org/delval/)

### **Autism Society of America, Berks County**

Contact: Jackie Spohn  
Title: President  
Address 1: PO Box 6683  
City/State/Zip: Wyomissing, PA 19610  
Phone: 610-736-3739  
Web Address: [www.autismsocietyofberkscounty.org/](http://www.autismsocietyofberkscounty.org/)

### **Brain Injury Association of Pennsylvania**

Contact: Monica Vaccaro  
Title: Program Manager  
Address 1: 950 Walnut Bottom Road  
Address 2: Suite 15-229  
City/State/Zip: Carlisle, PA 17015  
Phone: 215-718-5052  
Fax: 717-692-5567  
Email: [Vaccaro@biapa.org](mailto:Vaccaro@biapa.org)  
Web Address: [www.biapa.org/](http://www.biapa.org/)

## **Easter Seals Eastern Pennsylvania**

Contact: Nancy Knoebel  
Title: President and CEO  
Address 1: 1501 Lehigh Street, Suite 201  
City/State/Zip: Allentown, PA 18103  
Phone: 610-289-0114  
Email: [nknoebel@esep.org](mailto:nknoebel@esep.org)  
Web Address: [www.easterseals.com/esep/](http://www.easterseals.com/esep/)

## **Easter Seals Southeastern Pennsylvania**

Contact: Carl Webster  
Title: Executive Director  
Address 1: 3975 Conshohocken Avenue  
City/State/Zip: Philadelphia, PA 19131  
Phone: 215-879-1000  
Email: [cwebster@easterseals-sepa.org](mailto:cwebster@easterseals-sepa.org)  
Web Address: [www.easterseals.com/sepa/](http://www.easterseals.com/sepa/)

## **Easter Seals Western and Central Pennsylvania**

Address 1: 2525 Railroad Street  
City/State/Zip: Pittsburgh, PA 15222  
Phone: 412-281-7244  
Web Address: [www.easterseals.com/wcpenna/](http://www.easterseals.com/wcpenna/)

## **Hearing Loss Association of America – Pennsylvania**

Contact: Nancy Kingsley  
Title: impairments State Director  
Address 1: 821 Rosehill Drive  
City/State/Zip: King of Prussia, PA 19406  
Phone: 717-435-5514  
Email: [kingsnan@aol.com](mailto:kingsnan@aol.com)  
Web Address: [www.hearingloss.org/support\\_resources/find-local-hlaa-chapter -\\_pennsylvania](http://www.hearingloss.org/support_resources/find-local-hlaa-chapter -_pennsylvania)

## **Keystone Paralyzed Veterans of America**

Contact: C. David Parkinson, SBA  
Title: PVA National Service Officers  
Address 1: 1000 Liberty Avenue, Room 1602  
City/State/Zip: Pittsburgh, PA 15222  
Phone: 412-395-6255  
Fax: 412-566-2864

Email: [keystonepva@comcast.net](mailto:keystonepva@comcast.net)

Web Address: [www.kpva.org/](http://www.kpva.org/)

### **Mental Health Association in Pennsylvania (local and state)**

Contact: Pam Bailor

Title: Executive Director, Fayette County

Address 1: 27 Connellsville Street

City/State/Zip: Uniontown, PA 15401

Phone: 724-438-8484

Email: [pbailor@mhainfayettecounty.org](mailto:pbailor@mhainfayettecounty.org)

Web Address: [www.mhapa.org/help-resources/organizations/](http://www.mhapa.org/help-resources/organizations/)

### **Muscular Dystrophy Association, Allentown**

Contact: Destinee Deely

Title: Health Care Services Coordinator

Address 1: 5940 Hamilton Boulevard #F

City/State/Zip: Allentown, PA 18106

Phone: 610-391-1977

Email: [DDelly@mdasusa.org](mailto:DDelly@mdasusa.org)

Web Address: [www.mda.org/office/allentown](http://www.mda.org/office/allentown)

### **Muscular Dystrophy Association, Harrisburg**

Contact: Edward Granger IV

Title: Health Care Services Coordinator

Address 1: 2080 Linglestown Road #104

City/State/Zip: Harrisburg, PA 17110

Phone: 717-540-4316

Email: [EGranger@mdausa.org](mailto:EGranger@mdausa.org)

Web Address: [www.mda.org/office/harrisburg](http://www.mda.org/office/harrisburg)

### **Muscular Dystrophy Association, Philadelphia**

Contact: Marissa Lozano

Title: Health Care Services Coordinator

Address 1: 600 Reed Road #104

City/State/Zip: Broomall, PA 19008

Phone: 610-325-5758

Email: [MLozano@mdausa.org](mailto:MLozano@mdausa.org)

Web Address: [www.mda.org/office/philly-de](http://www.mda.org/office/philly-de)

### **Muscular Dystrophy Association, Pittsburgh**

Contact: Patricia McGuire

Title: Health Care Services Coordinator

Address 1: 400 Penn Center Boulevard #524  
City/State/Zip: Pittsburgh, PA 15235  
Phone: 412-823-3094  
Email: [PMcGuire@mdausa.org](mailto:PMcGuire@mdausa.org)  
Web Address: [www.mda.org/office/pittsburgh](http://www.mda.org/office/pittsburgh)

### **National Federation of the Blind of Pennsylvania**

Contact: James Antonnaci  
Title: President  
Address 1: 1500 Walnut Street, Suite 200  
City/State/Zip: Philadelphia, PA 19102  
Phone: 215-988-0888  
Email: [president@nfbp.org](mailto:president@nfbp.org)  
Web Address: <http://nfbp.org/>

### **National Multiple Sclerosis Society, Greater Delaware Valley Chapter**

Contact: Tami Caesar  
Title: President  
Address 1: 30 South 17th Street, Suite 800  
City/State/Zip: Philadelphia, PA 19103  
Phone: 215-271-1500  
Fax: 215-271-6122  
Email: [tami.caesar@nmss.org](mailto:tami.caesar@nmss.org)  
Web Address: [www.nationalmssociety.org/Chapters/PAE](http://www.nationalmssociety.org/Chapters/PAE)

### **National Multiple Sclerosis Society, Pennsylvania Keystone Chapter**

Contact: Pam Dixon  
Title: Program Director  
Address 1: 1501 Reedsdale Street, Suite 105  
City/State/Zip: Pittsburgh, PA 15233  
Phone: 412-261-6347  
Fax: 412-232-1461  
Email: [pam.dixon@nmss.org](mailto:pam.dixon@nmss.org)  
Web Address: [www.nationalmssociety.org/Chapters/PAX](http://www.nationalmssociety.org/Chapters/PAX)

### **Pennsylvania Association for the Blind**

Contact: Elaine Welch  
Title: President and CEO  
Address 1: 555 Gettysburg Pike, Suite A300  
City/State/Zip: Mechanicsburg, PA 17055  
Phone: 717-766-2020  
Fax: 717-766-2099

Email: [Elaine.welch@pabind.org](mailto:Elaine.welch@pabind.org)  
Web Address: [www.pabind.org/](http://www.pabind.org/)

### **Pennsylvania Association of Goodwills**

Phone: 717-243-1738  
Web Address: [www.goodwillpa.org/index.html](http://www.goodwillpa.org/index.html)

### **Pennsylvania Council of the Blind**

Contact: Anthony Swartz  
Title: President  
Address 1: 931 N. Front Street  
City/State/Zip: Harrisburg, PA 17102  
Phone: 717- 920-9999  
Fax: 717-920-9988  
Email: [TBSWARTZ@PTD.NET](mailto:TBSWARTZ@PTD.NET); [pcb1@paonline.com](mailto:pcb1@paonline.com)  
Web Address: <http://pcb1.org/>

### **Pennsylvania Elks Home Service Program (Statewide)**

Contact: Patricia O'Connor, RN  
Title: Program Director  
Phone: 814-781-7860  
Web Address: [www.paelkshomeservice.org/contact.php](http://www.paelkshomeservice.org/contact.php)

### **Pennsylvania Partnership for the Deafblind**

Contact: Susan Shaffer  
Title: President  
Address 1: 133 Hilltop Road  
City/State/Zip: Lilly, PA 15938  
Phone: 717-776-4061  
Email: [shafferm@gmail.com](mailto:shafferm@gmail.com)  
Web Address: [www.papdb.org/](http://www.papdb.org/)

### **Pennsylvania Society for the Advancement of the Deaf**

Contact: Jeffrey Yockey  
Title: President  
Phone: 570-309-0087  
Email: [psadboard@psadweb.org](mailto:psadboard@psadweb.org)  
Web Address: [www.psadweb.org/](http://www.psadweb.org/)

### **Speaking for Ourselves**

Contact: Debbie Robinson, Kara Latshaw  
Address 1: 950 Walnut Bottom Road, Suite 15-229  
City/State/Zip: Carlisle, PA 17015

Phone: 215-313-6392 (Debbie Robinson), 717-805-5565 (Kara Latshaw)  
Email: [info@speaking.org](mailto:info@speaking.org)

### **The ALS Association, Greater Philadelphia Chapter**

Contact: Jim Pinciotti  
Title: Executive Director  
Address 1: 321 Norristown Road, Suite 260  
City/State/Zip: Ambler, PA 19002  
Phone: 215-643-5434  
Email: [jim@alsphiladelphia.org](mailto:jim@alsphiladelphia.org)  
Web Address: [www.alsphiladelphia.org/home](http://www.alsphiladelphia.org/home)

### **The ALS Association, Western Pennsylvania Chapter**

Contact: Merritt Holland Spier  
Title: Executive Director  
Address 1: 416 Lincoln Avenue  
City/State/Zip: Pittsburgh, PA 15209  
Phone: 412-821-3254, ext. 242  
Email: [merritt@cure4als.org](mailto:merritt@cure4als.org)  
Web Address: <http://webwpawv.alsa.org/>

### **The ARC of Pennsylvania**

Title: Executive Director  
Contact: Maureen Cronin  
Address 1: 301 Chestnut Street, Suite 403  
City/State/Zip: Harrisburg, PA 17101  
Phone: 717- 234-2621  
Email: [mcronin@thearcpa.org](mailto:mcronin@thearcpa.org)  
Web Address: [www.thearcpa.org/](http://www.thearcpa.org/)

### **Alleghenies United Cerebral Palsy**

Address 1: 119 Jari Drive  
City/State/Zip: Johnstown, PA 15904  
Phone: 814- 262-9600  
Email: [info@alucp.org](mailto:info@alucp.org)  
Web Address: [www.alucp.org/](http://www.alucp.org/)

### **United Cerebral Palsy–UCP UCP of Central Pennsylvania**

Contact: Jeffrey W. Cooper  
Title: President/CEO  
Address 1: 925 Linda Lane



City/State/Zip: Camp Hill, PA 17011  
Phone: 717-737-2377  
Email: [mainoffice@ucpcentralpa.org](mailto:mainoffice@ucpcentralpa.org)  
Web Address: [www.ucpcentralpa.org/](http://www.ucpcentralpa.org/)

### **UCP of Philadelphia & Vicinity**

Contact: Paula Czyzewski  
Title: CEO  
Address 1: 102 E. Mermaid Lane  
City/State/Zip: Philadelphia, PA 19118  
Phone: 215-242-4200  
Email: [info@ucpphila.org](mailto:info@ucpphila.org)  
Web Address: [www.ucpphila.org/](http://www.ucpphila.org/)

### **UCP of South Central Pennsylvania**

Contact: Mike Wagner  
Title: Executive Director  
Address 1: 788 Cherry Tree Ct.  
City/State/Zip: Hanover, PA 17731  
Phone: 717-632-5552  
Email: [info@ucpsouthcentral.org](mailto:info@ucpsouthcentral.org)  
Web Address: [www.ucpsouthcentral.org/](http://www.ucpsouthcentral.org/)

### **UCP of Northeastern Pennsylvania**

Contact: Sarah A. Drob  
Title: Executive Director  
Address 1: 425 Wyoming Avenue  
City/State/Zip: Scranton, PA 18503  
Phone: 570-347-3357  
Email: [ucpnepa@epix.net](mailto:ucpnepa@epix.net)  
Web Address: [www.ucpnepa.org/](http://www.ucpnepa.org/)

## **Durable Medical Equipment (DME)/ Assistive Technology (AT) Specific Resources- Pennsylvania**

### **AgrAbility for Pennsylvanians**

Contact: Connie D. Baggett  
Title: Project Director  
Address 1: Penn State Extension  
Address 2: 201 Ferguson Building  
City/State/Zip: University Park, PA 16802  
Phone: 888- 744-1938

Email: AgrAbility@psu.edu  
Web Address: <http://extension.psu.edu/business/agrability>

## **Pennsylvania's Initiative on Assistive Technology (PIAT)**

Institute on Disabilities at Temple University

Contact: Jule Ann Lieberman  
Address 1: 1755 N. 13th Street, Room 411S  
City/State/Zip: Philadelphia, PA 19122  
Phone: 800- 204-7428  
TTY: 866- 268-0579  
Fax: 215-204-6336  
Email: [ATinfo@temple.edu](mailto:ATinfo@temple.edu)  
Web Address: <http://disabilities.temple.edu/piat/>

## **Reused and Exchanged Equipment Partnership (REEP)**

PIAT, Institute on Disabilities at Temple University

Contact: Joanna King  
Address 1: 1755 N. 13th Street, Room 411S  
City/State/Zip: Philadelphia, PA 19122  
Phone: 800-204-7428  
TTY: 866-268-0579  
Fax: 215-204-6336  
Email: [joanna.king@temple.edu](mailto:joanna.king@temple.edu)  
Web Address: <http://disabilities.temple.edu/piat/>

## **Pennsylvania Rehabilitation & Community Providers Association**

Contact: Richard S. Edley, PhD  
Title: President and CEO  
Address 1: 777 E Park Dr., Suite 300  
City/State/Zip: Harrisburg, PA 17111-2754  
Phone: 717-364-3280  
Fax: 717-364-3287  
Email: [redley@paproviders.org](mailto:redley@paproviders.org)  
Web Address: [www.paproviders.org/](http://www.paproviders.org/)

## **Pennsylvania Association of Medical Suppliers (PAMS)**

Contact: Tom Sedlak  
Title: Executive Director  
Address 1: 2040 Linglestown Road, Suite 302  
City/State/Zip: Harrisburg, PA 17110  
Phone: 717-909-1958

Fax: 717-236-8767  
Email: [tsedlak@pamsonline.org](mailto:tsedlak@pamsonline.org)  
Web Address: [www.pamsonline.org/](http://www.pamsonline.org/)

## **Durable Medical Equipment (DME)/ Assistive Technology (AT) Specific Resources- National**

### **National Registry of Rehabilitation Technology Suppliers (NRRTS)**

Contact: Weesie Walker  
Title: Executive Director  
Address 1: 5815 82nd Street, Suite 145 #317  
City/State/Zip: Lubbock, TX 79424  
Phone: 800-976-7787  
Fax: 888-251-3234  
Email: [wwalker@nrrts.org](mailto:wwalker@nrrts.org)  
Web Address: [www.nrrts.org/](http://www.nrrts.org/)

### **National Coalition of Assistive and Rehab Technology (NCART)**

Contact: Don Clayback  
Title: Executive Director  
Address 1: 54 Towhee Court  
City/State/Zip: East Amherst, NY 14051  
Phone: 716-839-9728  
Fax: 716-839-9624  
Email: [dclayback@ncart.us](mailto:dclayback@ncart.us)  
Web Address: [www.ncart.us/](http://www.ncart.us/)

### **Pass It On Center**

Contact: Carolyn P. Phillips  
Title: Program Director  
Address 1: AMAC/Georgia Institute of Technology  
Address 2: 512 Means Street, Suite 250  
City/State/Zip: Atlanta, Georgia 30318  
Phone: 800-497-8665  
Email: [carolyn.phillips@gatfl.gatech.edu](mailto:carolyn.phillips@gatfl.gatech.edu)  
Web Address: [www.passitoncenter.org/](http://www.passitoncenter.org/)

### **Pennsylvania Association of Medical Suppliers (PAMS)**

Contact: Tom Sedlak  
Title: Executive Director  
Address 1: 2040 Linglestown Road, Suite 302  
City/State/Zip: Harrisburg, PA 17110

Phone: 717-909-1958  
Fax: 717-236-8767  
Email: [tsedlak@pamsonline.org](mailto:tsedlak@pamsonline.org)  
Web Address: [www.pamsonline.org/](http://www.pamsonline.org/)

## **Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)**

Contact: Michael J. Brogioli  
Title: Executive Director  
Address 1: 1700 North Moore Street, Suite 1540  
City/State/Zip: Arlington, VA 22209  
Phone: 703-524-6686  
Fax: 703-524-6630  
Email: [MBrogioli@resna.org](mailto:MBrogioli@resna.org)  
Web Address: [www.resna.org/](http://www.resna.org/)

## APPENDIX I: VENDOR RESOURCES

Below is a list of vendors who sell DME and AT. The Institute on Disabilities and Pennsylvania's Initiative on Assistive Technology do not endorse or specific commercial products, processes, or services.

This document serves as a resource and includes links to other web sites for the reader's convenience. The Institute on Disabilities and Pennsylvania's Initiative on Assistive Technology are not responsible for the availability, accessibility or content of these external sites, nor do Institute on Disabilities and Pennsylvania's Initiative on Assistive Technology endorse, warrant or guarantee the products, services or information described or offered by these sites.

### Accessibility

#### PA Association of Medical Suppliers (PAMS)

Address: 2040 Linglestown Road, Suite 302  
City/State/Zip: Harrisburg, PA 17110  
Phone: 717-909-1958  
Web Address: [www.pamsonline.org/](http://www.pamsonline.org/)

#### Amramp Corporate Headquarters

Address: 202 W.1<sup>st</sup> Street  
City/State/Zip: South Boston, MA 02127  
Phone: 888-715-7598  
Web Address: [www.amramp.com/](http://www.amramp.com/)

### Mobility

#### PA Association of Medical Suppliers (PAMS)

Address: 2040 Linglestown Road, Suite 302  
City/State/Zip: Harrisburg, PA 17110  
Phone: 717-909-1958  
Web Address: [www.pamsonline.org/](http://www.pamsonline.org/)

## Toileting and Bathing

### Maxi-Aids, Inc.

Address: 42 Executive Blvd.,  
City/State/Zip: Farmingdale, NY 11735  
Phone: 631-752-0521  
Web Address: [www.maxiaids.com/](http://www.maxiaids.com/)

### Independent Living Aids, Inc.

Address: 137 Rano Rd  
City/State/Zip: Telephone: 1-800-537-2118  
Web Address: [www.independentliving.com/](http://www.independentliving.com/)

## Feeding

### AliMed, Inc.

Address: 297 High Street  
City/State/Zip: Dedham, Massachusetts 02026  
Phone: 781-329-2900  
Web Address: [www.alimed.com/](http://www.alimed.com/)

### Allegro Medical

Phone: 800-861-3211  
Web Address: [www.allegromedical.com/](http://www.allegromedical.com/)

### Patterson Medical

Address: 28100 Torch Parkway, Suite 700  
City/State/Zip: Warrenville, IL 60555  
Phone: 630-393-6000  
Web Address: [www.pattersonmedical.com/](http://www.pattersonmedical.com/)

## Communication

### Hear More

Address: 42 Executive Blvd.  
City/State/Zip: Farmingdale, NY 11735  
Phone: 800-881-4327  
Web Address: [www.hearmore.com/store/default.asp](http://www.hearmore.com/store/default.asp)

### Independent Living Aids, Inc.

Address: 137 Rano Rd  
City/State/Zip: Buffalo, NY 14207

Phone: 1-800-537-2118  
Web Address: [www.independentliving.com/](http://www.independentliving.com/)

## **LS&S**

Address: 145 River Rock Drive  
City/State/Zip: Buffalo, NY 14207  
Phone: 800-468-4789  
Web Address: [www.lssproducts.com/](http://www.lssproducts.com/)

## **Maxi-Aids, Inc.**

Address: 42 Executive Blvd. Farmingdale, NY 11735  
Phone: 631-752-0521  
Web Address: [www.maxiaids.com/](http://www.maxiaids.com/)

# APPENDIX J: COMMUNICATION KIT

## Sample Communication Kit

### Communication Equipment for persons with Access and Functional Needs

This section is based on a project of the Southeast PA Functional Needs Subcommittee. Pennsylvania Initiative on Assistive Technology (PIAT) played an active role in helping to develop the content of the communication kits, as well as procedures for care of the devices.

The following is a list of AT that should be available to assure effective communication for individuals with AFN. Effective communication is essential during an emergency or disaster. Communication includes ways to assure both the understanding of information, and ways individuals with AFN can express information and be understood by others (e.g. shelter or other emergency personnel). As prescribed by the Americans with Disabilities Act, individuals with and without disabilities who have AFN should be given the same information provided to the general population, using methods that are understandable and timely.

It is imperative for plans to direct that, prior to an emergency or disaster, the auxiliary aids (e.g. captioning, large print) and services (e.g. ASL interpreters) necessary to meet the communication needs of all persons in the shelter are identified and immediately available. Where possible, emergency managers and shelter planners should already have contracts and/or Memorandum of Understanding in place with the service providers who can supply these devices and services, including training for emergency staff members on how to use the AT devices.

The following table identifies individuals with AFN who may benefit from each device.

**Table Displaying Relationship Between Communication AT and Disability**

AT	Deaf or Hard of hearing	Blind and Visual Impairments	Intellectual and Developmental Disability	Mobility Impairments	Limited English Proficiency
Big Button/ Amplified Phone	yes	yes	no	yes	no
Pocket Talker	yes	no	no	no	no






<b>AT</b>	<b>Deaf or Hard of hearing</b>	<b>Blind and Visual Impairments</b>	<b>Intellectual and Developmental Disability</b>	<b>Mobility Impairments</b>	<b>Limited English Proficiency</b>
AT Max Illuminated Magnifier	no	yes	no	yes	no
CapTel 840 Caption Phone	yes	no	no	no	no
Ruby Video Hand Magnifier	no	yes	no	no	no
Dry Eraser Boards and markers	yes	no	yes	no	yes
Signature Guide	no	yes	no	yes	no
20-20 pens	no	yes	no	no	no
Ultratec Uniphone 1140	yes	no	no	no	no
Show Me for Emergencies	yes	no	yes	no	yes
iTranslate	no	yes	no	yes	yes
Canopy	no	yes	no	no	yes
Z5 Mobile	no	no	yes	yes	yes
Dragon Dictation	no	yes	no	yes	yes
VoiceOver	no	yes	yes	yes	yes
Zoom	no	yes	no	no	no
Invert Colors	no	yes	no	no	no
Speak Selection	no	yes	yes	yes	yes

AT	Deaf or Hard of hearing	Blind and Visual Impairments	Intellectual and Developmental Disability	Mobility Impairments	Limited English Proficiency
Large Text	no	yes	no	no	no
Bold Text	no	yes	no	no	no
Contract Text	no	yes	no	no	no
FaceTime	yes	no	yes	yes	yes
Subtitles and Closed Captions	yes	no	no	no	yes
Mono Audio	yes	no	no	no	no

---

### Device: Big Button/Amplified Phone

-  Individuals with hearing
-  Individuals with vision loss
-  Individuals with dexterity issues

#### Description

A telephone with bold, black numbers. High volume receiver and receive volume control. Larger black numbers for easy dialing. Hands free answering. Ringer, Hi-Lo-Off switch. Flash button.

#### How To

Insert 4 AA batteries. (These are required as a back-up to the power supply for the display). Plug phone into phone jack. Dial number.

#### Requirements


Phone jack. 4 AA batteries.

#### Other Considerations

Please remove batteries when finished.

---

## **Device: Pocket Talker (Personal Amplifier)**

-  Individuals with hearing impairments

### **Description**

Pocket Talker PRO amplified sounds closed to the listener while reducing background noise. For use with or without hearing aids. Simply plug in your earpiece, position the microphone near the preferred sound, adjust volume to your comfort and start listening. Accommodates a variety of earphone and headphone options.

### **How To**

Insert batteries. Plug headphones into jack. Turn on.

### **Requirements**



2 AA batteries.

### **Other Considerations**

The mic can be removed from the box and plugged into the long cord. Please remove batteries when finished.

---

## **Device: AT Max Illuminated Magnifier**

-  Individuals with visual impairments
-  Individuals with dexterity issues

### **Description**

Hand held LED Illuminated Magnifier

### **How To**

Insert batteries. Device will light up when gripped

### **Requirements**


2 AA batteries.

### **Other Considerations**

Please remove batteries when finished.

---

## **Device: Video Hand Magnifier (Ruby)**

-  Individuals with visual impairments
- Individuals with dexterity issues

### **Description**

Hand held video magnifier with full color screen

### **How To**

Before using, insert batteries and plug in Ruby to charge batteries. When ready to use, flip out handle. Press yellow power button.

### **Requirements**


4 AAA batteries.

### **Other Considerations**

Also provides various contrasting text options which may be useful for those with certain vision impairment (blue button).

---

## **Device: Captel 840 Caption Phone (for use without internet connection)**

-  Individuals with hear impairments

### **Description**

The CapTel 840 phone works like a traditional telephone, but also shows written captions during your telephone conversations. Captions are provided by a free service that connects to the call. Users must have an account.

### **How To**

First, callers dial the captioning service first. Users will need to have an account and account information available. They will then be instructed to dial the desired phone number.

### **Requirements**

Analog telephone lines. DSL supported if appropriate filter in place. Not compatible with PBX systems unless analog port available. Standard electric power (AC adapter plugs into standard wall outlet).

### **Other Considerations:**

The Captel 840 is for use without high-speed internet access. If you do have internet access (via an iPad or computer) and if a person requests captioning service, go to [www.Hamiltonwebcaptel.com](http://www.Hamiltonwebcaptel.com) to access identical services.

NOTE: Per an FCC ruling, Captel users must have an account so that the FCC can ensure that the captioning is being used by people who truly need it. This is also the case with some

of the Video Remote Interpreting services, such as Z5 and Purple. Customer service is available at 1-888-269-7477.

---

### **Device: 20-20 pens and notepads**



-  Individuals with visual impairments

#### **Description**



Extra wide, soft bullet tip. Bold, black ink. Not for use on Dry Erase Board.

---

### **Device: Dry-erase Boards with markers included**

-  Individuals with visual impairments
  -  Individuals with communication difficulties
- 

### **Device: Signature Guide**

-  Individuals with visual impairments
-  Individuals with dexterity issues

#### **Description**

Aids individuals with visual impairments in signing their signature. Small pocket-sized frame has an opening with an elastic band. The band provides a guide for writing and flexes to allow for the descent of letters. Guide is made of aluminum with a rubber backing to prevent sliding.

## APPENDIX K: HOW TO BORROW FROM PENNSYLVANIA'S ASSISTIVE TECHNOLOGY LENDING LIBRARY

Pennsylvania's Assistive Technology Lending Library ("Lending Library") is a free service that loans assistive technology devices to people with disabilities. It's available to Pennsylvanians of all ages and disabilities. Requests for devices can be made by a person with a disability, a family member, friend or advocate, or someone who is helping you with assistive technology needs (e.g., a therapist, teacher, rehabilitation counselor). The Lending Library is supported by funding through the PA Department of Labor and Industry, Office of Vocational Rehabilitation, and federal funding through the US Department of Health and Human Services, Administration on Community Living.

A list of devices available from the Lending Library can be viewed by visiting the online Equipment Catalog at [www.ioddev.org/search\\_inventory.php](http://www.ioddev.org/search_inventory.php). If the user requires help selecting a device, please contact the Assistive Technology Resource Center (ATRC) for the user's county ([see Appendix L](#)). Make note of the device name, inventory number, replacement value, and the loan period.

Some devices in the AT Lending Library require a support person, which is indicated in the device information in the Equipment Catalog. If the user does not already have a support person, they can get help finding one from the appropriate ATRC. Individuals may also contact Pennsylvania's Initiative on Assistive Technology (PIAT) directly:

PIAT

Voice: 800-204-7428

TTY: 866-268-0579

[atlend@temple.edu](mailto:atlend@temple.edu)

To borrow any equipment through the ATLL, a Device Loan Request Form must be completed.

The Device Loan Request Form is found by visiting

<http://disabilities.temple.edu/programs/assistive/atlend/forms.shtml>.

Applicants must fill in all sections and sign in both places of Section 4 of the form.

Applicants have a choice of using an online "loan cart" (available while browsing the library inventory) and online form to complete the request items before printing, signing, and

submitting to the appropriate ATRC or printing the English, Spanish, and large print versions before completing the form.

To begin the processing, applicants may FAX the Device Loan Request Form to the appropriate ATRC. However, the applicant must then mail the original to their ATRC because the lending library must have the original signatures on file.

If the device is being shipped to/ picked up from a large facility, SPECIFY THE EXACT ROOM/ LOCATION/ PERSON to whom it should be delivered/ picked up from. Remember that delays in shipping or pickup mean delays for Pennsylvanians with disabilities waiting for AT.

The regional ATRC will notify the applicant of an approximate shipping date. If the item is not immediately available, the applicant will be informed that they will be placed on a waiting list for the item. If the applicant cannot wait, the ATRC contact person may have ideas about similar items, or other places to see or rent the item.

After the device arrives, check the contents as soon as possible. If the applicant notices that a part is not included, report it immediately to the "Circulating Department" of the Lending Library (at the Hiram G. Andrews Center in Johnstown, PA), as per instructions in the kit. If the applicant reports a missing item right away, they will not be held responsible for replacing it.

Please make a note of the due date that is enclosed with the device. These are the dates that UPS is scheduled to come pick up the device. UPS is contracted to make three pickup attempts, and the first attempt is on the first date listed. When the UPS driver comes to pick up the device, he/she will bring a shipping label, so there is no need to contact UPS. If there is a problem with the UPS pickup, please inform the ATRC as soon as possible.

When packing up the device for its return, please check the contents on the enclosed inventory sheet. The applicant will be responsible for ANY items that are not returned. Remember that incomplete returns mean delays for Pennsylvanians with disabilities waiting to borrow the items.

It is important that the borrower understand his or her responsibilities when borrowing assistive technology devices, some of which are quite expensive. Software companies whose products are in the inventory want borrowers to know that copying or distributing loaned software is against the law. The signature for the Release of Liability is to make sure that none of the

parties involved in the administration, supervision, or operation of the Lending Library will be sued regarding any damages, injury, or losses that occur in connection with a device loan.

In the event that a device is damaged under normal circumstances, including normal wear and tear, the borrower will not be responsible for repairs. If a device is damaged during the loan period, the borrower must immediately contact the ATRC and notify them of the damage.



## **APPENDIX L: ASSISTIVE TECHNOLOGY RESOURCE CENTERS (BY COUNTY)**

### **Pennsylvania's Initiative on Assistive Technology (PIAT)**

Counties Served: Philadelphia, Bucks, Chester, Montgomery, Delaware

Contact: Jule Ann Lieberman, Institute on Disabilities at Temple University  
Address: 1755 N. 13th St., Student Center, Rm. 411S  
City/State/Zip: Philadelphia, PA 19122  
Phone: Voice 800- 204-PIAT (7428) or 215-204-5967  
TTY: 866- 268-0579  
Fax: 215- 204-6336  
Email: [ATinfo@temple.edu](mailto:ATinfo@temple.edu)  
Web Address: <http://disabilities.temple.edu>

### **CLASS – Community Living and Support Services**

Counties Served: Allegheny, Armstrong, Beaver, Butler, Indiana, Lawrence, Westmoreland

Contact: Christina Chamberlain  
Address: 1400 South Braddock Avenue Pittsburgh, PA 15218  
Phone: 412-683-7100 ext. 2179  
Email: [cchamberlain@classcommunity.org](mailto:cchamberlain@classcommunity.org)  
Web Address: [www.classcommunity.org/](http://www.classcommunity.org/)

### **Community Resources for Independence**

Counties Served: Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango,

Warren Contact: Jason Fuller

Address: 3410 W. 12th Street  
City/State/Zip: Erie, PA 16505  
Phone: Voice 800-530-5541 or 814-838-7222  
TTY: 814-838-8115  
Fax: 814-838-8491  
Email: [jfuller@crinet.org](mailto:jfuller@crinet.org)  
Web Address: [www.crinet.org/](http://www.crinet.org/)

### **Roads to Freedom**

Counties Served: Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Tioga, Snyder, Sullivan, Union

Contact: Kari Kratzer  
Address: 24 East 3rd Street  
City/State/Zip: Williamsport, PA 17701  
Phone: Voice 800-984-7492 or 570-327-9070  
Fax: 570-327-8610  
Email: [kkratzer@cilncp.org](mailto:kkratzer@cilncp.org)  
Web Address: [www.cilncp.org/](http://www.cilncp.org/)

## **The Arc of Luzerne County**

Counties Served: Berks, Carbon, Lehigh, Luzerne, Monroe, Northampton, Schuylkill

Contact: Nancy Sperlazzo  
Address: 67-69 Public Square, Suite 1020,  
City/State/Zip: Wilkes-Barre, PA 18701  
Phone: Voice 570-970-7739 x 305  
TTY: 570- 221-3868  
Fax: 570-970-4780  
Email: [nsperlazzo@thearcofluzernecounty.org](mailto:nsperlazzo@thearcofluzernecounty.org)  
Web Address: [www.thearcofluzernecounty.org](http://www.thearcofluzernecounty.org)

## **Transitional Paths to Independent Living**

(Formerly known as Tri-County Patriots for Independent Living)

Counties Served: Bedford, Blair, Cambria, Fayette, Greene, Somerset, Washington

Contact: John Flaherty  
Address: 69 East Beau Street  
City/State/Zip: Washington, PA 15301  
Phone: Voice 724-223-5115  
TTY: 724-228-4028  
Fax: 724-223-5119  
Email: [jflaherty@tripil.com](mailto:jflaherty@tripil.com)  
Web Address: [www.trpil.com/](http://www.trpil.com/)

## **United Cerebral Palsy of Central PA**

Counties Served: Adams, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lancaster, Lebanon, Mifflin, Perry, Snyder, York

Contact: Jackie Wardle  
Address: 925 Linda Lane  
City/State/Zip: Camp Hill, PA 17011  
Phone: Voice/ TTY 800-998-4827 or 717-737-3477  
Fax: 717-737-9017  
Email: [jwardle@ucpcentralpa.org](mailto:jwardle@ucpcentralpa.org)  
Web Address: [www.ucpcentralpa.org/](http://www.ucpcentralpa.org/)

## **United Cerebral Palsy of North Eastern Pennsylvania**

Counties Served: Bradford, Lackawanna, Pike, Susquehanna, Wayne, Wyoming Contact:  
Linda Mesavage

Address: 425 Wyoming Avenue  
City/State/Zip: Scranton, PA 18503  
Phone: Voice: 570- 347-3357  
TTY: 570-347-3117  
Fax: 570-341-5308  
Email: [ucptech@yahoo.com](mailto:ucptech@yahoo.com)  
Web Address: [www.ucpnepa.org](http://www.ucpnepa.org)

Pennsylvania's Initiative on Assistive Technology, a program of the Institute on Disabilities at Temple University, Pennsylvania's University Center of Excellence on Developmental Disabilities, is funded through a grant from the US Department of Health and Human Services, Administration on Community Living, under P.L. 108-364, the Assistive Technology Act of 1998, as amended.

## APPENDIX M: SAMPLE GAP ANALYSIS CHECKLIST

This checklist is for emergency planners, managers, and responders who have responsibility for developing, maintaining, testing, delivering and revising emergency plans and services, including plans for accessing DME and AT. The checklist will help evaluate current capacity of critical elements that integrate people with AFN into emergency planning, response and recovery. It will also assist by identifying areas needing attention and can help assess progress.

### Technical Assessment Checklist

<b>PREPARE/PREVENT- Planning</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Likely evacuation events identified and analyzed			
Evacuation assets identified and inventoried			
Concentrations of people with access and functional needs I.D.'ed and mapped			
Agencies serving people with access and functional needs identified, contact info current			
Current database(s) exist that could be used during evacuation alert notification			
Thresholds and protocol for evacuation orders clearly defined			
Time estimates exist for executing moderate- and large-scale evacuation			
System established to mission task evacuation (transit) resources			
Timetable for mobilization of transportation resources once tasked			
Protocol for how to prioritize resources when demand exceeds availability			
Evacuation EOPs account for needs of people with access and functional needs			
Evacuation EOPs created w/input from people with access and functional needs			
County Board of Supervisors evacuation responsibilities clearly defined			
County executive evacuation responsibilities clearly defined			
County office of emergency services responsibilities clearly defined			
County Sheriff evacuation responsibilities clearly defined			
County airport evacuation responsibilities clearly defined			
County animal care and regulation evacuation responsibilities clearly defined			

<b>PREPARE/PREVENT- Planning</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
County fire services evacuation responsibilities clearly defined			
County health and human services evacuation responsibilities clearly defined			
County public information officer evacuation responsibilities clearly defined			
County social services evacuation responsibilities clearly defined			
Local air quality agency evacuation responsibilities clearly defined			
Local paratransit agency evacuation responsibilities clearly defined			
Local transit agency evacuation responsibilities clearly defined			
Local water resources agency evacuation responsibilities clearly defined			
NGO evacuation responsibilities clearly defined			
Faith based evacuation responsibilities clearly defined			
Responsibility assigned for evacuation of medical facilities			
Responsibility assigned for evacuation of elderly from congregate housing			
Responsibility assigned for evacuation of incarceration facilities			
EOPs for cities, county and care facilities compared in order to I.D. overlaps			
Plan for service animals in transit equipment			
Plan for comfort animals (pets) in transit equipment			
Plan for mobility devices and durable medical devices on transit equipment			

<b>PREPARE/PREVENT- Training</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Evacuation EOPs coordinated with transit			
Evacuation EOPs coordinated with paratransit			
Evacuation EOPs coordinated with school transit			
Evacuation EOPs coordinated with taxi, shuttle, private bus			
Evacuation EOPs coordinated with elderly/disabled service providers			
Evacuation EOPs coordinated with 211			
Essential staff trained on evacuation plan			
Transportation personnel have basic ICS/NIMS/SEMS training			
Family emergency planning complete for essential transportation staff			
Back-up drivers identified, and trained on lift equipment and securement of mobility devices			
Outreach programs educate people with access and functional needs about personal evacuation planning			

<b>PREPARE/PREVENT- Exercise</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Tabletop emergency evacuation exercises have been conducted			
Functional evacuation exercises have been conducted			
Full-scale evacuation exercises have been conducted			
Evacuation exercises include participants with access and functional needs			
Transit, paratransit, schools, and other transportation agencies participate			

<b>PREPARE/PREVENT- Transportation Assembly Points</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Transportation resources know location of staging areas and reception centers			
Transportation assembly points have been identified			
Traffic plan established for transportation assembly points			
Staff has been designated for transportation assembly points			
Plan for transportation information at transportation assembly points			
Plan for individuals unable to reach transportation assembly points			

<b>PREPARE/PREVENT- Reception centers and shelters</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Reception centers and shelter sites pre-designated			
Plan for transportation needs of reception centers/shelters			
Plan for transportation info at reception centers/shelters			
Evacuation procedures practiced at least annually			

<b>PREPARE/PREVENT- Evacuation Points</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Clearly defined evacuation routes/alternate evacuation routes			
Staff trained on evacuation routes/ alternate routes			
Traffic control points (TCPs) established			
TCP system gives priority to evacuation (transit) resources			
Evacuation protocols practiced at least annually			

<b>PREPARE/PREVENT- Evacuee training and recording procedures</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
System identifying persons needing transport assistance			
System for documenting evacuees			
System for tracking evacuees			
Tracking and recording procedures practiced at least annually			

<b>PREPARE/PREVENT- Cost tracking and reporting procedures</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Identified system for how to track hours/costs at Mutual Aid			
Emergency cost tracking procedures practiced at least annually			

<b>PREPARE/PREVENT- MOUs</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Written agreements with transportation agencies within jurisdiction			
Written agreements with transportation agencies in neighboring jurisdictions			
Written agreements with other partner agencies within jurisdiction			
Written agreements with local and out of state video remote interpreting services			
Contingency contracts for sign language interpreter			
Contingency contracts exist with private sector transportation companies			
MOUs identify who is in charge of activated transit resources			
MOUs identify when and how resources will be released			
MOUs are reviewed/updated annually			

<b>PREPARE/PREVENT- Communication Technologies</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Interoperable channels of communication established			
Communication plan established for power loss events			
Communication strategies are 508 compliant			
Communication technologies tested at least annually			

<b>PREPARE/PREVENT- Continuity of Operations</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Alternative transit/paratransit operational facilities identified			
Alternative power supply identified for transit/paratransit			
Alternative fuel supply identified for transit resources			
Alternative driving and maintenance staff identified and trained			

<b>PREPARE/PREVENT- Re-entry</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Trigger point established for when to return evacuees			
Transport plan for individuals unable to get home from transportation assembly points			

<b>PREPARE/PREVENT- Demobilization</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Trigger points established for when to demobilize transit resources			
Procedure established to check-out emergency evacuation resources			
Procedure established to debrief demobilizing personnel			
Procedure established to debrief evacuees			
Demobilization procedures reviewed at least annually			

<b>PREPARE/PREVENT- After Action Analysis and Reporting</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Process for after action assessment			

<b>PREPARE/PREVENT- After Action Analysis and Reporting</b>	<b>No</b>	<b>Partial</b>	<b>Yes</b>
Process for after action reporting			
Process to implement after action changes			
Plan to announce changes			
Plan to train staff on after action changes			



