pennsylvania
DEPARTMENT OF HEALTH

# 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. 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 (subject line: DME Plan).

Last updated: 22 December 2017

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.[1] 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 of 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."[2] 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".[3] 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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[1] www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html

[2] www.fema.gov/pdf/about/odic/fnss_guidance.pdf

[3] 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. 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.[4] 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.[5] 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.[6]
- A previous preparedness study found only 24% of people with disabilities had emergency plan preparations specific to their disability.[7]
- 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.[8]
- 21.2 million Americans are blind or have trouble seeing even with glasses or contact lenses.[9]
- Approximately 15% of American adults (37.5 million) aged 18 and over report some trouble hearing.[10]

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[4] www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html

[5] 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)

[6] U.S. Census Bureau, year 2000, www.census.gov/

[7] 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

[8] U.S. Census Bureau, year 2000, www.census.gov/

[9] National Center for Health Statistics, National Health Interview Survey, 2012, www.cdc.gov/nchs/nhis.htm

- 1.5 million people use wheelchairs. An additional four million people require mobility aids, such as canes and walkers.[11]

Approximately 4.76 million people identify as having an intellectual and related developmental disability.[12] The intent of the DME Plan is to ensure that persons with AFN are not turned away from general population shelters or inappropriately placed in more restrictive environments, such as medical or special needs shelters, institutions, or nursing homes, when their needs may be met through the deployment of DME/AT. By addressing these issues at the local level, emergency personnel will maximize resources and ensure equal treatment to all Pennsylvanians, benefiting the entire community. A general understanding of the nature and prevalence of disability is important to the development of a DME plan, as well as to other aspects of planning for the whole community.

Below, Tables 1-5 identify the percentages of non-institutionalized persons (male or female, all ages, all races, regardless of ethnicity, with all education levels) in the United States who reported a disability on the 2015 American Community Survey (ACS).[13] The tables compare state statistics with national statistics.

## Table 1. Persons with a disability (2012 ACS)

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|
| United States | 38,601,898 | 12.4% | 311,516,332 |
| Pennsylvania | 1,696,250 | 13.5% | 12,575,088 |

## Table 2. Persons with vision impairment (2012 ACS)

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|

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[10] Blackwell DL, Lucas JW, Clarke TC. Summary health statistics for U.S. adults: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Stat 10(260). 2014.

[11] U.S. Census Bureau, year 2000, www.census.gov/

[12] Laura Hart, Director of Communications for The Arc of the United States, www.thearc.org/

[13] https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|
| United States | 7,030,625 | 2.3% | 311,516,332 |
| Pennsylvania | 274,957 | 2.2% | 12,575,088 |

## Table 3. Persons with hearing loss (2012 ACS)

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|
| United States | 10,897,692 | 3.5% | 311,516,332 |
| Pennsylvania | 467,083 | 3.7% | 12,575,088 |

## Table 4. Persons with ambulatory disability (2012 ACS)

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|
| United States | 20,405,874 | 7.0% | 311,516,332 |
| Pennsylvania | 866,744 | 7.3% | 12,575,088 |

## Table 5. Persons with cognitive disability (2012 ACS)

| Location | With a disability (estimate) | % with a disability (estimate) | Total civilian population |
|---|---|---|---|
| United States | 7,030,625 | 2.3% | 311,516,332 |
| Pennsylvania | 274,957 | 2.2% | 12,575,088 |

The data above reflects the range of issues that need to be taken into account when developing and carrying out emergency plans. It's important to be familiar with how various disabilities may impact someone during an emergency.

- Mobility limitation: may make it difficult to climb up and down stairs or to move quickly over long distances.
- Vision impairment: may impede the reading of signs or the traveling on unfamiliar or altered terrain (e.g. snow covered walkways; shelter hallways).
- Hearing limitation: may prevent one from clearly hearing audible warnings or instructions, including emergency alerts.

Cognitive/intellectual disability: may impair a person's ability to understand or respond to emergency warnings or instructions. Emergency planners should also take into consideration those individuals who are independent under typical situations, but may lose functionality

during an emergency. An emergency or disaster may create AFN where none previously existed. In many cases, DME or AT that can mitigate the impact of disability on function.

Example 1: A 12-year old boy may break his leg during an earthquake. He then can no longer independently walk to emergency services or ambulate within the shelter.

Example 2: A woman with a vision impairment who, as long as she has her glasses, has no problems with reading or walking around but when the glasses are left behind or lost during evacuation, she requires assistance from shelter staff.

In the first example, provision of crutches and perhaps a portable ramp will provide for independent mobility within the shelter; in the second, provision of a magnifier and appropriate lighting may be sufficient AT to afford independent reading and safe ambulation within the shelter.

**Persons with AFN in an Emergency – Intersection of Need**

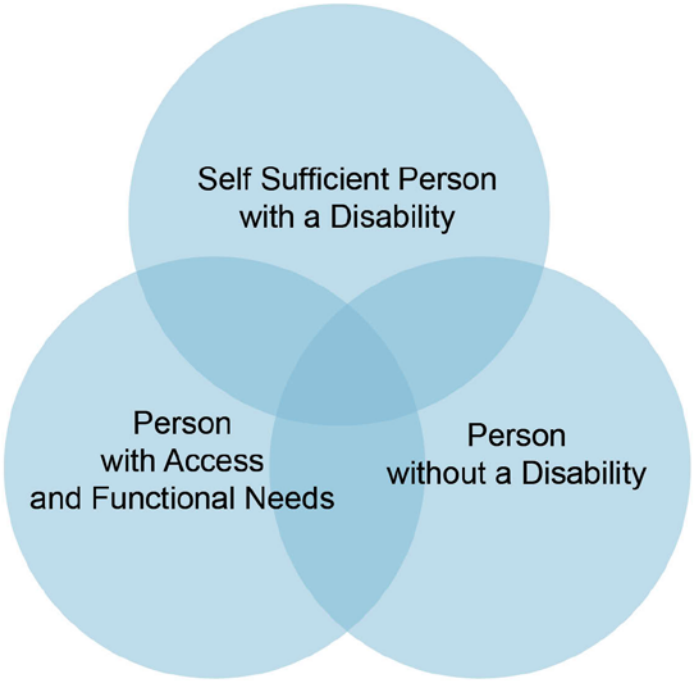


*Figure 1: Intersection of independence, functional needs, and the impact of emergencies*

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.[14] 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.

[14] 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 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. 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**.[15]

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

## Table A: Local Disability Data (Philadelphia County)[16]

| 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 |

[15] Understanding disability statistics https://adata.org/factsheet/understanding-disability-statistics

[16] www.disabilityplanningdata.com/site/county_population_table.php?cntyname=Philadelphia&state=pennsylvania&submit=submit

| Labor Force Participation – Ages 21-64 | Total | % with Disability | Total | % 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 |
| Employed; Not currently at work | 4,570 | 14.0% | 14,740 | 3.0% | 19,310 | 3.7% | 350 |

| Transportation to Work– Ages 21 to 64 | Total | % with Disability | Total | % without Disability | Total | % of Ages 21 to 64 | Sample Size |
|---|---|---|---|---|---|---|---|
| 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)

| Population | Total Estimate | Total Margin of Error | Estimate with Disability | Estimate Margin of Error with Disability | Estimate % with Disability |
|---|---|---|---|---|---|
| Civilian Noninstitutionalized | 100,150 | +/- 732 | 15,023 | +/- 1,673 | 14.9% |

| Population under 5 years | Total Estimate | Total Margin of Error | Estimate with Disability | Estimate Margin of Error with a Disability | Estimate % With Disability |
|---|---|---|---|---|---|
| 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 | 124 | +/- 174 | 0% |

| Population 5 to 17 years old | Total Estimate | Total Margin of Error | Estimate with Disability | Estimate Margin of Error with Disability | Estimate % with Disability |
|---|---|---|---|---|---|
| 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% |

| Population 18 to 64 years old | Total Estimate | Total Margin of Error | Estimate with Disability | Estimate Margin of Error with a Disability | Estimate % with Disability |
|---|---|---|---|---|---|
| 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% |

| Population 65 years old and over | Total Estimate | Total Margin of Error | Estimate with Disability | Estimate Margin of Error with Disability | Estimate % with Disability |
|---|---|---|---|---|---|
| 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; and
- 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
- Washington (Pierce County) 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

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 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[17]).

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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[17] Accessible Communication Technology for Disaster Survivors (FEMA flyer) 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.

## 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.<br>Weight: 40 lbs.<br>Seat Width: 18” | 4 |
| Mobility | 22” Wheelchair, standard seat, manual | Weight Capacity: 350 lbs.<br>Weight: 56.2 lbs.<br>Seat Width: 22” | 4 |
| Mobility | 24” Wheelchair, standard seat, manual | Weight Capacity: 350 lbs.<br>Weight: 56.2 lbs.<br>Seat Width: 24” | 4 |
| Mobility | 28” Wheelchair, standard seat, manual | Weight Capacity: 400 lbs.<br>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 |

| Support Kit | DME | Specifications | Quantity Per Kit* |
|---|---|---|---|
| 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 |

| Support Kit | DME | Specifications | Quantity Per Kit* |
|---|---|---|---|
| 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; and
- 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) 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:

| Agency/ Organization | Resource | Use |
|---|---|---|
| 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 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/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 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); and
- 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[18] (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

[18] 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 consideration 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 distributer with lift-equipped vehicles
  - Walgreens
  - Lowes
  - Home Depot
- Spring water distributer (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. 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 (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

## 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

## 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) 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, Braille 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.[19]

## 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.[20]

## 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.[21]

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[19] Excerpted from the "ADA Title III Regulation 28 CFR Part 36" www.ada.gov/reg3a.html

[20] Resource: Family Center on Technology and Disability: www.fctd.info

[21] Resource: Family Center on Technology and Disability: 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".[22]

## 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

[22] Resource: Family Center on Technology and Disability: 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/) 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/

### 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.

| Zip Code | 0 to 4 years | 5 to 17 years | 18 to 64 years | 64+ years | Total |
|---|---|---|---|---|---|
| Code # 1 | | | | | |
| Code # 2 | | | | | |
| Code # 3 | | | | | |

# SAMPLE DISABILITY POPULATION STATISTICS

## Local Disability Data for Planners

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 |

| 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 |
|---|---|---|---|---|---|---|---|
| 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
Website: 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.

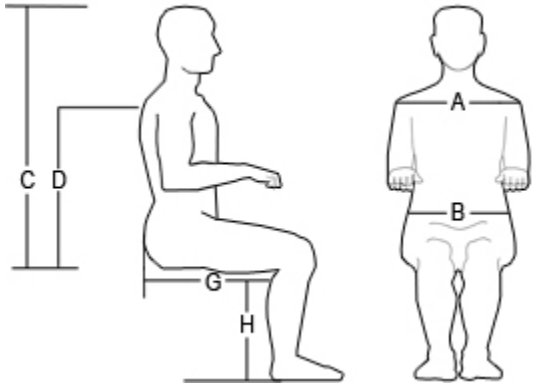


Image: Seated Measurements

## 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 items such as adapted telephone, portable video magnifier, and personal amplifier.

Item name:

Make/Model:

Identifier/Inventory Code:

Inspected by:

| GENERAL | Inspection Complete (date) | Action Needed Yes or No | Comment (e.g. holds charge 2 days) |
|---|---|---|---|
| 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 | | | |

| POWER/BATTERIES | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Does it fully charge (rechargeable) | | | |

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

| PHYSICAL APPEARANCE | Inspection Complete (date | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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:

| **GENERAL** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment (e.g. missing armrest)** |
|---|---|---|---|
| Wheelchair rolls straight (no drag or pull to one side) | | | |

| **FRAME AND CROSS BRACES** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Inspect for loose or missing hardware | | | |
| Inspect for bent frame or cross braces | | | |

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

| **SEAT AND BACK UPHOLSTERY** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Inspect for reps and sagging | | | |
| Inspect for loose or broken hardware | | | |

| **TIRES** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Inspect for flat spots | | | |
| At least half the thread remains | | | |

| TIRES | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| If pneumatic tires, properly inflated | | | |

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

| HANDRIMS | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Inspect for signs of rough edges or peeling | | | |

| SPOKES | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Inspect for cracked or broken spokes | | | |

| FRONT CASTER | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 | | | |

| CLEAN AND SANTIZING | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|

| CLEAN AND SANTIZING | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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:

| **GENERAL** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment (e.g. battery not holding charge)** |
|---|---|---|---|
| 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) | | | |

| **CLOTHING GUARDS** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Ensure all fasteners are secure | | | |

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

| **WHEEL LOCKS** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Does not interfere with tires when rolling | | | |
| Pivot points free of wear and looseness | | | |

| WHEEL LOCKS | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Wheel locks easy to engage | | | |

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

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

| FRONT RIGGING | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 | | | |

| DRIVE WHEELS | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 | | | |

| DRIVE WHEELS | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Check motor brush condition | | | |
| Check gearboxes for leakage | | | |

| ELECTRONICS AND WIRING | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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) | | | |

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

| CASTERS | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 | | | |

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

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

| Clean and sanitize | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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:

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

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

| **UPHOLSTERY** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Inspect for rips/tears | | | |

| **REAR WHEELS** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| No excessive side movement/ binding when raised and turned | | | |

| **FRONT WHEELS** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Inspect wheel/fork assembly for proper tension by spinning wheel | | | |

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

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

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

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

| CLEAN AND SANITIZE | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Clean and sanitize upholstery and armrests | | | |

| CLEAN AND SANITIZE | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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:

| GENERAL | Inspection Complete (date) | Action Needed Yes or No | Comment (e.g. sharp edge on side) |
|---|---|---|---|
| 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 | | | |

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

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

| CLEAN AND SANITIZE | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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:

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

| **SHIFTER HANDLE** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Operates smoothly | | | |
| Locks adjustable base whenever engaged | | | |

| **THE MAST** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| Mast MUST be securely assembled to boom | | | |
| Inspect for bends or deflections | | | |

| **THE BOOM** | **Inspection Complete (date)** | **Action Needed Yes or No** | **Comment** |
|---|---|---|---|
| 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 | | | |

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

| MANUAL/HYDRAULIC PUMP/ELECTRIC ACTUATOR | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 | | | |

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

| CLEAN AND SANITIZE | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| Clean and sanitize all components | | | |

| SLINGS AND HARDWARE | Inspection Complete (date) | Action Needed Yes or No | Comment |
|---|---|---|---|
| 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 walked 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | www.dli.pa.gov/Individuals/Disability-Services/odhh/Pages/default.aspx |

## PA Department of Aging

| | |
|---|---|
| Contact: | Teresa 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |

### 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 |
| Web Address: | 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 |

### 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 |
| Web Address: | 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 |
| Web Address: | www.aa-pa.org/ |

### PA Association of Area Agencies on Aging

| | |
|---|---|
| Web Address: | 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
Web Address: 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/

## 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
Web Address: 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
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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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; drnpa-phila@drnpa.org; 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 |
| Fax: | 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 |
| Web Address: | 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 |
| Web Address: | 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/ |

## 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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/ |

## 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 |
| Web Address: | 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
Web Address: 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
Web Address: 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
Web Address: 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
Web Address: 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
Web Address: 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 |
| Web Address: | 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 |
| 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 |
| Web Address: | 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 |
| Web Address: | 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@pablind.org
Web Address: www.pablind.org/

## Pennsylvania Association of Goodwills

Phone: 717-243-1738
Web Address: 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; 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

## 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: shafferms@gmail.com
Web Address: www.papdb.org/

## Pennsylvania Society for the Advancement of the Deaf

Contact: Jeffrey Yockey
Title: President
Phone: 570-309-0087
Email: psadboard@psadweb.org
Web Address: 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

## 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
Web Address: 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
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
Web Address: 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
Web Address: 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
Web Address: 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
Web Address: 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
Web Address: 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
Web Address: 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 |
| 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 |
| 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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/ |

### Amramp Corporate Headquarters

| | |
|---|---|
| Address: | 202 W.1st Street |
| City/State/Zip: | South Boston, MA 02127 |
| Phone: | 888-715-7598 |
| Web Address: | 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/ |

## 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/

### Independent Living Aids, Inc.

Address: 137 Rano Rd
City/State/Zip: Telephone: 1-800-537-2118
Web Address: 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/

### Allegro Medical

Phone: 800-861-3211
Web Address: 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/

## 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

### Independent Living Aids, Inc.

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

Phone: 1-800-537-2118
Web Address: 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/

## Maxi-Aids, Inc.

Address: 42 Executive Blvd. Farmingdale, NY 11735
Phone: 631-752-0521
Web Address: 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 |

| AT | Deaf or Hard of hearing | Blind and Visual Impairments | Intellectual and Developmental Disability | Mobility Impairments | Limited English Proficiency |
|---|---|---|---|---|---|
| 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 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. 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

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 |
| 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 |
| Web Address: | 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/ | Erie, PA 16505 |
| Zip: Phone: | Voice 800-530-5541 or 814-838-7222 |
| TTY: | 814-838-8115 |
| Fax: | 814-838-8491 |
| Email: | jfuller@crinet.org |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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 |
| Web Address: | 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/ | Scranton, PA 18503 |
| Zip: Phone: | Voice: 570- 347-3357 |
| TTY: | 570-347-3117 |
| Fax: | 570-341-5308 |
| Email: | ucptech@yahoo.com |
| Web Address: | 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

| PREPARE/PREVENT- Planning | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Planning | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Training | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Exercise | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Transportation Assembly Points | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Reception centers and shelters | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

| PREPARE/PREVENT- Evacuation Points | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

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

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

| PREPARE/PREVENT- MOUs | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

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

| PREPARE/PREVENT- Continuity of Operations | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

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

| PREPARE/PREVENT- Demobilization | No | Partial | Yes |
|---|---|---|---|
| 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 | | | |

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

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

# TECHNICAL ASSESSMENT CHECKLIST–FINAL ASSESSMENT

After careful review of all the areas of technical assessment in the checklist, consider what needs/problems still exist and address priorities for the future.

- List five things to fix:

- List the top priorities for the coming year: