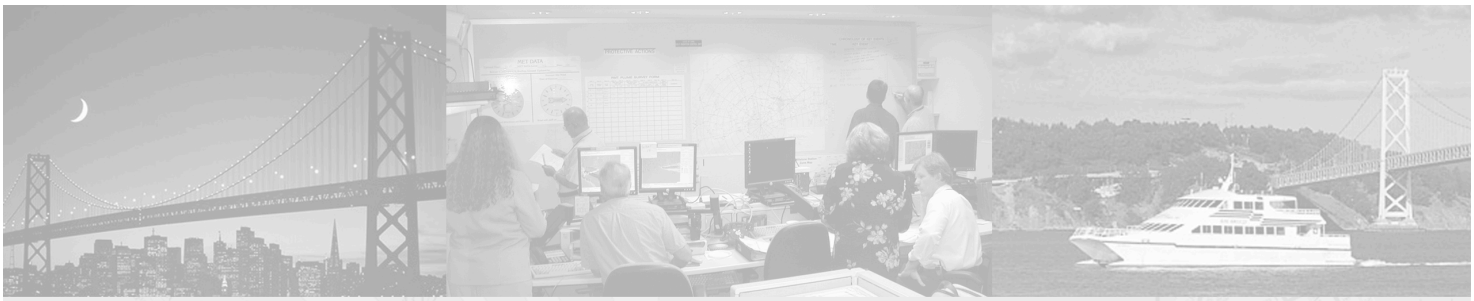

City and County of San Francisco Emergency Response Plan

Appendix E: Disability Policy & Resource Manual

ESF #6: Mass Care, Housing & Human Services Annex

Contents

Section 1: Introduction 1
1.1 Statement of Purpose 1
1.2 Guiding Principles for an Integrated Shelter 1
1.3 Legal Framework 1

Section 2: Concept of Operations 3
2.1 Operational Roles for Meeting Functional Needs 3
2.1.1 The Human Services Agency (HSA) Liaison 3
2.1.2 Assessment or FAST Teams 4
2.1.3 The Disability Access Coordinator 5
2.2 Procedures for Meeting Functional Needs 6
2.2.1 Communication Needs 6
2.2.2 Transportation (Accessible) Needs 7
2.2.3 Health (and Mental Health) Needs 7
2.2.4 Independence 8
2.2.5 Security and Supervision Needs 9
2.3 Agreements to Support Functional Needs 9

Section 3: Policies and Guidelines 10
3.1 Accessibility Standards for Emergency Shelters 10
3.1.1 Shelter Classification Based on Accessibility 10
3.1.2 Shelter Configuration / Physical Layout & Set-up 11
3.1.3 Shelter Configuration / Program Considerations 12
3.2 Reasonable Modifications to Policies, Practices & Procedures 13
3.2.1 Reasonable Modification Guidelines 13
3.2.2 Examples of Reasonable Modification 15
3.3 Service Animal Policy 14
3.4 Fragrance Free and Non-Toxic Chemical Policy 15
3.5 Effective Communication Policy 15
3.6 Disability Rights Grievance Procedures 16

Section 4: Plan Maintenance 18
5.1 Plan Updates 18
5.2 Plan Testing, Training and Exercises 18
5.3 After-Action Review and Corrective Action 18

Attachments:

Attachment 1: Acronyms and Abbreviations 21

Attachment 2: Definition: Who Is Considered To Be A Person With A Disability? 22

Attachment 3: Supporting Persons Who Require Personal Assistance Services 23

Attachment 4: A Field Guide for the Implementation of the Service Animal Policy 24

Attachment 5: Service Animal Behavior Standards Sign 26

Attachment 6: Disability Access Rights Poster 27

Section 1: Introduction

1.1 Statement of Purpose

This manual is an appendix to the City and County of San Francisco (CCSF) Emergency Support Function (ESF) #6: Mass Care, Housing, and Human Services Annex. The purpose of this appendix is to clarify the policies, strategies and structures for supporting persons with disabilities that are identified within the body of the ESF #6 Annex. The appendix also serves as a reference point for further detail on disability specific resources (including staffing) for ESF #6 response to disability needs. Finally, the appendix can be used to provide practical and technical assistance to City staff and shelter workers with a role in ESF #6 service delivery. Recognizing that people with disabilities are important members of our community, both local government and those community partners engaged in ESF #6 response will work collaboratively to see that disaster assistance is both extended to and includes all community members.

1.2 Guiding Principles for an Integrated Shelter

As stated at the outset of the ESF #6 Annex, the San Francisco model for shelter operations is integrated and inclusive. People who are living independently in the community before the disaster will be served in the general population shelters and will be provided with appropriate accommodations as soon as it is feasible. This includes individuals with mobility or sensory disabilities, psychiatric or developmental disabilities, those needing personal assistance services for activities of daily living, or assistance with communication.

Sending the general population with disabilities or chronic illnesses to a medical needs shelter would both overwhelm the capacity of such shelters, and unnecessarily segregate people who are able to live independently, and perhaps be a resource in a major disaster. So, while the City may activate a “Medical Needs Shelter,” based on the needs of the disaster event, this type of shelter would be activated through Emergency Support Function #8 (Public Health and Medical Services) and would be reserved for people in active need of medical attention – such as people who are evacuated from a hospital.

1.3 Legal Framework

There are both practical and legal implications for disability inclusive planning. Local government has an obligation under Title II of the American’s with Disabilities Act of 1990, and other Civil Rights laws to ensure that people with disabilities have an equal opportunity to use and enjoy government services, benefits, facilities, and activities. This includes access to emergency communication and disaster services such as accessible shelters and transportation, reasonable modifications to shelter policies and procedures, and the right to

remain united with service animals. The policies and procedures contained within this document are consistent with State and Federal Law.[1]

[1] The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA) along with Federal civil rights laws, mandate integration and equal opportunity for people with disabilities in general population shelters. (citation from FEMA Guidance for Planning for Integration of Functional Needs Support Services in General population Shelters, 2011)

Section 2: Concept of Operations

2.1 Operational Roles for Meeting Functional Needs

The ESF #6 Annex describes the overall framework for meeting the access and functional needs of seniors and people with disabilities. Expertise on disability issues will come from community disability service providers and from the Human Services Agency, the Department of Public Health, and the Mayor's Office on Disability. Partners will work collaboratively with the American Red Cross or other shelter, or service site operators, to meet disability needs.

Specific functions within the ESF #6 Annex, Concept of Operations Section, have been identified to provide shelter and other ESF #6 site operators with assistance in meeting disability needs. These functions include a Human Services Agency (HSA) Liaison, Functional Assessment Service Teams (FAST), and an overall Disability Access Coordinator within the Emergency Operations Center (EOC). The ESF #6 Annex section on Incident Management outlines the relationship between these entities during operations. Additional detail is provided below on their roles and responsibilities.

2.1.1 The Human Services Agency (HSA) Liaison

As referenced in the ESF #6 Annex, the Human Services Agency Liaison (HSA Liaison) position is filled by HSA staff that have an understanding of the different programs and services that HSA manages during non-emergency times. These HSA programs include the Department of Aging and Adult Services (DAAS), In Home Support Services (IHSS), Child Protective Services (CPS), Adult Protective Services (APS), and other HSA services that meet the needs of San Francisco's at-risk populations. The HSA Liaison will bring cultural competency and in some cases language capability to the disaster service setting – most often a shelter site – where they are deployed. If deployed to a shelter, liaisons will augment the skills of shelter operations staff given their experience working with more diverse urban populations. Liaisons will attend relevant shelter management and staff meetings (especially client casework and health services meetings) and apply their knowledge to help shelter personnel solve the more complex human service needs of persons being sheltered.

The HSA Department Operations Center (DOC) will send one or more HSA staff members to each shelter site to fill the Liaison role and help facilitate and support shelter operations. However, if the disaster event necessitates multiple shelter sites, then staff limitations may drive the need to prioritize which locations will receive more support based on need.

In coordination with shelter management, the HSA Liaison will:

- Act as an onsite representative for the City and County of San Francisco at the shelter.
- Serve as the City's communication link between the shelter and the HSA DOC.

- Help shelter staff with the on-site assessment of access and functional needs.
- When the assessments exceed the HSA's liaison's capacity or skill, they will work with shelter management to request an Assessment or FAST Team.
- Due to the unique demographics of an urban population, the HSA Liaison will use their expertise and act as a bridge connecting HSA programs and other City resources or services to human service needs within the shelter.
- Ensure the fulfillment of resource and human service requests as needed to meet identified access and functional needs.
- Identify areas where HSA or City resources can support client or shelter needs. This includes utilizing the Statements of Understanding developed by the Mayor's Office on Disability (MOD).
- Based on experience and knowledge, clarify local policies, resolve conflicts and provide real-time technical assistance to shelter staff and volunteers in addressing the more complex needs of shelter occupants.

2.1.2 Assessment or FAST Teams

As was outlined in the ESF #6 Annex, Assessment Teams are organized to go into a mass care setting, typically a shelter, and identify any unmet access and functional needs among shelter occupants. Assessment Teams in San Francisco follow the FAST (Functional Assessment Service Team) model as developed by the State of California. FAST Assessment Teams are made-up of individuals with a diverse range of disability expertise, training and knowledge about aging issues (services / supports, including medically based dietary needs), chronic health needs, developmental & other cognitive disabilities (including traumatic brain injury), hearing loss, vision loss, mental health disabilities, physical disabilities, and substance abuse issues.

San Francisco has approximately 50 people who have been trained by the State of California to participate as part of a FAST Assessment Team. Team members include HSA personnel, in addition to representatives from senior and disability organizations, as well as persons with disabilities.

Critical tasks include:

- Assist the HSA Liaison and shelter staff to assess the access and functional needs of shelter residents.
- Identify the service needs or resource support required for disabled and elderly occupants to remain safe and function independently in the shelter. This is important because some disability needs may not be immediately apparent to shelter personnel.
- Determine if there are shelter occupants who require a higher level of care that cannot be duplicated within the shelter system and may require referral to an alternate facility.

- Work with shelter management and the HSA Liaison to resolve problems.

2.1.3 The Disability Access Coordinator

The Disability Access Coordinator (DAC) is a position within the Management Section of the City and County of San Francisco (CCSF) Emergency Operations Center (EOC). The role of the DAC is to ensure that overall delivery of CCSF disaster services are accessible for people with disabilities and are fully compliant with the ADA and other disability rights laws. Secondly, when specific disability service gaps are identified, or requests are made from the field to meet functional needs, the DAC will help EOC personnel to identify either the appropriate accommodation, or the required resource.

Most all of the human services to support the disaster needs of people with disabilities will be delivered through the EOC Human Services Branch. Therefore, most of the attention of the DAC will be focused on the Human Services Branch during an EOC activation. In fact, the DAC may appoint a Deputy DAC to work specifically with personnel in the Human Services Branch. Depending on DOC activity, the Deputy may also be placed at locations with field-level oversight for the delivery of mass care support, such as the HSA DOC or ARC DOC.

Critical tasks include:

Policy

- Mediate reasonable modification requests in coordination with personnel at the EOC Human Services Branch.
- Ensure effective communication is provided when auxiliary aids or services are requested.
- Make recommendations for providing accommodations or adjustments to service delivery based on assessment data.

Assessment

- Consult with the EOC Human Services Branch regarding shelter or field assessments on disability disaster needs and/or functional needs.
- Consult with the EOC Human Services Branch on when the activation of an Assessment or FAST team is appropriate and advice on specific skill sets to include on the team.

Resources

- Based on specific requests received at the EOC Human Services Branch, determine the resources required to support identified functional needs.
- Establish priorities for the allocation and distribution of these disability specific resources and services.

- Advise the EOC Logistics Section Staff on options for obtaining specific disability resources. This may include collaborating with community partners to bridge the gap and connect resources, when certain resources are coming from the disability community itself.
- Advise the EOC Human Services Branch on when to activate relevant Statements of Understanding with local disability advocacy organizations, service agencies, or private sector vendors to address needs.

The Disability Access Coordinator will in most cases be staffed by the Mayor's Office on Disability, although in some circumstances, depending upon the size and duration of the incident, this role may be filled by qualified staff from the Human Services Agency, or by Departmental ADA Coordinators.

2.2 Procedures for Meeting Functional Needs

Assessments of Access and Functional Needs

The HSA Liaison and the Assessment or FAST teams will perform their evaluations following the five functional areas, otherwise known by the acronym C-THIS, including: (C) Communication, (T) Transportation, (H) Health, (I) Independence, and (S) Supervision. Additional detail for each category is provided below.

2.2.1 Communication Needs

In the aftermath of a disaster, information is crucial and individuals with communication disabilities can be at a disadvantage regarding access to information. Examples for helping persons with communication disabilities in a shelter environment include provision of the following auxiliary aids and services.

- Ensuring that audible information is made accessible to people who are Deaf or hard of hearing. Resources include sign language interpreters and / or real-time captioners.
- People who have visual impairments may need written materials (such as registration forms, daily shelter schedules, recovery information etc.) presented verbally or presented in alternate formats such as large print, Braille, or audio.
- Providing assistive devices such as TTYs, hearing aids, captioned telephones, and pocket talkers.
- Language support for non-English speaking persons.

2.2.2 Transportation (Accessible) Needs

This category includes access to transportation for individuals who may require a wheelchair-accessible vehicle, or who otherwise have no transportation resources. In addition to

transporting the individual, it may also include helping to transport their disability equipment and supplies (e.g., portable oxygen, portable toilets, communication devices, service animals). More information on accessible transportation can be found in in Emergency Support Function #1 (Transportation Plan). Support with transportation needs includes provision of the following services and resources.

- Transportation to and from emergency shelters, or to other City services like health care, points of distribution, and Local Assistance Centers.
- Coordination with public transportation resources, including fixed route services.
- Agreements with paratransit contractors for lift-equipped vehicles, including drivers.
- Agreements with taxi companies who have ramped or lift equipped taxis.
- Statements of Understanding with disability and senior service providers who have accessible van and shuttle services.
- Pre-identified locations for sending accessible vehicles based on areas of the City with high rates of disability.

Providing assistance in getting persons from their home to the curb or the door (vehicle drivers may not provide this additional level of assistance).

2.2.3 Health (and Mental Health) Needs

This section addresses the sheltering needs of individuals with disabilities and seniors who are able to live independently in the community with appropriate supports prior to a disaster, and who could continue to do so in a congregate shelter environment if accommodations and support services are brought into the shelter as resources become available. These include the provision of Personal Assistance Services (PAS) for major activities of daily living, behavior management or critical medication replacement. Additional examples of the type of assistance that could be provided in a community disaster shelter include the following:

- Assistance with transferring, bathing, dressing, feeding and other such basic activities of daily living.
- Simple personal care services that are required for the health maintenance of a person with a disability that can, in most cases, be performed by a trained personal assistant; such as catheters, ostomy bags, insulin shots, etc.
- Medication reminders, assistance with blood pressure monitoring or glucose testing. Support with coordinating additional medical services such as scheduling and providing transportation to dialysis centers, wound care specialists, etc.

With support from the Department of Public Health, additional assistance may include:

- Behavior management and support;

- Assistance with managing environmental stressors such as excessive noise, overstimulation, etc;
- Support for PTSD;
- Substance abuse support;
- Replacement of life sustaining medications or methadone.

See Attachment #2, Supporting Persons Who Require Personal Assistance Services in Disaster Shelters for more information describing options for obtaining personal assistance services.

Please note that nothing in the above section implies that individuals with ongoing severe medical needs can be provided with adequate and appropriate care in the general population disaster shelter. These individuals will be transported directly to a medical care shelter or a medical care area co-located in the public shelter with the appropriate level of staffing and resources to address their needs. Examples include people who are evacuated from skilled nursing facilities, hospitals, who have feeding tubes, or other life-sustaining equipment or require ongoing monitoring and medical supervision.

2.2.4 Independence

A disaster can have severe implications for persons with disabilities as they are forced to leave behind disability specific products or resources that allow them to maintain active and healthy lives in the community. The following are examples of services and resources to help persons with disabilities to maintain their functional independence in a shelter environment.

- Replacement of DME (durable medical equipment). This includes items such as crutches, wheelchairs, shower benches, and battery chargers. DME also includes the provision of accessible cots or beds.
- Replacement of CMS or consumable medical supplies. This includes items such as eyeglasses, dentures and diabetic testing supplies.
- Replacement of prescription medications left behind including various types of insulin and oxygen.
- Personal Care Assistance (support with activities of daily living such as eating, taking medication, dressing and undressing, transferring to and from a wheelchair, etc.). See Attachment #2: Supporting Persons Who Require Personal Assistance Services in Disaster Shelters.
- Permitting personal attendants or caregivers to enter the shelter as needed.
- Offering orientation and way-finding assistance to people who are blind or have low vision (also for persons with cognitive disabilities).

- Consulting persons with disabilities regarding the placement of their cots to facilitate their movement and orientation within the dormitory area.

Dietary Assistance: Availability of food and beverages appropriate for individuals with dietary restrictions for circumstances such as diabetes, kidney disease, high blood pressure, etc.

2.2.5 Security and Supervision Needs

Some persons in the shelter may be mostly independent, yet still require occasional to moderate observation to facilitate their safety within the shelter. People with supervision needs may include individuals in the following situations:

- People who require assistance from a personal care attendant.
- People who decompensate because of “transfer trauma”, and need more direct assistance in coping or adjusting to the foreign shelter environment.
- People with conditions such as dementia, Alzheimer’s and psychiatric conditions such as depression, schizophrenia, and intense anxiety.
- People who function adequately in a familiar environment but become disoriented and lack the ability to function in an unfamiliar environment.

People with supervision needs may require additional orientation to the shelter facility, a person assigned to check on them at established intervals, and/or a quiet space within the shelter facility to minimize noise, confusion and other stress factors. If the security or supervision need exceeds the capacity of shelter resources, then an alternate placement is a safer option.

2.3 Agreements to Support Functional Needs

In larger shelter operations, the demands for resources to meet functional needs are likely to exceed the capacity of local government and shelter partners to provide the support. However, San Francisco has a network of local non-governmental organizations (NGOs) that serve people with disabilities, including the elderly, on a daily basis. To ensure appropriate services when delivering mass care assistance, the City has developed partnerships with many of these community organizations (and private sector entities) to enhance the cultural competency of mass care services. Signed Statements of Understanding (SOUs) are in place with both NGOs and the private sector. The SOUs provide for specific resources and services that can be called upon, post-disaster, to assist in meeting the disaster needs of seniors and people with disabilities. The Human Services Agency, Department of Emergency Management, and the Mayor’s Office on Disability, maintain the list of signed SOU’s and have the authority to activate them when needed.

Section 3: Policies and Guidelines

3.1 Accessibility Standards for Emergency Shelters

Generally, any facility that was built after 1992, when the Americans with Disabilities Act went into effect, will be fully ADA compliant architecturally. However, not all of the potential shelter sites in San Francisco have been newly constructed or significantly remodeled to meet ADA architectural standards and some of the shelter sites are not even owned or under the direct control of the City. Also, after a catastrophic disaster such as an earthquake, there is no guarantee that all of the accessible potential shelter sites will be available or still standing, yet the City will nonetheless be challenged to provide shelter for all, including those with disabilities.[2]

3.1.1 Shelter Classification Based on Accessibility[3]

The shelter database developed by the City and referenced by the American Red Cross includes the following classifications based on accessibility.[4]

Class 1: Accessible and Usable

A Class 1 shelter is accessible and usable by a majority of people with disabilities. All areas supporting critical services are accessible, and there will be a good faith effort to meet full ADA architectural accessibility to the maximum extent feasible. Since power disruptions will be an issue post-earthquake for buildings without large back-up generators, the accessible dormitory areas accommodating people with mobility limitations, and all functional areas

[2] There are many written resources that discuss the functionality and accessibility of shelter sites and disaster services for people with disabilities. The Department of Justice for example prepared a detailed guide called the *ADA Checklist for Emergency Shelters*, which identifies all of the architectural or physical features that would make a shelter fully ADA compliant. The Federal Emergency Management Agency has prepared a resource document titled *Guidance on Planning for the Integration of Functional Needs Support Services in General Population Shelters* which identifies the program features that would make a shelter ADA compliant. These documents, and others including a checklist prepared by the Mayor's Disability Council, Disability Disaster Preparedness Committee (DDPC), were used to evaluate San Francisco's potential emergency shelters.

[3] The Mayor's Disability Council, Disability Disaster Preparedness Committee (DDPC) and the City recognized this problem and addressed it by surveying each of the pre-identified shelter sites for accessibility, and then rated them as Class 1, 2, or 3, with Class 1 providing the highest level of access. The Class 1 ratings were used to pre-select the priority shelters that would be opened first. Class 2 shelters are usable with simple alterations like temporary ramps or removing doors that are too narrow. Over 80% of San Francisco's shelter sites meet the Class 1, accessible and usable, or Class 2, partially accessible standard. Class 3 shelters are not currently accessible but could be suitable as a last resort or for outdoor sheltering, especially if portable toilets can be brought on site.

[4] The City is currently refreshing the database and revisiting each of the potential shelter facilities to inspect them for full compliance with the DOJ ADA Guidelines. Since many of the facilities have undergone barrier removal work or reconstruction since 2006, the number of Class 1 shelters is steadily rising.

such as registration, communication, sanitation, and dining, will be located on the ground floor in a Class 1 shelter so that power disruptions will not make areas inaccessible, or strand people with disabilities on upper floors. The Class 1 Shelters are prioritized so they would be opened first.

Class 2: Partially Accessible

A Class 2 shelter meets most but not all of the criteria for full physical access. All critical services are accessible with minimal assistance. Different features such as mirrors, soap dispensers; etc may be installed at the wrong height, however, the shelter could be made accessible or usable at the time of the event given some temporary modifications that could be fixed quickly, or accommodated in the event of a major disaster. Based upon the scope of the disaster and the neighborhood needs, Class 2 shelters would be opened second.

Class 3: Partially Accessible

A Class 3 shelter has barriers that make it unsuitable for sheltering people with disabilities unless modifications are made. The most common problems are stairs at the entry or bathrooms that are too small to accommodate people with mobility disabilities. In some cases, these problems can be fixed by bringing in carpenters to build temporary ramps or make other alterations. Class 3 shelters are a last resort.

3.1.2 Shelter Configuration / Physical Layout & Set-up

Getting in and around the Building

- The arrival points for vehicles, buses, and walk-ins need curb ramps or pedestrian ramps to navigate changes in elevation between the street and the sidewalk, and sloping sites;
- The entrance to a shelter building should be at grade, or the change in elevation accomplished by a compliant ramp;
- The accessible entry should be the same entry used by everyone. If it is not, then there needs to be clear signage at all arrival points to direct people to the accessible path of travel;
- Ideally, registration activities should be staged at the accessible entry, but if that is not possible, then the registration for all should be close by, and obvious or visible from the accessible entry;

Sleeping Areas

- Accessible sleeping areas are best located near the accessible rest-rooms, and within a reasonable distance of the food and communication areas;

- Single accommodation bathrooms are ideal for people with personal care assistants, and families with small children;
- The dormitory layout has to include adequate aisle width for the circulation of people using wheelchairs, walkers, and canes to get to their cot. 36" is a minimum width, while 60" allows someone to turnaround. A T-shaped space at the end of each aisle that is 36" on each leg can still accommodate someone who needs to make a 90 degree turn or a U- turn.
- When planning aisle widths for wheelchair users or other mobility devices in the dormitory, design a space or aisle that is wide enough for someone to park their chair or equipment next to their cot while still leaving room for others to pass by;
- Keep a flexible layout so family members may remain together in an integrated environment. Don't put all the wheelchair users together and exclude others from the area. Instead choose certain aisles or corners with additional space. A good placement is next to a wall on a main aisle
- People who are blind or have low vision should be given a cot assignment placed near aisles and walls to simplify way finding;

Cafeteria and Feeding Areas

- The food serving areas require accessible aisles that are at least 36” wide, and some accessible seating (tables that are 30” to 34” high with 27” minimum knee clearance).

3.1.3 Shelter Configuration / Program Considerations

- Effective communication is essential. People who are Deaf or hard of hearing, people who are blind or have low vision, and people who have cognitive or psychiatric disabilities, need access to information in a format that works for them. See the section on Effective Communication, on page 15 for detailed information on effective communication methods.
- Prioritize access to power sources for those who need to charge wheelchairs or communication devices.
- Prioritize access to refrigeration for those who need to store certain medications.
- Create a quiet space away from the fray for people with stress or cognitive disabilities, who may be distracted or confused by all of the activity.
- Provide privacy screens for people with personal care assistants.

3.2 Reasonable Modifications to Policies

Reasonable Modifications to Policies, Practices & Procedures

A *reasonable modification* is defined under the ADA as a change to a policy, practice, or procedure, which allows people with disabilities to have equal access to programs, services and activities. Accordingly, there is an obligation under the ADA to prov**ide *reasonable modifications* to policies, practices, and procedures for all qualified people with disabilities** and to provide these modifications quickly, easily, and with minimum burden to the person with the disability, unless the accommodation is **a *fundamental alteration***. This applies even when there is an emergency, during the response and recovery phases.

Since a ***fundamental alteration* is defined under the ADA as a significant change in the nature of a program, service, or activity,** it follows that a reasonable modification request should only be denied under circumstances where the policy modification would *fundamentally alter* the program, service, or activity. And if a reasonable modification request is denied, it may be appealed through a grievance procedure established by the City.[5]

3.2.1 Reasonable Modifications Guidelines

When evaluating a request for a reasonable modification to a shelter policy or a specific physical / structural change, the following guidelines shall be followed:

- If the modification is simple and easy to accomplish, just grant it. Examples include: a sleeping area reassignment due to access to electrical outlets for electric wheelchair users, ability to have easy access to snacks for someone with diabetes, etc.
- If the request involves procuring additional resources to support an individual with a disability in the shelter, the standard means for obtaining shelter resources is implemented.
- When the request for reasonable modification involves a potential conflict with other aspects of operations within the disaster shelter, the person with the disability and the shelter staff will engage in an ***interactive process*** to reach a mutually agreeable solution. For example if a residents' service animal causes a documented severe allergic reaction to another resident that rises to the level of disability, it is reasonable for shelter staff to designate "animal free" zones within the facility and require that the animal is not on common use furniture.

3.2.2 Examples of Reasonable Modifications

The following examples illustrate some of the different kinds of reasonable modification requests that can be approved in disaster shelters:

[5] *Title II of the ADA Subpart B Section 35.130 General prohibitions against discrimination).*

- Allowing someone with a mobility disability who has difficulty standing in place, to move out of the shelter registration line and wait in a seating area until their name is called.
- Allowing a caregiver or attendant to accompany an individual with a disability into the restroom, even if the attendant is of a different gender then the restroom would normally serve.
- Assisting a person with a cognitive disability by filling out their registration forms for them, and even signing when necessary
- Providing meals that meet special dietary restrictions related to a health condition or chronic disability such as low salt, low carbohydrate or gluten free, or low sugar content.
- Allowing someone who has diabetes to keep snacks at their cot, even if there is a policy that prohibits food in the dormitory.
- Allowing shelter entry to a non-disruptive individual who due to their alcoholism seeks services while under the influence.

Some examples of requests that could be denied due to a “fundamental alteration” of the program are:

- A request for on-site medical care that exceeds the capacity of the shelter. In this example, turning the shelter into a hospital would be a fundamental alteration of the shelter program.
- A request to allow a disruptive service or support animal to remain in the shelter unattended.
- A request to allow someone who is disruptive or violent because they are intoxicated or under the influence of drugs, to remain in the shelter.

3.3 Service Animal Policy

Service animals must be allowed to accompany the individual with the disability in all areas of the disaster shelter where the public is allowed including dormitories, case management offices, dining room etc., unless the animal is out of control or behaves inappropriately.

Currently the updated 2010 Federal ADA standards define a service animal as a dog of any breed or size, or a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, or other mental disability. Examples of work or tasks include, but are not limited to, guiding individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are Deaf or hard of hearing to the presence of people or sounds, assisting an individual during a seizure, alerting individuals to the presence of allergens, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons

with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. Under the law, these dogs are allowed entry into the shelter when the prospective shelter resident with a disability reports to staff that: "this is my service / assistance/ disability dog".

In California, some jurisdictions have expanded the definition of service animals to include additional species such as rats, birds, cats, etc. that have been trained to perform a service specific to an individual with a disability. Although San Francisco has not currently adopted such legislation, shelter staff is encouraged to use the "reasonable modification policy" to allow species other than dogs to accompany residents with disabilities in the shelter whenever possible.

All animals admitted into the shelter due to an individual's disability must be trained to behave appropriately and remain under the owner's control at all times in order to remain in the shelter. See Attachment #3, the Field Guide for Implementation of the Service Animal Policy**.**

3.4 Fragrance Free and Non-toxic Chemical Policy

In order to accommodate individuals with severe allergies and multiple chemical sensitivities, the emergency shelter sites will be fragrance free to the extent possible given the specifics of the emergency. Every effort shall be made to procure and use unscented products where possible including detergents, cleaning and sanitation supplies, personal hygiene products, etc. If the shelter facility is not completely scent free and a resident has a severe reaction that rises to the level of disability from exposure, every effort will be made to accommodate this individual using the interactive process via alternate methods such as air filtration, restricted scent-free areas, placement in a room with open able windows, or transfer to another shelter etc.

3.5 Effective Communication Policy

The ADA mandates that people with disabilities must have the same opportunity as others to enjoy, receive and understand information in the disaster shelters during the emergency and recovery process via the provision of ***auxiliary aids and services.*** Furthermore, when an auxiliary aid or service is provided, **primary consideration must be given to the aid or service the individual with a disability has requested.**

Types of auxiliary aids and services used by people who are blind or have low vision include audio description, computer screen-reading software, electronic text, Braille, large print, reading assistance, audio tape. Types of auxiliary aids and services used by people with hearing or speech disabilities include sign language or oral interpreters, assistive listening devices (ALD), captioning or computer-aided real-time reporting (CART), TTYs, telephone relay system (711).

Providing Communication Access in the Disaster Shelters:

- Public meetings and notices need to be in both visual and audible formats.
- PA announcements must be supplemented by story board or poster display, bulletin boards etc.
- TV or video screens must have the captioning enabled. Similarly, communications cannot all be in writing.
- Call for ASL interpreters or Real-Time Captioning when necessary for people who are Deaf or Hard of Hearing.
- Provide an orientation to the shelter space for people who are visually impaired, pointing out areas of interest.
- Provide assistants and readers to read out loud important signs and forms and to provide assistance with food serving, etc.

3.6 Disability Rights Grievance Procedure

Nondiscrimination

In accordance with Federal and State law, the City and County of San Francisco does not discriminate against people with disabilities, and ensures that all services, programs and activities, including disaster related activities, are "accessible to and usable by" people with disabilities. Pursuant to 38 CFR Part 35 § 35.107, any individual who believes that he or she has been subjected to discrimination on the basis of disability in the disaster shelters by management, staff or volunteers acting in collaboration with CCSF, has the right to file an ADA / Disability Rights Grievance.

Notice

Upon entry at the disaster shelter residents shall find posted, in multiple languages where appropriate, a disability access sign advising them of their rights (see Attachment #3 Disability Access Rights Poster). All residents should be made aware of the sign and its significance by shelter staff upon orientation into the disaster shelter. Blind individuals should be told this information verbally and introduced to the Shelter Manager or HSA Liaison as appropriate.

Disability Rights Grievances

Disability rights grievances can be filed in writing, or in a format that will accommodate the complainant's disability. For example, complaints may be filed verbally, by telephone, or in writing. It is the responsibility of the shelter staff that received the complaint to document the facts as accurately as possible by transcribing, if necessary, the following information (see attached form):

1. Name, location or other contact information of the complainant that may be available at the time.
2. A brief description of the alleged violation, and as much of the following information as is known: the date and time it occurred, the place it occurred, persons responsible, witnesses and their contact information.
3. Supporting evidence (if available) such as photographs, letters, written policies or documents.
4. Desired outcome or resolution (if known).

Disability Rights Complaint Investigation and Proposed Resolution

As soon as possible, but within 72 hours upon receipt of the complaint, the shelter manager will consult with the HSA Liaison and conduct an internal investigation, including interviewing the complainant, staff or witnesses involved. In cases of alleged ADA/disability rights violations, the HSA Liaison must immediately inform the Disability Coordinator at the Department Operations Center and seek consultation for appropriate resolution. Subsequently, the shelter manager shall consult with the Human Services Agency Liaison assigned to the specific shelter and they will inform the complainant of the proposed resolution, in writing, if possible.

Request for Reconsideration

In cases where the complainant is not satisfied with the outcome of the investigation and proposed resolution, he or she has the right to request an appeal within 48 hours upon receipt of the decision and the grievance will be elevated for consideration by the Disability Coordinator at the Human Services Agency Department Operations Center. The complainant can request an appointment / meeting with the Disability Coordinator within 48 hours to present his/her case. The Disability Coordinator's decision on the case will be final and submitted to the complainant in writing.

Privacy

A complainant's name and contact information shall be deemed confidential and released only to the extent necessary to conduct a complaint investigation.

Retaliation

Retaliation, coercion, intimidation, threat, interference, or harassment for the filing of a grievance is illegal and should be reported immediately to the Disability Coordinator at the Human Services Agency (HSA) Department Operations Center (DOC).

Section 4: Plan Maintenance

This Section describes the process for maintaining the plan. The discussion identifies who will receive and review the Plan, how the Plan will be updated, how the plan will be tested, what type of training and exercises will be developed to enhance understanding and execution of the Plan, and how after-action review will be conducted after the Plan has been implemented.

4.1 Plan Updates

The San Francisco Department of Emergency Management (DEM) and Mayor's Office on Disability (MOD) are responsible for the maintenance, revision, and distribution of this plan. In coordination with key stakeholders and agencies with critical roles and responsibilities for mass care services during disasters, DEM and MOD will annually assess the need for revisions to the plan based on the following considerations:

- Changes to City, State, or Federal regulations, requirements, or organization.
- Lessons learned through exercises or real events.
- Implementation of new tools or procedures that alter or improve on plan components.

DEM and MOD will maintain a record of amendments and revisions as well as executable versions of all documents, and will be responsible for distributing the plan to all applicable agencies.

4.2 Plan Testing, Training and Exercises

Exercising the plan and evaluating its effectiveness involves using training and exercises and evaluation of actual disasters to determine whether goals, objectives, decision, actions, and timing outlined in the plan led to a successful response.

Exercises are the best method of evaluating the effectiveness of a plan. Exercises allow emergency responders and government officials to become familiar with the procedures, facilities, and systems that they will actually use or manage in emergency situations. Exercises will be conducted on a regular basis to maintain readiness. Exercises should include city departments and representatives from Cal OES if practical.

4.3 After Action Review and Corrective Action

After every exercise or disaster, an After Action Report (AAR) / Improvement Plan (IP) should be completed. The AAR/IP has two components: an AAR, which captures observations and recommendations based on incident objectives as associated with the capabilities and tasks; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

Attachment 1: Acronyms and Abbreviations

The following abbreviations and acronyms are used in this plan:

ADA	American's with Disabilities Act
ARC	American Red Cross
Cal OES	California Office of Emergency Services
CCSF	City and County of San Francisco
C-THIS	Communication, Transportation, Health, Independence, Supervision
DDPC	Disability Disaster Preparedness Committee
DEM	Department of Emergency Management
DME	Durable Medical Equipment
DOC	Department Operations Center
DOJ	Department of Justice
EOC	Emergency Operations Center
ESF	Emergency Support Function
FAST	Functional Assessment Service Team
HSA	Human Services Agency
MOD	Mayor's Office on Disability
NGO	Nongovernmental Organization
OES	Office of Emergency Services
SOU	Statement of Understanding

Attachment 2: Definition: Who Is Considered To Be A Person With A Disability?

28 CFR § 35.104 (1) (ii) of the Americans with Disabilities Act (ADA) and the CA State law define disability in terms of functional limitations rather than a specific diagnosis. Therefore, a person with a disability is one that meets any one of the following three conditions:

- A person with a physical or mental functional impairment that limits a life activity such as walking, breathing , hearing, glucose regulation, thinking, learning, etc.

  OR

- A person who has a previous history of such a disability though it is no longer active such as remission from cancer, mental illness, substance addiction.

  OR

- A person who is perceived as having a functional limitation although none exists such as facial disfigurement, scars, burns, etc.

In addition, people who have an ***association*** or relationship with an individual with a disability are protected from discrimination.

It is important to note that an individual who actively abuses alcohol is considered a person with a disability**.** On the other hand, an individual that currently abuses illegal substances or prescribed medications in an illegal manner is NOT protected under disability rights statutes.

Attachment 3: Supporting Persons Who Require Personal Assistance Services in Disaster Shelters

Persons who use personal assistance services at home are provided similar assistance in emergency shelters. The need for assistance will typically be identified during the shelter registration process. The shelter manager, either in consultation with Red Cross Disaster Health Services and/or the HSA liaison and other City personnel, makes the determination of how best to connect services to the person needing assistance. Options for obtaining personal assistance services include the following.

- Match shelter occupants willing to help with shelter occupants that need help (this is considered an immediate, short-term solution).
- Use on site Red Cross Disaster Health Services staff, or other shelter staff, to assist where needed (this is also considered a temporary solution).
- Bring the person's current personal assistance services provider into the shelter, if the provider did not initially accompany the person. If the person is receiving In Home Support Services (IHSS) through HSA, then the IHSS program will be able to identify the current provider. The HSA Liaison will provide a list of shelter occupants to the IHSS program to help determine which persons in the shelter are current IHSS recipients.
- If the person is not receiving IHSS services, the IHSS program may still be able to fill the need on a temporary, emergency only basis, or may make a referral to another personal assistance services provider.

In the case of a catastrophic or citywide emergency event, IHSS resources will be impacted and limited at the outset. Resources for personal assistance services will expand to include these additional options.

- Assignment of Disaster Service Workers (DSWs) from HSA to specific shelters to support personal assistance service needs. HSA may use TAPCA (Training Academy for Personal Caregiver and Assistants) to provide just-in-time training for assigned DSW staff.
- Use of Certified Nursing Assistants (CNAs) or Home Health Aides from local certification programs such as City College.
- Use of private home care providers (will require reimbursing agencies that send personnel to help).

Attachment 4: A Field Guide for the Implementation of the Service Animal Policy

The following summary is intended to support shelter staff in implementing the Service Animal Policy.

- Beware that most individuals have invisible disabilities, therefore their need for a psychiatric / seizure alert or other service animal may not be apparent. Rather than engaging in a confrontational situation with the client, staff should try to accommodate the client w/ their dog in the shelter.
- Service animals are not required to wear identifying tags, and handlers are not required to have any paperwork identifying their service animal. It is unlawful to ask about the client's specific disability, dog tags or certification, or ask the person to demonstrate how the animal assists them. Shelter staff should not assume that the absence of identifying tags, harnesses or documentation means the animal is a pet, and therefore exclude it from the shelter. If you are not sure you may ask ONLY the following:

  1. “Is that your pet?” It is unlikely that someone who uses a service or support animal will respond that their animal is a pet. The owner of the animal should respond, “No this is my service/disability/assistance animal.”

  2. "How does this animal assist you?" Be aware of the manner in which this particular question is asked. Because of the mental illness stigma, many individuals with disabilities are hesitant in disclosing the nature of the support that their animal provides, thus identifying the specific diagnosis. Avoid asking this question unless absolutely necessary; if you do, make sure that a semi private area is used in any discussion about a person's disability and addressed in a sensitive manner. Please note that the assistance that the animal provides MUST relate to the person's disability.
- Fears of animals or common allergic reactions to animals ARE NOT reasons to remove the service animal from the disaster shelter. However, in a congregate living environment where people with allergies or young children may be present, the situation may require that shelter residents with conflicting disability needs are provided with designated separate areas.
- Animals of any type are expected to behave in accordance with the service animal behavior standards as outlined below. If a service animal is unruly or disruptive you may ask the owner to remove the animal from the immediate area. In the case of removal, the owner is permitted to return to the area without the service animal. Shelter staff shall clearly post and explain to clients entering the disaster shelter with a service animal the behavioral expectations for animals in the shelter.

If, in the course of sheltering a resident with a service animal, questions arise as to the animal's behavior or ability to stay in the shelter environment, shelter management and staff will consult with the Human Services Agency (HSA) Liaison assigned to the specific shelter.

Service Animal Behavior Standards

Any service animal is allowed in all public areas as long as their presence does not create a fundamental alteration to the nature of the activity, program, or facility, and the animal's presence does not pose a risk to the health and safety of others. Therefore the following rules shall be in effect when service animals are present:

1. Service animals of any kind must behave appropriately at all times and must be able to disengage from surrounding distractions such as excessive noise, crowds or the presence of other animals.
2. Service animals must be under control so as to not make noise such as barking, screeching, etc. unless a sound in certain situations is used as an alert signal that assists the person with the disability.
3. Dogs must always be on a leash, harness, or muzzle if appropriate to control the animal's behavior, so long as the muzzle does not interfere with the animal's ability to perform a specific service task.
4. Dogs must be kept in close proximity to their owner's body or assistive mobility device. When at rest, service animals must be positioned so they do not obstruct the path of travel.
5. Small dogs, cats and other small animals, if allowed as a reasonable accommodation, shall be under the owner's control at all times, including sitting on a person's lap, wearing a leash or a body harness, or be enclosed in a portable carrier.
6. All service animals must be housetrained and in case of an accident, the animal owner is responsible for the clean-up and sanitation of the premises.
7. All animals, pet carriers and accessories shall be kept off furniture at all times so as to avoid spreading allergens.
8. Service animals of any kind are not allowed to come in contact with food, beverages, utensils, or produce in food preparation areas. In those instances, the animal must always be on the ground or in a carrier, so as to prevent contamination. Animals should not be fed or watered in the dormitory area.
9. All service animals must be vaccinated and licensed by the San Francisco Animal Care & Control whenever possible.

Attachment 5: Service Animal Behavior Standards Sign

Attachment 6: Disability Access Rights Poster