

## OPERATIONS SECTION SUPPORTING DOCUMENTATION

PRE-IDENTIFIED SHELTER SITES.....	OS-3
DAILY SHELTER ACTIVITY REPORT .....	OS-5
RESIDENTIAL CARE AND SKILLED NURSING FACILITIES.....	OS-7
SHELTER-IN-PLACE .....	OS-9
ALERTING AND WARNING .....	OS-11
NATIONAL WEATHER SERVICE.....	OS-13
CASUALTY COLLECTION POINTS .....	OS-15
ACTIVITY LOG .....	OS-17
OPERATIONS SCHOOLS STATUS LOG.....	OS-19
HOMELAND SECURITY ADVISORY SYSTEM GUIDELINES FOR DEPARTMENTS .....	OS-31
DISABILITY AND AGING SPECIFIC CONSIDERATIONS .....	OS-39

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## **CITY OF PASADENA LISTING OF PRE-IDENTIFIED SHELTER SITES**

(This information has been moved to the Appendix, a restricted use section of this Plan due to the sensitive nature of the information).

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**City of Pasadena**  
**Daily Shelter Activity Report**  
Report due into City EOC by 8:00 A.M. each day

Shelter Site: \_\_\_\_\_ Date: \_\_\_\_\_

To: City of Pasadena

From: \_\_\_\_\_

Shelter Capacity	Overnight Capacity	Breakfast	Lunch	Dinner

Report Period: \_\_\_\_\_ Shelter Phone: \_\_\_\_\_

	Day Shift	Evening Shift
Shelter Manager	_____	_____
Asst. Shelter Manager	_____	_____
Nurse	_____	_____
Workers	_____	_____

**Narrative (Day Shift)**


**Narrative (Evening Shift)**




## **RESIDENTIAL CARE AND SKILLED NURSING FACILITIES**

Please refer to the Appendix Section of this Plan for this information. Due to the sensitive nature of this information it has been moved to the restricted use section of the Plan.

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## SHELTER-IN-PLACE

**These instructions are to give you guidelines if the EOC needs to shelter-in-place due to hazardous materials exposure from outside the EOC. These instructions could also be used by the Public Information Officer to disseminate information about how to shelter in place during a hazardous materials incident.**

### **-Bring people inside and-**

1. Close all doors to the outside and close and lock all windows (windows sometimes seal better when locked).
2. Use tape and plastic food wrapping, wax paper, or aluminum wrap to cover and seal bathroom exhaust fan grilles, range vents, dryer vents, and other openings to the outside to the extent possible (including any obvious gaps around external windows and doors).
3. Where possible, ventilation systems should be turned off. Where this is not possible, building superintendents should set all ventilation systems to 100 percent recirculation so that no outside air is drawn into the structure.
4. Turn off all heating systems.
5. Turn off all air conditioners and switch inlets to the “closed” position. Seal any gaps around window-type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.
6. Turn off all exhaust fans in kitchens, bathrooms and other areas.
7. Close as many internal doors as possible in your buildings.
8. If the gas or vapor is soluble or even partially soluble in water-hold a wet cloth or handkerchief over your nose and mouth if the gases start to bother you. Don=t worry about running out of air to breathe. That is highly unlikely in normal buildings.
9. In case of an earthquake, after shocks will occur-close drapes, curtains and shades over windows. Stay away from external windows to prevent potential injury from flying glass.
10. Minimize the use of elevators in buildings. These tend to “pump” outdoor air in and out of a building as they travel up and down. Elevators can also fail.
11. Tune in to your local radio news station.

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## CITY OF PASADENA LOCAL ALERTING AND WARNING PROCEDURES

This section outlines the receipt of warning and alerting and notification by the City of Pasadena and methods for warning the public if there is a major emergency, especially one requiring evacuation. Such warnings may be necessary for fires, floods, hazardous materials incidents, and, as a precautionary measure, for a short-term earthquake prediction.

These procedures should be closely coordinated with the Public Information Officer to assure the most complete and conforming information delivery to the public.

### LOCAL WARNING SYSTEMS

All warning systems will be coordinated through the City of Pasadena EOC Management. The following persons are authorized to activate the warning systems:

Watch Commander  
EOC Director/Deputy EOC Director or designate (when EOC is activated)

Activation procedures and geographical boundaries of the systems are detailed below:

- **Mobile Emergency Vehicle Sirens and Loudspeakers**  
The primary warning system for the City of Pasadena will be mobile emergency vehicle sirens and loudspeakers. Vehicles will be dispatched to specific locations and assignments made as directed by the Police Chief or Incident Commander. All areas of the jurisdiction are accessible by vehicle.
- **Cable TV**  
Currently, the City has an agreement with local cable to provide the public with alerting and notification of various disaster situations. These systems include break into all TVs that are a part of this cable system. The City's cable channel will provide directions to the citizens via scrolled information. This includes a "leader" that will scroll across any TV station that is turned on directing viewers to tune to their local cable channel for more information.  
  
Activation procedures: Contact Cable Company. (Contact name and numbers are in the Appendix to this plan).
- **Emergency Alert System (EAS)** - The EAS is a way to provide emergency information quickly by radio, television and cable licensees to the public. Radio, television and cable entities cooperate on a voluntary organized basis to provide Local and State warnings, while Federal warnings are mandatory.

#### Who Can Activate EAS

Only authorized agencies shall activate EAS. Each EAS station has a list of the authorized agencies with call-back numbers to authenticate each EAS

request. The City Manager, Fire Chief and Police Chief have authorization to activate EAS.

**How To Access EAS:**

1. Write your 50-60 second WARNING message to be broadcast. To assure broadcast and timely rebroadcasts, you should keep your message under one (1) minute. Be sure to include the Who, What, Where, When, Why, and the How in your message. ***Never dictate the message to the LP1 station; you are the announcer.***

2. Telephone the primary (LP1) EAS station for the Pasadena.  
KFI (AM)                    640 KHz                    Los Angeles, CA  
KNX (AM)                    1070 kHz                    Los Angeles, CA

3. Identify yourself by name and title.

State that you want to activate the Emergency Alert System because of a (nature of the emergency).

EAS station will initiate a call-back procedure to verify this as an authentic request from an authorized agency.

4. Once the request has been verified and authenticated:

Say "3 - 2 - 1" and read your message.

Remain quiet at the end until the station announcer speaks to you. The radio station will now do the rest.

5. **It is imperative that your written message be uploaded to EDIS (Emergency Digital Information Service) ASAP!** TV stations, CATV, and other media need your exact words in digital format to program their equipment for the hearing impaired, hard copy printers, etc.

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## NATIONAL WEATHER SERVICE ISSUANCES

### TYPES OF ISSUANCES

**OUTLOOK**-For events possible to develop in the extended period (extended definition depends on the type of event)

**ADVISORY**-For events that are occurring or are forecast to develop in the short term (generally within the next 6 hours)

**WATCH**-For the **possibility** of an event happening within the short term (generally refers to the next 6 to 12 hours)

**WARNING**-The most serious issuance! For life-threatening events occurring or forecast to develop within the short term (generally within the next 6 hours)

**STATEMENTS (OR UPDATES)**-Issued as updates to the above products

### SPECIFIC TYPES OF ISSUANCES

#### FLASH FLOODING:

**Flash Flood Warning:** Flash Flooding is occurring or imminent.

**Urban and Small Stream Flood Advisory:** Flooding is occurring or imminent, but is not life threatening. (Nuisance flooding.) This may be upgraded to a Flash Flood Warning if conditions worsen.

**Flash Flood Watch:** There is a good possibility of Flash Flooding, but it is neither occurring nor imminent (generally means the possibility exists within the next 24 hours).

**Flash Flood Statement:** Updates any of the above three issuances.

**Tornado and Severe Thunderstorm Warnings:** Issued on the observation of a tornado, funnel cloud, or severe thunderstorm (a thunderstorm is defined as severe when it is accompanied by 58 mph winds or 3/4" hail), or the indication of any of the above based on radar data.

**Tornado and Severe Thunderstorm Watches:** Issued (by the National Severe Storms Forecast Center in Kansas City, MO) when there is a likelihood of development of either tornadoes or severe thunderstorms.

## OTHER TYPES OF ISSUANCES

**Dense Fog Advisory:** Issued when dense fog (visibility below 2 mile) is expected to last for three hours or longer)

**Dense Fog Warning:** Issued when widespread zero or near-zero visibilities are forecast to last three hours or longer.

Refer to the Appendix section for contact numbers for the National Weather Service.

## FIELD TREATMENT SITES

### DEFINITION:

**Field Treatment Sites (FTS):** Sites pre-designated by county officials which are used for the assembly, triage (sorting), medical and austere medical treatment, relatively long-term holding, and subsequent evacuation of casualties.

It may be used for the receipt of incoming medical resources (doctors, nurses, supplies, etc.) Preferably the site should include or be adjacent to an open area suitable for use as a helicopter pad.

### DESIGNATION OF FIELD TREATMENT SITES:

Local Emergency Medical Services Agency (LEMSA) criteria for the designation of temporary Field Treatment Sites include:

- Proximity to hospitals
- Proximity to shelters
- Proximity to other areas with high probability of having large numbers of casualties
- Distribution of locations in potential high-risk areas throughout the affected area
- Ease of access for staff, supplies and casualties
- Ease of evacuation by air or land
- Ability to secure the area
- 

LEMAs identify facilities with which OES and other agencies have existing agreements as potential sites for the establishment of temporary FTS.

That facility is responsible for opening, staffing, and supplying this point. It is anticipated that prior assessment addressing numbers of professional and paraprofessional personnel available in each area will be done. Volunteer medical personnel will be requested by emergency alert stations to report to the nearest FTS when they are able to do so. A recent photo I.D. listing medical training and licensure should be presented. FTSs will be opened by decision of the Health Officer in the event of multi-casualty incident(s) or requests for medical mutual aid from neighboring counties.

FTSs will be established, as necessary on the premises of local hospitals. If no hospital exists in the area, the EMS agency will coordinate with local emergency management agencies to establish a location.

For planning purposes, the following assumptions are made:

1. The flow of casualties is unpredictable depending upon its distance from casualties, success of public information efforts, its accessibility, and the pace of search and rescue operations. It is assumed, for planning purposes, that an influx of 600 casualties per 24-hour period is appropriate.

2. Due to limited availability of transportation, evacuation of casualties from some FTSs may not begin until 72 hours after the disaster occurs.
3. Supplies from outside the disaster area may not reach some FTSs for 12-48 hours after the disaster occurs.
4. Water, power, and other resources will be extremely scarce, limiting the type of medical treatment feasible at a FTS.
5. You must plan from a worst-case incident involving dam failures, flooding, shaking intensity, liquefaction, etc.

The primary purpose of FTSs is to facilitate the stabilization of casualties for evacuation from the disaster site to a more definitive facility (Designated by the State). FTSs will be able to provide only the most austere medical treatment directed primarily to the moderately/severely injured or ill requiring later definitive care and who have a substantial potential of surviving until they are evacuated to other medical treatment center.

The Field Treatment Sites will be supported by Mobile First Aid Caches and Disaster Medical Assistance Centers. The Mobile First Aid Cache has enough Basic Life Support supplies to meet the needs of 100 patients. Each Disaster Medical Assistance Center has enough Basic Life Support supplies to treat up to 200 people. Pasadena currently has two Mobile Emergency Response Vehicles (MERVs) and two Disaster Medical Assistance Centers (Victory Park and the Rose Bowl).





## SCHOOLS-Specific Information

Schools	Status	Comments
		<input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>PUBLIC SCHOOLS</b>		
<b>Pasadena Unified School District Office</b> 351 South Hudson Ave. Pasadena, CA 91109 626.795.6981		
<b>ELEMENATARY SCHOOLS</b>		
<b>Allendale Elementary School</b> 1135 S Euclid Ave., Pasadena 91106 (626) 799-7131		
<b>Cleveland Elementary School</b> 524 Palisade St., Pasadena 91103 (626) 794-7169		
<b>Don Benito Fundamental School</b> 3700 Denair St., Pasadena 91107 (626) 351-8895		
<b>Hamilton Elementary School</b> 2089 Rose Villa St., Pasadena 91107 (626) 793-0678		
<b>Jefferson Elementary School</b> 1500 E Villa St., Pasadena 91106 (626) 793-0656		
<b>Longfellow Elementary School</b> 1065 E Washington Blvd., Pasadena 91104 (626) 794-1134		
<b>Madison Elementary School</b> 515 Ashtabula St., Pasadena 91104 (626) 793-1181		
<b>McKinley School</b> 325 S. Oak Knoll Ave., Pasadena 91101 (626) 844-7880		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Norma Coombs Alt. School</b> 2600 Paloma St., Pasadena 91107 (626) 798-0759		
<b>Roosevelt Elementary School</b> 314 N Pasadena Ave., Pasadena 91103 (626) 795-9501		
<b>San Rafael Elementary School</b> 1090 Nithsdale Rd., Pasadena 91105 (626) 793-4189		
<b>Washington Accelerated Elementary</b> 1520 N Raymond Ave., Pasadena 91103 (626) 791-4573		
<b>Webster Elementary School</b> 2101 E Washington Blvd., Pasadena 91104 (626) 798-7866		
<b>Willard Elementary School</b> 301 S Madre St., Pasadena 91107 (626) 793-6163		
<b>MIDDLE SCHOOLS</b>		
<b>Washington Middle School</b> 1505 N Marengo Ave., Pasadena 91103 (626) 798-6708		
<b>Woodrow Wilson Middle School</b> 300 S Madre St., Pasadena 91107 (626) 449-7390		
<b>HIGH SCHOOLS</b>		
<b>Blair Int'l Baccalaureate School</b> 1201 S Marengo Ave., Pasadena 91106 (626) 441-2201		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Marshall Fundamental High School</b> , 990 N Allen Ave., Pasadena 91104 (626) 798-0713		
<b>John Muir High School</b> 1905 N Lincoln Ave., Pasadena 91103 (626) 798-7881		
<b>Pasadena High School</b> 2925 E Sierra Madre Blvd., Pasadena 91107 (626) 798-8901		
<b>Rose City High School</b> 325 S Oak Knoll Ave., Pasadena 91109 (626) 795-9541		
<b>PRIVATE</b>		
<b>Abundant Life Academy</b> 1610 Elizabeth St., Pasadena, Ca 91104 626-398-2418 Population: 43, K-12		
<b>All Saints Children Center</b> 132 N Euclid Ave Pasadena, Ca 91101 (626) 449-0985		
<b>Allegra Children's Center</b> 700 S Rosemead Blvd Pasadena, Ca 91107 (626) 568-0570		
<b>Allegra School</b> 1194 E Washington Blvd Pasadena, Ca 91104 (626) 797-5626		
<b>Allendale Total Day Program</b> 1135 S Euclid Ave Pasadena, Ca 91106 (626) 799-7293		
<b>Altadena Christian Children's Center</b> Pasadena, Ca 91101 (626) 797-3977		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Altadena Christian Children's Center</b> Pasadena, Ca 91101 (626) 797-6142		
<b>Altadena Nursery School Inc</b> 789 N Altadena Dr Pasadena, Ca 91107 (626) 296-1231		
<b>Aria Montessori School</b> 693 S Euclid Ave Pasadena, Ca 91106 (626) 793-3741 Population: 72, PK-K		
<b>Assumption-BVM Elementary</b> 2660 East Orange Grove Pasadena, CA 91107 (626) 793-2089 Population: 310, K-8		
<b>Chaim Weizmann Community Days</b> 1434 N. Altadena Dr. Pasadena, Ca 91107 (626)797-0209 Population: 101, K-6		
<b>Chandler School</b> 1005 Armada Dr Pasadena, Ca 91103 (626) 795-9314 Population: 427, K-8		
<b>Christ Centered Pasadena Chris</b> 3211 E. Del Mar Blvd. Pasadena, CA 91107 (626) 793-6903 Population: 80, K-12		
<b>Deliverance Christian Church</b> 1805 Lincoln Ave Pasadena, Ca 91103 (626) 398-1203		
<b>Epworth Christian Preschool</b> 500 E Colorado Blvd Pasadena, Ca 91101 (626) 568-9502 Population: 47, K		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Harambee Preparatory School</b> 1609 Navarro Ave., Pasadena, Ca 91103 (626) 798-7431 Population: 62, K-5		
<b>Harriet Tubman Pre-Sch-Elem.</b> 36 W. Montana St., Pasadena, CA 91103 (626) 794-5620 Population: 44, PK-2		
<b>Hastings Ranch Nursery School</b> 3740 E Sierra Madre Blvd Pasadena, Ca 91107 (626) 351-9171		
<b>High Point Academy</b> 1720 Kinneloa Canyon Rd Pasadena, Ca 91107 (626) 798-8989 Population: 353, K-8		
<b>Hillcrest Montessori School</b> 1041 N Altadena Dr Pasadena, Ca 91107 (626) 791-8020		
<b>Hillsides Education Center</b> 940 Ave 64, Pasadena, CA 91107 (323) 255-0978 Population: 66, 2-12		
<b>I Am Rose Of Light Temple</b> 45 S Sierra Madre Blvd Pasadena, Ca 91107 (626) 577-8007		
<b>International Montessori Academy</b> 355 W Green St Pasadena, Ca 91105 (626) 792-4505		
<b>Internatl Montessori Academy</b> 1788 Monte Vista St Pasadena, Ca 91106 (626) 304-0166 Population: 5, K		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Joy Christian Pre School</b> 425 Sierra Madre Villa Ave Pasadena, Ca 91107 (626) 795-4608 Population: 21, PK-K		
<b>Kids Klub Pasadena</b> 380 S Raymond Ave Pasadena, Ca 91105 (626) 795-2501		
<b>L.H. Tavlian Pre School</b> 1317 Sinaloa Pasadena, CA (626) 398-8199 Population: 17, K		
<b>Lake Avenue Church School</b> 393 N. Lake Avenue Pasadena, CA 94101 (626) 844-4755 Population: 222, PK-K		
<b>Lake Avenue Preschool</b> 981 N Lake Ave Pasadena, Ca 91104 (626) 798-2151		
<b>La Salle High School</b> 3880 E. Sierra Madre Blvd. Pasadena, CA 91107 Population: 734, 9-12		
<b>Living Way Christian Academy</b> 2495 E Mountain St Pasadena, Ca 91104 (626) 791-4864 Population: 223, PK-8		
<b>Maryland Nursery School &amp; Kindergarten</b> 1305 E Colorado Blvd Pasadena, Ca 91106 (626) 793-9963 Population: 37, PK-K		
<b>Mayfield Junior School</b> 405 S. Euclid, Pasadena, CA 91101 (626) 796-2774 Population: 429, K-8		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Mayfield Senior School</b> 500 Bellefontaine, Pasadena, CA 91105 (626) 799-9121 Population: 291, 9-12		
<b>Meher Montessori Schools</b> 943 E Altadena Dr Pasadena, Ca 91101 (626) 798-1171		
<b>Montessori School Of Pasadena</b> 300 S Los Robles Ave Pasadena, Ca 91101 (626) 792-0115		
<b>Montessori Schools Of La Canada/Pasadena</b> 615 S Catalina Ave Pasadena, Ca 91106 (626) 792-4821		
<b>Montessori Teacher Training</b> 444 S Sierra Madre Blvd Pasadena, Ca 91107 (626) 577-8008		
<b>New Horizon</b> 651 N. Orange Grove Blvd. Pasadena, CA 91103 (626) 795-5186 Population: 263, PK-8		
<b>New Horizon School</b> 626 Cypress Avenue Pasadena, CA 91103 (626) 795-5186 Population: 259, PK-8		
<b>Oak Knoll Kinderhaus Montessori School</b> 1212 N Lake Ave Pasadena, Ca 91104 (626) 345-0595		
<b>Oak Knoll Kinderhaus Montessori School</b> 301 N Orange Grove Blvd Pasadena, Ca 91103 (626) 396-1161		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Omowale Ujamaa</b> 1415 N. Raymond St. Pasadena, CA 91103 (626) 798-5406 Population: 27, K-7		
<b>Our School</b> 1800 E Mountain St Pasadena, Ca 91104 (626) 798-0911 Population: 36, PK-K		
<b>Pacific Oaks College And Children's School</b> 5 Westmoreland Pl Pasadena, Ca 91103 (626) 397-1363		
<b>Pacific Oaks College And Children's School</b> 714 W California Blvd Pasadena, Ca 91105 (626) 397-1363 Population: 114, PK-K		
<b>Pasadena Christian School</b> 1515 N Los Robles Ave Pasadena, Ca 91104 (626) 791-1277 Population:539, PK-8		
<b>Pasadena Head Start-Villa Park Site</b> 363 E Villa St Pasadena, Ca 91101 (626) 568-9227		
<b>Pasadena Progressive Montessori School</b> 615 S Catalina Ave Pasadena, Ca 91106 (626) 792-4821 Population: 34, PK-K		
<b>Pasadena Towne &amp; Country School</b> 200 S Sierra Madre Blvd Pasadena, Ca 91107 (626) 795-0658 Population: 292, PK-8		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Pasadena Waldorf School</b> 209 E Mariposa Pasadena, Ca 91101 (626) 794-9564		
<b>Polytechnic School</b> 1030 E. California Blvd., Pasadena, CA 91106 (626) 792-2147 Population: 838, PK-12		
<b>Rosemary School</b> 36 S. Kinneloa Ave., Pasadena, CA 91107 (626) 844-3033 Population: 30, PK-12		
<b>San Gabriel Valley Learning CE</b> 3160 E. Del Mar Bl. Pasadena, CA 91107 (626) 796-6115 Population: 45, PK-K		
<b>San Marino</b> 444 S Sierra Madre Blvd Pasadena, Ca 91107 (626) 577-8007 Population: 238, PK-5		
<b>San Marino Montessori School</b> 300 S Los Robles Ave Pasadena, Ca 91101 (626) 792-0115 Population: 221, PK-6		
<b>Scott Child Dev. Ctr.</b> 2034 N. Fair Oaks Ave. Pasadena, CA 91103 (826) 797-5529 Population: 46, PK-K		
<b>Sequoyah School</b> 535 S. Pasadena Ave. Pasadena, CA 91105 (626) 795-4351 Population: 175, Undergrad		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>St. Andrew Elem. School</b> 42 Chestnut St. Pasadena, CA 91103 (626) 796-7697 Population:289, K-8		
<b>St Edmund's Episcopal Church</b> Saint Edmunds Pasadena, Ca 91101 (626) 792-7742		
<b>Step By Step Early Learning Enrichment Center</b> 2611 Woodlyn Rd Pasadena, Ca 91107 (626) 794-4614		
<b>St. Gregorys AM Housepian School</b> 2215 E. Colorado Blvd. Pasadena, CA 91107 (626) 578-1343 Population: 223, PK-8		
<b>St. Philip the Apostle School</b> 161 S. Hill Ave. Pasadena, CA 91106 (626) 795-9691 Population: 413, K-8		
<b>Sycamores Community</b> 851 N. Oakland Ave. Pasadena, CA 91104 (626) 395-7100 Population: 37, 5-12		
<b>Sunrise Preschool</b> 3700 E Sierra Madre Blvd Pasadena, Ca 91107 (626) 351-9899		
<b>Tavlian Armenian Preschool</b> 1317 Sinaloa Ave Pasadena, Ca 91104 (626) 398-8199		
<b>Tiny World Pre School</b> 1977 E Villa St Pasadena, Ca 91107 (626) 568-8469		

<b>Schools</b>	<b>Status</b>	<b>Comments</b> <input type="checkbox"/> All Students Accounted for <input type="checkbox"/> Number and type of injuries <input type="checkbox"/> Missing persons, names <input type="checkbox"/> Assistance required
<b>Tubman Harriet Pre-School &amp; Elementary</b> 36 W Montana St Pasadena, Ca 91103 (626) 794-5620		
<b>Victory Montessori Schools</b> 444 S Sierra Madre Blvd Pasadena, Ca 91107 (626) 577-8007		
<b>Villa Esparanza School</b> 2116 E. Villa St. Pasadena, CA 91107 (626) 449-2919 Population: 38, Undergrad		
<b>Walden School</b> 74 S San Gabriel Blvd Pasadena, Ca 91107 (626) 792-6166 Population: 216, PK-6		
<b>Waverly School</b> 67 W Bellevue Dr Pasadena, Ca 91105 (626) 792-5940 Population: 270		
<b>Westminster Children's Center</b> 1757 N Lake Ave Pasadena, Ca 91104 (626) 797-3305		
<b>Westridge School</b> 324 Madeline Dr. Pasadena, CA 91105 (626) 799-1153 Population: 411, 4-12		
<b>Westminster Infant Center</b> 856 E Woodbury Rd Pasadena, Ca 91104 (626) 797-3305		

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## HOMELAND SECURITY ADVISORY SYSTEM

### EMERGENCY MANAGEMENT RESPONSE GUIDELINES

The purpose of this document is to provide guidelines and general actions for emergency response by the City of Pasadena, the Pasadena Response Team, Pasadena Operations Committee, and the Emergency Operations Center (EOC) to each specific Threat Condition in the Homeland Security Advisory System (HSAS). This document provides city departments, and agencies a clear picture of City actions at a given HSAS level, and provides data to allow them to develop their own response actions to the HSAS threat levels for their agency.

The recommended actions listed in this document are considered a minimum level of response action for each condition level. At their discretion, departments, and/or agencies may institute a different threat condition from the HSAS based on a local assessment of the threat. Nothing in this document is intended to usurp the authority or prerogatives of department heads, city administrators, and/or agency executives.

This document is based on:

The White House, *Homeland Security Presidential Directive-3*, March 2002.

U.S. Department of Homeland Security, *Fire and Emergency Services Preparedness Guide for the Homeland Security Advisory System*, January 2004.

**GREEN** (Low condition).

This condition is declared when there is a **low risk of terrorist attacks.** The City EOC is not activated at this level.

DEPT.	ACTIONS
Fire	Coordinate with Pasadena Operations Committee (POC) and Police's Intelligence to obtain an assessment of the impact the condition has on the City.
Fire	Log receipt of Advisory into Emergency Management Information System (EMIS).
Police	Notify Police Command Staff, Watch Commanders and (PAC) of the condition.
Police	Notify City departments and Facilities Management of the condition
Police	Notify any special districts of the condition.
Police	Notify Public Health Bio-Terrorism Unit of the condition level.
PIO	Coordinate PIO coverage of the HSAS condition.
All Depts.	Refine and exercise planned Protective Measures.
All Depts.	Ensure personnel receive training on HSAS, departmental or agency-specific protective measures.
All Depts.	Regularly assess facilities for vulnerabilities and take measures to reduce them.
All Depts.	Review existing Emergency Response Plans, Terrorism Plan, Standard Operating Procedures and other applicable response procedures.
All Depts.	Continue to train personnel in counter-terrorism.
All Depts.	Maintain routine liaison with the media.
All Depts.	Prepare to immediately implement the Guarded (Blue) Threat Condition measures.

**BLUE** (Guarded condition).

This condition is declared when there is a **general risk of terrorist attacks**. In addition to the protective measures taken in the previous Threat Condition, departments, and agencies should consider the following general measures in addition to the department/agency specific protective measures that they have developed and implemented. The City EOC is not activated at this level.

DEPT.	ACTIONS
Fire	Coordinate with PAC to obtain an assessment of the impact the condition has on the City.
Fire, Police, PAC	Coordinate receipt of HSAS change.
Fire	Log receipt of Advisory into EMIS.
Fire/Police	Notify Command Staff and Watch Commanders.
Police	Notify City departments and Facilities Management.
Police	Notify any special districts of the condition.
Fire	Conduct routine communication checks with departments, districts, and Los Angeles County Operational Area, Office of Emergency Management.
Police	Notify Public Health Bio-Terrorism Unit of the condition level.
PIO	Coordinate PIO coverage of the HSAS condition.
All Depts.	Check communications with designated emergency response or command locations.
All Depts.	Review and update emergency response procedures.
All Depts.	Provide the public with necessary information that will strengthen their ability to act appropriately.
All Depts.	Review and update Emergency Response Plans, Terrorism Plan, Standard Operating Procedures and other applicable response procedures.
All Depts.	Prepare to immediately implement the Elevated (Yellow) Threat Condition measures.

**YELLOW** (Elevated Condition).

An Elevated Condition is declared when there is a **significant risk of terrorist attacks**. In addition to the protective measures taken in the previous Threat Conditions, departments and agencies should consider the following general measures in addition to the department/agency specific protective measures that they have developed and implemented. This condition may or may not activate the City’s EOC depending on a local assessment.

DEPT.	ACTIONS
Fire	Coordinate with PAC to obtain an assessment of the impact the condition has on the City.
Fire,Police PAC	Coordinate receipt of HSAS change.
Fire	Log receipt of Advisory into EMIS.
Fire/Police	Activate the EOC to Low Level if required by a specific threat in the City based on coordination with the PAC. Fire and Police may monitor events from the EOC or from the office as a minimum measure
Police	Notify City departments and EOC Team of the condition level.
Police	Notify any special districts of the condition.
Police	Notify Public Health Bio-Terrorism Unit of the condition level.
Fire	Maintain the ability to rapidly communicate with City departments, special districts, and Los Angeles Operational Area.
Fire	Maintain the ability to rapidly communicate with adjacent cities.
Fire	Maintain the ability to rapidly communicate with American Red Cross and Disaster Communication Services Coordinator and other necessary volunteer groups or organizations that fulfill a role in the City EOC.
PIO	Coordinate PIO coverage of the HSAS condition.
All Depts.	Increase surveillance of critical locations.
All Depts.	Coordinate emergency plans with nearby jurisdictions, special districts and related private sector agencies.
All Depts.	Assess protective measures within the context of the current threat information.
All Depts.	Implement as appropriate, contingency and emergency response plans.
All Depts.	Prepare to immediately implement the High (Orange) Threat Condition measures.

**ORANGE** (High Condition).

A High Condition is declared when there is a **high risk of terrorist attacks**. In addition to the protective measures taken in the previous Threat Conditions, departments and agencies should consider the following general measures in addition to the department/agency specific protective measures that they have developed and implemented. This condition may or may not activate the City EOC depending on a local assessment.

DEPTS.	ACTIONS
Fire	Coordinate with PAC to obtain an assessment of the impact the condition has on the City.
Fire, Police,	Coordinate receipt of HSAS change.
Fire	Log receipt of Advisory into EMIS.
Fire	Activate the EOC to an appropriate level (Low, Mid or Full) if required by a specific threat in the City (based on coordination with the PAC and EOC Management Staff.
Police	Notify City departments of the HSAS status.
Police	Notify Public Health Bio-Terrorism Unit of the condition level.
Police	Notify any special districts of the condition.
Fire	Assess EOC Staff availability and alert personnel as necessary.
EOC MGMT.	Conduct “Pre-Event Briefing” of EOC Staff members as appropriate.
Fire	Test all critical communication systems. Maintain the ability to rapidly communicate with Los Angeles Operational Area, special districts and adjacent cities.
Fire	Maintain communications with related private sector agencies for status changes.
PIO	Coordinate PIO coverage of the condition in HSAS.
PIO	Provide Emergency Digital Information Service alert as needed.
All Depts.	Coordinate necessary security efforts with law enforcement agencies.
All Depts.	Review building evacuation plans.

DEPTS.	ACTIONS
All Depts.	Review mail handling/package delivery procedures.
All Depts.	Review information system security issues including remote access capabilities.
All Depts.	Review emergency reporting procedures.
All Depts.	Track apparatus and equipment availability.
All Depts.	Test rapid employee notification procedures/systems.
All Depts.	Take additional precautions at public events.
All Depts.	Prepare to work at an alternate site or with a dispersed workforce.
All Depts.	Consider restricting access to critical facilities to essential personnel only.
All Depts.	Prepare to immediately implement the Severe (Red) Threat Condition measures.

**RED** (Severe Condition).

A Severe Condition reflects a **severe risk of terrorist attacks**. Under most circumstances, the protective measures for a Severe Condition are not intended to be sustained for substantial periods of time. In addition to the protective measures taken in the previous Threat Conditions, departments and agencies should consider the following general measures in addition to the department/agency specific protective measures that they have developed and implemented. The City EOC will be activated to **Mid** or **Full**, depending on the local assessment.

EOC ACTIONS

DEPT.	ACTIONS
Fire	Coordinate with PAC to obtain an assessment of the impact the condition has on the City.
Fire, Police, PAC	Coordinate receipt of HSAS change.
Fire	Log receipt of Advisory into EMIS.
EOC Mgmt. and Fire	Activate the EOC in accordance with <i>HSAS threat level</i> , with guidance from the EOC Management Staff.
Fire	Activate EMIS for communication with the Los Angeles County Operational Area. Begin with entering information into a Status Report.
Fire	Test all critical communication systems. Maintain the ability to rapidly communicate with Los Angeles County Operational Area, City departments, and adjacent cities.
Fire	Maintain communications with related private sector agencies.
EOC Mgmt. and PIO	Contract PAC for appropriate information, prepare press release and have PIOs conduct media briefings.
PIO	Provide EDIS alert.
EOC Mgmt.	Coordinate with FAA regarding air space restrictions.
EOC Mgmt.	Review applicability of declaring a local State of Emergency.

DEPT.	ACTIONS
Police	Advise Public Health Bio-Terrorism Unit of the City's status.
PIO	Coordinate PIO coverage of the HSAS condition.
All Depts.	Alert emergency response personnel and any appropriate specially trained personnel.
All Depts.	Assign emergency response personnel as appropriate, mobilize and pre-position specially trained teams or resources if appropriate.
All Depts.	Monitor transportation systems within your jurisdiction.
All Depts.	Consider closing public and government facilities. Institute 100% identification.
All Depts.	Increase or redirect personnel to address critical emergency needs.
All Depts.	Activate your Department Operations Center.
All Depts.	Consider canceling large scale public events if their security cannot be enhanced.
All Depts.	Monitor all communications. (TV, radio, e-mail, EMIS)
All Depts.	Prepare to downgrade back to the High Condition (Orange) when conditions indicate.

## DISABILITY AND AGING SPECIFIC NEEDS CONSIDERATIONS

(Based on the National Organization on Disability (NOD)  
*Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project*).

### TERMINOLOGY

- **“Disability and aging specific”** should be used instead of “special needs”.
- **Shelters**
  - **General Populations Shelter or Shelter:** A facility selected to provide a safe haven equipped to house, feed, provide a first aid level of care, and minimal support services on a short-term basis (e.g. Astrodome).
  - **“Disability and Aging Specific or Medical Needs Shelter”:** Similar to a general population shelter in service, however, can provide a higher than first aid level of care. There is currently no standard or consistency with these types of shelters.
  - **Refuge of Last Resort:** This is a facility not equipped with supplies or staff like a shelter. It is a place to go as a “last resort” when there is no alternative left in which one can get out of harm’s way. These are often spontaneous.
- **Disaster Recovery Center (DRC)** is a facility established in, or in close proximity to, the community affected by the disaster where persons can meet face-to-face with represented federal, state, local, and volunteer agencies to:
  - Discuss their disaster-related needs
  - Obtain information about disaster assistance programs
  - Teleregister for assistance
  - Update registration information
  - Learn about measures for rebuilding that can eliminate or reduce the risk of future loss
  - Learn how to complete the SBA loan application
  - Request the status of their application for Assistance to Individuals and Households

### FINDINGS

- Shelter selections should be conducted prior to need, allowing for an inventory of facilities with the most accessible elements available.
- All people should have a plan in place to shelter with friends and family. A medical needs shelter is a place of last resort.
- Most of the disability and aging specific population have no policies, plans or understand any guidelines for accommodations prior to the disaster.
- Half of the disability and aging specific population don’t have any working agreements in place with disability and aging organizations.

- 86% of Community Based groups questioned during Katrina did not know how to link with the local emergency management system.
- Red Cross intake process only minimally identifies people with “special needs”.
- The most underserved group were those who are deaf or hard of hearing. Less than 30% of shelters had access to American Sign Language interpreters, 80% did not have TTY’s and 60% did not have TVs with open caption capability. Only 56% of shelters had areas where oral announcements were posted so people who were deaf, hard of hearing or out of hearing range could go to a specified area to get or read the content of announcements.

## **MAJOR ISSUES AND RECOMMENDATIONS**

### **Immediate Issues**

#### **I-1: Disability, Activity Limitations and Aging Issues Addressed Through Medical Model**

Assistance provided to disability and aging populations often over-emphasizes medicine instead of independent living or advocacy models. This perspective resulted in some people being separated from families and support networks and transferred unnecessarily to medical shelters or nursing homes. Others were not identified because of the lack of trained eyes as well as the lack of or inadequate screening questions. This caused some individuals’ conditions to deteriorate to the point that they did require transfer to a hospital, nursing home, or medical shelter. Early response service coordination offered through disability literate organizations could have prevented many of these transfers.

Disability and aging specific populations who need long-term services must have the right to receive such services in the community. The Katrina aftermath must not lead to a reversal of options where people who have been able to live independently with community-based services are forced into institutions in order to receive necessary services.

#### ***Recommendations:***

- Utilize the skill sets and expertise of disability specific and aging organizations to help prevent deterioration, expensive hospitalizations, or nursing home placements for some evacuees.
- Assist people in quickly replacing critical durable medical equipment (DME) and essential medications to speed a return of their level of functioning, allowing them to manage independently in a general population shelter and in temporary housing.
- Continue to provide the services, support benefits and programs, including Medicaid, to maintain the integrity of the family unit and to allow individuals to live in the community as they rebuild their lives.
- Add questions during all intake processes (shelter, American Red Cross or FEMA applications, and/or other services) that help to identify needs and/or issues of disability and aging individuals. This will allow for more appropriate assistance, referrals, and long-term solutions.
- Ensure that disaster relief services include Federal financing to provide *medically necessary* long-term services in community settings.

I-2: Fiscal Impact on Disability and Aging Specific Organizations Involved In Response

Disability and aging specific organizations who are heavily involved in the Katrina response effort are reporting that their budgets are being depleted.

***Recommendation:***

- Provide these organizations with supplemental government funding to continue their critical role in the response effort.
- Like after 9/11, philanthropic organizations wishing to contribute need to know about the unintended disaster consequences to front line service organizations that are providing necessary services at the risk of financial damage to the long-term health of their own organization. There is a clear need and a gap to be filled. A cautionary lesson from 9/11 addressed by the Disability Funders Network is that these well intentioned givers need to enlist subject matter experts to assess their giving decisions to be sure that funds are appropriately donated and distributed to organizations providing value-added services in concert with the overall response and recovery system.

**I-3: No Use and Under-Use Of Disability and Aging Organizations**

The immediate Katrina response reflected no use or, under-use of and sometimes just ignored offers of help from disability and aging specific organizations. There is often no designated entity or individual to “own” and coordinate disability and aging issues.

Each community based organization that was interviewed reported difficulty in gaining access to emergency management authorities to coordinate response and service delivery. This leads to sometimes well intentioned but misguided actions only adding to the management difficulties on the ground.

***Recommendation:***

- Create a team that mirrors the management structure of the National Response Plan to be put in place to support disability and senior issues. The federal level must have a designated person for these issues who reports directly to the Principal Federal Officer (PFO). This person must have the operational emergency management experience as they become apparent during the response and recovery operation. He/she must be vested with the responsibility, authority, and resources for providing overall day-to-day leadership, guidance and coordination of all emergency preparedness, disaster relief and recovery operations of the federal government on behalf of disability and senior populations. He/she should be in regular contact with other members of the U.S. Department of Homeland Security (DHS) senior staff, including the Director of FEMA as well as the members of the Interagency Coordinating Council on Emergency Preparedness for People with Disabilities, state and local authorities.<sup>1</sup>

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<sup>1</sup> The response to Katrina was coordinated on many levels of government. As such, while the SNAKE Teams were conducting the research and analysis for this report, several efforts within the disability community were able to become reality. One of these efforts was the agreement of US Homeland Security Secretary Chertoff to send a special needs expert to act as liaison with the PFO located in Baton Rouge and Houston to address the Katrina and Rita response and recovery issues for the special needs population. The Interagency Coordinating Council on Emergency Preparedness and People with Disabilities was able to see this effort through and it is our hope that a qualified special needs expert becomes a permanent part of the PFO team for disaster response.

He/she should work directly with an Assistant Field Command Officer (FCO), at each established Joint Field Office (JFO), someone who is focused on special needs issues with an operational background, as well as an expertise in the subject matter. This allows for a means and mechanism for issues to be brought up the command chain for resolution. This Assistant FCO would then be supported by a multi-jurisdictional team of similarly qualified experts in the field. Teams should consist of federal, state, and local (or regional) representatives who are knowledgeable in emergency management and disability and aging services.

The teams will oversee information dissemination, resource allocation, and service coordination among disability and aging organizations and address issues such as accessible transportation, essential durable medical needs, enrolling of students in temporary special education classes and employment, etc.

The team on the ground would include people with expertise/advocacy backgrounds in the state and local communities (and services available in such communities) to which these individuals should have access, and be present in shelters, temporary housing and other assistance centers. The team would institute information systems for people with disabilities and seniors, identify their support/service needs, and their access to needed supports services.

The teams must be skilled in assessing the general health, well-being and access to support and services needed by the disability and aging populations found in shelters and temporary settings.

They must also be able to orient quickly shelter personnel and emergency managers regarding these needs. This is not unprecedented, as this is exactly what was done after 9/11 in the DASC and the DFO so that service agencies and people working face-to-face in the communities had this awareness training.

While there were numerous government and non-profit agencies doing assessments in the field (e.g. Louisiana Department of Health and Hospitals), it is apparent that there is no unified approach for coordinating this work. The above structure would help to coordinate the many resources that can be placed in the field.

#### **I-4: Disaster Recovery Centers**

FEMA officials reported a plan to open a disaster recovery center (“mega DRC”) in Houston sometime during the week of September 19<sup>th</sup>. They are planning to include agencies from all levels of government as well as not-for-profit and community based organizations but must ensure that disability and senior organizations are represented.

#### ***Recommendations:***

- FEMA, in coordination with local and state authorities, should invite disability and senior groups to participate in the planning, and secure space in the facility. These centers must incorporate local, state, and Federal disability and aging organizations and services into their service delivery process in order to assist with transitioning from shelters to temporary and/or permanent housing, and accessing an array of other services.

- These organizations must develop mechanisms to coordinate with each other to maximize resources and eliminate duplication of effort. One such effort that can be modeled in a DRC is the system established by the 9/11 United Services Group in New York City. Multiple service organizations came together to coordinate casework, service delivery, and to identify and resolve gaps in services. This allowed for the most appropriate assignments while eliminating duplicative efforts and resources.
- Allow opportunities for cross-training so that organizations become familiar with existing programs and can make appropriate referrals.
- Recognizing that not all individuals go to the disaster centers, descriptions of services should be disseminated using multiple communication arteries (radio, TV, internet, fax sheets, posters, etc.).

#### **I-5: Emergency Information Needed In an Accessible Format**

Broadcasters and public emergency management agencies continue to fall short in their responsibilities to modify their information procedures. The FCC's rules require that accessible information be made available to members of the disability community in times of emergency. Section 79.2 of the FCC's rules require that emergency information be provided in an accessible format. The rules further require that all critical details must be made accessible. Critical details include, but are not limited to, specific details regarding the areas that will be affected by the emergency, evacuation orders, detailed descriptions of areas to be evacuated, specific evacuation routes, approved shelters or the way to take shelter in one's home, instructions on how to secure personal property, road closures, and how to obtain relief assistance.

#### ***Recommendations:***

- The FCC must immediately issue strong statements that remind video programming distributors, including broadcasters, cable operators, and satellite television services that they must comply with their obligation to make emergency information accessible to people with hearing and vision disabilities.
- The FCC needs to acknowledge that these requirements (given the scope of Hurricane Katrina) need to continue in the recovery phase because information is still just as crucial in the aftermath as it is during the response and recovery phases. Communication should include impacted states and areas taking in the evacuees.

#### **Long-Term Issues:**

#### **LT-6: Service Coordination**

Many people need assistance with activities of daily living (i.e. dressing, feeding, toileting, and for some, assistance with activities requiring judgment, decision-making, and planning), as well as, in some cases, primary medical care. Individuals frequently require assistance in arranging services and coordinating among multiple providers. The aftermath of Hurricane Katrina has led to large-scale displacement that has interrupted the networks of support that individuals with disabilities have. People will need knowledgeable help in arranging essential services in new environments with limited contacts and little knowledge of local resources. At the same time individuals seek assistance in arranging and coordinating services while they are scrambling to meet other essential needs such as housing and access to food.

**Recommendation:** See Issue #4 Recommendations to address this issue.

**LT-7: Accessible transportation**

To start the recovery process, accessible transportation is critical for some people with disabilities. In many cases, accessible transportation did not appear to be available.

**Recommendations:**

- Ensure locations selected are serviced by accessible transportation.
- Public transit agencies should ensure that all transportation between shelters, housing and disaster relief centers is accessible.

**LT-8: Cross Training**

Disability and aging specific advocates and service providers need to strengthen their understanding of emergency management local and state systems. In order to improve effectiveness, they need a quick orientation to emergency management organizations and structure, as well as to the roles of traditional recovery organizations such as FEMA, the American Red Cross, and other Voluntary Agencies Active in Disaster (VOAD).

Likewise, emergency managers need to strength their understanding of disability and aging populations. This falls into many different areas including donations management, sheltering, feeding, service delivery, etc.

The misguided impression that aging and disability issues is not of concern to general shelter managers was a stated assumption expressed by several shelter managers. There must be a realization that all shelters, emergency managers and disaster relief centers, serve disability and aging populations even if not specifically articulated in their task assignment or mission statement. People with disabilities do have various disability-specific needs (e.g., transferring from wheelchair to cot, providing guidance to a blind person through crowds to the restroom) that are not burdensome and that shelter staff can be trained to perform. Many of these people do not need a medical shelters or segregated services. However, many of these people are in need of a variety of complex, and sometimes not well understood, community services to reestablish and piece segments of their lives back together.

**Recommendation:**

- Both emergency managers and disability and aging specific organization should engage in some quick cross orientation/training meetings.
- Emergency management staff should acquire basic knowledge of the emergency management local and state systems. FEMA courses G197 Emergency Planning and Special Needs Populations (training for local and state emergency planners and organizations serving seniors and people with disabilities) and IS 197 (once available) would be a start.
- Use disability and aging specific organizations to strengthen responders understanding of:
  - Which organizations can offer what services under what conditions.

- People with disabilities are not a homogenous group but rather have differing capabilities, opinions, needs, and circumstances, and no one individual or organization speaks for all people with disabilities.

**LT-9: Durable Medical Equipment (DME)**

People with disabilities were sometimes forced to leave expensive DME (augmentative communication devices, wheelchairs, walkers, respirators, etc.) at airports, bus loading areas, shelters, etc. Customized power chairs can cost up \$30,000 - \$40,000.

***Recommendations***

- When transporting individuals, make every effort not to separate users from their DME's.
- Tag with the owner's name all DME not easily replaced or that must be left behind.
- Attempt to return a DME to an owner as soon as possible. Use systems similar to posting missing children's photos on specific web sites.
- Vendors and responders should look to the National Emergency Resource Registry that was recently expanded as a direct result of the impact of Hurricanes Katrina and Rita.
- Consider creation of a national stockpile of DME or add to the Centers For Disease Control Strategic National Stockpile to ensure readily available supplies of durable medical goods would be available to communities.

**LT-10: Finding Accessible, Affordable, Safe Housing and Communities**

Finding accessible, affordable, safe housing and communities has never been easy for people who live with mobility and activity limitations. Even before Katrina, there was a serious shortage of housing options for people with disabilities. Post Katrina, the task of finding temporary and permanent housing and communities will be even more difficult.

The immediate and long-term rebuilding process offers a unique opportunity to build, on an unprecedented scale, accessible communities and accessible and adaptable housing. This will help thousands of people with disabilities maintain or improve their ability to live independently and will enable hundreds of thousands of people, regardless of disability, to age-in-place as they acquire activity limitations. This includes the wave of baby boomers that begin turning 65 in 2006.

Lack of accessible housing opportunities for individuals with disabilities does and will continue to result in unnecessary and expensive institutionalization. Available data discloses that the costs of providing appropriate housing options for people with disabilities is well worth the investment because of the significant savings that results from enabling people with disabilities to live in the community, find employment, and pay taxes.

***Recommendations:***

- As a rebuilding measure in the Gulf Coast States, government should make all funding requests contingent on changes in building codes to stress accessibility for persons with disabilities, including:
  - The US Access Board's new construction and alterations guidelines - ADA Accessibility Guidelines (ADAAG) for Recreation Facilities. The guidelines will

- ensure that newly constructed and altered recreation facilities meet the requirements of the ADA and are readily accessible to and usable by individuals with disabilities.
- ADA and ABA Accessibility Guidelines (7/23/04) that update access requirements for a wide range of facilities in the public and private sectors as covered by the law.
  - The US Access Board's draft guidelines regarding public rights-of-way which cover pedestrian access to sidewalks and streets, including crosswalks, curb ramps, street furnishings, pedestrian signals, parking, and other components of public rights-of-way.
  - Offer significant tax incentives for the design and construction of housing and other buildings and facilities that adopt visitability standards.
  - Establish regulations that incorporate a basic level of universal access with at least one, zero-step entrance and wide interior doors in every new home and multi-family dwelling units financed in whole or part by Federal funding.
  - Facilitate immediate collaboration between disability design experts familiar with universal design concepts and contracting Federal officers who will promulgate and enforce regulations involved in construction of temporary and permanent housing.
  - Create significant tax incentives for the design and construction of universally accessible or adaptable temporary and permanent housing GOING BEYOND the minimum requirements found in the Fair Housing Act Amendments of 1988.

**Policy Issues:**

**P-11: Gulf Opportunity Zone**

President Bush has proposed the creation of a Gulf Opportunity Zone, encompassing the disaster region in Louisiana, Mississippi and Alabama. Within this zone, incentives for job-creation, tax relief for small businesses, and loans and loan guarantees for small businesses, including minority-owned enterprises would assist in getting the region up and running again.

***Recommendation:***

- When the Enterprise Zone is created ensure that the interest of people with disabilities and seniors is specifically included in the criteria for funding.

**P-12: Medicaid Is a Critical Benefit**

Medicaid is a critical benefit for a significant number of people with disabilities including individuals with physical or sensory impairments, mental illness, mental retardation, autism and other developmental disabilities, cerebral palsy, epilepsy, traumatic brain injury, HIV/AIDS, diabetes and other chronic conditions. Because Medicaid and its comprehensive benefits package is the predominant provider of disability-related services, it has a unique capacity to meet the needs of people with disabilities in the aftermath of Hurricane Katrina.

Many people with disabilities will need to reestablish support networks in the areas where they have been relocated. This is especially important for people with serious mental illness, many of whom rely on a therapeutic regimen that creates stability in their lives. Given the emotional trauma and toll following Hurricane Katrina, it is wise to anticipate new mental health needs resulting from post traumatic stress disorder, increased incidence or increased severity of

anxiety disorders, depression, alcohol and substance abuse. The variation in Medicaid coverage limits for mental health services from state to state presents additional challenges.

***Recommendations:***

- Legislation is proposed to provide disaster relief Medicaid to all affected survivors. This approach is critical to people with disabilities. A streamlined application process with self-certification must be included in order to direct Medicaid resources to providing services and not to administering a complex eligibility determination process.
- Federal policy must ensure that broad access is available for current recommended treatments, including access to needed medications and treatment for alcohol and substance abuse. Coverage for these services must be available to survivors even in cases where the need for services is in excess of typical benefit limits.

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