Following listening sessions in a number of communities heavily impacted by natural disasters in 2017 and 2018, the Office for Civil Rights and Civil Liberties makes the following recommendations to state, local, territorial, and tribal emergency managers to improve the delivery of disaster assistance to disaster survivors with disabilities. The recommendations are grouped by the major areas covered in the listening sessions.

**Preparedness**

- First and foremost, proactively include organizations that support and provide services to individuals with disabilities in emergency planning and preparedness efforts, including exercises.
- Explicitly plan for individuals with disabilities who rely on power for medical equipment and other needs, such as insulin and dialysis. In the event catastrophic disasters result in widespread loss of power, as well as communications; disruptions may disproportionately impact the elderly and individuals with disabilities who may be reliant on these services to remain in independent living arrangements.
- Develop a comprehensive plan to supply and distribute key lifesaving medications and supplies, such as oxygen to oxygen-dependent individuals, during and following disasters.
- Include in the plan how to deal with time sensitive medical treatment interruptions, such as to those who need dialysis, or those who have insufficient supplies of important medications.
- Develop effective alternative solutions to address the needs of people who rely on power-dependent medical equipment during extended power outages.

**Evacuation**

- Train first responders and volunteers on disability awareness and different rescue strategies that are safe and effective for individuals with a variety of disabilities.
- Develop and use redundant and accessible forms of communication regarding the location of evacuation routes, pick up points, and shelters. Examples include; email, social media messages, American Sign Language interpreted videos, and outbound calls and text messages.
• Engage community-based organizations in planning and leverage use of the full array of existing accessible transportation assets in each community.
• To the extent jurisdictions use emergency registries to identify individuals in the community who need assistance during evacuations—or for other disaster-related purposes—be aware of the shortcomings of relying solely on these registries (e.g., outdated information, public confusion about the purpose of a registry, expectations created by such use, reluctance of some eligible individuals to register) and develop additional ways of identifying those in the community in need of assistance during evacuation, such as through use of applications and other technologies.
• Partner with the array of existing disability and healthcare service providers and non-governmental organizations, such as Centers for Independent Living, and use appropriate government databases, such as local services beneficiaries, as applicable, and U.S. Census Bureau data sources, to help identify those with access and functional needs in the community to safely meet their emergency evacuation needs.

**Effective Communication Access for People with Disabilities**

• Increase the use of accessible social media for transmitting alerts, warnings, and real-time response information to individuals with disabilities, in addition to traditional systems used.
• Review the capacity of 911 call centers to receive and address calls from individuals who are deaf or hard of hearing, among other individuals with disabilities, such as through use of video relay service and text messaging.
• Remind local broadcasters to position sign language interpreters next to government officials providing emergency-related information and have government public affairs staff ensure the interpreters are visible to television viewers, and thus within the screen shot. Engage local broadcasters in advance on this need and on providing real-time captioning for emergency information.
• Develop and use existing and emerging accessible technologies (e.g., alerting devices, new applications) to reach people with disabilities—wherever they are located—during an emergency.
• Continue to use non-technological strategies for conveying alerts and warnings to individuals with disabilities who do not have internet access, such as those living in remote areas. Additionally, train and work with disability organizations in advance of disasters to obtain their help in amplifying government messaging to persons with disabilities during disasters.

**Sheltering**

• Arrange for rapid deployment of replacement durable medical supplies to general population shelters in emergencies.
• Plan ahead to partner with community organizations, such as organizations that serve individuals who have dementia or others that serve children with autism, to provide support services to individuals with disabilities in emergency shelters, as needed.
• Plan to embed staff or other community resource individuals with disability-related expertise in each shelter.
• Strengthen disability-related capacity and training of volunteers in shelters.
Ensure physical accessibility of facilities and strengthen accommodations for individuals with behavioral and sensory disabilities. Additionally, ensure shelters provide access to power for electrical medical equipment and that they serve not just individuals with disabilities but also their family members and/or care providers.

**Long-Term Recovery**

- Fully integrate disability stakeholders into long-term recovery planning activities.
- Ensure that plans related to meeting housing needs of the population take into consideration the accessibility needs of persons with disabilities.
- Provide mental health services and communicate how to access those services in order to address disaster-related mental health impacts. Providing mental health services as early as possible following a disaster is important for supporting individuals’ ability to participate in their own recovery.