

**FINAL REPORT OF THE  
DEPARTMENT FOR THE DEAF AND HARD OF HEARING  
AND THE HJR 461 TASK FORCE ON**

**Addressing Identified Barriers Faced  
By Persons with Sensory Disabilities**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 99**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1994**

## PREFACE

House Joint Resolution 461 was authorized by the 1993 General Assembly. The resolution called for a continuation of the study initiated under House Joint Resolution 2 (1992), as reported in House Document 46 (1993). The Virginia Department for the Deaf and Hard of Hearing led a task force comprised of representatives from other agencies and organizations. The Task Force was guided in its work by the recommendations of House Document 46.

The Department wishes to express appreciation to the following Task Force Participants whose expertise and insight resulted in this report and the associated work products:

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## EXECUTIVE SUMMARY

House Joint Resolution 461 (1993) (Appendix A) was offered as a follow-up to House Joint Resolution 2 (1992), which considered the barriers faced by persons with sensory disabilities in emergency and law enforcement situations. The final report on the initial study, House Document 46 (1993), recommended continuation to ensure that issues identified during the study period would be addressed. The Virginia Department for the Deaf and Hard of Hearing (VDDHH) agreed to continue as the lead agency for the study with significant support from an expanded task force including state agencies, service providers and consumer organizations named in the authorizing resolution.

Relying upon the recommendations of House Document 46, the Task Force agreed to a workplan which would result in the development of materials to support the needs identified in the earlier study. Specifically, the Task Force agreed to the following activities:

1. Consultation with the Office of the Attorney General and one or more city/county attorneys to determine what if any Code mandates or local laws may conflict with or impact proposals for reduction or removal of identified barriers.
2. Development and implementation of a survey of Public Safety Answering Points (PSAPs), local Emergency Services Coordinators, and consumers to quantify current access status.
3. Development of a Pocket Handbook for response personnel, to include tips on handling situations involving persons with sensory disabilities, contact information for interpreters and other agencies and other critical information.
4. Development of a Best Practices Guide for Law Enforcement and Emergency Services administrators to utilize in establishing policies and procedures.
5. Development of a Consumer Education Plan to present strategies for working with consumer groups on preparing for emergency situations.
6. Exploration/identification of alternative funding sources for all recommendations. Possible resources include grants and corporate sponsorship.
7. Consultation with the Virginia Registry of Interpreters for the Deaf (VRID) to develop a proposal for a model for provision of interpreter services 24-hours on-call.

As a result of the work of the Task Force, all of the identified activities have been completed. Production of materials and actual dissemination began in October 1993. Descriptions of these materials and information on obtaining final products are included

in the appendices.

**Continued commitment to on-going attention to the identified issues has resulted in agreement by all participants in the Study to continue to meet on an ad hoc basis in the future.**

## **Background and History**

House Document 46 (1993), *A Study on Barriers Faced by Persons with Sensory Disabilities in Emergency and Law Enforcement Situations*, identified six specific issues which presented barriers to services for persons with sensory disabilities. These issues were:

- \* The need for up-to-date technological devices (ie., pocket talkers, visual alarms, computers) at 911 Centers, law enforcement agencies, hospitals, and residences.
- \* Training for service providers at all levels is needed in various aspects of communication and technology.
- \* Consumers need to be aware of their responsibilities in emergency and law enforcement situations.
- \* Public awareness of the availability of existing services is needed.
- \* Existing laws and policies may conflict and/or impose constraints on volunteers, emergency personnel, confidentiality of consumers, etc.; changes to address the varying aspects may be necessary.
- \* Financial resources needed to improve technology and communications may be limited.

Specific recommendations to address these issues were identified in the earlier study. These included:

- \* Public safety answering points such as 911 centers should continue to upgrade services. Strategies for implementing this include a formal survey of all PSAPs, development of a best practices handbook, and standard means to identify sensory impaired callers.
- \* Consumer and provider access to technology should be increased through research, development and distribution. This could be accomplished through expansion of the existing Technology Assistance Program at VDDHH, incentive grants for new technology and monitoring of developing technology.
- \* Pre-service and inservice training for emergency and law enforcement personnel should be expanded through a review of curricula, the development of training modules and other means.

- \* Consumer education related to rights and responsibilities in emergency and law enforcement situations should become an organizational priority for agencies and organizations. This could be accomplished through direct contact with organizations, a mass media plan, and town hall meetings focused on the issues.
- \* Qualified sign language interpreter services should be available 24 hours a day through the VDDHH interpreter services program. Emergency response and law enforcement agencies should maintain policies regarding the accessing of such services.
- \* Formal policies on the maintenance and utilization of confidential information related to the sensory disability status of individuals in a community need to be developed. This recommendation would require more in-depth legal analysis through the Office of the Attorney General.
- \* Agencies with specific mandates related to persons with sensory disabilities should develop action plans to assist state and local emergency and law enforcement agencies to improve services to this population. Plans should include the provision of technical assistance, grant identification and the establishment of educational goals.

### **Study Design**

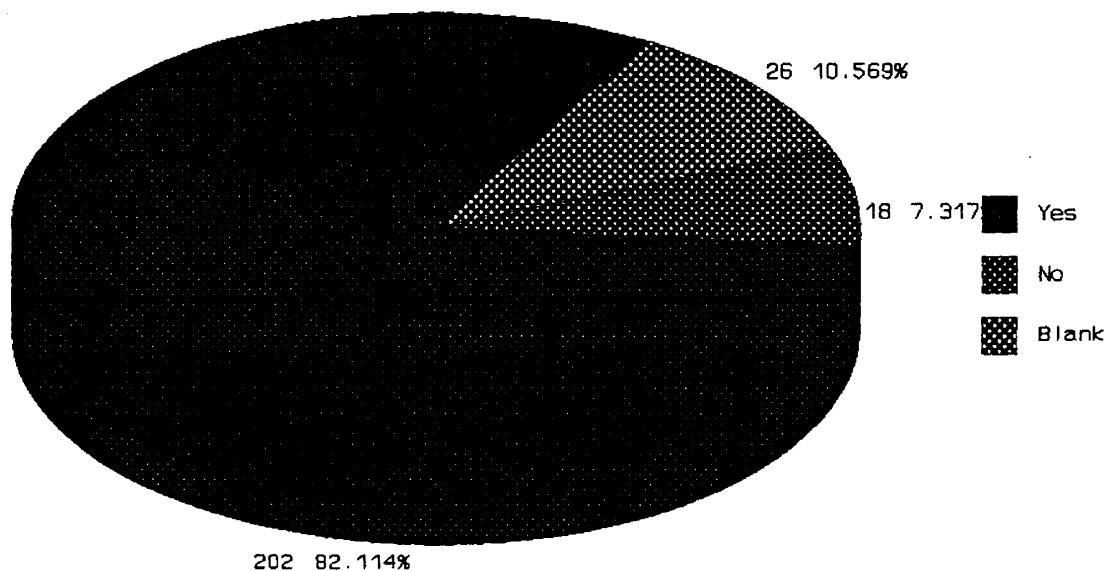
Upon review of the issues and recommendations identified in House Document 46, the Task Force agreed upon a workgroup approach to accomplish the goals of the study. As a result, four workgroups comprising members of the Task Force with staff support from VDDHH were established. Each workgroup was assigned a specific activity: Development of a Survey of Public Safety Answering Points (PSAPs) and Consumers with Sensory Disabilities; Development of a Pocket Handbook for Response Personnel; Development of Best Practices Guides for Administrators in Emergency and Law Enforcement Agencies; and, Development of a Consumer Education Plan.

In addition to the workgroups, the Task Force pursued other activities which would clarify issues remaining from the previous study or which would potentially remove identified barriers. These included consultation with the Office of the Attorney General for clarification of Code issues, pursuit of funding for the provision of twenty-four hour interpreter services, and investigation into on-going issues of identification of persons with sensory disabilities in situations involving emergency and law enforcement personnel.

## Survey Results

There was a great deal of information garnered from the surveys conducted during the Spring of 1993 under this Task Force. These surveys focused on three populations: 1) Deaf and Hard of Hearing; 2) Blind and Visually Disabled; and 3) Public Safety Answering Points (PSAPs). The goal of this Task Force was to use the information collected in these surveys to develop the following: 1) a Best Practices Guide for PSAPs; 2) a Pocket Handbook for on-site emergency personnel; and 3) a Consumer Education plan.

The overriding concern of the Task Force centered around the feedback it had received from various consumer groups that individuals who are deaf, hard of hearing, blind or otherwise sensory disabled are reluctant to provide information regarding their disability to PSAPs and other emergency service providers. This is mainly due to the possibility that the information could be used against them, should it fall into the hands of unscrupulous persons. However, an overwhelming positive response (in excess of 80%) came from all consumer populations surveyed, indicating that they would be willing to provide their name, address and telephone number if the information was used by a 9-1-1 or other emergency service via a CONFIDENTIAL system that would dispatch response personnel to their address more quickly during an emergency situation.



This response is key to the success of this Task Force and its related recommendations.

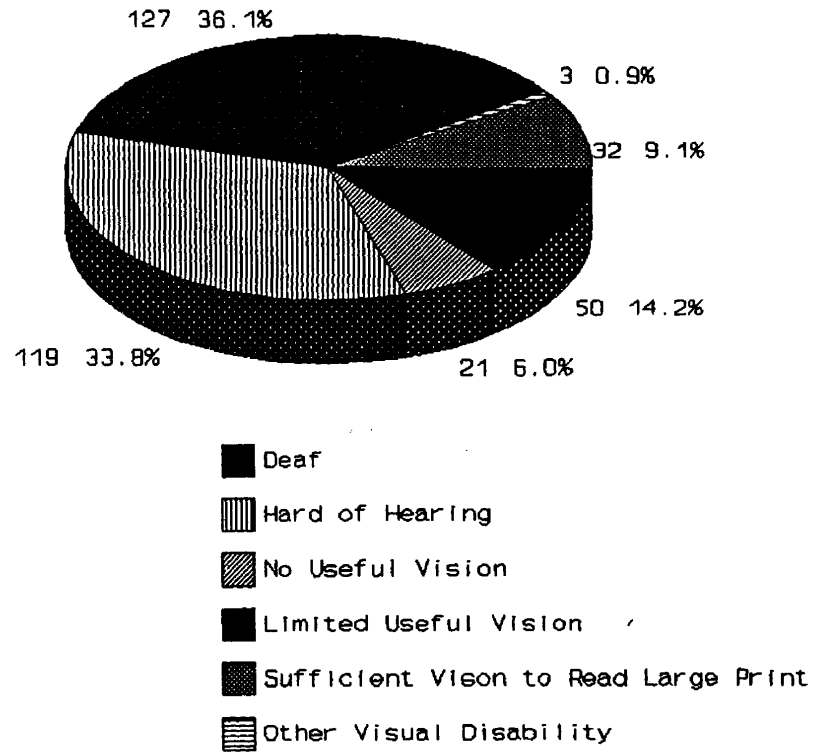


**Profile of Consumer Respondents:**

Deaf 127  
 Hard of Hearing 119

No Useful Vision 21  
 Limited Useful Vision 50  
 Sufficient Vision to Read Large Print 32  
 Other Visual Disability 3

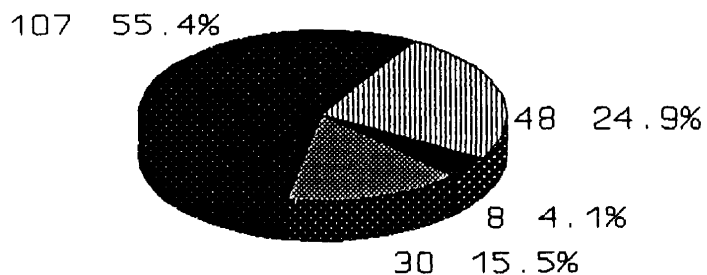
Total of Consumer Respondents 352



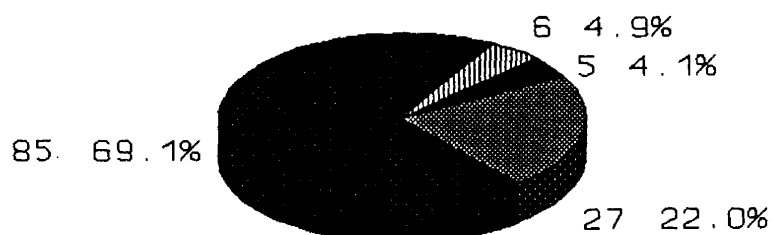
(Note: Consumers were identified as "deaf" if the telephone equipment they ordered through the distribution program was a TDD/TTY; a consumer was identified as "hard of hearing" if the equipment selected was an amplified handset.)

Persons who are deaf or hard of hearing were asked to complete the following question:

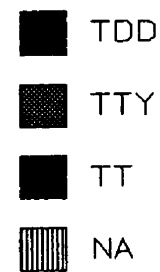
Which word do you prefer? TDD TTY TT \_\_\_ other



Deaf and  
Hard of Hearing



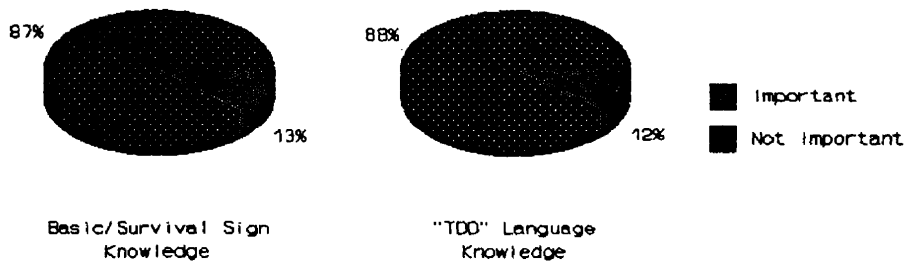
Deaf ONLY



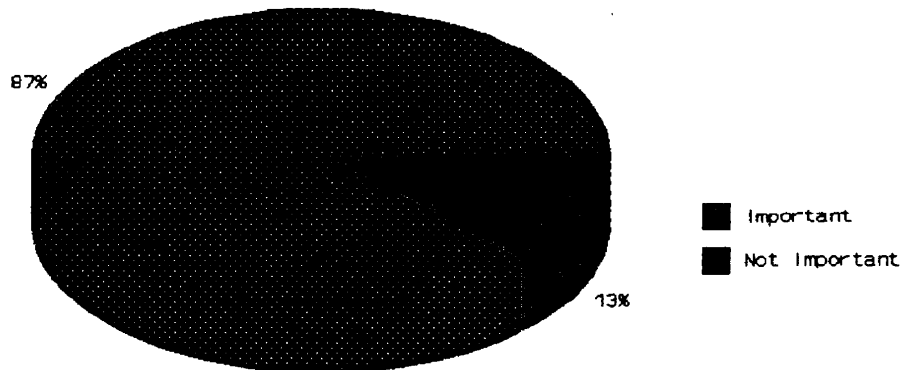
A majority of all respondents who were deaf or hard of hearing selected TDD; only 15% preferred the term TTY. However, when ONLY respondents who are DEAF are tabulated, the percentage of persons preferring TDD jumped to just under 70%; the percentage of persons preferring TTY increased to almost 22%.

Regarding the training of emergency services personnel, consumers were asked if they felt EMS workers should be provided special training. The overwhelming answer was yes.

87% of persons who were deaf and hard of hearing thought that personnel should learn basic/survival signs and 88% considered it important that dispatchers be trained to understand "TDD" language.

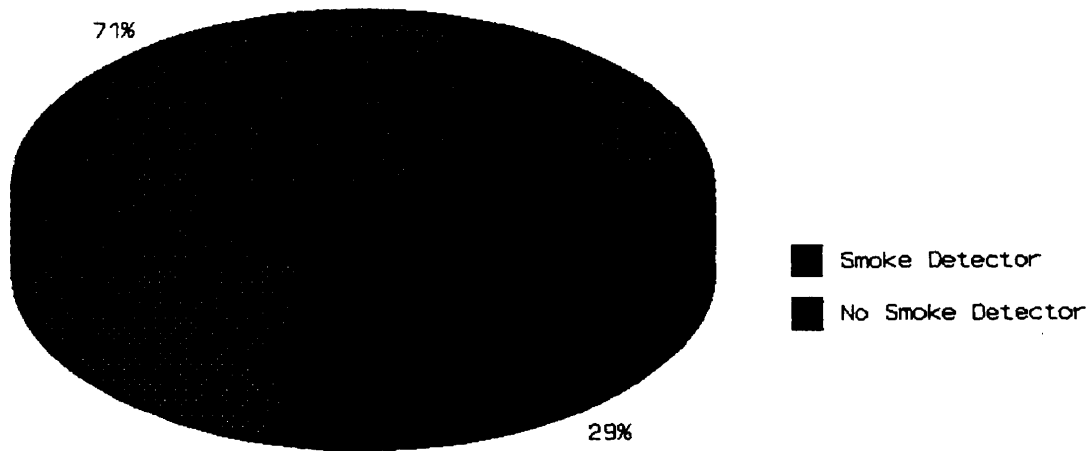


Likewise, 87% of persons with visual disabilities felt that on-site personnel should be trained about blindness in order to provide adequate assistance during an emergency. Most often cited as mandatory was training as a sighted guide and providing information verbally (i.e. instructions; keeping the blind person informed of what is happening).

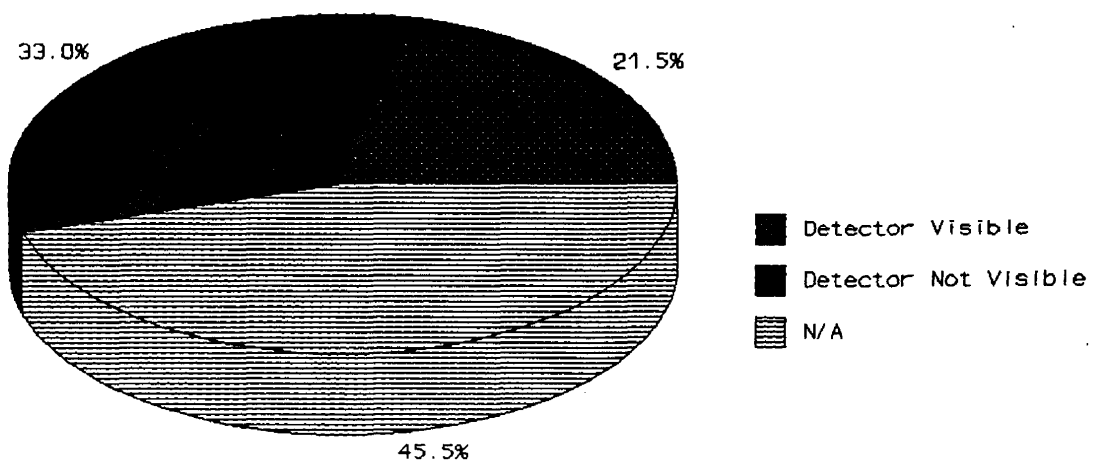


Training about  
Blindness

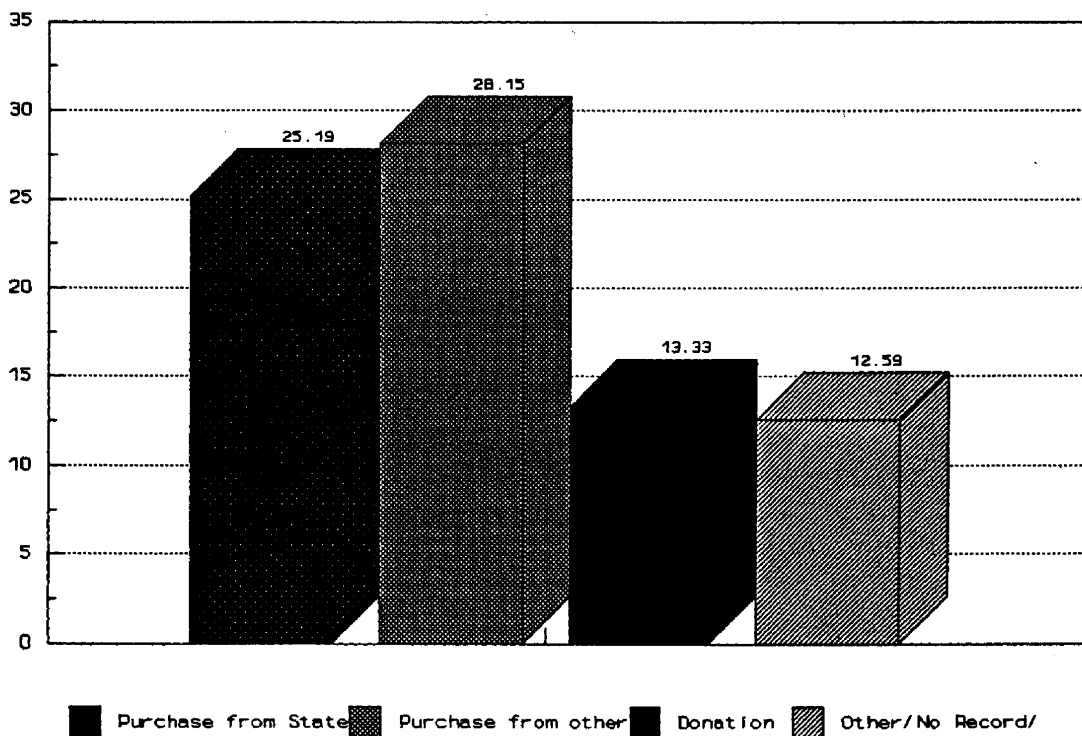
Consumers were asked specific questions about smoke detectors in the home. Of respondents who were visually disabled, more than 70% indicated that they had a working smoke detector in their home.



Likewise, the average home of a person who was deaf or hard of hearing also had a smoke detector. However, only one in five persons with a hearing disability stated "it was easy to see a visual smoke alarm light from wherever you are in the house."



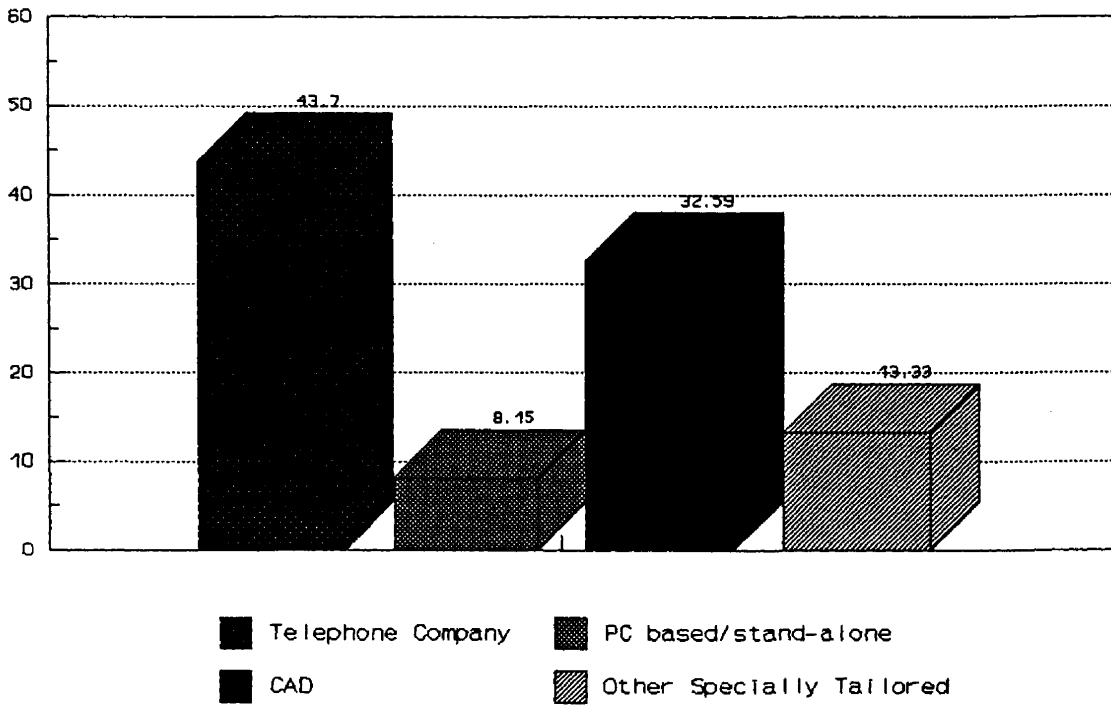
A response from at least one PSAP in more than 75% of cities and counties was received. Of the responses received, the average PSAP had at least one work station that was equipped to receive text telephone calls directly on the 9-1-1 or 7-digit access line. Only about one-quarter of those units, however, were purchased from state contract. 28% of the units were purchased from a vendor not on state contract and about one in eight were obtained through donation. Information regarding procurement was unavailable for approximately 12% of the units, generally indicating that the device was older.



Other interesting figures, include: 1) one in three PSAPs transfer "non-responsive" verbal calls to the text telephone prior to disconnection; 2) a little over one-fourth of all PSAPs have written procedures for taking text telephone calls; and 3) only about one in eight have written procedures for dispatching personnel in response to a text telephone call.

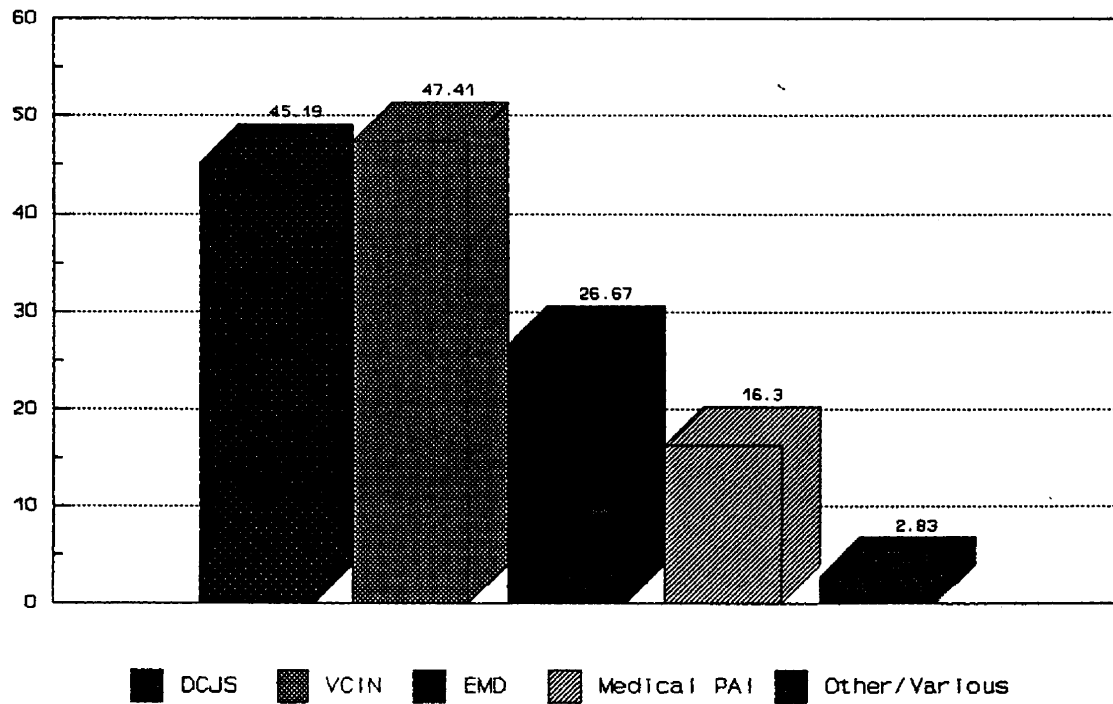
Of all PSAPs reporting, 61% listed 9-1-1 as their primary emergency telephone number; 45% of overall respondents had E 9-1-1. Slightly more than one-quarter of all PSAPs already have plans to convert from a 7-digit number to 9-1-1, with a vast majority of those selecting E 9-1-1.

Possibly most important of all information was the PSAPs database design.



While 43% of PSAPs had a telephone company (9-1-1, ANI, ALI) database and 32% had a Computer-Aided Dispatch (CAD) database, only one in four PSAPs indicated that their database included name/address of sensory disabled persons and slightly over one-fifth have the capability to **add** address-specific information to the file.

A variety of specialized training (pre-service and in-service) regarding persons who are sensory disabled is provided to employees. Of these kinds, DCJS and VCIN are the



most prevalent.

EMD and Medical PAI (Pre-arrival instruction) are also provided by more than 15% of the PSAPs surveyed.

Only about one PSAP in eight had an **active** training relationship with constituents who are sensory disabled, and of these, five out of six provided simulated text telephone calls for training purposes. Excluding simulating text telephone calls, persons who are sensory disabled provided training to less than 10% of all PSAPs. Only 3% of responding PSAPs have persons who have a sensory disability on the pay roll.

Overall, the response from both consumers and PSAPs was very exciting and positive. This information will be utilized to develop adequate training and guidance for PSAPs and on-site personnel and to develop a consumer education plan.

In addition to the surveys discussed above, the Department of Criminal Justice Services - Division of Training and Standards conducted a survey of chiefs, sheriffs, and agency administrators in law enforcement agencies throughout the Commonwealth. Questions on the survey were designed to elicit information about interactions with consumers with sensory disabilities and issues related to training needed by both consumers and service providers to improve future interactions. Of the approximately 200 surveys distributed, 85 were returned. Results indicated that 85% of the responding agencies had some interaction with individuals with sensory disabilities in the past and that various problems arose in those interactions. Forty-three percent (43%) of the respondents indicated that, ideally, when dealing with person with a sensory impairment the officer should have had some training but sixty percent (60%) of the respondents indicated that they had no previous training on this topic. Further, 96% indicated it would be important for persons with sensory disabilities to have information on how to respond to officers in a law enforcement situation. Among the top recommendations for persons with sensory disabilities in such situations were to inform the officer of the disability and to be patient and remain calm. A full summary of the results of each survey is included in Appendix B.

### **Code Review**

On behalf of the Task Force, VDDHH contacted the Office of the Attorney General with questions related to the confidentiality of disability-related information maintained by PSAPs or other emergency and law enforcement agencies. Additionally, questions about the liability of response personnel in certain situations were posed for clarification. Margaret Browne, Assistant Attorney General, met with the Task Force and received the following specific questions:

- A. Issues on the maintenance and utilization of confidential information related to the sensory disability status of individuals in a community:
  - 1. Pre-recorded information maintained by dispatch centers on residences of deaf, hard of hearing, blind, and deaf-blind individuals can legally be divulged to whom and under what circumstances? Are there penalties for unauthorized disclosure of such information?



2. Can stored information on the sensory disabilities of residents be shared between local and state agencies for disaster preparedness/response purposes?
  3. Is the handling of confidential information on residents regulated by each locality, or can the **Code** be amended to provide statewide consistency?
  4. How can the privacy of sensory-impaired individuals be protected despite uncontrollable access to emergency communication systems (ham radios, cb radios, off-duty volunteers)?
- B. Issues related to the liability of law enforcement and emergency response personnel:
1. Are fire/emergency response/law enforcement personnel immune from liability if they enter a residence without permission to locate or notify a deaf, hard of hearing, blind or deaf-blind individual during an actual or suspected life-threatening situation?
  2. Do volunteers have the same immunity as public safety employees if they enter a residence without permission?
  3. Are there constitutional restrictions preventing law enforcement personnel from entering a residence without permission?

Ms. Browne consolidated the questions posed into four main areas of concern, to which she provided a comprehensive response. While the complete response is available in Appendix C, the primary points may be summarized as follows:

1. **Liability of Emergency and Law Enforcement Personnel** - Generally, the doctrine of sovereign immunity would apply to these individuals. In addition, liability insurance is available to provide coverage in the line of duty.
2. **Safeguards to Protect Information Provided to Emergency and Law Enforcement Agencies** - The provisions of the Privacy Protection Act of 1976 may be applicable in some of the situations considered by the study, except in cases which come under the Freedom of Information Act. Additional confidentiality protection may be provided either by specific statute for a particular agency or by the inclusion of confidentiality provisions in agency regulations. Issues surrounding emergency medical services, emergency disaster services and law enforcement were highlighted in the response, with a recommendation to contact local agencies for specific information.

3. **Security and Confidentiality of Information/Penalties for Violations** - Again, the provisions of the Privacy Protection Act apply, with agencies being responsible to establish rules of conduct. In addition to agency action, remedy of complaints resulting from breaches may be pursued in court.

4. **Protections Against Criminal Activity Utilizing Scanner Information on Disability Status** - While Va. Code §18.2-462.1 makes it a crime to use information obtained via scanner while committing a crime, these provisions do not apply to the preparation for committing a crime. An amendment could be sought, at the discretion of the Task Force, to expand the mandate.

The Task Force considered the information provided by the Attorney General's Office and agreed that most areas of concern could be addressed through advocacy with local agencies. While the group felt that the use of scanner-obtained information about an individual's disability status to target that individual for a crime was a serious issue, factors of probability and potential impact influenced the decision not to pursue legislation criminalizing such behavior at this time.

### **Pocket Handbook Development**

House Document No. 46 concluded that a Pocket Handbook would assist emergency and law enforcement personnel in handling emergency situations involving persons with sensory disabilities. A work group was established, consisting of representatives from emergency medical, fire and law enforcement agencies and a VDDHH staff member, to develop a uniform handbook for all emergency field personnel. Printed materials were reviewed and considered for adaptation and refinement. Each member contributed input based on professional expertise and experience and directed the VDDHH staff member to design a rough draft of a handbook that would be small enough for personnel to carry in a glovebox with concise information, brief instructions, clear text and graphics, and suitable for use in a typical emergency situation.

The Pocket Handbook is designed to be a supplement to the Best Practices Guide produced by the HJR 461 Task Force, and focuses on identification, communicating with, and sensitivity towards persons who have sensory disabilities. The final handbook will be approximately four inches by six inches. The handbook is divided into three main sections; one for communicating with persons who are deaf or hard of hearing; one for communicating with and guiding persons who are blind or deaf-blind, and a final section with guidelines for communicating with persons with speech impairments. A resource listing with contacts for state and local agencies and support groups concludes each of the main sections. Extra sheets of paper for the exchange of notes are included in the back of the handbook. Recognizing the conditions that fire, emergency medical and law enforcement personnel work, it was recommended by the workgroup that the informational pages of the handbook be printed on water resistant paper to enhance durability. Appendix D includes the full text of the Pocket Handbook.

## **Best Practices Guides**

The Best Practices Guide was arranged following the outline established from House Document No. 46. From the information accumulated for this document, VDDHH staff organized this material into the outline format. Notes were taken on all pertinent information and separated for the appropriate sections.

The material consists of ADA requirements, proposals and guidelines of other agencies, and journal and magazine articles on related issues. It was decided to incorporate programs previously established to suggest policies and procedures. Staff contacted representatives of several existing programs, most of whom generously supplied information and copies of materials.

The Guide is divided into five segments according to facilities receiving it. They are fire departments, police/law enforcement agencies, emergency medical services agencies, hospital/medical facility emergency departments, and dispatch/public safety answering points (PSAPs). A general statement of policy commitment toward improvement of accessible services policies and practices for persons with sensory disabilities introduces each segment. Subject areas discussed within each section are: training, identification of sensory disabilities, on-the-scenes communications and other issues, auxiliary aids and services, getting to know the communities, and resources available. A resources section, bibliography, and an appendix follow the text. The final form may be in a loose leaf binder for easy distribution.

The Guide summarizes problems facing the targeted populations and the agencies responding to emergency situations, then suggests policies and procedures based on information accumulated during the discovery and research phase of this project. Proven programs are referenced and explained. The Guide is not intended as a directive, but an attempt to provide agencies with suggestions to improve services in a comprehensive and usable format. It is intended to be used in conjunction with the Pocket Handbook.

The Best Practices Guide should be distributed to emergency and law enforcement officials of each municipality. These officials should decide further dissemination of additional copies to ensure thorough distribution. A complete copy of the Best Practices Guide is included in Appendix E.

## **Consumer Education Plan**

House Document No. 46 recommended that a work group prepare an education/awareness plan for consumers with disabilities on their responsibilities in emergency situations and services available. It consists of written articles, brochures, and presentations. Presentations will be made during forums open to emergency/law enforcement agencies, consumers with sensory disabilities, and representatives from support groups. The plan includes distribution of articles and information through various

media presentations.

The work group consisted of VDVH and VDDHH staff, consumers, and support group representatives. Law enforcement agencies provided information and feedback through a survey. Meetings allowed each member to contribute their own professional expertise.

Plans are to develop news articles and coordinate with consumer organizations on contacting TV and radio stations to disseminate information on VDVH and VDDHH services. It is felt that the public is generally unaware of the availability of these services.

The work group formulated plans for regional forums to educate the targeted consumer populations and emergency/law enforcement agencies. Three sessions constitute the forum formats to be conducted by VDVH and VDDHH representatives. One session for consumers with sensory disabilities will discuss emergency preparation responsibilities and accessibility issues concerning emergency/law enforcement agencies. A separate session for emergency/law enforcement agencies will address identification and communication techniques for handling persons with sensory disabilities during emergency situations. Forums will conclude with a joint session between both groups to develop a plan to address needs specific to the region.

Emergency preparedness tip sheets have been drafted for the targeted populations. The tip sheets are composed of two main sections. The first section informs each target population of services available on national, state, and local levels. The second section educates these consumers on disaster and emergency preparedness responsibilities, suggestions for identifying their sensory disabilities to emergency/law enforcement personnel, and first aid/safety tips. One set of tip sheets is written in suitable language for persons who are deaf, another set will be available in large print for consumers who are visually impaired, and a third set printed in braille and available on cassette tapes for consumers who are blind or deaf-blind. The tip sheets will be disseminated through VDDHH and VDVH, support groups and agencies, health and equipment providers, emergency/law enforcement agencies, and consumer education regional forums. Copies of the Consumer Education Plan and tip sheets are included in Appendix F.

### Other Issues

**24-Hour Interpreter Services** - VDDHH prepared a budget addendum request for consideration by the 1994 General Assembly which would address interpreter service needs after-hours and on weekends and holidays. Per the addendum request, the Department would issue a Request for Proposals, and, working in conjunction with the successful bidder, would provide a toll-free telephone number and individual paging systems which would be utilized to contact qualified interpreters on-call. The funding for this item was not included in the final appropriations act approved by the 1994 General Assembly. A full copy of the addendum request is included in Appendix G.

**Identification On The Scene** - An on-going concern of the Task Force has been the issue of identification of persons with sensory disabilities, particularly those who are deaf or hard of hearing, by emergency and law enforcement personnel at the scene. This is a particularly critical concern in situations when law enforcement officers are approaching individuals in traffic stops or similar circumstances. While the individual with a sensory disability may attempt to indicate a disability to the officer, such indications may be interpreted as threatening. The Task Force agrees that these issues are being addressed from both perspectives in the Best Practices Guide, the Pocket Handbook, and the Consumer Education Plan.

A continuing, associated concern relates to codes on Virginia Operators' Licenses which indicate a hearing loss. There does not seem to be a standard application or utilization of available codes among Department of Motor Vehicle offices across the state. VDDHH has established communication with DMV administrative offices to clarify and resolve this issue.

**Need for Continued Cooperation** - The members of the Task Force have expressed an interest in forming an on-going group to follow up the activities of the two studies. While no formal action is being taken to establish such a group, commitment from the current members indicates that, at a minimum, annual meetings interspersed with correspondence could provide an effective mechanism for monitoring and addressing new issues as they arise.

**Pilot Dissemination of Work Products** - Upon final review of the Best Practices Guide, the Pocket Handbook and the Consumer Education Plan, the Task Force identified a need to pilot dissemination of these products prior to widespread release. In this manner, the Task Force could accommodate changes to the materials based on real-world experiences. Originally, four communities were selected by the Task Force as pilot sites for the period of January 26, 1994 through April 25, 1994: Hampton, Danville, Norton, and Fairfax County. As a result of inclement weather and delayed dissemination of materials in some areas, the pilot period was extended until May 26, 1994.

Members of the Task Force contacted their appropriate counterparts in the pilot localities to provide additional information and support as needed. Agencies included in the pilot project include fire departments, law enforcement agencies, emergency medical services agencies, and public safety answering points. In addition, consumer organizations in the designated localities were targeted for consumer education materials. Participants in the pilot project were asked to complete a feedback form, detailing the pilot experience. Upon completion of the pilot project, the Task Force may reconvene to consider the outcomes and to make necessary adjustments to the materials prior to full dissemination.

# Appendix A - House Joint Resolution 461

## 1993 SESSION

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### HOUSE JOINT RESOLUTION NO. 461

Offered January 21, 1993

*Continuing the study by the Department for the Deaf and Hard-of-Hearing to evaluate emergency response needs of the sensory impaired.*

Patrons—Giesen, Darner, Heilig, Mayer and Munford

Referred to the Committee on Rules

WHEREAS, the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities previously identified the need for a study of the barriers faced by persons with sensory disabilities in emergency and law enforcement services; and

WHEREAS, the 1992 General Assembly approved House Joint Resolution 2, requesting the Department for the Deaf and Hard-of-Hearing, in cooperation with several other agencies and organizations, to conduct such a study; and

WHEREAS, a Task Force has been established and has commenced the study; and

WHEREAS, the Task Force has submitted a report which identifies significant issues which impact persons with sensory disabilities in emergency and law enforcement situations; and

WHEREAS, several of the identified issues are affected by agencies and service providers coming into compliance with the requirements of the Americans with Disabilities Act; and

WHEREAS, full information on the identified issues was not readily attainable and additional information is needed; and

WHEREAS, the recommendations of the Task Force include pilot projects, a survey of public safety answering points, an in-depth analysis of the *Virginia Code* related to identification and confidentiality, and other activities which require follow-up; and

WHEREAS, the Task Force has demonstrated a commitment to providing real and viable solutions to aid in the removal of barriers faced by persons with sensory disabilities in emergency and law-enforcement situations; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department for the Deaf and Hard-of-Hearing be requested to continue to study the specific barriers to effective emergency response and law-enforcement services faced by persons who are sensory impaired. During the course of the study, the Department for the Deaf and Hard-of-Hearing should seek the participation of the Department for the Visually Handicapped, the Division of Emergency Medical Services within the Department of Health, the Department of Emergency Services, the Virginia Association for the Deaf, Self-Help for Hard of Hearing, Inc., emergency service providers, law-enforcement personnel and other organizations and state agencies as appropriate.

The Department shall complete its work in time to submit its findings to the Governor and the 1994 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

## Appendix B - Survey Results

The results of all surveys conducted during the study period are available from the Virginia Department for the Deaf and Hard of Hearing, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T)

## **Appendix C - Response from Office of the Attorney General**

**The full text of the response from the Office of the Attorney General is available from the Virginia Department for the Deaf and Hard of Hearing, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T).**



## Appendix D - Pocket Handbook

The full text of the Pocket Handbook is available from the Virginia Department for the Deaf and Hard of Hearing. The Handbook is designed to assist emergency and law enforcement personnel on the scene when a person with a sensory disability is involved. The Handbook should complement established policies and training received. In an easy-to-read format, the Handbook includes tips on identifying, communicating with and assisting persons who are deaf, hard of hearing, blind, deaf-blind or speech impaired. Write or call VDDHH, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T).

## Appendix E - Best Practices Guide

The full text of each Best Practices Guide is available from the Virginia Department for the Deaf and Hard of Hearing. Guides have been developed for fire departments, police and law enforcement agencies, emergency medical service agencies, hospital/medical facility emergency departments, and dispatch/public safety answering points. Each Guide includes a general policy statement and suggestions for training, identification of individuals with sensory disabilities, on-the-scenes communications, auxiliary aids and services, and getting to know the community. Information is provided on individuals who are deaf, hard of hearing, blind, deaf-blind and speech impaired. Write or call VDDHH, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T).

## Appendix F - Consumer Education Plan

The full text of the Consumer Education Plan is available from the Virginia Department for the Deaf and Hard of Hearing. The Consumer Education Plan establishes goals, objectives and strategies for improving consumer awareness of rights and responsibilities in emergency and law enforcement situations. Topics to be included are highlighted and suggested publicity techniques are offered. In addition, a listing of national, state and local resources is provided. Write or call VDDHH, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T).

## **Appendix G - 24-Hour Interpreting Service Addendum Request**

The full text of the 24-hour Interpreting Service Addendum Request is available from the Virginia Department for the Deaf and Hard of Hearing. This document includes the proposed services, an impact summary, and future funding needs. The 1994 General Assembly did not include this request in the final Appropriations Act. Write or call VDDHH, 1100 Bank Street, 12th Floor, Richmond, Virginia 23219. Telephone: 1-800-552-7917(V/T).