

Emergency Response for People Who Have Access and Functional Needs: A Guide for First Responders



Produced by
St. Petersburg College
Center for Public Safety Innovation
National Terrorism Preparedness Institute



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Note: The content of this flip book and companion DVD can also be found at
<http://terrorism.spcollege.edu>.

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Important Training Information

Disclaimer: This product is not a replacement for training regarding the inclusion of people who have access and functional needs in emergency and disaster planning, preparedness and response.

Disclaimer: The people who have access and functional needs shown in the [videos](#) are actual members of the access and functional needs community. They are not experts in their specific access and functional need. They are not actors. Their views are based upon their own experiences which highlight real points for better understanding of their needs in an emergency situation.

Warning: Your first interactions with persons who have access or functional needs may be challenging. You will get better at the communication techniques, equipment needs, transfer, and transportation strategies provided in this flip book and companion DVD as you gain more experience. It is “ok” to request additional responder support or to try a different strategy to meet the needs of the individual.

Warning: When there is an immediate threat to life safety, the techniques in this flip book are secondary to the expeditious removal of the person from harm’s way.

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Shaking hands

List of Acronyms

AAC	Augmentative and Alternative Communication
ADA	Americans with Disabilities Act
ALD	Assistive Listening Device
ASD	Autism Spectrum Disorder
ASL	American Sign Language
AT	Assistive Technology
CART	Communication Access Realtime Translation
CERT	Community Emergency Response Team
DSCA	Defense Support to Civil Authorities
EMS	Emergency Medical Services
FEMA	Federal Emergency Management Agency
HOH	Hard of Hearing
ICS	Incident Command System
LEP	Limited English Proficiency
NIMS	National Incident Management System
OEP	Occupant Emergency Plan
PCA	Personal Care Attendant
SERT	State Emergency Response Team
SGD	Speech Generating Device
VOAD	Voluntary Organizations Active in Disaster
VRI	Video Remote Interpreting
VRS	Video Relay Service

For Additional Information

Please contact St. Petersburg College, Center for Public Safety Innovation, National Terrorism Preparedness Institute at:

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Introduction

Keynote Messages

Remember, we all may be just one second away from being a person with an access or functional need.

 Video supplement is available on the enclosed DVD.

“Disability is not about a specific group of people. Disability is about a specific time in the life of each and every one of us. For some, it may be temporary, for others it may last much longer. As a society, we have mistakenly adopted a mindset that divides us into two groups, “able-bodied” and “disabled.” The fact is that we all will be part of the disabled community for some time in our lives. If we act from the perspective of what we would want when, rather than if, we become disabled, we truly will be able to make great progress for all people.” -- National Fire Protection Association



First responder providing assistance after warehouse collapse

 Video supplement is available on the enclosed DVD.

People who have access and functional needs are their own emergency managers every day.

Rather than assuming that you need to help individuals with access and functional needs, ask and let the individual tell you if assistance is required.

Access and functional needs are more prevalent in your community than you might think. Many people who have access and functional needs are very involved in day to day activities just like anyone else.

 Video supplement is available on the enclosed DVD.

Purpose

Emergency responders have varying levels of familiarity with people who have access and functional needs. The purpose of this flip book and companion DVD is to provide emergency personnel with a reference tool which will provide guidance for assisting people who have access and functional needs (formerly known as “special needs”) during the response and recovery phases of an emergency situation.



Flip book cover

The information herein is to be applied in conjunction with training, experience, and your agency’s standard operating procedures.

Note: The content of this flip book and companion DVD can also be accessed by mobile devices through the National Terrorism Preparedness Institute website located at <http://terrorism.spcollege.edu>.



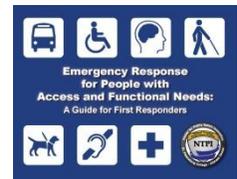
DVD label

Who Should Use This Guide and DVD

- First Responders (local, state, and federal)
- Department of Defense (DOD) Emergency Personnel
- National Intelligence Agencies
- Industry
- Emergency Management
- Maritime Domain Personnel
 - Navy
 - Coast Guard
 - Port Security
 - Cruise or Passenger Ship
 - Cargo Ship
- Navy Emergency Preparedness Liaison Officers (NEPLOs) and their communities
- Others who may be filling a first responder role in the response and recovery during an emergency situation
 - Volunteers
 - Voluntary Organizations Active in Disaster (VOAD) members
 - Community Emergency Response Team (CERT) members
- Training Coordinators for all audiences above

How and When to Use This Flip Book and DVD

- Keep this flip book handy in your emergency vehicle, work area, or pocket so that you can use it for reference on scene or review/study anytime you have the opportunity.
 - Throughout this flip book, watch for the icons where you can find videos or more detailed information on the DVD.
 -  Video supplements on the enclosed DVD.
 -  More information on the enclosed DVD.
 - At the end of each access and functional need section, there is space for you to write in your local resources and phone numbers.
- Keep this DVD handy for use with your computer in your emergency vehicle or workstation for review/study anytime you have the opportunity. The DVD includes:
 - an electronic version of the Emergency Response for People Who Have Access and Functional Needs: A Guide for First Responders [flip book](#)
 - an electronic version of the Emergency Response for People Who Have Access and Functional Needs: A Guide for First Responders (which has additional details that support the flip book)
 - [videos](#)
 - an On-The-Spot Assessment Strategies [Checklist](#)
 - additional [resources](#)



Flip book cover

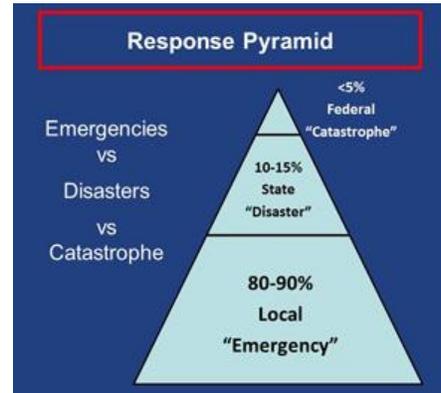


DVD label

Situation Assessment

Response Pyramid - Emergencies vs. Disasters vs. Catastrophe

- 80% - 90% of events are handled by local first responders.
 - A typical 911 event, where a local community's resources are able to respond, is categorized as an "emergency."
 - more responders than victims
 - traffic accident
 - fire
 - flooded roads
 - downed power lines
- 10% - 15% of events are considered a "disaster," requiring state resources.
 - When a local community's resources are unable to respond or are overwhelmed, the event is then categorized as a "disaster."
 - more victims than responders
 - An event that exceeds the normal local response capability.
- <5% of events are considered a "catastrophe," requiring federal resources.
 - When a state's resources are unable to respond or are overwhelmed, the event is then categorized as a "catastrophe."
 - Federal resources (which may include FEMA and DSCA) are activated.



Response Pyramid

General Principles of Emergency Response

There are two basic types of events: events **with** notice and events **without** notice.

- Events with notice are disasters or emergencies where there is **time** to prepare and/or evacuate. Some examples are hurricanes or wildfires.
- Events without notice are disasters or emergencies where there is **no time** to prepare and/or evacuate. Some examples are terrorist attacks, chemical or hazardous material spills, airline accidents, or earthquakes.

"Notice" Event	"No-Notice" Event
1. Assessment/Announcement	1. Remove from Danger
2. Remove from Danger	2. Assessment/Announcement
3. Medical Treatment /Recovery	3. Medical Treatment /Recovery

“Notice” Event

- Assessment/Announcement (Assess the situation/Announce your arrival to the person)
 - Get Attention (of the person)
 - Clearly establish identification and purpose. Present your official ID.
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
 - Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).
 - Be sure your presence is known.
 - Convey Concern/Gather More Information
 - Determine if shelter in place is possible.
 - Assess person for access and functional needs (deaf/HOH, blind, cognitive/mental health, mobility/dexterity, medical, transportation).
 - Use communication strategies that work for the person (speaking, notes, gestures, picture cues, or interpreter).
 - Explain the incident and what is expected of the individual.
 - People who have access and functional needs know best their ability to respond to an incident – as long as they know **what is happening** and **what is expected of them**.
 - No need for a long explanation. Time is of the essence.
 - Keep it simple.
 - Ask, “Do you have a friend or family member who can help you?”
 - Include family members or caregivers in planning and evacuation. Keep them together!
 - Ask, “How can I help you?”
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual’s needs and learn his or her communication style.
 - Ask if the person is a member of any existing community-based organizations that can provide assistance in this situation.
 - Ask if the person is registered with his or her local emergency management agency regarding his or her access and functional needs in an emergency situation (if applicable).
 - Ask, “Do you have a survival kit or “go bag” that includes your necessary equipment, assistive devices, medicines, or supplies?”
 - Ask or look for:
 - identification bracelet with specific personal information (allergies, diabetes, heart problems, sensory conditions, cognitive or mental health concerns, etc.)



Wildfire approaching neighborhood



Identification bracelet

- essential equipment and supplies (portable oxygen, batteries, hearing aids, glasses, cane for person who is blind or has low-vision, etc.)
- medications
- mobility aids (wheelchair, walker, cane, service animal, etc.)
- communication strategies (language, sign language, head pointers, alphabet boards, speech synthesizers, etc.)
- emergency contact information



Glasses

- Check for service animals or pets.

- If a service animal is with the individual, keep the service animal and the individual together.
- If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
- Ask, “Do you have a survival kit for your service animal?”



Service animal

- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.
 - The best shelter for every person is with friends or family in a safe structure outside of the evacuation area.
 - Shelters should be set up to handle all people, including people who have access and functional needs with the exception of people who need immediate and ongoing medical care.
 - All shelters should have “accessible” routes inside and outside, at least 36 inches wide, access to toilet and wash facilities.
 - All shelters should have back-up generators or other sources of electricity so that evacuees who rely on powered devices can have access to electrical power while at the shelter.
 - Refrigerator
 - Backup power supply
 - For more information see FEMA’s Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
 - Medical Needs Shelters should be only for those with medical needs and their family or caregiver.
 - Medical care on which their life depends.
 - Medical shelters are NOT for people who have access and functional needs who do NOT need immediate and ongoing medical care.
 - Unique example: One community is considering the utilization of area nursing homes with excess space where they will send those people who have medical needs during an evacuation situation. The medical equipment, staffing, food, and other resources are already there. So, rather than setting up a medical

shelter, they will set up medical reception areas in nursing homes to which those with medical needs can go. The nursing homes also have agreed to include the families.

- Communicate Plan/Steps to Safety (to the person)
 - Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
 - If advance warnings are being given, be sure to explain the benefits of evacuation, as well as the consequences of non-evacuation.
 - Use communication strategies that work for the person.
 - Have a plan. Keep it simple.
 - Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
 - Check that the plan meets the access and functional needs of the individual, caregiver and/or family members.
- Check for Understanding (that the person understands the responder)
 - Ask the person or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
 - Repeat the plan again, if necessary.
 - Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.). Keep it simple.
 - Inform the person of the consequences of not evacuating.
 - The person does have the right to refuse to evacuate or to receive assistance. Check your agency policy on strategy/procedure.
 - Your agency may have a Refusal Form
 - Emergency services may not be able to return if the person changes his or her mind later.
 - Galveston, TX Example: Before Hurricane Ike hit in 2008, Mayor Lyda Ann Thomas had an effective approach. She got on television and announced a mandatory evacuation. She told viewers that everyone must leave the island. If they stayed, they should take a black magic marker; write their name and social security number on their arm so recovery personnel could identify them later. There was a 100 percent evacuation rate in the area with the help of this public service announcement.
 - Photograph Example: Have a refusal form and camera. When the person refuses to evacuate, read the refusal form to them, ask them to sign it, and take a picture of them. Let them know that the picture will be available in the worst case that his or her body needs to be identified.
 - Assess if the person understands what is going on and the consequences of his or her decision to refuse.
 - Notify command post with location if the person still does not understand or refuses to comply.

- Provide Assistance to Remove from Danger (responder providing assistance to person)
 - If a no-notice event with life threatening danger exists, evacuate first, explain later.
 - If shelter in place is possible, ask “What can I do while I am here to make this shelter in place more accessible?”
 - Do not separate the person from family members, caregivers, or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies. Once the person is outside the building or evacuation zone, he or she will need his or her personal accommodations to maintain independence. 
 - Ask the person if he or she is “ok” or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
 - Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.
 - environmental issues
 - well lit
 - sheltered from weather
 - less noisy
 - less busy
 - supervision available if needed
 - physically accessible
 - transportation
 - entry ways, ramps, exits, and adequate space
 - access to information
 - Keep it simple
 - Timely and regular updates – so that people who have access and functional needs can plan accordingly (allowing more time as necessary) for evacuation and gathering resources.
- Medical Treatment /Recovery
 - Be sure that the person will be met by a qualified caregiver or responsible party at the destination to assure continued support toward recovery as needed, and so that the responder can disengage from the person to assist others.
 - Be aware of related Critical Incident Stress, and that a variety of feelings are perfectly normal after exposure to abnormally critical and emotional situations. Seek training or counseling if assistance is needed.



Public shelter



Red Cross
medical symbol

“No-Notice” Event

With a “no-notice” event the steps are reordered for the responder to first “Remove (the person) from Danger.”

“Notice” Event	“No-Notice” Event
1. Assessment/Announcement	1. Remove from Danger
2. Remove from Danger	2. Assessment/Announcement
3. Medical Treatment /Recovery	3. Medical Treatment /Recovery

In a “no-notice” event (fire, flood, etc.), evacuate first, explain later, but listen to evacuee about necessary equipment, medicines, supplies, pets, comfort items, etc.



Residential street after earthquake

- Provide Assistance to Remove from Danger (responder providing assistance to person)
 - If a no-notice event with life threatening danger exists, evacuate first, explain later.
- Assessment/Announcement (Assess the situation/Announce your arrival to the person)
 - Get Attention (of the person)
 - Clearly establish identification and purpose. Present your official ID.
 - My name is _____. I’m here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
 - Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).
 - Be sure your presence is known.
 - Convey Concern/Gather More Information
 - Determine if shelter in place is possible.
 - Assess person for access and functional needs (deaf/HOH, blind, cognitive/mental health, mobility/dexterity, medical, transportation).
 - Use communication strategies that work for the person (speaking, notes, gestures, picture cues, or interpreter).
 - Explain the incident and what is expected of the individual.
 - People who have access and functional needs know best their ability to respond to an incident – as long as they know **what is happening** and **what is expected of them**.
 - No need for a long explanation. Time is of the essence.
 - Keep it simple.
 - Ask, “Do you have a friend or family member who can help you?”
 - Include family members or caregivers in planning and evacuation. Keep them together!



- Ask, “How can I help you?”
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual’s needs and learn his or her communication style.
- Ask if the person is a member of any existing community-based organizations that can provide assistance in this situation.
- Ask if the person is registered with his or her local emergency management agency regarding his or her access and functional needs in an emergency situation (if applicable).
- Ask, “Do you have a survival kit or “go bag” that includes your necessary equipment, assistive devices, medicines, or supplies?”
- Ask or look for:
 - identification bracelet with specific personal information (allergies, diabetes, heart problems, sensory conditions, cognitive or mental health concerns, etc.)
 - essential equipment and supplies (portable oxygen, batteries, hearing aids, glasses, cane for person who is blind or has low-vision, etc.)
 - medications
 - mobility aids (wheelchair, walker, cane, service animal, etc.)
 - communication strategies (language, sign language, head pointers, alphabet boards, speech synthesizers, etc.)
 - emergency contact information
- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for your service animal?”
- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.
 - The best shelter for every person is with friends or family in a safe structure outside of the evacuation area.
 - Shelters should be set up to handle all people, including people who have access and functional needs with the exception of people who need immediate and ongoing medical care.
 - All shelters should have “accessible” routes inside and outside, at least 36 inches wide, access to toilet and wash facilities.
 - All shelters should have back-up generators or other sources of electricity so that evacuees who rely on powered devices can have access to electrical power while at the shelter.
 - Refrigerator
 - Backup power supply



Portable oxygen tank



Service animal

- For more information see FEMA’s Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
- Medical Needs Shelters should be only for those with medical needs and their family or caregiver.
 - Medical care on which their life depends.
 - Medical shelters are NOT for people who have access and functional needs who do NOT need immediate and ongoing medical care.
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 - Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
 - If advance warnings are being given, be sure to explain the benefits of evacuation, as well as the consequences of non-evacuation.
 - Use communication strategies that work for the person.
 - Have a plan. Keep it simple.
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 - The person does have the right to refuse to evacuate or to receive assistance. Check your agency policy on strategy/procedure.
 - Your agency may have a Refusal Form
 - Emergency services may not be able to return if the person changes his or her mind later.

- Medical Treatment /Recovery
 - Be sure that the person will be met by a qualified caregiver or responsible party at the destination to assure continued support toward recovery as needed, and so that the responder can disengage from the person to assist others.
 - Be aware of related Critical Incident Stress, and that a variety of feelings are perfectly normal after exposure to abnormally critical and emotional situations. Seek training or counseling if assistance is needed.



*Red Cross
medical symbol*

Understanding Access and Functional Needs

Access and functional needs (formerly referred to as “special needs”) include the needs of people with disabilities, as well as individuals who may have additional needs before, during, and after an emergency or disaster incident. Individuals in need of additional response assistance may include those:

- who have disabilities (sensory, cognitive, mobility)
- who live in institutionalized settings
- who are elderly and impaired
- who are children
- who are from diverse cultures
- who have limited English proficiency or who are non-English speaking
- who have transportation limitations



Young woman with non-visible access and functional needs

Access and Functional Needs (as defined by FEMA’s Developing and Maintaining Emergency Operations Plans – Comprehensive Preparedness Guide [CPG] 101 Version 2.0 November 2010.)

http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

- Those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting. These actions are in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the Americans with Disabilities Act Amendments Act of 2008, P.L. 110-325, and those associated with them.
- Access and functional needs may include modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods. Examples of “access and functional needs” services may include a reasonable modification of a policy, practice, or procedure or the provision of auxiliary aids and services to achieve effective communication, including but not limited to:
 - An exception for service animals in an emergency shelter where there is a no-pets policy
 - The provision of way-finding assistance to someone who is blind to orient to new surroundings
 - The transferring and provision of toileting assistance to an individual with a mobility disability
 - The provision of an interpreter to someone who is deaf and seeks to fill out paperwork for public benefits

Focusing on the access and functional needs of a person should make it easier to determine specific strategies for response and recovery. The general population may know the names of many specific disabilities, but not the accompanying specific needs. For example, stating that a person has multiple sclerosis or amyotrophic lateral sclerosis does not identify his or her needs. However, stating that a person uses a motorized wheelchair and does not speak provides a clearer identification of needs for emergency response to consider.

Personal accommodations or assistive technologies, such as a wheelchair or communication device, are not a restriction or confinement. In fact, they are a source of independence.

And remember, some persons may have more than one access or functional need. Ask the person what assistance they may need. You may need to reference more than one of the specific functional needs tabs in this guide.

Video Interviews 

Note: The people who have access and functional needs shown in the [videos](#) are actual members of the access and functional needs community. They are not experts in their specific access and functional need. They are not actors. Their views are based upon their own experiences which highlight real points for better understanding of their needs in an emergency situation.

Myths and Truths

It is important to differentiate between myths and factual information regarding people who have access and functional needs. Here are a few of the more common myths and the supporting truths.

- **Myth** - A person who has access or functional needs is sick or has something wrong with them.
Truth - Access and functional needs include more than disability or sickness. Access and functional needs can also include transportation needs, language differences, cultural differences, age issues (the very young or the elderly with impairments), and more.
- **Myth** - People who have access and functional needs have a poor quality of life.
Truth - People who have access and functional needs can have a high quality of life and often do not see themselves as having something “wrong” with them.
- **Myth** - People who have access and functional needs always need expensive or “high-tech” assistive devices or services.
Truth - Some of the best accommodations are inexpensive services or devices.
- **Myth** - All people with hearing loss read lips.
Truth - The needs and abilities of people with hearing loss vary. Only 30-35% of human speech is visible on the lips. The best way to resolve communication barriers is to be flexible and open to simple solutions.
- **Myth** - A service animal knows how to get its owner where he wants to go.
Truth - A person who is blind knows where he or she is going, not the service animal. The person is trained to work with the service animal.
- **Myth** - All people with autism are hypersensitive to touch and sound.
Truth - People with autism have varied sensitivities to touch and loud noises.
- **Myth** - Alzheimer’s/dementia patients are always mean and hostile. They are better left alone and respond best to hostile orders.
Truth - People with Alzheimer’s, or dementia, respond best to patience and clarity and still value the presence of other people.
- **Myth** - People who have access and functional needs are easily identified.
Truth - Not only are individuals who have access and functional needs not always easy to identify, but in many cases do not identify themselves as a person who has access and functional needs or a person who has a disability.
- **Myth** - People who have access and functional needs require help with everyday tasks.
Truth - Many people who have access and functional needs are extremely self-sufficient.
Truth - People who have access and functional needs are their own everyday emergency managers.

Further references to consider re: myths regarding people who have access and functional needs

- Racist Myths about Mexican Immigrants
<http://academic.udayton.edu/race/02rights/guadalu4.htm>
- Myths About Vision Loss
<http://www.99main.com/~charlief/vi/myths.html>
- Autism and Asperger syndrome: some facts and statistics
<http://www.autism.org.uk/about-autism/some-facts-and-statistics.aspx>
- AstridGuide – Dementia & Alzheimer Guide
<http://www.astridguide.org/dementia-myths.htm>

Etiquette for Access and Functional Needs

Here are some recommendations when meeting people who have access and functional needs.

- Offer assistance to people who have an access or functional need. If you feel that the individual may be in need of some help, such as opening a door or carrying packages, ASK.
- Talk to adult people who have an access or functional need as adults.
- Communicate directly to the person and establish eye contact.
- Enjoy the conversation and get to know the person. Remain calm.
- Approach people with a disability to shake their hand the same as you would anyone else. Be aware that they may not be able to shake your hand, so watch for an indicator from them as to what type of greeting is comfortable for them.



*Responder
greeting woman*

Essential Tips

Here are some essential tips for emergency responders providing services to individuals who have access or functional needs.

- Avoid separating the individual from their accommodation or assistive technology. Examples include:
 - service animal
 - cane, walker
 - wheelchair, motorized scooter
 - caregiver
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision
 - medication
 - durable medical goods
 - oxygen tanks
 - laptop computers, tablet devices
 - cell phone
 - Talk Box (Augmentative and Alternative Communication [AAC])
- Keep in mind that **you don't want to turn an independent person into a dependent person** by removing his or her accommodation or assistive technology .



*Walker with
hand brakes and basket*

*If all you see is a woman who is blind, then it is you who has no vision...
If all you hear is a man who is deaf, then it is you who cannot listen...
If all you know is a child who has a learning disability,
then it is you who doesn't understand...
and
If all you experience is a person who is elderly,
then it is you who has no wisdom.*

- unknown, 1996

*"For people without disabilities, technology makes things easier.
For people with disabilities, technology makes things possible."*

- Temple University Institute on Disabilities

Assure Access

Assure access to emergency response and services for all individuals who have access or functional needs .

- Access physically
 - transportation
 - door access
 - entry ways, ramps, exits, and adequate space
- Access to information (communication)
 - keep it simple
 - visual/text
 - sound/audio
 - repeat messages
 - timely and regular updates
 - So that people who have access or functional needs can plan accordingly (allowing more time as necessary) for evacuation and gathering resources.
- Consideration for medical needs
 - medicine
 - supplies
 - equipment
 - care and caregivers
 - duration of stay



Man using motorized wheelchair and access ramp



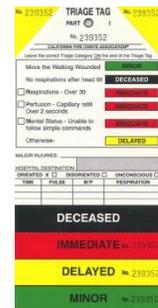
Red Cross medical symbol

Triage Considerations

Definition of triage:

- the sorting of and allocation of treatment to patients (especially battle and disaster victims) according to a system of priorities designed to maximize the number of survivors
- the sorting of patients (as in an emergency room) according to the urgency of their need for care

Source: Merriam-Webster Online



Medical triage tag

For the access or functional needs population, triage presents some risks and challenges. There is the possibility that communication or mobility issues could cause people to be classified incorrectly.

- Green tags are given to those who can “walk” away from the accident. However, a person who is blind may not be able to walk away, simply because he is unable to see the exit. Or a person who is paraplegic may not have any incident injuries but not be able to “walk” away from the scene.
- Red tags are given to victims who have life-threatening injuries, including those who cannot respond to simple questions. Someone hard of hearing, deaf, speaking a foreign language, or a child with autism, may not be able to respond as expected, and could mistakenly be given a red tag.

The incorrect classification of patients may cause emergency responders to focus on the wrong person, denying attention to other more serious injuries.

Individual Assessment

Just like any member of the community, people who have access and functional needs have a responsibility to themselves and their families to develop an emergency plan.

Initial Contact

Upon initial contact with emergency responders, just like many other people, those who have access or functional needs experience a number of feelings which may include (and are compounded by an emergency):

- Fear/Distrust:
 - of leaving their home, valuables, being separated from their families and pets
 - of government officials, including emergency responders
 - of being mistaken for a suspicious person or someone who is not cooperative
 - of being arrested
 - of being hurt
 - of the unknown
- Frustration:
 - over being unable to be independent in situations where time is critical
 - over being unable to get needed help due to inability to communicate effectively
 - over being unable to communicate rapidly and effectively enough to satisfy the responder
 - over being unable to understand the responder, particularly during a crisis

In many cases, the responder and the individual who has access or functional needs share many of the same feelings during the initial contact. The actions of a responder in the initial moments of an encounter will largely determine whether or not that encounter will be successful -- hence the importance and ***value of effective communication***. Ask questions and listen to the answers.

On-The-Spot Assessment Strategies Checklist

The following list may help to quickly identify resources, considerations or communication strategies to maintain the individual's independence. Remember, some individuals may have multiple needs, so be sure to check the complete list. **Note: Checkmarks can be placed by selecting the boxes which apply.**

- Can the individual walk independently or what assistive devices does he or she use? (See [Mobility/Dexterity tab.](#))
- Can the individual see? Is he or she blind or with low-vision? (See [Blind/Low-vision tab.](#))
- Can the individual hear? (See [Tips for Communication tab](#) and [Deaf/HOH tab.](#))
- Can the individual speak and be understood? (See [Tips for Communication tab](#), [Deaf/HOH tab](#) or [Cognitive/Mental Health tab.](#))
- Can the individual understand English? If no, what language is understood? (See [Tips for Communication tab](#) and [Language/Cultural tab.](#))
- Can the individual comprehend? Is there a cognitive disability? (See [Tips for Communication tab](#) and [Cognitive/Mental Health tab.](#))
- Does the individual have medical needs? (See [Medical Needs tab.](#))
- Does the individual require specialized equipment or assistive devices?
 - braces, crutches, walker, wheelchair, motorized wheelchair (See [Mobility/Dexterity tab.](#))
 - cane for person who is blind or has low-vision, service animal (See [Blind/Low-vision tab.](#))
 - hearing aids or similar device (See [Deaf/HOH tab.](#))
 - portable oxygen tanks or generator (See [Medical Needs tab.](#))
- Does the individual have a caregiver, friend or family member who assists him or her?
- Does the individual require constant care or supervision? (See [Cognitive/Mental Health tab](#), [Congregate Care tab](#), [Institutions tab](#), [Children tab](#) or [Seniors tab.](#))
- Does the individual have a survival kit or "go bag" that includes a two week supply of all current medications, medical equipment and supplies?
- Does the individual require electricity to maintain specialized equipment or assistive devices or refrigeration to store medications?
- Does the individual have a personal emergency health information bracelet, card, computer chip, file, or other source of information?
- Does the individual have a personal emergency contact list with names and phone numbers of family members, friends, doctors, insurance providers and hospital preferences?
- Does the individual have an emergency plan including shelter options?
- Does the individual have transportation needs? (See [Transportation tab.](#))

Note: This page can be printed using your standard print commands.

Multiple Access and Functional Needs

There are a growing number of people who have multiple access and functional needs.

Always ASK how you can help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect his or her independence to the extent possible. Don't make assumptions about the person's abilities. Ask if he or she has limitations or problems that may affect his or her safety.



Woman with multiple access and functional needs

After determining the individual's multiple access and functional needs, refer to the most applicable tab(s) in this guide for further guidance.

Local Community Resources

- Know the locations of shelters and medical needs shelters in your community.
- Know the resources in your area (not relying on your dispatcher) such as: independent living associations, advocacy groups, community support groups, and faith based organizations.
- Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).
- Develop partnerships with local community resources during emergency planning that can help when an emergency occurs.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

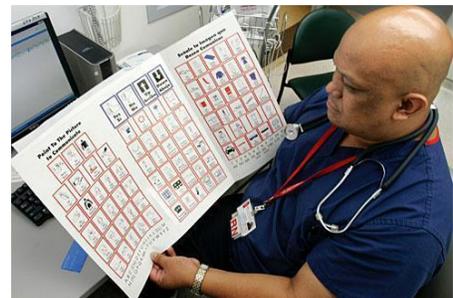
Address: _____

Tips for Communication

People with speech disabilities, individuals with cognitive difficulties, very young children, anyone under severe stress, people with significant hearing loss or anyone with limited English proficiency may not be able to use audible and/or intelligible speech to communicate. People who have difficulty speaking may also have difficulty understanding what other people are saying. People with communication limitations are a vulnerable population in any emergency or disaster.

Tips for emergency response personnel interacting with someone who needs communication assistance:

1. Begin by identifying basic communication methods (pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks).
 - Say, "Show me how you say YES."
 - Say, "Show me how you say NO."
 - Say, "Show me how you point to something or someone you want."
 - Use pointing and gestures to show what you want the person to do.
 - Watch for signs that the person is deaf or hard of hearing.
 - Always repeat the person's actions and/or what he or she tells you to confirm that you have understood.
 - Ask questions that can easily be answered with a YES or NO response.
 - Ask questions one at a time and slowly.
 - Give the person extra time to respond.
 - Take time to listen carefully.
 - Maintain eye contact if possible and appropriate. (See Language/Cultural tab for considerations.)
 - Maintain appropriate facial expressions. If you look angry or annoyed, the person may be less cooperative.
 - Present paper and writing utensil or a communication board if possible.
 - Don't pretend to understand when you do not – repeat what you do understand, and ask for the part you didn't understand to be repeated.
2. After communication methods have been identified, ask a few basic questions.
 - "Is there someone here who can help me communicate with you?"
 - "Do you have a communication board, communication book, or a speech generating device?"
 - "Did you bring it with you?" If they indicate YES, ask them where it is and help them retrieve it. If they indicate NO, go to the Picture Cues tab.
 - Remember to ask simple questions that can be answered with a YES or NO.



Communication board

NOTE: When using communication aids, if someone is unable to point because of his or her disability, a communication partner or assistant can point to the communication aid for them (e.g., point to a picture, word, or letter on the board) and ask "Is this the picture (or word or letter) that you want?" Then wait for a YES or NO response. Always confirm your understanding of the choice made before going on.

 Partner Assisted Auditory Scanning

Communication options for people who have limited speech

Augmentative and Alternative Communication (AAC) refers to a variety of methods that allow people to communicate when speech is limited.



Alphabet board: Letters and words on a board that a person can point to and make words or sentences.



Communication displays with pictures: Pictures and symbols on a board/display/book that a person can use to express thoughts, feelings, ask questions, etc.



Speech generating devices: Electronic devices that produce speech output (talk) when a person selects letters, words, pictures or symbols.

Personal communication displays/boards/books

Non-electronic communication displays/boards/books come in many shapes and sizes. Some products are commercially made and can be modified for personal use. However, most of these are customized by clinicians in consultation with the individuals who use them.

The examples below show a variety of communication boards, books and displays. Some are used to communicate during a particular event or in a specific location (such as a restaurant or church).

Others are more generic and are used everywhere (like the alphabet board below). People may use one or more of this type.



Communication books, boards and displays enable people to point to pictures, symbols, the alphabet, numbers, words and phrases. If individuals are unable to point, partners can scan the board so they can construct messages. Some displays/boards/books have multiple purposes; others are specific to one event or location.

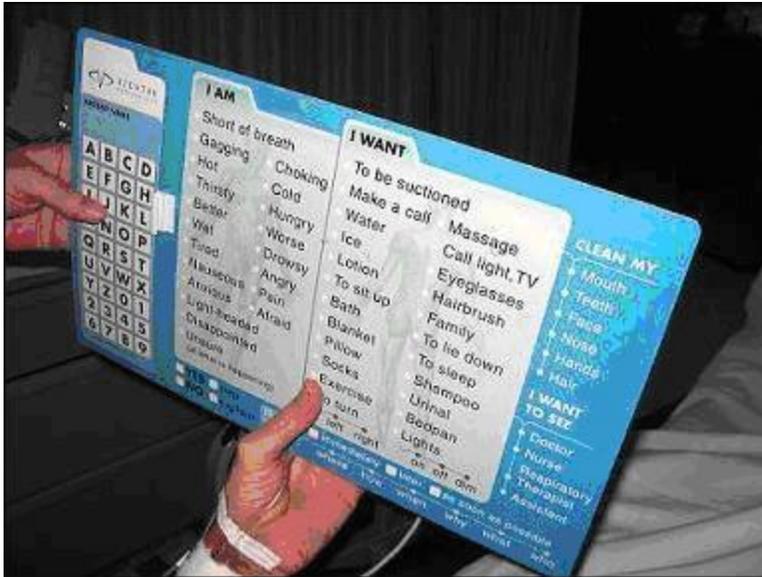
Emergency-oriented Communication Displays

Communication displays are being used in emergency rooms, ambulances, ICUs, refugee camps and in other emergency settings. These tools can help solve communication problems and support people who have difficulty speaking because of a disability, age, confusion, etc. Examples of some are shown below.

		A	B	C	H	D	E	F	G	H	I	J	K	L	M	N	Ñ	O	P	Q	R	S	T	U	V	W	X	Y	Z
L o g o		si yes 	beber drink 	cuándo when 	dónde where 	doctor doctor 	enfermera nurse 	no no 	0																				
		frio cold 	dolor pain 	picor itch 					2																				
		calor hot 	dolor de cabeza headache 	mareado dizzy 					3																				
		Fiebre temperature 	problemas de corazón heart problem 	ahogar choke 					4																				
		baño bathroom 	bacinilla bedpan 	botella urinal 	compresa sanitary napkins 	pañal diaper 	cepillar los dientes brush teeth 	lavar wash 	5																				
									6																				
									7																				
									8																				
									9																				

Simbolos Mayer Johnson copyright 1990 2005 Diseñado por CCA. teléfono +34687570693 Copyright 2006

This display has letters and numbers, as well as important symbols related to health care. It is a bilingual communication display (English and Spanish) and also is useful if someone is unable to read. (Mayer Johnson)



This display is specifically designed for use in a hospital by someone who can read. (Vidatek)

Speech Generating Devices (SGDs)

There are over a million individuals (young and old) who use speech generating devices (SGDs). These are computers with special software that “talk.” They come in many different sizes and shapes. People who have significant communication disabilities use them to express their feelings, ask and answer questions, communicate basic needs, talk on the phone, lecture, have conversations, send email, etc.

To communicate, the person simply selects words, pictures, letters or symbols with a finger or infra-red pointer, head stick, or switch and the device then “speaks” the message. For example, the device speaks, “It is a pleasure to meet you “after the user selects the words or sentence from the SGD device.



The famous physicist, Dr. Stephen Hawking, gives speeches around the world using an SGD. Here he converses with Ms. Ana Berlowitz after his lecture at Stanford University. Ms. Berlowitz uses an infrared head pointer and Dr. Hawking uses his finger to activate a switch so they can access language on their individual SGDs.

Other equipment is often required in order for people to use SGDs (e.g., batteries, switches, mounts, carrying case). SGDs are electronic devices that require that batteries be regularly recharged. Some varieties are low-cost with only a few available messages. However, many others are quite complex, costing \$8,000 or more. These allow individuals to say anything they want.



Examples of speech generating devices (SGDs) that enable people with limited speech to “talk.”

Note: People who rely on SGDs also use non-electronic communication displays, gestures and some limited speech with family and friends, but require SGDs to communicate with most other people.

Source: *The Rehabilitation Engineering Research Center on Communication Enhancement (AAC-RERC)* <http://aac-lerc.psu.edu/index.php/pages/show/id/18>

Deaf/Hard of Hearing (HOH)

People who have hearing loss have varying communication needs, levels of hearing and speech abilities. Each person's functional need may be different. Try to establish communication and ask questions about his or her needs before automatically providing assistance.

Essential Tips

- Some people who have hearing loss do not accept or identify themselves as deaf or hard of hearing.
- Someone may be deaf or hard of hearing if he or she:
 - is not responding or inappropriately responds
 - is asking for repetition or clarification
 - is staring intently at your face
 - seems confused
 - is pointing to his or her ears and mouth and shaking his or her head "no"
 - has a hearing aid or cochlear implant
 - is using sign language
 - has a flashing fire alarm system 
- Hearing aids do not guarantee that the person can hear and understand speech.
- People who have hearing loss may be difficult to identify.
- Some people who are deaf or HOH read lips, while some do not.
 - Lip reading cannot be relied on for communication.
 - Only 30-35% of spoken language is visible on the lips.
- Some people who are deaf or HOH use their voice, and some do not. Deaf doesn't mean mute.
- Some who are deaf or HOH may have difficulty with written or spoken English. English may be their second language. Sign language is different than English and might be their first language.
- Not all people who are deaf or HOH know sign language (American Sign Language [ASL] or any other form).
- People who are deaf or HOH can use a general population shelter.
 - ADA requirements should provide for accessible communication needs in all public shelters.



Hearing aid



Cochlear implant

Be aware that a few people can be deaf and blind. This combination is rare and has its own variations of severity.

- Tactile signing for the deaf-blind
 - Communicate with ASL sign language with other individual's hand on top.
- Print on palm of hand
 - Spell with block letters onto flat hand using index finger.
 - Do not lift finger until complete letter is formed.
 - Wipe palm between words.

Etiquette for Deaf/Hard Of Hearing

- Avoid shining a flashlight into the face or eyes of a person who is deaf or HOH.
- Position yourself appropriately - close enough and not too distant. A deaf or deaf-blind person may ask you to move or position you in an ideal place for optimal communication. This is NOT intended to be aggressive.
- Establish and maintain eye contact.
 - Be sure the individual is looking at your face when you communicate.
 - Be sure the area behind you is not visually distracting (lights, bright sun, etc.).
 - Do not look away or hide your mouth while talking.
 - People who read lips will not be able to follow what you are saying.
 - Do not chew gum and don't smoke.
- Communicate directly with the person who is deaf or hard-of-hearing. Do not direct your spoken word to the interpreter or communication facilitator.
- Speak in normal tones and at a normal speed.
- Reduce noise. Turn off all noise makers (e.g., televisions, radios) and consider closing the door to reduce outside clutter noise. It is very distracting to people wearing hearing aids or implants.
- Use facial expressions, gestures and body language when communicating.
 - Point to objects as you speak about them.
 - Use pointer finger for directions.
 - Be sure head nod matches message.
- Use written communication if effective.
 - Write down the urgent situation and expectations of the individual.
 - Let person read as you write (speed) and allow interruption once point is made.
 - Person may need to write information for you.
- Use picture cues or a phrase board if effective. (See Picture Cues tab.)
- Use professional interpreters as soon as possible for people who know sign language. Some areas have video remote interpreting (VRI) available. 
 - Family members or friends should **only** be used as interpreters for an immediate, short-term situation.
 - Interpreting requires very specific skills. Just because someone knows sign language doesn't mean they have the skills to be an interpreter.
 - Interpreting requires that one pay attention carefully, understand what is communicated in both languages, and express thoughts and ideas clearly. Strong research and analytical skills, mental dexterity, and an exceptional memory are also important for interpreting.
 - Interpreter position should be next to you, so the individual can read the interpreter and watch your body language at the same time. Be sure to thank the interpreter for his or her assistance.



Gestures



Sign language interpreter

Get Attention

- Announce yourself and be sure you are seen since the person may not hear you.
 - Flash room lights on/off, wave, rap flashlight on door frame (create vibration), stomp foot, tap shoulder.
- Establish eye contact if possible and appropriate. (See Language/Cultural tab for considerations.)
- Clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Recognize sign language so that you do not interpret it as an act of aggression.



Light switch

In the Deaf-Blind community, using your finger to draw an “X” on the person’s back, or near his or her shoulder, is a widely used indication that there is an emergency and that he or she should trust and follow you. (For the safety of the person, only share this information with other emergency responders.)

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, picture cues, or an interpreter).
 - Speak clearly.
 - Keep your hands away from mouth for those who may read lips.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video)
 - Use pencil/pen and paper; write down what the urgent situation is.
 - Let individual read as you write (speed).
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Be patient, as person may have difficulty understanding information. Impatience will be visible in body language and may upset the person more.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Assess person for other access and functional needs (blind, medical, mobility, cognitive, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
- Ask if an interpreter would be helpful. If so, get one as soon as possible. Is video remote interpreting (VRI) an option in your area? 
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag" that includes your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - glasses
 - hearing aids
 - cochlear implant
 - induction loop systems
 - other Assistive Listening Devices (ALD)
 - text based cell phone 
 - caption phone 
 - voice to text 
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - translator devices
 - laptops , tablet devices 



Hearing aids



Text based cell phone device

- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
 - For example, if you are a fire-fighter and you have a hose line that's already in the hallway, you can say, “Put your hand on the hose. Follow the hose to safety.”
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use an interpreter or video remote interpreting (VRI) as soon as possible.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, get an interpreter, accompany the person, etc.).



Woman offering pen and paper for communication

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “What can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Ask the person if they are “ok” or if they are experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.
 - Special signage, lighted alarms, captioning and other visual aids may be required for people who are deaf or hard of hearing so that they receive important communications. Post signs and messages to inform the person of the location of medical, food, supplies, etc.



Responder providing information in writing

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local deaf and hard of hearing (HOH) organizations:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Blind/Low-vision

Most people who are listed as blind are not **completely** blind. Most do retain some limited vision. Thus there are some visual strategies that may still be helpful when in an emergency situation. Complete blindness means the person cannot see anything and **does not see light**. [📺](#) (scroll down to "Video shown during AWR-186-Breaking News)

The federal statute defines blindness as follows: The term "blindness" means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes in this paragraph as having a central visual acuity of 20/200 or less. 42 U.S.C. § 416(i)(1)(B) (Supp. IV 1986).[1]

Essential Tips

- Always communicate any written information orally.
- A person who is blind or with low-vision, who is in a familiar environment (like his or her home or office space) can likely evacuate without assistance if there is no damage to the dwelling. Most people who are blind or have low-vision are extremely self-sufficient.
- Always communicate any dangers in the environment.
- Service animals should be evacuated with the person. (See Service Animals tab.)



Man using cane for person who is blind

Be aware that a few people can be both deaf and blind. This combination is rare and has its own variations of severity.

- Tactile signing for the deaf -blind
 - Use ASL sign language with other individual's hand on top.
- Print on palm of hand
 - Spell with block letters onto flat hand using index finger.
 - Do not lift finger until complete letter is formed.
 - Wipe palm between words.

Etiquette for Blind/Low-vision

- Announce your presence and if others are with you, introduce them as well.
 - “Hi Bill, this is Bruce and I have Christy and Ken with me.”
- Always speak directly to the person, not to his or her escort.
- Do NOT shout. The individual is blind, not deaf.
- Use a calm tone of voice that projects competence in your ability to assist.
- Ask if the person needs help and what type of help. Listen and respond accordingly.
- Never touch a blind person's cane or service animal. Do not separate a cane or service animal from the person.
- Ask if the person would like you to escort them.
- Always walk on the opposite side of the guide dog or cane... you will interfere with the service animal's instincts and duties, and you could get whacked by the cane... intentionally or not 😊.
- Offer your elbow to the individual if walking. Avoid holding on to the individual. Let the individual who is blind or has low-vision hold on to you. Provide a description of the route and surroundings as you walk such as:
 - Go to your left.
 - There is a curb here, step up.
 - We are going to go down a flight of steps.
 - We are going through a doorway, a narrow passage, a ramp, etc.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- Announce your departure.
- It is OK to use words like “see,” “look,” or “blind.”
 - It is ok to say, “See you later” or “See you tomorrow.”



Young girl guiding man using cane for person who is blind

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).
- Ask persons who are blind or have low-vision, “Where do you want me to stand?” Because of the various causes of vision loss, some persons may need to bring you into their line of focus. They may want to take your hand or shoulder and move you where it's best for them to see you. Do not move after establishing visual range. Once they have you in their field of vision, stay in the same position until you have finished the communication exchange.

**IDENTIFICATION
REQUIRED**

In the Deaf-Blind community, using your finger to draw an “X” on the person's back, or near his or her shoulder, is an indication that there is an emergency and that he or she should trust you and follow you.

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person.
 - Speak clearly.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Assess person for other access and functional needs (deaf, medical, mobility, cognitive, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask, “Do you have a friend or family member who can help you?”
- Include family members or caregivers.
- Ask, “How can I help you?”
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual’s needs and learn his or her communication style.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, “Do you have a survival kit or “go bag” that includes your necessary equipment, assistive devices, medicines, or supplies?”
- Check for personal accommodations and communication devices. 
 - glasses
 - cane for person who is blind or has low-vision 
 - hand held GPS 
 - cell phone
 - magnifiers 
 - laptops, tablet devices
- Check for service animals or pets. 
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.



Man using cane for person who is blind and a GPS device

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Have a plan. Keep it simple.
 - Use short sentences.
 - For example, if you are a fire-fighter and you have a hose line that's already in the hallway, you can say, “put your hand on the hose. Follow the hose to safety.”
- Provide simple instructions for the path with the least amount of debris, obstacles, steps, etc.
 - Consider curbs, medians and traffic.
 - Be sure that color is not the only descriptor in your instructions. Some people may be color blind. This is more common for males.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “What can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from his or her family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Ask the person if they are “ok” or if they are experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.
 - Walkways should be free of projecting objects. Objects that are more than twenty-seven inches above the ground (above the swinging path of a cane for person who is blind or has low-vision), and less than eighty inches high should be cleared. Signs to public restrooms and facilities should have raised characters and Braille. Public announcements made within the shelter should be clearly audible from all sections of the building.

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local blind/low-vision organizations:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Cognitive/Mental Health

People with cognitive/mental health issues may have sensitivities or varied abilities or inabilities to cope with common emergency scene conditions (sirens, flashing lights, lots of noise, confusion, numbers of people rushing around, etc.). People who have cognitive/mental health issues are not always easy to identify, and in many cases do not identify themselves as such. You may not be able to tell if a person has cognitive/mental health issues until you are interacting and communicating with them.

Essential Tips

- People with cognitive/mental health issues:
 - may have short attention spans
 - may take more time to comprehend
 - may have difficulty reasoning and solving problems
 - may have difficulty remembering things, planning or organizing
 - may not have the ability to read
 - may not have the ability to speak and make their needs known
 - Speech may be pressured, halted or broken.
 - Some persons may have Augmentative and Alternative Communication (AAC) devices.
 - may have difficulty with coordination and motor functions
 - may exhibit unusual behavior or inappropriate responses (verbal or non-verbal)
 - Involuntary, non-aggressive or non-directed cursing
 - Irrelevant dialogue
 - For example: a building is on fire and the person is talking about the weather.
 - Inappropriate emotions or over-sensitivity
- People with cognitive/mental health issues may show signs of stress and/or confusion in their non-verbal body language which may become elevated during an emergency due to the sirens, flashing lights, lots of noise, smells, confusion, numbers of people rushing around, etc.
 - confused facial expressions
 - physical withdrawal from communication
 - rubbing hands together, rocking
 - anxiety
 - overly friendly
 - indifference
 - facial flat affect (absence of facial expressions)
 - agitation
 - personality changes, paranoia or hallucinations
 - avoidance of eye contact or touch
 - sudden, repetitive movements or sounds which can be difficult to control (involuntary tics)
 - obsessive repetition of a particular action, word or phrase
 - bewilderment indicated by the person's not seeming to understand anything that is happening



Responder assisting child and mother

- Some cognitive/mental health conditions can be misinterpreted. For example, someone might mistake Cerebral Palsy for drunkenness.
- Military service veterans may have cognitive/mental health conditions due to traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD).
- Note that many people who are homeless have mental health issues and personal safety concerns and may be armed (knife, piece of rebar, gun, etc.).
- Tips for interacting with people with cognitive or mental health access and functional needs:
 - Turn off emergency lights and sirens if possible. Minimize environmental noise, flashing lights and confusion.
 - Identify yourself and explain why you are there.
 - Speak slowly, using short words in a calming voice.
 - Ask yes or no questions: repeat them if necessary.
 - Maintain eye contact.
 - Repeat reassurances, but don't assume the person doesn't understand because they do not use words.
- Specific Disorder Characteristics - The disorders included are those which have the most explosive, odd or unusual behaviors that may be encountered. In general, approach with care, do not grab or touch without knowing that the person is accepting your assistance. They may be more prone to violence during an emergency due to the change in routine or environment.
 - Alzheimer's disease is a type of progressive dementia (dementia that gets worse with time) and is caused by the destruction of brain cells. Although the exact cause isn't known, two types of brain cell (neuron) damage are common in people who have Alzheimer's disease. These include plaques (clumps of a normally harmless protein called beta-amyloid) and tangles (fibrous tangles made up of an abnormal protein called tau protein). Alzheimer's disease usually progresses slowly, over seven to 10 years, causing a gradual decline in cognitive abilities. Eventually, the affected part of the brain isn't able to work properly because of limited functions, including those involving memory, movement, language, judgment, behavior and abstract thinking. Alzheimer's disease is the most common cause of dementia in people age 65 and older. Symptoms usually appear after age 60, although early-onset forms of the disease can occur, usually as the result of a defective gene.
(Mayo Foundation for Medical Education and Research (MFMER))

Tips for interacting with people with Alzheimer's disease:

- Turn off emergency lights and sirens if possible.
- Identify yourself and explain why you are there.
- Speak slowly, using short words in a calming voice.
- Ask yes or no questions: repeat them if necessary.
- Maintain eye contact.

- Autism Spectrum Disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, the rare condition called Rett syndrome, and childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. (National Institute of Neurological Disorders and Stroke)

Tips for interacting with people with autism:

- Some people with autism may not speak or make eye contact.
- Some people with autism are excited, frightened or distracted by noise and lights around them. Try to minimize these environmental conditions.
- Some people with autism become distracted by smells.
- Unless absolutely necessary, do not touch a person with autism without his or her permission. People with autism are often sensitive to touch, and touch can be painful.
- If a person with autism begins to waves arms around, do not try to hold the individual's arms. Usually within a short period of time this will stop. It is a sign that the individual is frustrated, frightened and /or experiencing something very different.
- Look for signs of stress or confusion, and understand that rocking, repetitive motion and repeating words/phrases may be comforting to a person with autism.
- Repeat reassurances, but don't assume the person doesn't understand because he or she does not use words.

- Asperger syndrome (AS) is a developmental disorder that is characterized by:
 - limited interests or an unusual preoccupation with a particular subject to the exclusion of other activities
 - repetitive routines or rituals
 - peculiarities in speech and language, such as speaking in an overly formal manner or in a monotone, or taking figures of speech literally
 - socially and emotionally inappropriate behavior and the inability to interact successfully with peers
 - problems with non-verbal communication, including the restricted use of gestures, limited or inappropriate facial expressions, or a peculiar, stiff gaze
 - clumsy and uncoordinated motor movements

Asperger syndrome is an autism spectrum disorder (ASD), one of a distinct group of neurological conditions characterized by a greater or lesser degree of impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior. (National Institute of Neurological Disorders and Stroke)

- Dementia isn't a specific disease. Instead, it describes a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning. It's caused by conditions or changes in the brain. Different types of dementia exist, depending on the cause. Alzheimer's disease is the most common type.

Memory loss generally occurs in dementia, but memory loss alone doesn't mean you have dementia. Dementia indicates problems with at least two brain functions, such as memory loss along with impaired judgment or language. Dementia can make you confused and unable to remember people and names. You may also experience changes in personality and social behavior. However, some causes of dementia are treatable and even reversible.

Dementia symptoms vary depending on the cause, but common signs and symptoms include:

- Memory loss
- Difficulty communicating
- Inability to learn or remember new information
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Personality changes
- Inability to reason
- Inappropriate behavior
- Paranoia
- Agitation
- Hallucinations

(Mayo Foundation for Medical Education and Research (MFMER))

Tips for interacting with people with dementia:

- Turn off emergency lights and sirens if possible.
- Identify yourself and explain why you are there.
- Speak slowly, using short words in a calming voice.
- Ask yes or no questions: repeat them if necessary.
- Maintain eye contact.

- Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. About one percent of Americans have this illness. People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated. People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking. (The National Institute of Mental Health (NIMH))

- Tourette syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics. Verbal outbursts are a common trait. (National Institute of Neurological Disorders and Stroke)

- Traumatic Brain Injury (TBI) is damage to the brain as the result of an injury. Traumatic brain injury usually results from a violent blow or jolt to the head that causes the brain to collide with the inside of the skull. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury. Mild traumatic brain injury may cause temporary dysfunction of brain cells. More serious traumatic brain injury can result in bruising, torn tissues, bleeding and other physical damage to the brain that can result in long-term complications or death. (MayoClinic.com)

- Post-Traumatic Stress Disorder (PTSD). By definition, PTSD is a very narrow diagnosis that must meet very specific criteria for a clinical diagnosis for treatment. Diagnosis cannot usually be made until at least one year has passed.

Criteria for PTSD:

- A = Exposure - The person has been exposed to a traumatic event in which both of the following have been present:
 - The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - The person's response involved intense fear, helplessness, or horror.
- B = Re-Experienced - The traumatic event is persistently re-experienced in one (or more) of the following five (5) ways:
 - Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
 - Recurrent distressing dreams of the event
 - Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated)
 - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C = Avoidance
 - Efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - Efforts to avoid activities, places, or people that arouse recollections of the trauma
 - Inability to recall an important aspect of the trauma
 - Markedly diminished interest or participation in significant activities
 - Feeling of detachment or estrangement from others
 - Restricted range of affect (e.g., unable to have loving feelings)
 - Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D = Increased Arousal
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hyper vigilance
 - Exaggerated startle response

- E = Duration - Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.
- F = Function - The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Etiquette for Cognitive/Mental Health

- Avoid shining a flashlight into the face or eyes of a person with cognitive/mental health issues.
- Have a conversation in which you speak clearly and take the time to get to know the person.
 - Don't "talk down" to them, yell or shout.
- Keep questions or instructions short and simple.
- Use facial expressions and gestures. Point to any objects as you speak about them.
- Use pictures or objects to illustrate your words.
- Demonstrate what you mean. Showing someone can be more effective than telling.
- Allow the person to complete his or her sentence or reply. Do NOT assume the person is not smart or intelligent. You finishing his or her sentence or reply will only frustrate the person and serves to "highlight" the condition.
- Be empathetic toward the person. Show that you have heard him or her and care about what he or she has told you. Be reassuring.
- Rephrase or restate if the person does not understand. Sometimes it is only one word that is causing the confusion.
- If the person is delusional, just let him or her know you are there to help.
- Avoid interrupting people who might be disoriented or rambling. Just let them know that you have to go quickly.
- Accompany the person to the safe location instead of giving verbal directions.
- Remove a person with cognitive/mental health conditions from confusion and reduce distractions.
 - For example: lower volume of radio, use flashing lights on vehicle only when necessary.
 - Consider noise-cancelling devices if available (headphones) for the individual with great sensitivities or confusion. Ask the individual if he or she is willing to put them on. Explain what you are doing.



Flashlight

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate. (See Language/Cultural tab for considerations.)



Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, picture cues, etc.).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video)
 - Use Picture Cues tab if confusion continues.
- If a person exhibits unusual behavior, treat the individual as if he/she may have a cognitive/mental health access or functional need.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Be patient, person may have difficulty understanding information. Impatience will be visible in body language and may upset the person more.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Allow extra time for the person to process what you are saying and to respond.
- Repeat questions and answers if necessary.
- Assess person for other access and functional needs (deaf, blind, medical, mobility, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag," including your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - glasses
 - cell phone
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - laptops , tablet devices 
- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, "Do you have a survival kit for the service animal?"
- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
- Use soothing tones.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.



Point to objects

Check Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Use simple enticement as appropriate.
 - “If you come with me, we will get you the music you need to calm you. It will be safe there.”
 - “Get notebook with your drawings and come with me to safety (or other familiar object with emotional connection).”
- Ask the person if he or she is “ok” or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.



Teenager with headphones

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local cognitive/mental health organizations:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Mobility/Dexterity

Every access and functional need is unique – even though it may be important to evacuate, respect the independence of each and every person. Don't make assumptions about a person's abilities. Always ask how you can help before attempting any assistance. Ask if they have limitations or problems that may impact their safety.

Essential Tips

- Some people with mobility needs have very specific needs or specific dangers with transfer movement. Someone with a colostomy bag, catheter bag, ventilator, paralysis, brain injury or other mobility conditions may have very unique issues. Some individuals with mobility needs may have sensitive areas of their body or involuntary spasms triggered by specific situations. Don't pick up or carry the person without knowing the situation whenever possible.
- Mobility devices include motorized scooters, wheelchairs, walkers, canes, crutches, braces, artificial limbs, grasping devices, etc.
- Some wheelchair users may be trained in special techniques to transfer, depending on their body strength (e.g., transferring from wheelchair to a bed or a vehicle).
- Some wheelchair users may use seat or chest belts. Keep these items with the individual.
- Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance.
- Some wheelchairs fold or breakdown for stowing, but some do not. Ask the person how to breakdown the chair if needed. There may be special techniques for doing so.
- There are service animals trained to assist people with mobility/dexterity access and functional needs such as picking up items and delivering them, opening doors, turning lights on and off, etc.



Motorized scooter

Etiquette for Mobility/ Dexterity

- Respect personal space. The wheelchair or scooter is to be treated like the person. Don't lean on or "handle" it.
- Never move a person in a wheelchair or scooter unless you have permission from the person.
- Approach a person in a wheelchair to shake his or her hand just the same as you would anyone else. Be aware that the person may not be able to shake your hand, so watch for an indicator from them to learn the type of greeting with which they are comfortable.
- Sit down to speak at eye level with a person in a wheelchair. It is very tiring to a person in a wheelchair to always be looking upwards for a lengthy chat.
- It's OK to say, "Let's go for a walk" to a person in a wheelchair.
- Provide a large pen if papers are to be signed and the person is missing hands or arms. Ask the person how he or she would like to proceed. The person may make his or her "X" mark.
- Offer to place paperwork or other items where the person can access them as needed.



Responder sits down to assist young lady

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, or picture cues).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video)
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Assess person for other access and functional needs (deaf, blind, medical, cognitive, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
 - "Are you able to stand or walk without the help of a cane or walker?"
 - "You might have to stand or walk for quite a while on your own. Will this be ok?"
 - "Do you have full use of your arms and hands?"
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag" that includes your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - batteries, battery backups, charging systems
 - hearing aid
 - glasses
 - cell phone
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - translator devices
 - laptops, tablet devices
 - transfer boards



*Young man
using wheelchair*



*Man using cane
for mobility*

- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Ask if the individual will need transportation (standard or specialized) arrangements. 
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
 - Provide simple instructions for the path with the least amount of debris, obstacles, steps, etc. Consider curbs, medians and traffic.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Allow for independence when possible.
 - A person using crutches, canes, braces, artificial limbs or other mobility devices may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person’s movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you’ll need to do and why.
 - Ask if you can help by offering to carry the extra crutch.
 - If the stairs are crowded, act as a buffer and run interference for the person.
- Avoid carrying the person over the shoulder. Use the one or two person carry techniques.
- Avoid putting pressure on arms, legs or chest when carrying the person. Pressure may result in spasms, pain, and may interfere with breathing and circulation.
- Also evacuate the person’s mobility device (wheelchair, scooter, etc.) when the individual accepts a “pick up and carry” evacuation. This will help maintain his or her independence once they are outside the building or evacuation zone. This might require additional emergency responders, especially if you are dealing with a five-hundred pound battery operated mobility device.
 - In a “no-notice” life-safety event, if the evacuation of the mobility device is not possible, place the mobility device in a safer area so that it is not destroyed and can be recovered later (in the bathroom covered with shower curtain, in an elevator, etc.)
- Use proper carrying techniques for non-motorized wheelchairs.
 - The In-chair carry is the most desirable technique to use, if possible.
 - One-person assist
 - Grasp the pushing grips, if available.
 - Stand one step above and behind the wheelchair.
 - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
 - Keep your center of gravity low.
 - Descend frontward.
 - Let the back wheels gradually lower to the next step.



First responders assisting man in wheelchair

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local disability organizations:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Service Animals

Traditionally, the term “service animal” referred to seeing-eye dogs. However, today, **service animal** means any **dog** that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal should be directly related to the individual's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low-vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition. Source: Department of Justice. Americans with Disabilities Act Title II Regulations. September 15, 2010. [📄](#)



Service animal

Essential Tips

- Remember – a service animal is not a pet.
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- Do not ask for “certification papers” for a service animal. There is no such thing.
- Plan to evacuate the animal with the owner. Do not separate them.
- A person who is blind knows where he or she is going, not the service animal. A service animal for the blind is trained to get its owner safely through the obstacles of a route.
- Dog can go MOST places.
 - But IF the dog is out of control, the person can be asked to leave (shelters included).
 - Also, in places such as hospitals or medical labs, the animal dander can contaminate delicate experiments. Therefore service dogs are NOT allowed and it is the hospital prerogative to ask them to leave.



Service animal

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

- <http://www.leaderdog.org/>

Medical Needs

People who have medical access and functional needs vary greatly on their level of independence or need for caregivers, family or friends on an everyday basis. Each case is different. Communicate with the individual or caregiver as much as possible for details. People who depend on caregivers, family, or friends may need assistance with managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. Some people who have medical access and functional needs require support of trained medical professionals.

Essential Tips

- Individuals with medical needs are not always easy to identify, and in many cases do not identify themselves as such.
- Some people with medical needs have very specific needs or specific dangers with transfer movement. Someone with a colostomy bag, catheter bag, ventilator, paralysis, brain injury or other condition(s) may have very unique issues. Some individuals with medical needs may have sensitive areas of their body or involuntary spasms triggered by specific situations. Don't pick up and carry without knowing the situation.
- An individual's medical needs may be as simple as taking medication at a certain time of the day.
- People with ongoing medical needs may require specially trained personnel.
- Stress may make some medical conditions worse.
- For some persons prone to seizures, strobe lights can trigger seizures.
- Some women who are pregnant may have medical needs.
- Children with ongoing medical needs may need additional considerations due to his or her size, special diet (including feeding tubes, baby formula and food), and supervision requirements.
- Survival kits or "go bags," are especially important since they will contain needed medications or durable medical supplies.
- Some individuals with medical needs may have additional access and functional needs (communication, cognitive, mobility issues, or supervision).
- Most general population shelters cannot accommodate people with ongoing advanced medical needs because of the requirements for specially trained personnel and/or equipment.
- A "Medical Needs" shelter is for people who have ongoing advanced medical conditions in which the medical care needs exceed the basic first aid services provided at general population shelters.
- Know where the local "Medical Needs" shelters are in your jurisdiction.
- Consult EMS, Public Health, Health Department, or Human Services for assistance when medical treatment is required beyond your area of expertise.
- Know the local hospitals and medical facilities in your jurisdiction.



Woman with medical needs

Etiquette for Medical Needs

- Respect personal space.
- Position yourself appropriately.
- Communicate directly to the person.
- Ask if the person needs help and what type of help. Listen and respond accordingly.

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Identify if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, picture cues, etc.).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video")
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Be patient. Impatience will be visible in body language and may upset the person more.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Assess person for other access and functional needs (deaf, blind, cognitive, mobility, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
- Ask the person if his or her condition is medically stable and if the risk of deterioration of his or her pre-event level of health is minimal.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag" that includes your necessary equipment, assistive devices, medicines, or supplies?"

- Check for personal accommodations and communication devices. 
 - medical equipment and supplies 
 - needles, insulin, heart medications or other prescription medications that may be required for the person’s survival
 - oxygen (tanks/generators)
 - ventilators
 - suction equipment
 - bandages
 - hearing aid
 - glasses
 - cane for person who is blind or has low-vision
 - cell phone
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - laptops , tablet devices 



Medications



Oxygen generator



Refrigerator

- Ask if the individual will need refrigeration or a power supply for medications, medical equipment or supplies.
- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Ask if the individual will need specialized transportation arrangements.
 - Consider transportation requirements if a person with medical needs is on bed rest.
 - Will power, specialized equipment or durable medical equipment be needed (lifts for wheelchairs, oxygen, ventilators)?
 - Ensure there are no ignition sources in the presence of oxygen.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check for Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from his or her family members or caregivers, personal accommodations, communication devices, service animal, survival kit, “go bag,” necessary equipment, medicines, or supplies.
- Get the person with medical needs to properly trained personnel as soon as possible.
- Ask the person if they are “ok” or are experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.



Responder providing information

Local Resources

Local Medical Needs Shelters (Special Needs)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Hospitals and Medical Facilities

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Congregate Care Facilities

Congregate care facilities include senior centers, assisted living and independent living centers. For the most part, residents either pay for the services or own their condo or home within the facility. People in these facilities are living there voluntarily and are typically not under constant supervision. Local licensing and other legal requirements should mandate these facilities to have an Occupant Emergency Plan (OEP). First responders should be familiar with these facilities, their inhabitants, and their OEP. Keep in mind the related access and functional needs people in congregate care facilities may have when helping with recovery.

Essential Tips

- Contact and work with facility management and staff.
- Maintain facility security, caregivers, medical and prescription support.
- Some residents may have communication needs, mobility needs, cognitive issues or other access and functional needs.
- People with Alzheimer's, or dementia, respond best to patience and clarity.



Facility staff

Etiquette for Congregate Care Facilities

- Respect personal space.
- Position yourself appropriately.
- Communicate to both the facility management/staff and to the residents.
- Ask if the resident needs help and what type of help. Listen and respond accordingly.

Get Attention

- Contact and work with facility management and staff.
- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Check identifications so you know who you are dealing with in the situation (staff, volunteer, medically trained personnel, patient, etc.).
- Identify the facility Occupant Emergency Plan (OEP).
- Determine if shelter in place is possible OR if pre-disaster operations are possible for any part of the facility.
- Identify evacuation needs (medical [special] needs shelter vs. general population shelter).
- Determine the need for specialized or accessible transportation.
- Identify needs for accessible communication (interpreters, captioning, translators).
- Determine the availability of caregivers for assistance.
- Explain the incident and what is expected of the **facility management and staff**. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Work with facility staff; they should know best the needs of their residents.
- Explain the incident and what is expected of the **residents**. Keep it simple.
 - Be patient. Impatience will be visible in body language and may upset the person more.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Use communication strategies that work for the resident (speaking, notes, gestures, picture cues, etc.).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video)
 - Use Picture Cues tab if confusion continues.
- Ask facility management if the residents have a survival kit or "go bag" including necessary equipment, medicines or supplies.
- Check for personal accommodations and communication devices. 
 - medical equipment and supplies 
 - hearing aid
 - glasses
 - cane for person who is blind or has low-vision 
 - cell phone
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - laptops , tablet devices 
- Ask if the individual will need refrigeration or a power supply for medications, medical equipment or supplies.
- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, "Do you have a survival kit for the service animal?"



Responder explaining incident to residents



Walker with hand brakes and basket

Communicate Plan/Steps to Safety

- Follow Occupant Emergency Plan (OEP).
- Work with facility staff; they should know best the needs of their residents.
- Use communication strategies that work for the resident.
- Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
 - For example, if you are a fire-fighter and you have a hose line that's already in the hallway, you can say, "Put your hand on the hose. Follow the hose to safety."
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the resident.

Check Understanding

- Ask facility management/staff and resident to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Identify facility management and staff and monitor their plans and actions.
- Watch and listen to messages provided by staff to residents.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- Follow Occupant Emergency Plan (OEP).
- Work with facility staff; they should know best the needs of their residents.
- If shelter in place is possible, ask "what can I do while I am here to make this shelter in place more accessible?" Work with facility staff for all accessibility issues.
- Do not separate the resident from his or her personal accommodations such as, wheelchairs, walkers, communication devices, service animal, survival kit, "go bag," necessary equipment, batteries, charging systems, medicines, or supplies.
- If resident has a personal care attendant do not separate from the resident. The PCA helps keep him or her independent.
- Ask the person if they are "ok" or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm's way with appropriate supervision, qualified personnel, physical access, access to information and consideration for his or her medical needs.

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

- http://www.fema.gov/txt/emergency/disasterhousing/guidance_plan_ps_gpops.txt
- http://www.fema.gov/pdf/emergency/disasterhousing/guidance_plan_ps_gpops.pdf
- <http://www.ncil.org/>
- <http://www.montgomerycountymd.gov/content/hhs/phs/APC/apcnursinghomeassess.pdf>
- http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

Institutions

Institutional facilities include nursing homes, psychiatric hospitals, hospitals, or prisons. Keep in mind the related access and functional needs people in institutions may have when responding.

Essential Tips

- People are institutionalized for three reasons: They are a danger to themselves, they are a danger to others, and/or they are in need of constant medical care. People who are a danger to themselves or others require constant supervision medically, psychiatrically, and/or legally (police). First responders need to know which of the three reasons is/are involved. The impact of the “danger” reason is that regardless of danger to others or to themselves, they absolutely cannot be left alone for any part of the evacuation or relocation process. Responders should rely upon staff to support the supervision requirement, NOT volunteers who are not properly trained.
- Contact and work with institution management and staff prior to an event (if possible).
- Maintain institutional security, medical and prescription support (medically trained personnel whenever possible).
- Some residents may have communication needs, mobility needs, cognitive issues or other access and functional needs.
- People with Alzheimer’s or dementia respond best to patience and clarity.
- Other shelter arrangements are made for those from institutions who need greater supervision.
- Note that in all states, sex offenders are not allowed into general shelters and go to the nearest jail facility for shelter.

Etiquette for Institutions

- Contact and work with institution management and staff.
- Respect personal space.
- Position yourself appropriately.



Facility staff

Get Attention

- Contact and work with institution management and staff.
- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Check identifications so you know who you are dealing with in the situation (staff, volunteer, medically trained personnel, patient, etc.)
- Identify the institution Occupant Emergency Plan (OEP).
- Determine if shelter in place is possible OR if pre-disaster operations are possible for any part of the institution.
- Determine evacuation needs (either the nearest safe jail facility or secure hospital/medical facility, whichever is applicable).
- Identify the need for specialized transportation.
- Determine needs for accessible communication (interpreters, captioning, translators).
- Determine the availability of supervision or security personnel needed for assistance.
- Explain the incident and what is expected of the **institution management and staff**. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Work with institution staff; they should know best the needs of the impacted residents.
- Explain the incident and what is expected of the **residents**. Keep it simple.
 - Be patient. Impatience will be visible in body language and may upset the person more.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Use communication strategies that work for the resident (speaking, notes, gestures, picture cues, etc.).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video)
 - Use Picture Cues tab if confusion continues.
- Ask institution management if the residents have a survival kit or "go bag" including necessary equipment, medicines or supplies.
- Check for personal accommodations and communication devices. 
 - medical equipment and supplies 
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision 
 - cell phone
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - laptops , tablet devices 
- Ask if the individual will need refrigeration or a power supply for medications, medical equipment or supplies.



Residents



Hearing aids

Communicate Plan/Steps to Safety

- Follow Occupant Emergency Plan (OEP).
- Work with institution staff as they should know best the needs of their residents.
- Use communication strategies that work for the resident.
- Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
 - For example, if you are a fire-fighter and you have a hose line that's already in the hallway, you can say, "Put your hand on the hose. Follow the hose to safety."
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the resident.

Check Understanding

- Ask institution management/staff and resident to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Identify institution management and monitor his or her plans and actions.
- Watch and listen to messages provided by staff to residents.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.)

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- Follow Occupant Emergency Plan (OEP).
- Work with institution staff as they should know best the needs of their residents.
- If shelter in place is possible, ask "what can I do while I am here to make this shelter in place more accessible?" Work with facility staff for all accessibility issues.
- Do not separate the resident from his or her personal accommodations, communication devices, survival kit, "go bag," necessary equipment, medicines, or supplies.
- Ask the person if they are "ok" or if experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm's way with appropriate supervision, qualified personnel, physical access, access to information and consideration for his or her medical needs.

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

- http://www.fema.gov/txt/emergency/disasterhousing/guidance_plan_ps_gpops.txt
- http://www.fema.gov/pdf/emergency/disasterhousing/guidance_plan_ps_gpops.pdf
- <http://www.ncil.org/>
- <http://www.montgomerycountymd.gov/content/hhs/phs/APC/apcnursinghomeassess.pdf>
- http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

Children

This section refers to both *unattended children* and *children who have access and functional needs*. Children under the age of eighteen comprise nearly twenty-five percent of the U. S. population, or seventy-four million Americans. Sixty-seven million of these children will be at school or daycare during working hours, away from family and very vulnerable (The National Commission on Children and Disasters: 2010 Report to the President and Congress and 2010 US Census). Children may have additional issues, including medical needs, limited speech, deaf or hard of hearing, blind or low-vision, cognitive or mental health concerns, and/or mobility/dexterity needs. Try to establish communication and ask questions about their needs before automatically providing assistance.

Essential Tips

- During disasters, young children may not be able escape danger and make critical decisions. Young children may lack the cognitive ability to assess the situation and react appropriately.
- Young children separated from caregivers may be unable to identify themselves or communicate their access and functional needs (medicines, mobility issues, etc.).
- Depending on age and event circumstances, a child can have a variety of reactions and present as fearful, distrustful, emotional, withdrawn, or clinging to adults, teachers or classmates.
- Children are more susceptible to chemical, biological, radiological, and nuclear threats and require different medications, dosages, and delivery systems than adults.
- Children may have hidden disabilities so be alert to other signals, such as failure to understand instructions or unusual speech patterns.
- For those children who have access and functional needs, please also refer to the associated tab.



Worried child

Etiquette for Children

- Introduce yourself at the child’s height level so that height and stature is less intimidating. Have a conversation during which you speak clearly and take the time to get to know the child.
 - Don’t “talk down,” yell or shout.
 - Have a forward leaning body position. This shows interest and concern.
- Keep questions or instructions short and simple.
- Use facial expressions and gestures. Point to any objects as you speak about them.
- Use pictures or objects to illustrate your words.
- Demonstrate what you mean. Showing a child can be more effective than telling.
- Be reassuring.
- Rephrase or restate if the child does not understand. Sometimes it is only one word that is causing the confusion.
- Let the child know you are there to help.
- Accompany the child to the safe location instead of giving only verbal directions.



Responder leaning to child’s height

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I’m here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).
- Introduce yourself at the child or teenager’s height level so that height and stature is less intimidating.

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Determine if shelter in place is possible and if family or a caregiver can be located for proper supervision.
- Use communication strategies that work for the child (speaking, notes, gestures, picture cues, etc.).
 - Speak clearly.
 - Use broad gestures if person can’t see your face (mask, PPE). [📺](#) (scroll down to “Emergency Responder Video)
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the child or teenager. Keep it simple.
 - Be patient, the child or teenager may have difficulty understanding information. Impatience will be visible in body language and may upset the person more.
 - Remain calm and reassuring. Children are influenced by and “feed off” appearances and actions. Use a soothing tone of voice.
 - Repeat questions and answers if necessary.



Responder reassuring teenager

- Convey emergency information without interruption.
- Allow extra time for the child to process what you are saying and to respond.
- For older children, show compassion and concern, but do not coddle or “talk down” to older teenagers.
- Ask if the child is hurting and to point to where on body.
- Repeat questions and answers if necessary.
- Assess child for other access and functional needs (deaf, blind, cognitive, mobility, medical, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask if the child knows where his or her parents work? Phone number? Photos? Gather family contact information.
- Ask if the child has a babysitter or family member nearby.
- Ask, “How can I help you?”
 - Remember, some children may have more than one access or functional need.
 - Listen to the child’s needs and learn his or her communication style.
- Ask if the child is a member of any community-based organization that can provide assistance in this situation.
- Ask, “Do you have a survival kit or “go bag” including your necessary equipment, assistive devices, medicines, or supplies?”
- Look for and ask if the child or teenager has any assistive devices, equipment or medicines that they need. 
 - medical equipment and supplies 
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision 
 - cell phone
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - batteries, battery backups, charging systems
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - laptops , tablet devices 
- Ask if the child has a favorite toy, doll, stuffed animal, etc. and take it with them.
- Check for service animals or pets.
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Determine transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the child to go if he or she must evacuate.



Child with toy

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the child.
- Have a plan. Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
- Use soothing tones.
- Do your best to keep children with their family or caregiver.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the child his or her caregiver and/or family members.
- Reunite the family as soon as possible.



Pointing out the door

Check for Understanding

- Ask the child to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean they understand.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the child does not understand (different words or phrases, picture cues, phrase board, accompany them, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- Do your best to keep children with their family or caregiver.
- Reunite the family as soon as possible.
- Do not separate children from their personal accommodations, communication devices, service animal, survival kit, “go bag,” necessary equipment, medicines, or supplies.
- Use simple enticement as appropriate.
 - “If you come with me, we will get you the music you need to calm you. It will be safe there.”
 - “Get notebook with your drawings and come with me to safety (or other familiar object with emotional connection).”
- Ask the child if they are “ok” or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the child in order to reduce the stress.
- Orient the child to the safe location (shelter or otherwise) that is out of harm’s way with appropriate supervision, qualified personnel, physical access, access to information and consideration for his or her medical needs.
 - If moving to a public shelter, children should be protected from assault, kidnapping and sexual predators. Ensure there is security at receiving facility.



Reunite family

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

American Red Cross Safe and Well Program Phone: _____

Children's Defense Fund Phone: _____

Save the Children Phone: _____

State Department of Human Services/Child Welfare Phone: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

Seniors

Seniors over the age of sixty-four comprise thirteen percent of the US population, or forty million Americans (2010 US Census). Current trends show that the senior population is growing at a faster rate than younger ages primarily due to the aging of the baby boom generation, improved medical care, and increasing longevity. Many seniors are fully self-sufficient and independent while some may have access and functional needs to include medical needs, deafness or hearing loss, blindness or low-vision, cognitive or mental health concerns, and/or mobility/dexterity needs. Try to establish communication and ask questions about their needs before automatically providing assistance.

Essential Tips

- Seniors who have access and functional needs are not always easy to identify, and in many cases do not identify themselves or their needs.
- Seniors may or may not trust public officials, but usually respect officials in uniform. Be prepared to present official identification.
- Seniors may fear being removed from their homes, so be sympathetic and understanding and explain why they must leave, and that the situation is temporary.
- Seniors (especially those who have lived through the Depression) are very protective of their possessions, and, as such, may not be willing to leave them behind.
- Many seniors who have access and functional needs can still be self-sufficient.
- For those seniors who have access and functional needs, please also refer to the associated tab.



Woman with cart

Etiquette for Seniors

- Ask before automatically providing assistance. Many seniors are very independent.
- Have a conversation during which you speak clearly and take the time to get to know the senior.
 - Don't "talk down," yell or shout at the senior.
 - Have a forward leaning body position. This shows interest and concern.
- Keep questions or instructions short and simple.
- Use facial expressions and gestures. Point to any objects as you speak about them.
- Use pictures or objects to illustrate your words.
- Demonstrate what you mean. Showing can be more effective than telling.
- Be reassuring.
- Rephrase or restate if the senior does not understand. Sometimes it is only one word that is causing the confusion.
- Let the person know you are there to help.
- Accompany the senior to the safe location instead of giving only verbal directions.



*Woman with cane
and man waiting for
assistance*

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, or picture cues).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video")
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
 - "Are you able to stand or walk without the help of a cane, walker or a wheelchair?"
 - "You might have to stand or walk for quite a while on your own. Will this be ok?"
- Assess the senior for other access and functional needs (deaf, blind, cognitive, mobility, medical, language, cultural, transportation) and refer to the associated tab in this guide.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag" including your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - batteries, battery backups, charging systems
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision 
 - teeth
 - cell phone
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - translator devices
 - laptops , tablet devices 



*Responder talking
with man*



Man using oxygen

- Check for service animals or pets. 
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, “Do you have a survival kit for the service animal?”
- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
 - Provide simple instructions for the path with the least amount of debris, obstacles, steps, etc. Consider curbs, medians and traffic.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check for Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from his or her family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Allow for independence when possible.
- Ask the person if they are “ok” or if they are experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.



Woman with nurse

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local senior organizations:

Department of Human Services, Division of Aging Phone: _____

AARP Phone: _____

Area Agency on Aging Phone: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Notes



More information is available on the enclosed DVD.

Language/Cultural

English is a second language for many individuals. Individuals who don't speak or understand English or have limited English proficiency (LEP) are not always easy to identify, and in many cases do not identify themselves. Translators should be available in most communities, but may be limited in a large scale event. It is very important for you as a responder to know the language and cultural representation in your community.

Essential Tips

- Confusion could be a clue to language issues.
- If an individual does not speak English they likely have difficulty with written English also.
- Request translator services.
 - Know your agency's or community's language/cultural assistance resources.
 - Language Line Services provides easy access to on-demand language services for federal, state, county and city agencies and offers service over the phone, over video, and in writing.
 - <http://www.language.com/>
 - 1-800-752-6096
 - Use family members (including children) as translators for immediate need only. Seek a professional translator as soon as possible.
 - Family members may not be appropriate in emotional situations.
 - Family members may or may not be trusted.
- Cultural considerations for emergency response may include eye contact, gestures, gender, touch and skin exposure. You do not want your actions of response to be offensive, threatening or misinterpreted.
 - Eye contact: Carefully consider the use of eye contact. Note that some levels of eye contact may be inappropriate in some cultures.
 - <http://www.brighthub.com/education/languages/articles/9626.aspx>
 - <http://ezinearticles.com/?Eye-Contact-in-Different-Cultures&id=4079251>
 - Gestures: Carefully consider your gestures. Note that some gestures may be inappropriate in some cultures.
 - <http://www.buzzle.com/articles/hand-gestures-in-different-cultures.html>
 - Gender: Gender of responder to person
 - May be inappropriate for male to have contact with female.
 - May be interpreted as a weakness if female rescuer responds to a male individual.
 - Touch or skin exposure: Carefully consider the use of touch or skin exposure. Decontamination procedures need to be carefully considered for some cultures.
- The use of picture cues or communication board may be the most efficient method of communication during an emergency (see Picture Cues tab).
- For people who do not speak English and/or have cultural differences that also have additional access and functional needs, please refer to the associated tab.



Man who is Asian and may speak a language other than English

Etiquette for Language/Cultural

- Have a conversation during which you speak clearly and take the time to get to know the person.
 - Don't "talk down," yell or shout at the person.
- Keep questions or instructions short and simple.
- Use facial expressions, gestures and body language when communicating.
 - Point to objects as you speak about them.
 - Use pointer finger for directions.
 - Be sure head nod matches message.
- Use pictures or objects to illustrate your words (see Picture Cues tab).
- Demonstrate what you mean. Showing can be more effective than telling.
- Be reassuring.
- Rephrase or restate if the person does not understand. Sometimes it is only one word that is causing the confusion.
- Let him or her know you are there to help.
- Accompany the person to the safe location instead of giving verbal directions.



First responder pointing direction to safety

Get Attention

- Announce yourself and clearly establish responder identification (present official ID).
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (gestures, picture cues, phrase board, family member who can assist communication until translator can be acquired).
 - Speak slowly and clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video")
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Be patient as the person may have difficulty understanding information. (Impatience will be visible in body language and may upset the person more.)
- Assess person for other access and functional needs (deaf, blind, cognitive, mobility, medical, transportation) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag" including your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - batteries, battery backups, charging systems
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision 
 - cell phone
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - translator devices
 - laptops , tablet devices 
- Check for service animals or pets. 
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, "Do you have a survival kit for the service animal?"



Young woman from Somalia who may speak a language other than English



Translator device

- Ask if the individual will need transportation arrangements.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
 - Use short sentences.
 - Use pictures or objects to illustrate your words.
 - Point to objects as you speak about them.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, picture cues, phrase board, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Carefully consider cultural standards for the use of touch or handling of an individual who needs assistance when possible.
 - Evacuation
 - Chemical decontamination procedures
 - Emergency medical procedures
- Ask if a translator would be helpful. Get one as soon as possible. Long term situations should get a translator for those with LEP.
- Do not separate the person from his or her family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Ask the person if they are “ok” or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information (translator) and consideration for his or her medical needs.



Family who is Middle-Eastern and may follow different cultural practices

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local ethnic organizations:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Notes



More information is available on the enclosed DVD.

- <http://www.lep.gov/ISpeakCards2004.pdf>
- <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/pocketlanguagecard.pdf>

Transportation

Individuals who cannot drive or who do not have access to a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass or other local transportation during an evacuation. [📺](#)

Essential Tips

- Consider transportation needs before trying to evacuate or transport someone.
- People who use wheelchairs or scooters may need to make additional arrangements to safely transfer to a vehicle (bus/train/airplane). All public transportation should be accessible. Some just require additional arrangements beforehand.
- If the individual being transported uses oxygen (tanks/generators), ensure there are no ignition sources on the vehicle. Be sure the driver knows as well. No smoking.
- Consider refrigeration needs if medications are needed by the individual being transported.
- When transporting an individual with cognitive/mental health concerns, ensure that they do not travel alone.
- If an airline or ocean-going vessel or ship is involved, be sure the individual is aware of TSA security and/or US Customs screening processes.
- If transporting families, keep the family unit together.
- Include caregivers or personal care attendant, if applicable, in all transportation planning.
- Include service animals, if applicable, in all transportation planning.
- For people who have additional access and functional needs, please also refer to the associated tab.



Motorized wheelchair approaching van lift

Etiquette for Transportation

- Have a conversation during which you speak clearly and take the time to get to know the person without transportation.
- Let them know you are there to help.

Get Attention

- Announce yourself and clearly establish responder identification (present official ID)
 - My name is _____. I'm here to help you.
 - I am a _____ (name your job).
 - I am here because _____ (explain the situation).
- Establish eye contact if possible and appropriate (see Language/Cultural tab for considerations).

**IDENTIFICATION
REQUIRED**

Convey Concern/Gather More Information

- Determine if shelter in place is possible.
- Use communication strategies that work for the person (speaking, notes, gestures, or picture cues).
 - Speak clearly.
 - Use broad gestures if person can't see your face (mask, PPE).  (scroll down to "Emergency Responder Video")
 - Use Picture Cues tab if confusion continues.
- Explain the incident and what is expected of the individual. Keep it simple.
 - Repeat questions and answers if necessary.
 - Convey emergency information without interruption.
- Assess person for other access and functional needs (deaf, blind, cognitive, mobility, medical, language, cultural) and refer to the associated tab in this guide.
- Ask, "Do you have a friend or family member who can help you?"
- Include family members or caregivers.
- Ask, "How can I help you?"
 - Remember, some persons may have more than one access or functional need.
 - Listen to the individual's needs and learn his or her communication style.
- Ask if the individual is a member of any community-based organization that can provide assistance in this situation.
- Ask, "Do you have a survival kit or "go bag," including your necessary equipment, assistive devices, medicines, or supplies?"
- Check for personal accommodations and communication devices. 
 - mobility devices (wheelchair , powerchair , crutches , etc.)
 - batteries, battery backups, charging systems
 - hearing aids
 - glasses
 - cane for person who is blind or has low-vision 
 - teeth
 - cell phone
 - Augmentative and Alternative Communication (AAC) devices
 - communication picture boards
 - translator devices
 - laptops , tablet devices 
- Check for service animals or pets. 
 - If a service animal is with the individual, keep the service animal and the individual together.
 - If pets are involved, develop plans to transport pets to a pet shelter and explain how they will be reunited.
 - Ask, "Do you have a survival kit for the service animal?"



Bus ramp

- Ask if the individual will need transportation arrangements. 
- Check to see if a caregiver, friend or family member can transport the individual or is available to accompany the individual during transport.
- Identify community-based organizations that can provide assistance (volunteers, services, facilities for persons evacuated, etc.).
- Determine if there is an accessible location (family, friends, or shelter) for the person to go if he or she must evacuate.



Bus ramp

Communicate Plan/Steps to Safety

- Determine appropriate action: evacuation, shelter in place, administration of first aid, transport or other appropriate steps.
- Use communication strategies that work for the person.
- Have a plan. Keep it simple.
- Include transportation, destination, medications, medical equipment and supplies, refrigeration or power requirements, caregivers, service animals, and assistive devices.
- Check that the transportation being provided meets the access and functional needs of the individual, his or her caregiver and/or family members (whether traveling by air, train, bus, and/or car).
- Check that the overall plan meets the access and functional needs of the individual, his or her caregiver and/or family members.

Check for Understanding

- Ask the individual or the caregiver to repeat the plan (or critical elements of the plan). Head nods do not necessarily mean the person understands.
- Repeat the plan again, if necessary.
- Use a different communication strategy if the individual does not understand (different words or phrases, accompany the person, etc.).

Provide Assistance to Remove from Danger

- If a no-notice event with life threatening danger exists, evacuate first, explain later.
- If shelter in place is possible, ask “what can I do while I am here to make this shelter in place more accessible?”
- Do not separate the person from his or her family members, caregivers or personal accommodations such as wheelchairs, walkers, communication devices, service animal, survival kit, “go bag,” necessary equipment, batteries, charging systems, medicines, or supplies.
- Make sure the driver is aware of the access and functional needs on board and how they can assist the individual being transported.
- Remember, the transfer from wheelchairs and scooters to the transport vehicle is often the most dangerous element. Ensure safety.
- Ask the person if they are “ok” or experiencing issues with any part of the plan while underway. If issues come up, be flexible, clarify the issue, and consider the needs of the person in order to reduce the stress.
- Orient the person to the safe location (shelter or otherwise) that is out of harm’s way with qualified personnel, physical access, access to information and consideration for his or her medical needs.



Bus driver

Local Resources

Identify local resources and community-based organizations that can provide assistance (volunteers, services, facilities, etc.).

Local transportation organizations:

Transportation Disadvantaged Commission Phone: _____

Para transit Phone: _____

Bus service Phone: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Other community-based organizations that can provide assistance:

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Notes



More information is available on the enclosed DVD.

- “Riding busses using wheelchairs and mobility aides”
<http://www.psta.net/seniorsdisabled.php>

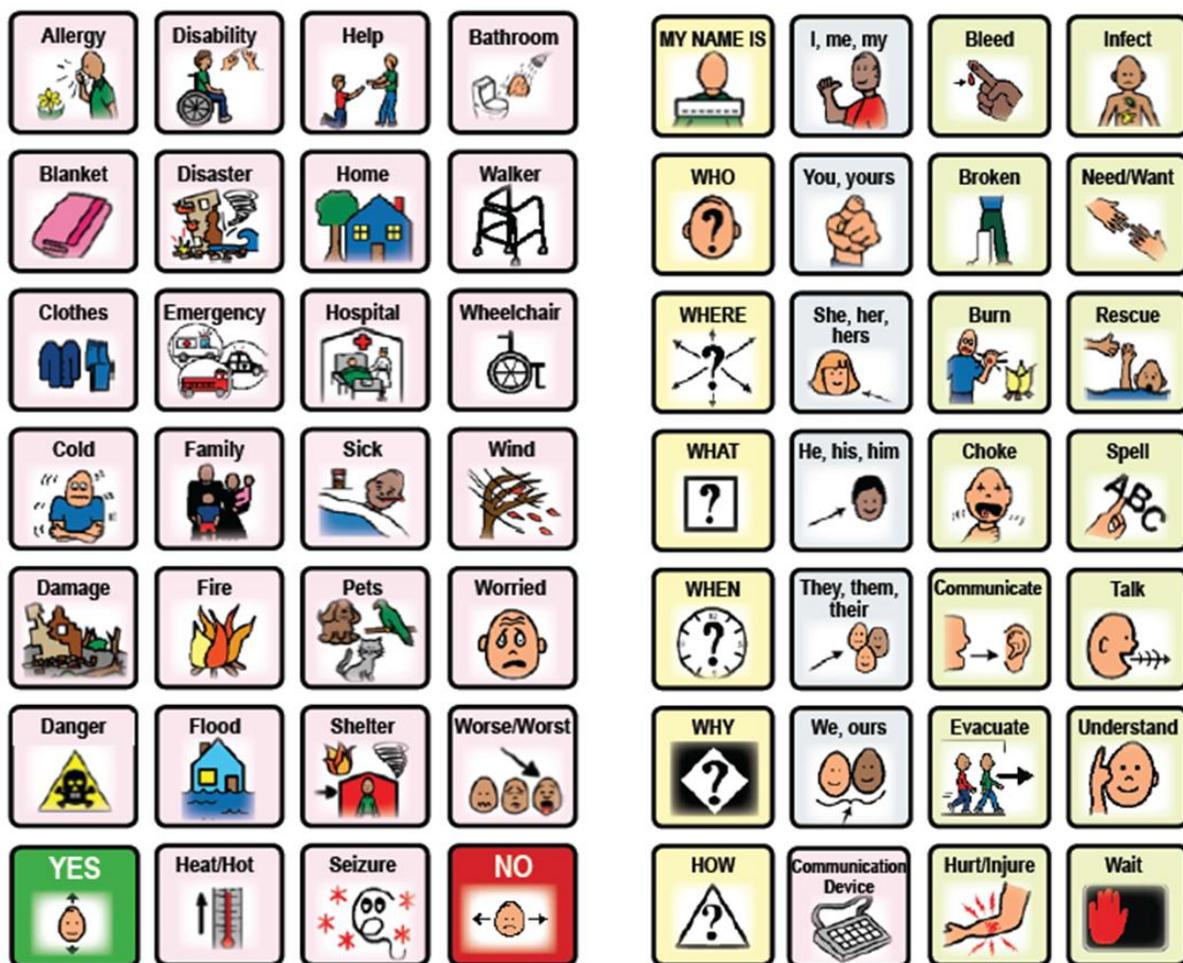
Picture Cues

Essential Tips

- Offer the picture cues to the individual. He or she may want or need to hold it.
- Be patient.
- New Technology: Phrase Board is a free iPad writing and communication application tool for patients with speech difficulties or for those unable to talk.
- NOTE: When using communication aids, if someone is unable to point because of his or her disability, a communication partner or assistant can point to his or her communication aid for the person (e.g., point to a picture, word, or letter on the board) and ask "Is this the picture (or word or letter) that you want?" Then wait for a YES or NO response. Always confirm your understanding of the choice made before going on.
- Example: To identify the source of a person's pain:
 - Say, "Do you feel any pain?"
 - When the person responds, for example, YES, confirm you have understood.
 - Say, "You told me YES that you are in pain."
 - Then ask, "Where is your pain?" WAIT.
 - If the person cannot point with a finger, hand or eyes, you can introduce a communication display (see right).
 - Say, "When I touch the part of the picture where your body hurts, tell me YES."
 - Going slowly, begin pointing to the picture. Watch carefully to see when the person indicates the location of the pain. Confirm.
 - Say, "Are you telling me you feel pain in your chest?"
- This basic communication method can be used to identify the pain, hunger, physical and emotional needs of individuals who are unable to speak clearly.
- For a video demonstration of this approach, click on this link <http://www.youtube.com/watch?v=pLb6-Oi3uR0>
- For more information and helpful communication tips, go to <http://aac-rerc.psu.edu/index-46053.php.html>



Communication board

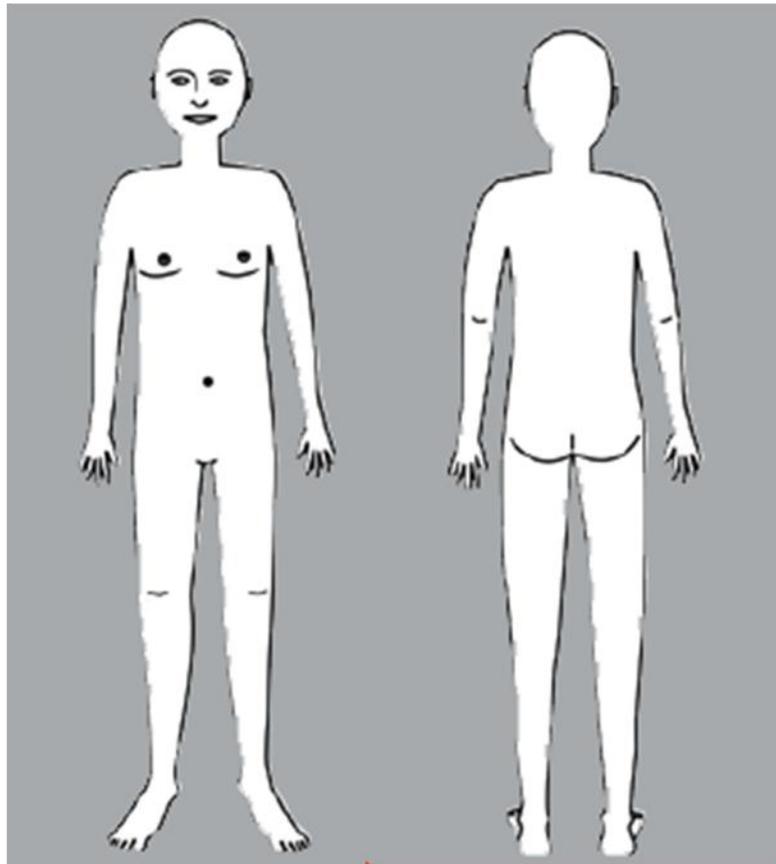


0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!!	SPACE

WAIT. Please be patient.	
Oops!	Help
Bathroom	Hungry
Afraid	Sick
I need/ want	I can't

- MY NAME IS...
- I can't speak but I can hear and understand you.
- My technology needs to be charged.
- Please contact my family.

I will point to where I hurt.



Source: www.disabilities.temple.edu/aacvocabulary/e4all.shtml) Developed by Diane N. Bryen & Rachel Ravitch through a grant from the National Institute on Disability and Rehabilitation Research #H133E033018.

Additional research sites related to this “Picture Cues” tab

- <http://disabilities.temple.edu/aacvocabulary/e4allTips.shtml>
- <http://disabilities.temple.edu/aacvocabulary/EMERGENCY.shtml>
- <http://www.cepintdi.org/course-offerings/awr-186/files-information>

Referral Services

- Government Support Agencies
 - State, County, and Municipal Emergency Management Offices
 - Department of Public Safety
 - Disability
 - Deaf
 - Blind
 - Wheelchair users
 - Area Agencies on Aging (AAAs)
 - Mental/public health
 - Rehabilitation Services
 - Child welfare
 - Attorney General
 - Social service agencies
 - County buildings and services
 - Schools and facilities
- Volunteer Organizations
 - American Red Cross (ARC)
 - Salvation Army (SA)
 - American Association of Retired Persons (AARP)
 - Community Emergency Response Teams (CERTs)
 - State Emergency Response Teams (SERTs)
 - Citizen Corps Councils <http://citizencorps.gov>
 - US Emergency Chaplains Corps (USECC) <http://www.uschaplainscorps.net/>
 - Voluntary Organizations Active in Disaster (VOADs)
 - Office of Civilian Volunteer Medical Reserve Corps (OCVMRC) <http://www.medicalreservecorps.gov/HomePage>
- Local Charities and Non-Profit Organizations
 - Centers for Independent Living
 - Long Term Care Centers
 - Easter Seals
 - Disabled Vets
 - Cultural community organizations
 - Disability organizations
 - Protection and Advocacy
 - Parent training and information centers
- Community Service Organizations
 - Elks Club
 - Knights of Columbus
 - Moose Club
 - Lions Club
 - Rotary Club
 - Civitan Club
- Faith-Based Organizations
 - Churches, synagogues, and temples

- Metropolitan Ministries
 - Specific local faith-based groups
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Glossary

Access and Functional Needs (formerly referred to as “special needs”) - Include people with disabilities as well as individuals who may have additional needs before, during, and after an emergency or disaster incident.

Access and Functional Needs Advisor - An Access and Functional Needs Advisor may be one representative from an Access and Functional Needs Advisory Panel that reports to or advises Emergency Management and/or the Incident Commander. An Access and Functional Needs Advisor provides information regarding the needs of people who have access and functional needs to the emergency management before, during, and after an emergency.

Access and Functional Needs Advisory Panel - A “best practices” model used by some local governments to gather information and collaborate about emergency preparedness. The membership of the panel include people who have access and functional needs or advocates representing access and functional needs populations, and care is taken to include representation from each access and functional needs group in that community. The panel will also include representatives from the local emergency management agency and local government agencies.

Accessible and Accommodations

Accessible - Having the legally required features and/or qualities that ensure entrance, participation and usability of places, programs, services and activities by individuals with a wide variety of disabilities.

Accommodations - In general, an accommodation is any change to the rules, policies, procedures, environment, or in the way things are customarily done that enables an individual with a disability to enjoy greater participation.

Examples for both include:

- Ramps, height and width adjustments of facilities
- Sign language interpreters or captioning
- Translators
- Signage (including Braille, other languages)

(FEMA - Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services - Reference Guide)

American Sign Language (ASL) - A complete, complex language that employs signs made with the hands and other movements, including facial expressions and postures of the body. It is the first language of many deaf North Americans, and one of several communication options available to deaf people. ASL is said to be the fourth most commonly used language in the United States. *(National Institute on Deafness and Other Communication Disorders)* <http://www.nidcd.nih.gov/health/hearing/asl.asp>

Assistive Devices *(see Assistive Technology)*

Assistive Technology (AT) - The devices that help people who have access and functional needs do the things they need and want to do **AND** the services needed to help select, use, customize, and maintain the devices. AT includes things that help you walk, move, talk, see, hear, play, learn, and use a computer or telephone, such as wheelchairs, walkers, devices that talk, TTY, magnifiers and hearing aids. AT can be simple and inexpensive as well as complex, customized and costly. AT is not matched to a medical diagnosis or specific disability but rather to the functional limitation the individual experiences in trying to accomplish a task or activity. 

Augmentative and Alternative Communication (AAC) - A variety of methods that allow people to communicate when speech is limited. AAC devices include but are not limited to: alphabet boards, communication displays with pictures, and speech generating devices.

Chaplain Corp - United States Emergency Chaplains Corps, Spiritual Care in the Face of Tragedy.
<http://www.uschaplainscorps.net>

Citizen Corps - Citizen Corps is all about taking action and helping your community be better prepared to handle disasters, threats, and emergencies of all kind. When a state, tribe or local government participates in Citizen Corps, they are agreeing to 1) work with everyone in their community to get preparedness on the "radar screen". Citizens will develop household preparedness plans and disaster supply kits. They will form Neighborhood Watch groups; they will know what to do in times of emergencies; 2) provide emergency preparedness training opportunities to the citizens of their community. This could be in the form of first aid training, CPR, Community Emergency Response Team Training, or other forms of emergency response education and training; and 3) create opportunities in the community where citizens can engage in volunteer activities that support the first responders, disaster relief groups, and community safety organizations. (*The National Office of Citizen Corps*) <http://citizencorps.gov>

Communication Access Realtime Translation (CART) - Requires an operator using a stenograph machine to convert spoken language into text. CART is often an accommodation of choice because it provides a verbatim transcript of the spoken message.

The Emergency Alert System (EAS) - A national level public warning system administered by the Public Safety and Homeland Security Bureau, which is a division of the Federal Communications Commission (FCC).

Emergency Management - Emergency management protects communities by coordinating and integrating all activities necessary to build, sustain, and improve the capability to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism, or other man-made disasters.

Emergency Responder - The term "emergency responder" refers to those individuals who are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers, as well as emergency management, public health, clinical care, social services, public works, and other skilled support personnel (such as equipment operators) who provide support services during prevention, response, and recovery operations.

First Responder - A trained emergency responder who is first at the scene of an emergency.

“Go Bag” - A “go bag” is a survival kit recommended for all individuals/families in case there is a need to evacuate. A “go bag” should include:

- Water and non-perishable food
- Battery operated radio and batteries to get important information from local officials
- First aid kit
- Flashlight
- Maps
- Important documents such as proof residence, pictures of family members including pets, insurance policies, and tax records
- Comfortable clothing and blankets
- Unique individual/family needs such as prescription medications, personal accommodations (glasses, hearing aid, cell phone, service animal, walker, wheelchair, durable medical equipment and supplies, batteries etc.), pet supplies, infant supplies or any other unique needs the individual/family may have

Incident Command System (ICS) - a standardized, on-scene, all-hazard incident management concept. A part of the National Incident Management System (NIMS).

Interpreters - Interpreters facilitate the cross-cultural communication necessary in today's society by converting one language into another. However, these language specialists do more than simply translate words—they relay concepts and ideas between languages. They should thoroughly understand the subject matter in which they work in order to accurately convey information from one language into another. In addition, they should be sensitive to the cultures associated with their languages of expertise. Although some people do both, interpreting and translation are different professions. Interpreters deal with spoken words, translators with written words. Each task requires a distinct set of skills and aptitudes, and most people are better suited for one or the other. While interpreters often interpret into and from both languages, translators generally translate only into their native language. Interpreters convert one spoken language into another—or, in the case of sign-language interpreters, between spoken communication and sign language. Interpreting requires that one pay attention carefully, understand what is communicated in both languages, and express thoughts and ideas clearly. Strong research and analytical skills, mental dexterity, and an exceptional memory also are important. <http://www.bls.gov/oco/ocos175.htm>

Language Translation for the non-English - Bilingual translators to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary for non-English speakers.

National Incident Management System (NIMS) - The National Incident Management System (NIMS) provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment. <http://www.fema.gov/emergency/nims/AboutNIMS.shtm>

Occupant Emergency Plan (OEP) - The emergency plan applicable to congregate care facilities (senior centers, assisted living and independent living centers) and institutions (nursing homes, psychiatric hospitals, hospitals, or prisons).

Paraplegic – The inability to move or control both legs and usually the lower part of the trunk, often as a result of disease or injury of the spine.

Personal Care Attendant (PCA) - Known under alternate names such as caregiver, patient care assistant, personal support worker and home care aide - is a paid, employed person who helps persons who are disabled or chronically ill with their activities of daily living whether within the home, outside the home, or both. They assist clients with personal, physical mobility and therapeutic care needs, usually as per care plans established by a rehabilitation health practitioner, social worker or other health care professional.

Phrase Board - A free iPad writing and communication application tool for patients with speech difficulties or for those unable to talk.

Quadriplegic - The inability to move or control all four limbs or the entire body below the neck.

Service Animal - Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal should be directly related to the individual's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low-vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition. *Source:*

Department of Justice. Americans with Disabilities Act Title II Regulations. September 15, 2010. 
<http://www.ada.gov/svcanimb.htm>
<http://www.ada.gov/qasrvc.htm>

Shelter in Place - To take immediate shelter where you are—at home, work, school, or where ever you are. It may also mean to seal the room. In other words, take steps to prevent outside air from coming in. This is because local authorities may instruct you to shelter in place if chemical or radiological contaminants are released into the environment.

Sign Language Interpreter - A sign language interpreter facilitates communication between people who are deaf or hard of hearing and people who can hear. Sign-language interpreters must be fluent in English and in American Sign Language (ASL), which combines signing, finger spelling, and specific body language. Most sign-language interpreters either interpret, aiding communication between English and ASL, or transliterate, facilitating communication between English and contact signing—a form of signing that uses a more English language-based word order. Some interpreters specialize in oral interpreting for people who are deaf or hard of hearing and lip-read instead of sign. Other specialties include tactile signing, which is interpreting for people who are blind as well as deaf by making manual signs into their hands, using cued speech, and signing exact English.

<http://www.bls.gov/oco/ocos175.htm>

Special Needs (see Access and Functional Needs)

Survival Kit - A kit recommended for all individuals/families in case there is a need to evacuate. A survival kit, also referred to as a “go bag,” should include:

- Water and non-perishable food
- Battery operated radio and batteries to get important information from local officials
- First aid kit
- Flashlight
- Maps
- Important documents such as proof residence, pictures of family members including pets, insurance policies, and tax records
- Comfortable clothing and blankets
- Unique individual/family needs such as prescription medications, personal accommodations (glasses, hearing aid, cell phone, service animal, walker, wheelchair, durable medical equipment and supplies, batteries etc.), pet supplies, infant supplies or any other unique needs the individual/family may have

Transfer Board - There are many styles and shapes of transfer boards designed to safely move a disabled person from one location to another with or without assistance. The boards are designed to bear the weight of the person moving from such places as chair to bed or chair to toilet and back. These are just a few scenarios where handicap transfer boards can be used. They can be used in most furniture or wheelchair to automobile transfers as long as both structures are stable. Boards can be made of different heavy duty materials but all of them are very slippery in order to aid in a sliding transfer of the handicapped person from one spot to another. (*Handicapped Equipment*) <http://www.handicappedequipment.org/handicap-transfer-boards/>

Video Remote Interpreting (VRI) - VRI enables people who are deaf or hard of hearing and individuals who are hearing, who are in the same location, to easily conduct conversations through a remote interpreter, video conferencing technology, and a high-speed Internet connection. Many first responders have laptops that could link into this service. Counties can contract VRI services for every agency in their county including fire, ambulance and law enforcement. VRI is not a long term solution for recovery. Once the person is out of harm’s way and into the recovery phase, a live interpreter should be provided. 

Video Relay Service (VRS) - Video relay service (VRS) allows people who are deaf or hard of hearing to have telephone conversations with people who use a voice telephone. Using a videophone with real-time video connection, an interpreter relays the conversation between the two parties.

DVD Resources

- Flip book (electronic version)
- Guide
 - Flip book content plus added supportive detail
 - Appendices
 - Government Legislation/Regulations
 - Incident Management Models
 - Specific Emergency Scenes
 - Development References
 - Photo Sources
- Videos
 - Note: The people who have access and functional needs shown in the videos are actual members of the access and functional needs community. They are not experts in their specific access and functional need. They are not actors. Their views are based upon their own experiences which highlight real points for better understanding of their needs in an emergency situation.
- Further Resources and Links

APPENDICES

Government Legislation/Regulations

Developing and Maintaining Emergency Operations Plans Comprehensive Preparedness Guide (CPG) 101 Version 2.0

http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

Communications & Video Accessibility Act of 2010

<http://www.gpo.gov/fdsys/pkg/BILLS-111hr3101pcs/pdf/BILLS-111hr3101pcs.pdf>

The Rehabilitation Act of 1973

<http://www.access-board.gov/enforcement/Rehab-Act-text/intro.htm>

Americans with Disabilities Act of 1990 (ADA)

<http://www.ada.gov/pubs/ada.htm>

Individuals with Disabilities in Emergency Preparedness – Executive Order 13347

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/Emergency%20Prep/eo13347disabilitiesemergencypreparedness.pdf>

Telecommunications Act of 1996

<http://transition.fcc.gov/telecom.html>

Federal Communications Commission (FCC) <http://www.fcc.gov/>

Functional Needs Support Services , FEMA , Sept 2010

http://www.fema.gov/pdf/about/oddc/fnss_guidance.pdf

Stafford Disaster Relief and Emergency Assistance Act

<http://fpc.state.gov/documents/organization/53688.pdf>

Language Rights and the Stafford Act

<http://www.advancingequality.org/attachments/files/36/FEMA-TheStaffordAct-LanguageRights-FACTSHEET.pdf>

Americans with Disabilities Act/Florida Accessibility Code Checklist for Emergency Shelters

<http://www.floridadisaster.org/documents/ADA/EmergencyShelterChecklistFlorida.pdf>

HSPD-5: Homeland Security Presidential Directive-5 - was the defining document that led to NIMS and the requirement that all agencies should use NIMS and Incident Command Systems.

http://www.dhs.gov/xabout/laws/gc_1214592333605.shtm

Incident Management Models

National Response Framework <http://www.fema.gov/emergency/nrf/>

National Incident Management System <http://www.fema.gov/emergency/nims/>

Incident Command System <http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm>

Specific Emergency Scenes

Specific Emergency Scenes - Disasters disrupt hundreds of thousands of lives every year. Each disaster has lasting effects, both to people and property. Disasters ***affect all populations***. Even the emergency responders are impacted by a disaster.

Types:

Natural Disasters:

- Blizzards
- Earthquake
- Flood
- Hurricane
- Ice Storms
- Land/Mud Slides
- Lightning Strikes
- Tornado
- Wildfire
- Wind Shears

Transportation (Mass Transit) Emergency Incidents:

- Aviation
- Buses
- Seaport
- Train

Industrial/Household Incidents:

- Electrical
- Fire
- Structural

Terrorist Incidents:

- Biological
- Bomb/explosion
- Chemical
- Cyber
- Ecological
- Nuclear

Hazardous Materials Incidents:

- Biohazard
- Chemical
- Nuclear

Human and Animal Disease Pandemics (Outbreaks)

Search and Rescue Missions

Criminal Acts and Crime Scene Investigations

Emergency Resources

Local/State:

- Law Enforcement/Police Department/Sheriff's Office
 - Volunteer citizens patrol
 - School resource officers
- Emergency Medical Services
- Emergency Management Agency
- Fire Department
 - Volunteer citizens
- Hazardous Materials Personnel
- Public Works
- Governmental Administrative
- Public Safety Communications
- Healthcare
- Public Health
- Social Services Agencies
 - disability
 - aging
 - mental health
 - child welfare
- Community Emergency Response Teams (CERTs)
- Citizen Corps Councils
- Centers for Independent Living
- Faith based organizations
- Nursing Homes / Assisted Living Facilities
- Hospitals
- Public Health Department
- Public School System
- Schools with ESL (English as a Second Language) programs
- Neighborhood Watch Groups / Community Associations
- Local advocacy networks and service providers
- Local charities
- Culturally based leaders/communities
- Shelters

Federal:

- Department of Health & Human Services
- Federal Emergency Management Agency
 - FNSS – Functional Needs Support Services

Non-Governmental Organizations (NGOs):

- American Red Cross
- Salvation Army
- Voluntary Organizations Active in Disaster (VOADs)

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PHOTO SOURCES

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iii	<i>Shaking hands</i> – Microsoft Office Clip Art
1	<i>First responder providing assistance after warehouse collapse</i> – Emergency Film Group
1,2	<i>Flip book cover</i> – Center for Public Safety Innovation
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3	<i>Response Pyramid</i> – Center for Public Safety Innovation
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26	<i>Communication books, boards and displays...</i> – http://aac-rerc.psu.edu/index.php/pages/show/id/18
26	<i>This display has letters and numbers...</i> – http://aac-rerc.psu.edu/index.php/pages/show/id/18
27	<i>This display is specifically designed for use in a hospital by someone who can read. (Vidatek)</i> – http://aac-rerc.psu.edu/index.php/pages/show/id/18

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94	Picture Cues - www.disabilities.temple.edu/aacvocabulary/e4all.shtml) Developed by Diane N. Bryen & Rachel Ravitch through a grant from the National Institute on Disability and Rehabilitation Research #H133E033018.
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