

Tips

for First Responders when assisting:



Seniors




People with Service Animals



People with Mobility Impairments



People Who Are Deaf or Hard of Hearing




People Who Are Blind or Visually Impaired



People with Speech or Language Impairments



People with Mental Illness



People with Cognitive Disabilities



People with Autism



People with Multiple Chemical Sensitivities

**State of Georgia Working Group on
Emergency Planning for Individuals with
Disabilities and the Elderly**

American Red Cross
Disability Resource Group
Emory Center for Public Health Preparedness
Georgia Advocacy Office
Georgia Emergency Management Agency
Georgia Department of Human Resources
Disability Resource Group
Georgia State Financing and Investment Commission
State ADA (Americans with Disabilities Act)
Coordinator's Office
Georgia Statewide Independent Living Council
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Dear First Responder:

Emergencies are stressful enough under normal circumstances, but they may be especially traumatic for individuals with disabilities. As a first responder, you must consider the unique needs of people with disabilities in an emergency.

Some disabilities are easily identifiable, while others, such as hearing impairments or mental illness, may be less apparent to a casual observer. The better prepared you are to detect a disability and provide the proper assistance, the less upsetting the situation will be for everyone involved.

This quick reference guide provides specific, practical tips for working with people who have a wide range of disabilities. The information is color-coded for easy access before, during and after a crisis.

Remember, as a first responder, people depend on you to provide critical assistance when they are most vulnerable. Hopefully, this information will help you assist the population you serve, including people with disabilities.

If you would like more information about how to assist people with disabilities, please see the resource section at the back of this guide. Thank you for what you do, and for taking the time to review this information.

Sincerely,

The Georgia Working Group on
Emergency Planning for Individuals
with Disabilities and the Elderly

Seniors

Always ask senior citizens how you can best assist them.

- Seniors may respond slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking a few extra minutes to listen carefully or reiterate a question may take less time than dealing with someone who has become confused or unwilling to cooperate.
- Seniors may fear being placed in a nursing home against their will. Assure them they are merely receiving medical treatment, not being taken to a nursing home or other care facility.
- Seniors may fear being removed from their homes. Be sympathetic and understanding and explain that this relocation is temporary.
- Before moving older people, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- Seniors who are hearing impaired may appear disoriented and confused when in reality they can not hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it is not, can you get a new battery to make it work? See the tip sheet for *People Who Are Deaf or Hard of Hearing* for more information.
- If the person is visually impaired, identify yourself and explain why you are there. Let the person hold your arm and then guide them to safety. See the tip sheet for *People Who Are Blind or Visually Impaired* for more information.

- If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes. If they can not bring their medications, ask if they have a list of their medications, an emergency contact number for their health care provider(s) and next of kin.
- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly and calmly, using short words. Ask “yes” or “no” questions, and repeat them if necessary. Maintain eye contact.

People with Service Animals

Traditionally, the term “service animal” referred to seeing-eye dogs. However, today a service animal is defined as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.

- 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. If you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- Plan to evacuate the animal with the owner. Do not separate them!
- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. If you have doubts, provide care and service first. When you arrive at your destination, address the issue with the supervisor in charge.
- If the animal is out of control or presents a threat to the individual or others, first let the owner attempt to control the animal; if this is unsuccessful, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You must accept that he or she has a disability.
- A service animal must be in a harness or on a leash, but need not be muzzled.

People with Mobility Impairments

- A mobility device (wheelchair, walker, etc.) is an extension of the person who uses it. These devices should be evacuated with the individual.
- Always **ask** the person how you can help before attempting to assist. Every person and every disability is unique. Even when there is an urgent need to evacuate, respect their independence. Do not make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but **can** then proceed without assistance. Ask!
- Here are some questions you may find helpful:
 - “Are you able to stand or walk without the help of a mobility device like a cane, a walker or a wheelchair?”
 - “You might have to [stand] [walk] for quite awhile on your own. Will this be all right? Please be sure to tell someone if you think you need assistance.”
 - “Are you able to use your arms?”
- When carrying people, avoid putting pressure on their arms, legs or chest. This cause spasms or pain, and may even interfere with their ability to breathe.
- Avoid the fireman's carry. Use the one-person or two-person carry technique.

Crutches, Canes or Other Mobility Devices

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand holds the crutch or cane. Do not interfere with the person's movement unless you are asked, except when absolute speed is the primary concern. If this is the case, tell the person what you will 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.

Evacuating People Who Use Wheelchairs

- If the conversation will take more than a few minutes, sit down to speak to the person at eye level.
- People who use wheelchairs are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Do not assume you need to help, or presume to know what kind of help to give. Ask first.

Non-Motorized Wheelchairs

- Whenever possible, the in-chair carry is the most desirable technique to use.
- **One-person assist.** The rescuer should assume the following position:
 - 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.
- **Two-person assist.** The first rescuer should assume the position described in the one-person assist. The second rescuer should:
 - Stand in front of the wheelchair and face the wheelchair.
 - Stand one, two, or three steps down (depending on the height of the other rescuer).
 - Grasp the frame of the wheelchair.
 - Push into the wheelchair.
 - Descend the stairs backwards.

Motorized Wheelchairs

- Motorized wheelchairs may weigh as much as 400-500 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached; also ask how you should position yourselves, where you should grab hold and what angle, if any, to tip the chair backward.
- Turn the wheelchair's power off before lifting it.
- Many people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

People Who Are Deaf or Hard of Hearing

- There is a difference between the terms “hard of hearing” and “deaf.” People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- If possible, flick the lights when entering an area or room to get their attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Make sure the person understands you and repeat what you said if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person’s speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient – the person may have difficulty understanding the urgency of your message.

- Provide people with a flashlight to signal their location if they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- While written communication works for many people, others may not understand English well enough to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

People Who Are Blind or Visually Impaired

- There is a difference between the terms “visually impaired” and “blind.” Some people who are “legally blind” have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak directly to the individual in a natural voice. Do not shout.
- Do not be afraid to use words like “see,” “look,” or “blind.”
- State the nature of the emergency and offer them your arm. As you walk, point out any obstacles. Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- When speaking, make an effort to be verbally descriptive. Instead of saying “over there” or “this way,” try to give a more detailed picture of things, such as “thirty paces in front of you” or “turn right where the carpet ends.”
- Offer assistance, but let the person explain what help is needed.
- Do not grab or attempt to guide them without asking for permission.
- Let the person grasp your upper arm or shoulder lightly for guidance.
- They may choose to walk slightly behind you to gauge your body’s reactions to obstacles.

- Remember that you will need to communicate any written information verbally.
- When guiding someone to a seat, place the person's hand on the back of the chair.
- If leading several people with visual impairments, form a line and ask each to guide the person behind them.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- If the person has a service animal, do not pet it unless the person says it is all right to do so. Service animals must be evacuated with the person.
- Refer to the tip sheet *People with Service Animals*.

People with Speech or Language Impairments

- Give the person your full attention. Listen patiently and carefully, and try not to interrupt or finish the person's sentences.
- Do not assume that the person with a speech impairment does not understand you.
- If you have trouble understanding, ask the person to repeat the statement. If, after trying, you still cannot understand, ask the person to write it down or suggest another way to communicate.
- If necessary, repeat a statement in order to clarify or confirm what the person said.
- When possible, provide a quiet environment to make communication easier.

People with Mental Illness

- You may not be able to tell if a person has a mental illness. They may cope well under routine conditions but the stress of an emergency may cause them to decompensate or have a sudden breakdown.
- If a person begins to exhibit unusual behavior, do not assume they have a mental health issue. Unusual behavior can be caused by extreme emotion, stress or physical conditions such as lack of oxygen, low blood sugar, or diabetes.
- If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly in a normal, calm tone.
- Do not talk down to them, yell or shout.
- Lean forward—this shows interest and concern.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If they are confused, do not give multiple commands—ask or state one thing at a time.
- Be empathetic—show that you have heard them and care about what they have told you. Be reassuring.

- If the person is delusional, do not argue or try to talk him or her out of it. Just let them know you are there to help.
- Ask if there is any medication they should take with them.
- Try to avoid interrupting the person who might be disoriented or rambling—just let him or her know that you have to move quickly.

People with Cognitive* Disabilities

■ **Say:**

- My name is... “I am here to help you, not hurt you.”
- I am a ... *(name your job)*.
- I am here because ... *(explain the situation)*.
- I look different than my picture on my badge because ... *(for example, if you are wearing protective equipment)*.

■ **Show:**

- Your picture identification badge *(as you say the above)*.
- Calmness and ability to do your job.
- Respect for the dignity of the person *(example: speak directly to the person)*.

■ **Give:**

- Extra time for the person to process what you are saying and to respond.
- An arm to the person to hold as they walk, if needed. Offer your elbow for balance.
- Quiet time to rest, if at all possible, to lower stress and fatigue.

■ **Use:**

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words.
- Point to your ID picture as you say who you are; point to any protective equipment as you speak about it.

* A cognitive disability affects a person’s ability to reason, understand, and learn. Cognitive disabilities are sometimes referred to as intellectual disabilities.

■ **Predict:**

- What will happen (*simply and realistically*).
- When events will happen (*tie to common events in addition to numbers and time, for example, “By lunch time…” “By the time the sun goes down…”*).
- How long this will last—when things will return to normal (*if you know*).
- When the person can contact or rejoin loved ones (*for example: calls to family, reuniting with pets*).

■ **Ask for/Look for:**

- An identification bracelet with special health information.
- Essential equipment and supplies (for example, wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Service animal.
- Special health instructions (for example, allergies).
- Special communication information (for example, is the person using sign language?).
- Contact information.
- Signs of stress and/or confusion (for example, the person might say he or she is stressed, look confused, withdraw or start rubbing his or her hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

■ **Repeat:**

- Reassurances (for example, “You may feel afraid. That is all right. We are safe now.”)
- Encouragement (for example, “Thanks for moving fast. You are doing great. Other people can look at you and know what to do.”)
- Frequent updates on what is happening and what will happen next. Refer to what you predicted will happen, for example: “Just like I said before, we are getting into my car now. We will go to ... now. ”

■ **Reduce:**

- Distractions. For example, lower volume of radio, use flashing lights on vehicle only when necessary.

■ **Explain:**

- Any written material (including signs) in everyday language.
- Public address system announcements in simple language.

■ **Share:**

- The information you have learned about the person with other workers who will be assisting.

People with Autism

Communication

- Speak calmly. Use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond.
- The person may repeat what you said, repeat the same phrase, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- Avoid using phrases that have more than one meaning such as “spread eagle” “knock it off” or “cut it out”.
- Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- Some people with autism do not show indications of pain-check for injuries.

Social

- Approach the person in a calm, non-threatening manner.
- The person may not understand typical social rules. He or she may be dressed inappropriately, enter your personal space, prefer to be farther away from you, or may not make eye contact.
- The person may have unusual facial expressions or laugh or giggle inappropriately, or may have difficulty understanding the seriousness of the situation. Do not interpret these behaviors as deceit or disrespect.
- Because of the difference in their social understanding, persons with autism may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence. Do not assume!

Sensory and Behavior

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with them.
- Avoid touching the person, and if necessary, gesture or slowly guide the person.
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, avoid stopping these behaviors or removing the object unless there is risk to self or others.
- Make sure that the person is away from potential hazards (busy streets, etc.) because they may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming anyone, wait until these behaviors subside.

People with Multiple Chemical Sensitivities

- Assure people that you understand that they are hypersensitive to chemicals and you will work with them to provide care. Ask what triggers negative reactions, including any medications.
- Flag the person's chart or other written information that he or she is chemically sensitive.
- Whenever possible, take the person's medical supplies and equipment, including oxygen mask and tubing, medications, food and water, bedding, clothing, and soap. They may be sensitive to items issued at a shelter or hospital.
- If you administer drugs:
 - Administer low doses with caution.
 - Use IV fluid bottled in glass without dextrose if possible—many people react to corn-based dextrose.
 - Capsules are generally better than tablets—they have fewer binders, fillers and dyes.
 - If administering anesthesia, use short—acting regional rather than general anesthesia whenever possible and try to avoid the use of halogenated gas anesthetics.
- Consult the person's environmental physician if possible.
- If the person is taken to an emergency shelter or a hospital, help protect him or her from air pollution. Some suggestions:
- Avoid placing the person in rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet, or other recent remodeling.

- Place a sign on the door stating that the person inside has chemical sensitivities.
- Assign caregivers who are not wearing perfume or fabric softener on clothes and do not smoke.
- Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.
- Keep the door to the person's room closed, if possible.
- Reduce time spent in other parts of the hospital by performing as many procedures and evaluations as possible in his or her room.

State of Georgia Working Group on Emergency Planning for Individuals with Disabilities and the Elderly Contact List

American Red Cross, Phone: 1(866) RC-HELPS
(1-866-724-3577) to reach your local chapter, Web site:
www.redcross.org, select “Disaster Services” then “Be Prepared”

Disability Resource Group, Phone: (770) 451-2340,
Fax: (770) 451-9725, Web site: www.gaada.info

Emory Center for Public Health Preparedness,
Phone: 1(888)269-0011, Fax: (404) 727-8768,
Web site: <http://www.sph.emory.edu/ECPHP/>

Georgia Advocacy Office, Phone: (404) 885-1234 or
Voice or TDD: 1(800) 537-2329, Fax: (404) 378-0031,
Web site: www.thegao.org

Georgia Department of Human Resources, Division of Aging
Services, Phone: 1(866) 55-AGING (552-4464),
Fax: (404) 657-5285, Web site: <http://aging.dhr.georgia.gov>

Georgia Department of Human Resources, Division of Mental
Health, Developmental Disabilities and Addictive Diseases,
Phone: (404) 657-2258, Fax: (404) 657-1137
Web site: <http://mhddad.dhr.georgia.gov>

Georgia Department of Human Resources, Division of Public Health, Office of EMS/Trauma, and Emergency Preparedness,
Phone: (404) 463-5440, Health Resource Services Administration (HRSA): (404) 463-5426, Fax: (404) 463-5395,
Web site: <http://health.state.ga.us/>

Georgia Department of Human Resources,
Division of Public Health, Office of Nursing,
Phone: (404) 657-2700, Fax: (404) 657-2715,
Web site: <http://health.state.ga.us/programs/nursing/index.asp>

Georgia Emergency Management Agency,
Phone: (404) 635-7000 or 1(800)TRY-GEMA (in Georgia only),
TTY: (404) 635-7258, Fax: (404) 635-7005,
Web site: www.gema.state.ga.us

Georgia Statewide Independent Living Council,
Phone: (770) 270-6860, TTY: GA Relay 711,
Fax: (770) 270-5957, Web site: www.silcga.org

Governor's Council on Developmental Disabilities,
Phone: (404) 657-2126, TTY: (404) 657-2133,
Fax: (404) 657-2132, Web site: www.gcdd.org

State ADA Coordinator's Office, Phone: (404) 657-7313,
TTY: (404) 657-9993, Fax: (404) 463-5650,
Web site: www.state.ga.us/gsfic/ada

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Georgia Emergency Management Agency

Web site:

<http://www.gema.state.ga.us>

TTY:

(404) 635-7258

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(in Georgia only)

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Monday - Friday; 8:00 a.m. - 5:00 p.m. EST; however, the
GEMA State Operations Center provides 24-hour accessibility.



