

# EMERGENCY PREPAREDNESS TOOLKIT

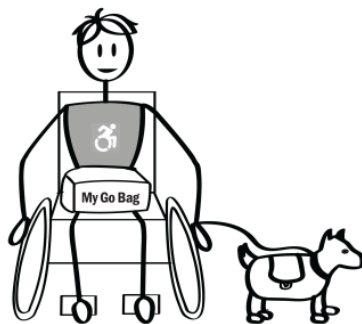
## Tips for Professionals and Volunteers when Assisting People with Disabilities and the Elderly

Special consideration should be given to the needs of special populations during a crisis. These tips have been developed to help professionals and volunteers in their search, rescue, and evacuation operations when assisting people with disabilities and the elderly during an emergency or natural disaster.

<b><i>Tips for Communicating with People During an Emergency or Natural Disaster</i></b>	
<b>1.</b> Get the person's attention first. Speak to them at eye level. Identify yourself and explain why you are there, no matter how obvious it may seem.	<b>6.</b> Give the person time to respond to your question or follow directions.
<b>2.</b> Look at the person when you speak. Speak slowly with a low-pitched and calm voice.	<b>7.</b> Repeat, rephrase, or write your message if necessary.
<b>3.</b> Use short, familiar words, such as "What do you need?"	<b>8.</b> Ask permission first, before touching the person.
<b>4.</b> Ask questions that can be answered with a yes or no, if possible.	<b>9.</b> Ask before moving a person or a person's wheelchair/mobility device.
<b>5.</b> Ask one question at a time. Also give directions one at a time.	

The following is a list of the possible situations or conditions that search and rescue personnel may encounter when working with people with disabilities or the elderly. For more detailed information about these situations or conditions, see the Tips for Search and Rescue Personnel section of the Wisconsin Council on Physical Disabilities ***Be Prepared: Have a Plan Emergency Preparedness Toolkit*** available at: <https://cpd.wisconsin.gov>.

**DELAYED RESPONSE SYNDROME** – People with disabilities, the elderly, and others in trauma situations may respond more slowly to a crisis and often don't immediately comprehend the magnitude of their loss or injury. In some instances, reaction time is decreased. Due to age-related impairments, older people may also have difficulty hearing and understanding warnings and broadcasts.



**MOBILITY IMPAIRMENTS** – People with disabilities and the elderly may have a wide range of mobility impairments that require canes, crutches, walkers, or wheelchairs. The most severe case would be an individual using a wheelchair who has limited use of arms and hands. These individuals may require special care and handling. Adapt your rescue techniques to their disabilities. Whenever possible, allow the individuals to tell you how they should be assisted. Be sure to alert disaster assistance workers about the individuals' special needs and any special sheltering arrangements that may be required.

**SENSORY CHANGES** – Many individuals with disabilities and the elderly suffer from some form of sensory deprivation. For their own safety, it is important that responders understand the nature of sensory impairments. Sense of smell, pain and/or discomfort, touch, vision, or hearing may be less acute than the general population or may be heightened. Hypersensitivity or Hyposensitivity sensations may also cause problems for people. For example, people with hypersensitivity to light may need their sunglasses when being transferred from indoors to outdoors. To communicate, use the tips listed above, and explain what procedures need to take place, and ask permission before touching people or moving their equipment.

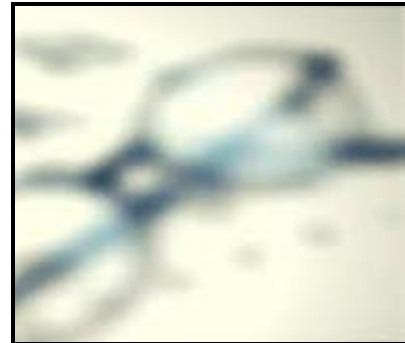
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**HEARING LOSS** – It is estimated that hearing impairments affect about one-third of the population over age 65. People who have a hearing loss may appear disoriented and confused. Observe the person while you are speaking. Does the individual appear to be trying to read lips? Determine if the individual normally uses a hearing aid and has one available. If this hearing aid is inoperable or damaged, make a note of this and report it to a disaster worker to get assistance in replacing it. Adapt your communications accordingly. This may require using gestures or pen and paper in the field and having a sign language interpreter in a shelter or medical facility. A communication tool that may be helpful to responders or search and rescue personnel in emergency situations is the **VISUAL COMMUNICATIONS TOOL** (*part of the **Be Prepared: Have a Plan Emergency Preparedness Toolkit***). This tool provides visuals including images, letters, and numbers that would provide a tool that can be used by the person with hearing loss and by the responder to communicate.

**VISION LOSS** – People with visual impairments also need special consideration when evacuating. Treat a blind person as you would anyone else. You do not need to raise your voice to talk to them. Identify yourself and explain why you are there. When assisting a visually impaired person, avoid using words like “over there” or “here.” Use specific directions such as “right” or “left.” Ask what assistance they need, and be calm and reassuring. When assisting a visually impaired person to a seat, place the individual’s hand on the back of the seat so he or she can become oriented to the position of the seat.




**SERVICE ANIMALS** – Many people with disabilities have specially trained service animals. A service animal, defined by the Americans with Disabilities Act (ADA), is 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. Tasks performed can include, among other things, pulling a wheelchair, retrieving dropped items, alerting a person to sound, reminding a person to take medication, or pressing an elevator button. The service animal should be evacuated with the person with the disability. Emotional support animals, comfort animals, and therapy dogs are not service animals under Title II and Title III of the ADA. The work or tasks performed by a service animal must be directly related to the individual’s disability. It does not matter if a person has a note from their doctor that states that the person has a disability and needs to have the animal for emotional support. A doctor’s letter does not turn an animal into a service animal. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals either. To learn more, visit: <https://adata.org/publication/service-animals-booklet>.

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**CHRONIC ILLNESS/MEDICATIONS** – Many people with disabilities and the elderly suffer from a number of common ailments including heart and lung disease, cancer, stroke, diabetes, and high blood pressure. Because of these conditions, many use medications. When evacuating individuals, give special consideration to gathering all the medications for those individuals. Even if medicines appear to be contaminated, take the containers so that the information on them—name of the medication and instructions, prescribing physician, and pharmacy—is available to get the prescriptions refilled when the person is in a safer environment. Also, check for any **MEDICAL TAGS** (bracelet, necklace, or ankle bracelet) that identify different medical conditions.

**HEAT AND COLD** – Many people with disabilities and the elderly are more vulnerable to heat and cold. This may be because of a chronic condition or due to the use of medications.

	<i>Hypothermia</i>	<i>Hyperthermia</i>
<b>Definition</b>	Means low body temperature caused by exposure to the cold. If the body temperature drops below 95° F, the heart begins to slow down, the body becomes weak, and the mind becomes confused. If not treated, hypothermia can be fatal.	Means an increase in body temperature due to exposure to heat.
<b>Symptoms</b>	Some signs of hypothermia include: confusion; difficulty speaking; shivering; slow, shallow breathing; sleepy and hard to wake up; cold, stiff muscles; puffy face; stomach cold to the touch; forgetfulness; and trembling on one side of the body or in one arm or leg.	Some signs of hyperthermia are dizziness, nausea, dry skin with no sweating, and mental confusion.
<b>How to Help a Person with Symptoms</b>	Keep the person warm with blankets, quilts, towels, or warm clothing. Make sure the individual's head and neck are covered, and handle the person gently.	Move the individual out of the hot environment. Implement cooling measures as needed. Be sure the individual is cooled down and has plenty of liquids. Rest and rehydration are generally needed.

**DEMENTIAS** – Dementia affects a person's mental functioning. Alzheimer's disease is the most common form of dementia. Symptoms include: memory loss, impaired judgment, disheveled appearance, disorientation, absentmindedness, inability to communicate, and poor concentration. People with dementia may have limited ability to respond to questions from rescuers. Try to maintain a calm environment and, if possible, remove the individual from any stressful situation. It is important to use a non-threatening tone of voice. Excessive stimuli may trigger a catastrophic reaction. If possible, when working with individuals, who have dementia, turn off lights and sirens and keep the radio volume down. To communicate, use the tips listed in this document or the **VISUAL COMMUNICATIONS TOOL**. If the person is not injured and is being taken to a shelter, alert disaster workers about the individual's special needs so special accommodations can be made.

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**TRANSFER TRAUMA** – Transfer trauma occurs most often when individuals residing in an institution are transferred from one facility to another and are uprooted from friends, familiar surroundings, and routines. Under normal situations, this process would take place after advance planning with facility staff who know the residents and can help reduce the effects of the move. Transfer trauma can also affect people with disabilities and the elderly who are homebound. A rapid change in environment can lead to distress that can be exhibited as aggravation, confusion, depression, serious illness, and even death. Rescue personnel need to be watchful when working with some people with disabilities and the elderly, especially those who are very frail. Rescue personnel should report any concerns to incident command.

**FEAR OF INSTITUTIONALIZATION** – For some older adults, and some people with disabilities, there is a fear of being placed in an institution. That emotion can override the individuals' good judgment. They may be hesitant to admit any injuries or need for assistance for fear they will be placed in a nursing home. These individuals need to be reassured that they may receive medical attention and/or disaster assistance without fear of automatic placement into a nursing home or other institution.

**To view the Wisconsin Council on Physical Disabilities Emergency Preparedness Toolkit for People with Disabilities and related resources, please visit: <https://cpd.wisconsin.gov>.**