

2357 County Road 45 P.O. Box 29 Norwood, ON K0L 2V0

## Emergency Plan – Appendix T-4 Emergency Guide: To assist people with disabilities/special needs

#### **Introduction**

- 1. Emergency preparedness is a shared responsibility. All Canadians are encouraged to be prepared to cope for at least 72 hours of an emergency, while emergency workers focus in those in urgent need
- 2. This guide provides information on preparing as emergency plan and kit for all people including people with disabilities/special needs and for care givers
- 3. While disasters and emergencies affect everyone, the impact on people with disabilities/special needs is often compounded by factors such as reliance on electrical power, elevators, accessible transportation and accessible communication-all which can be compromised in emergency situations
- 4. By taking a few steps today, you can become better prepared to face a range of emergencies. These basic steps should help you take care of yourself and your loved ones during an emergency
- 5. Emergency preparedness involves three basic steps
  - a. Knowing the risks
  - b. Making a plan
  - c. Getting an emergency kit
- 6. For more information on emergency management arrangements contact your emergency Municipal Emergency Management Coordinator
  - a. Darryl Payne Fire Chief/CEMC 705 639 5412

705 761 0407

#### dpayne@antownship.ca

b. And visit <u>www.GetPrepared.ca</u> for more information on the risks in your region

## About this Guide

- 1. Disabilities /special needs are identified as separate categories
- 2. Each section provides a list of suggested emergency items for individuals and caregivers according to specific disabilities/special needs



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- 3. Complete the checklist and personal assessment sheet at the end of the guide
- 4. Refer to the last pages of the guide for additional contact information
- 5. Users of this guide are to note that this is neither first aid training nor medical advice. Contact your local Canadian Red Cross or St. John Ambulance to find out more about first aid courses in your area. Specific medical advice should be obtained from the appropriate medical professional

#### Personal Support Network

**1.** A personal support network is a group of at least three people you know and trust and who would help you during an emergency

#### How do you create a support network?

- 1. Ask people you trust if they are willing to help you in case of an emergency. Identify contacts for important locations such as home, work, or school. Neighbors are often the closest and most available contacts in an emergency
- 2. Tell these support people where your emergency kit is stored. Give one member a key to your home
- 3. Include a support contact who is far enough away that they are unlikely to be affected by the same emergency
- 4. Work with your support network to develop a plan that meets your needs
- 5. Practice your emergency plan with your network. If applicable, show them how your special needs equipment works

#### **Emergency Kit Checklist**

- 1. In an emergency you will need some basic supplies
- 2. Be prepared to be self-sufficient for at least 72 hours
- 3. These items may not apply to every situation or every person
  - a. Refer to the appropriate section in this guide for additional recommended items and select them according to your own needs



- 4. Check your kit twice a year to ensure contents are up to date. Re-stock as needed
- 5. Basic Emergency Kit Checklist
  - a. Water- at least two liters of water per day. Include small bottles that can be carried easily in case of an evacuation order
  - b. Food that won't spoil, such as canned food, energy bars and dried foods (replace food and water once a year)
  - c. Manual can opener
  - d. Wind-up or battery-powered flashlight (and extra batteries)
  - e. Wind-up or battery-powered radio (and extra batteries)
  - f. First Aid Kit
  - g. Special items such as prescription medications, Medic Alert bracelet or identification
  - h. Extra keys to your car and house
  - i. Cash is smaller bills, such as \$10 bills and change for payphones
  - j. Special items according to your needs (i.e., prescription medication, infant formula, special equipment, pet food and water, etc.)
  - k. A Copy of your emergency plan and contact information
  - I. Other: \_\_\_\_\_
- 6. Recommended additional items checklist
  - a. Two additional liters of water per person per day for cooking and cleaning
  - b. Candles and matches or lighter (place candles in sturdy containers and do not burn unattended)
  - c. Change of clothing and footwear for each household member
  - d. Sleeping bag or warm blanket for each household member
  - e. Toiletries, hand sanitizer, utensils
  - f. Garbage bags for personal sanitation
  - g. Toilet Paper
  - h. Minimum of a week's supply of prescription medications
  - i. Household chlorine bleach or water purifying tablets
  - j. Basic tools (hammer, pliers, wrench, screwdrivers, work gloves, dust mask, pocket knife)
  - k. Small fuel operated stove and fuel (follow manufacturer's directions and store the fuel properly)
  - I. A whistle (in case you need to call for help)
  - m. Duct tape (i.e., to tape up windows, doors, air vents)
  - n. Detailed list of all special need's items, in the event that they need to be replaced



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#### Service Animal Emergency Kit Checklist

- 1. This checklist identifies the basic items you should prepare to keep your service animal comfortable during an emergency
- 2. Make sure the kit is easy to carry in case of a home evacuation
- 3. Contents
  - a. Minimum 72-hour supply of bottled water and pet food
  - b. Portable water and food bowls
  - c. Paper towels and manual can opener
  - d. Medications with a list identifying medical condition, dosage, frequency and contact information or prescribing veterinarian
  - e. Medical records including vaccinations
  - f. Leash and collar
  - g. Blanket and toy
  - h. Plastic bags
  - i. Bandages (a dog's paw could get cut on rough terrain)
  - j. Up-to-date ID tag with your phone number and the name/phone number of your veterinarian (a microchip is also recommended)
  - k. Recent photo of your service animal in case they get separated from you
  - I. Name of the animals training center and qualifying number (for identification purposes)
  - m. A copy of license (if required)
  - n. Other\_\_

#### People with a Disability/Special Needs-Tips

- 1. Make sure all your emergency kit items are organized, in one place, easy to find and to carry
- 2. Tag all your special needs equipment including instructions on how to use and/or move each assistive device during an emergency
- 3. Complete a checklist and personal assessment sheet and provide a copy to your designate network(s). Keep a copy in your emergency kit(s).
- 4. If you have food/rug allergies, wear a Medic Alert bracelet
- 5. List all food/drug allergies and current medications (for each medication, specify



- 6. the medical condition being treated, the generic name, dosage, frequency, and the name of the prescribing physician). Provide this list to your designated network and keep a copy I your emergency kit(s)
- 7. If you rely on any life sustaining equipment or if you require regular attendant care, ask your network to check on you immediately if an emergency occurs and have an emergency backup plan in the event of a power outage
- 8. During an emergency, if your support network is unable to help, ask others for help and inform them of your special needs and how they can assist you
- 9. Carry a personal alarm that emits a loud noise to draw attention
- 10. Be aware that experiencing an emergency can be overwhelming and stress ca worsen some medical conditions
- 11. Assisting People with a Disability/Special Needs Tips
  - a. Ask if the person wants your help, and how you may best assist them
  - b. If someone refuses your help, wait for first responders to arrive, unless it is a matter of life or death
  - c. Do not touch the person, their service animal or equipment without their permission, unless it is a matter of life or death
  - d. Follow instructions posted on the special need's equipment
  - e. You may be asked to use latex-free gloves to reduce the spread of viral infection or prevent an allergic reaction to latex
  - f. Ask the person if areas of their body have reduced sensation and if they want you to check those areas for injury
  - g. Do not try to move the patient unless you are trained in proper techniques
  - h. If a person is unconscious or unresponsive do not administer any liquids or food
  - i. If the person has a service animal, it is the animal's owner's responsibility to assess whether or not it is safe for the animal to work through the emergency situation
  - j. To make this decision, the service animal will need information as to the nature of the hazards they expected to face and any changes to the physical environment
  - If providing sighted assistance, the first responder or caregiver should confirm that the service animal is then Not working, and is therefore off duty



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#### **Mobility Disabilities**

- 1. Mobility limitations may make it difficult for a person to use stairs or to move quickly over long distances
- 2. Limitations may include reliance on mobility equipment such as a wheelchair, walker, crutches, or a walking cane.
- 3. People with a heart condition or respiratory difficulties may also have limited mobility

#### Mobility emergency plan

- 1. If you use a wheelchair or scooter, request that an emergency evacuation chair be stored near a stairwell on the same floor where you work or live, so that your network can readily access it to help you evacuate. The person with the disability should be involved in the selection of the chair
- 2. People who require the use of the evacuation chair should designate a primary and backup contact to assist them in the event of an evacuation. Create an evacuation plan in collaboration with the building manager and contact persons, and practice using the chair with them
- 3. In your personal assessment checklist, identify areas of your body that have reduced sensations so that these areas can be checked for injuries after an emergency, if you cannot do so yourself
- 4. Check with your local municipal office to find out if emergency shelters in your area are wheelchair accessible
- 5. Recommended additional items checklist for mobility disabilities
  - a. Tire patch kit
  - b. Can of seal-in-air product (to repair flat tires on your wheelchair or scooter)
  - c. Supply of inner tubes
  - d. Pair of heavy gloves (to protect your hands while wheeling over glass or other sharp debris)
  - e. Latex-free gloves (for anyone providing personal care to you)
  - f. Spare deep-cycle battery for a motorized wheelchair or scooter
  - g. A lightweight, manual wheelchair as a backup to a motorized wheelchair



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- i. Your power outage backup plan
- j. Other \_\_\_\_\_
- 6. Assisting a person with a mobility disability-what to do
  - a. If possible, use latex-free gloves when providing personal care
  - b. Try to ensure that the person's wheelchair is transported with the person
  - c. If this is not possible, employ other evacuation techniques as appropriate, such as use of the evacuation chair, shelter-in-place (if instructed to do so), or lifts and carries by trained personnel
  - d. Do not push or pull a person's wheelchair without their permission, unless it is the matter of life or death

## Non-Visible Disabilities

- 1. Individuals with a non-visible disability may have difficulty performing some tasks even though their condition is not apparent
- 2. Non-visible disabilities can include communication, cognitive, sensory, mental health, learning or intellectual disabilities which may impair as individual's response to an emergency
- 3. Conditions can include allergies, epilepsy, diabetes, pulmonary or heart disease, and/or dependency on dialysis, different supplies, etc.
- 4. Non-visible disability emergency plan
  - a. Keep an emergency contact list on your person. This list should note key people that are aware or your special needs
  - b. Inform your designated support network of where you store your medication
  - c. Consider wearing a Medic Alert bracelet or identification to help notify emergency responders about your special needs
  - d. Request that a panic push-button be installed in the work and living areas so that in an emergency you can notify others of your location and that you need special assistance
- 5. Recommended additional items check list for non-visible disabilities
  - a. Supply of food items appropriate to your dietary restrictions
  - b. List of instructions that you can easily follow in an emergency
  - c. Personal list and minimum one-week supply of all needed medications, medical supplies and special equipment (i.e., ventilator for asthma, nitro lingual spray for heart condition, an epinephrine pen against allergic



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- d. Detailed list of all prescription medications
- e. Medic Alert identification
- f. Other:
- 6. Example: People with diabetes
  - a. Extra supply of insulin or oral agent
  - b. Extra supply of syringes, needles, and insulin pens (if used)
  - c. Small container for storing used syringes and/or needles (if applicable)
  - d. Blood glucose testing kit, spare batteries and record book
  - e. Supply of blood glucose and urine testing ketone testing strips
  - f. Fast acting insulin for high blood glucose (if applicable)
  - g. Fast acting sugar for low blood glucose
  - h. Extra food to cover delayed meals
  - i. Ice packs and thermos bag to store insulin (if applicable)
- 7. Assisting a person with a non-visible disability-what to do
  - a. Allow the person to describe the help they need
  - b. Find effective ways to communicate, such as drawn or written instructions, using landmarks instead of general terms like "go left" or "turn right"
  - c. Maintain eye contact when speaking to the person
  - d. Repeat instructions (if needed)
  - e. If a person needs to take medication, ask if he/she needs help taking it. (never offer medicine not prescribed by a physician

## Hearing Disabilities

- 1. The way that emergency warnings are issued in an emergency is critical to the understanding of instructions and the subsequent response and safety of those with hearing loss
- 2. Your Emergency Plan for Hearing Disabilities
  - a. Communicate your hearing loss by moving your lips without making a sound, pointing to your ear, using a gesture, or if applicable, pointing to your hearing aid
  - b. Keep a pencil and paper handy for written communication
  - c. Obtain a pager that is connected to an emergency paging system at your workplace and/or your residence
  - d. Install a smoke detection system that includes flashing strobe lights or vibrators to get your attention if the alarm sounds
  - e. Test smoke alarms monthly by pushing the test button
  - f. Replace your batteries every six months or whenever there is a low



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- 3. Recommended additional Item's checklist for Hearing Disabilities
  - a. Writing pads and pencils for communication
  - b. Flashlight, whistle or personal alarm
  - c. Pre-printed phrases you would use during an emergency, such as "I use American Sign Language" or "if you make announcements, I will need to have them written simply or Signed"
  - d. Assistive equipment according to your needs (i.e., hearing aid, personal amplifier, etc.)
  - e. Portable visual notification devices to know is someone is knocking on the door, ringing the doorbell, or calling on the telephone
  - f. Extra batteries for assistive devices
  - g. A Communicard (produced by the Canadian Hearing Society) that explains your hearing loss and identifies how first responders can communicate with you during an emergency
  - h. Other:
- 4. Assisting a person with a hearing impairment-what to do
  - a. Get the person's attention via a visual cue or a gentle touch on their arm. Do not approach the person from behind
  - b. Face the person, make eye contact when speaking to them as they may rely on lip reading and communicate in close proximity
  - c. Speak clearly and naturally. Do not shout or speak unnaturally slowly
  - d. Try to rephrase, rather than repeating yourself
  - e. Use gestures to help illustrate your meaning
  - f. If there is time, it may be helpful to write a message
  - g. Hearing Aids amplify sounds and can create a physical shock to the user, so do not make loud noises
  - h. Note that some people may be deaf-blind

## Vision Disabilities

- 1. A person who is blind or has reduced vision may have difficulty reading signs or moving through unfamiliar environments during an emergency.
- 2. They may feel lost and/or dependent on others for guidance.
- 3. Emergency Plan for Vision Disabilities
  - a. Have a longer white cane available to readily maneuver around obstacles (there may be debris on the floor or furniture may have shifted)
  - b. Identify all emergency supplies in advance with fluorescent tape, large print or Braille text, such as gas, water and electrical shutoff valves



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- c. Familiarize yourself in advance with all escape routes and locations of emergency doors/exits on each floor of any building where you work, live and visit
- 4. Recommended additional items checklist for Vision Difficulties
  - a. Extra white cane, preferably longer in length
  - b. Talking or Braille clock
  - c. Large print timepiece with extra batteries
  - d. Extra vision aids such as an electronic travel aid, monocular, binocular or magnifier
  - e. Extra pair of prescription glasses (if applicable)
  - f. Any reading devices/assistive technology to access information or portable CCTV devices
  - g. Other: \_\_\_\_
- 5. Assisting a person with a vision disability-what to do
  - a. For people who are deaf-blind, draw an "X" on their back with your finger to let them know you can help them
  - b. To communicate with someone who is deaf-blind, trace letters in their hand with your finger
  - c. To guide a person, keep a step ahead, offer them your arm, and walk at their pace
  - d. Do not shout at a person who is blind or has reduced vision. Speak clearly and provide specific directions
  - e. Provide advance warning of upcoming stairs, major obstacles or changes in direction
  - f. Watch for obstacles that the person could walk into
  - g. Never grab a person with vision loss, unless it is a matter of life or death
  - h. Do not assume that the person cannot see you
  - Avoid the term "over there" describe positions such as "to your right/left/straight ahead/behind you", or by using the clock face positions (i.e., the exit is at 12 o'clock)
  - j. If the person has a service animal on duty, ask them where you should walk to avoid distracting the animal. Do not separate the service animal from its owner

## Seniors with a Disability/Special Needs

1. Seniors, especially those with special needs, should be informed of what to do in an emergency



- Contact your municipality to find out about the programs and services in your area that will help you during an emergency and assist you in returning to your daily routine
- 3. Your emergency plan for Seniors with a Disability/Special Needs
  - a. Create an emergency contact list identifying your personal support network, including physicians, case worker, a contact from a senior's group, neighbors, and your building superintendent
  - b. Keep a copy of this list in your emergency kit and on your person
  - c. Familiarize yourself with all escape routes, emergency equipment and the location of emergency doors/exits in your home
  - d. If you have a pet, bring it with you in an evacuation and have an emergency plan for your pet. Determine in advance who can take care of your animal during an emergency
  - e. Request that a panic push/button be installed in your work and/or living area so that in the event of an emergency you can notify others of your location and that you need special assistance
- 4. Recommended additional items checklist for Seniors with a Disability/Special Needs
  - a. Non-perishable food appropriate to your dietary restrictions
  - Assistive devices needed such as canes, walkers, lightweight manual wheelchair, hearing aids, breathing apparatus, blood glucose monitoring device
  - c. Extra prescription eyewear and footwear (if required)
  - d. Extra supply of medications a vitamin supplement
  - e. A list of all your needed medical supplies and special equipment
  - f. Copies of all medical prescriptions
  - g. Extra dentures (if required) and cleaner
  - h. Latex-free gloves (for anyone providing personal care to you)
  - i. Other: \_\_\_\_\_
- 5. Assisting a Senior with a Disability/Special Needs-What to do
  - a. Check on neighbors to find out if there are seniors who would need your help during an emergency
  - b. Always speak calmly and provide assurance that you are there to help. Avoid shouting or speaking unnaturally slowly
  - c. Let the person tell you how you can help
  - d. Know the location of emergency buttons (many senior's buildings have emergency buttons located in bedrooms and washrooms)
  - e. Follow instructions posted on special needs equipment and/or assistive



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#### High Rise Safety

- 1. Residents of high-rise buildings should make themselves aware off:
  - a. Building superintendent's name and phone number
  - b. Members of the Building Safety Committee
  - c. The contact names and coordinates of floor monitors
  - d. Who conducts evacuation drills, and how often?
  - e. Location of fire extinguishers, automated external defibrillator and oxygen tank
  - f. Location of emergency evacuation device(s)
- 2. Your Emergency Plan for High Rise Safety
  - a. Advise your building superintendent of your requirements during an emergency
  - b. Know your building's evacuation plan and escape routes
  - c. Know the location of emergency buttons in the building and exits that are wheelchair accessible (if applicable)
  - d. If Applicable, request that an evacuation chair be installed close to the stairwell on the floor where you work or live. If you cannot have an evacuation chair, have a backup plan for evacuating without one
  - e. If you need help during an emergency, obtain large printed signs from the building manager that you can place in your window/door, indicating that you need assistance
- 3. Assisting a person with special needs in a high-rise building-what to do
  - a. Check on neighbors and/or co-workers with special needs to find out if they need your help
  - b. Offer to carry the person's emergency kit along with any special equipment
  - c. Avoid attempts to lift, support or assist the movement of someone down stairways unless you are familiar with safe techniques
  - d. Do not use elevators in event of fire or smoke, or if the emergency is likely to lead to a power outage



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# Check list and Personal Assessment

During an emergency, this check list will enable emergency responders to better assist you

- 1. I am able to:
  - Hear

  - □ Walk without Help
  - □ Walk with Help
  - □ Prepare my meals
  - □ Feed Myself
  - □ Dress Myself
  - □ Sit without Help
  - □ Sit with help
  - □ Wash/Bath without help
  - □ Wash/Bath with help
  - □ Sanitary needs without help
  - □ Sanitary needs with help
- 2. I will need specific help with (explain)



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## **Important Personal Information**

1. List your prescription number, name and purpose of each medication (i.e., #34567/insulin/diabetes) a. Prescription Name of medication: Purpose: b. Prescription \_\_\_\_\_ Name of medication: \_\_\_\_\_ Purpose: c. Prescription \_\_\_\_\_ Name of medication: Purpose: \_\_\_\_\_\_ d. Prescription Name of medication: \_\_\_\_\_ Purpose: 2. Doctor(s): 3. Phones(s): 4. Special equipment I use: 5. Special sanitary aids: 6. Allergies:



7.	Other special needs:
8.	Special Diet:
9.	Health Card #:
10.	Private medical:
11.	Policy #:
12.	Neighbourhood contact:
13.	Out-of-town emergency contact:
14.	School Contact:
15.	Household pet care:
16.	Veterinarian phone:
17.	Local emergency management contact (for your area):



# Personal Support Network Contact List (Family Members, Attendants, Neighbors, Etc.)

1.	Name:
	Relation:
	Address:
	Phone (home):
	Phone (business):
2.	Name:
	Relation:
	Address:
	Phone (home):
	Phone (business):
3.	Name:
	Relation:
	Address:
	Phone (home):
	Phone (business):



4.	Name:
	Relation:
	Address:
	Phone (home):
	Phone (business):
5.	Name:
•	Relation:
	Address:
	Phone (home):
	Phone (business):
6.	Name:
	Relation:
	Address:
	Phone (home):
	Phone (business):
_	
7.	Name:
	Relation:
	Address:
	Phone (home):

