BC Coalition of People with Disabilities

a ROAD MAP to EMERGENCY PLANNING FOR PEOPLE WITH DISABILITIES

For community organizations, first responders, government programs and other stakeholders

2008

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This report was produced by BC Coalition of People with Disabilities.

We thank these funders for their generous support of this project:

BC Ministry of Health, Emergency Management Branch

Public Health Agency of Canada, Emergency Preparedness and Response, BC/Yukon Office

We also thank the Emergency Preparedness for People with Disabilities Committee and the many people who contributed their energy, experience and ideas during the project workshops.

Acknowledgements

Project Coordinator • Karen Martin
Workshop Facilitators • Tammie Tupechka and Maryann Abbs of Hatching Change
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Introduction

People with disabilities make up approximately 18% of the population in British Columbia–over 780,000 people. BC is experiencing increasing forest fires, floods and power outages from winter storms. On the west coast, we are also in an earthquake zone.

From communication with the public during disasters, to evacuation notices, evacuation, post-evacuation assistance, and recovery, people with disabilities have different needs than the general public. These needs must be included in future emergency planning strategies.

The Disability Community's Response

The BC Coalition of People with Disabilities (BCCPD) is working collaboratively with a broad network of disability organizations and people with disabilities to build relationships with the emergency management sector. The **Emergency Preparedness for People with Disabilities Committee (EPPDC)** was formed in 2006 and is made up of people with disabilities, representatives from disability organizations and other emergency management stakeholders in BC.

We have reached out to create these working relationships in order to create systemic change in the way emergency planning is done in BC. Our immediate goal is to incorporate planning for people with disabilities at all levels and to deepen the understanding of how to meet these needs. In doing so, our ultimate goal is to reduce risk, create resiliency, and increase the safety and well-being of all members of our communities during and after an emergency or disaster.

Overall Objectives of the EPPDC

Engaging the Community in Emergency Planning: Developing a strategy to engage a diversity of stakeholders; building meaningful cross-sector relationships; creating action-oriented networks; and, using a collaborative approach.

Building and Sharing Emergency Preparedness Knowledge: Education and awareness campaigns; cross-training of emergency management and disability organizations' staff and volunteers in disability and emergency planning issues; producing a handbook for employers and workers on emergency planning that includes workers with disabilities; producing a planning toolkit; and, researching international emerging best practices on emergency planning and people with disabilities.

Building Community Capacity to Respond and Recover: Assisting people with disabilities to create personal preparedness plans; training disability organizations to create service continuity plans; and, developing communication strategies.

The Three Planning Workshops

The EPPDC invited a cross-section of stakeholders to a series of three full-day emergency planning workshops. Participants included representatives from approximately 30 disability organizations, emergency management agencies and non-government organizations (NGOs).

The goal of the workshops was to bring the disability community and the emergency management community to the table to work together for the first time on this issue, to build relationships, to raise awareness and understanding, and to create a document that will guide us in this important work.

Throughout the workshops, we used a **functional needs approach**. This approach looks at the needs that people will have in an emergency, rather than just the disability–for example, "a person who has Cerebral Palsy."

The functional needs approach asks: "What are the needs a person with Cerebral Palsy will have in these functional areas?"

Communication

Maintaining functional independence

Medical

Supervision

Transportation

Looking at people's needs through this lens will allow us to plan, respond and recover in comprehensive ways to people's needs. There are also many people who do not identify as "a person with a disability," but who will have needs in one or more of the functional areas.

Each of the day-long planning workshops focused on one of these areas of emergency planning:

- planning/preparedness (before)
- disaster response (during)
- recovery (after)

Workshop 1 • Planning: Five groups examined key areas in emergency planning for people with disabilities.

Workshop 2 • Response: Building on the work done at the first workshop, participants engaged in tabletop exercises to develop response strategies for different emergency scenarios–for four people with different disabilities and functional needs.

Workshop 3 • Recovery: This workshop began with presentations from three panelists who spoke about their work in the area of recovery. This was followed by small group discussions where participants identified the key issues for people with disabilities during recovery from disaster.

The workshops were an important learning experience for the participants. Everyone–people with disabilities, experienced emergency planners, disability organization representatives–shared their knowledge and experiences openly. This planning toolkit is the record of these workshops and summarizes what we know, new ideas on what we need to put in place, as well as gaps in knowledge and service. The toolkit is meant for multiple audiences: disability organizations, Emergency Social Services, health authorities, and other interested stakeholders.

The EPPDC hopes that people will use the questions developed, the profiles and scenarios, the functional needs approach, and the recommendations in this document to assist them in emergency planning that will be inclusive of people with disabilities.

Workshop 1: Preparedness and Planning

In this section, we summarize the discussions of the five Workshop 1 planning groups. The participants generated many ideas, options, gaps and questions. The five groups examined these areas:

- communication needs
- disability organizations' preparedness
- medical, functional independence and supervision needs
- personal preparedness for people with disabilities
- training
- transportation

Communication

This functional need will include people who:

- have limited or no ability to speak, read or understand English
- have reduced or no ability to speak, see or hear
- have limitations in learning and understanding
-

During an emergency, people with communication needs may not be able to:

- hear verbal announcements
- see directional signs to assistance services
- understand the message

Workshop participants included representatives from approximately 30 disability organizations, emergency management agencies and non-government organizations (NGOs).

COMMUNICATION			
SHORT TERM	**WHO**	**LONG TERM**	**WHO**
Public Announcements			
Review PSAs templates/ emergency messaging technologies and content to insure that they are inclusive of disability (functional needs) communities	Provincial and federal ministries/programs	Provincial/federal version of the Disaster Guide/Standard Messages	Province/Federal Communicator Group
Workshop/process for communicators to update templates/ communication plans (ensure multicultural media included in outreach)	Greater Vancouver Regional Emergency Planning Committee and the Lower Mainland Communicators (PEP and local government authorities); Joint Emergency Liaison Committee, Emergency Information Response Plan (has some preparedness templates)		
Awareness/contact with provincial media regarding existing procedures/ requirements/best practices for disability groups	Possibly Lower Mainland Communicators group working with PEP and the BCCPD	Policy and procedures for media outlets	Media working with Lower Mainland Communicators group, PEP and BCCPD
Messaging around responsibility for personal preparedness/72 hour kits/buddy systems	Province/disability organizations		
Awareness campaign around HELP/OK signs [PEP and ESS]	PEP Local authorities (as part of Emergency Prep Week)		
Evacuation Notices and Orders			
Same as above process to review templates ensure that they are inclusive of functional needs	Local authorities		
PSAs=Public Service Announcements; PEP=Provincial Emergency Program; BCCPD=BC Coalition of People with Disabilities; ESS=Emergency Social Services; ESSA=Emergency Social Services Association; NGOs=Non-governmental Organizations; CRTC=Canadian Radio-television and Telecommunications Commission			

Note: Acronyms/abbreviations used in the tables in this report are explained in the bottom cell of each table.

COMMUNICATION			
SHORT TERM	**WHO**	**LONG TERM**	**WHO**
ESS Reception Centres and Group Lodging (Shelters)			
Review reception centre and group lodging training material to encourage planning for disabilities (awareness and planning)	Justice Institute, Local Authority ESS, PEP, NGOs (Salvation Army, St. John's)	Ensure that new practices are put into place/ practiced	Justice Institute Local authority, ESS ESSA PEP NGOs
Review signage/information to improve communication in variable formats i.e., large print, Braille, cassette, audio, multi-lingual	Local authority, ESS		
Develop relationship with the professional sign language interpreters association to provide volunteer interpreters at reception centres	PEP		
Emergency Warning Systems			
Reinstate TV warning system	BCCPD to advocate to province to advocate to federal government (CRTC)	Alternate to 911 help lines, e.g., 211 or 311.	
Research worldwide to find technology that works for disability community, i.e., lights for home smoke detectors	Disability organizations to research and advocate to provincial and federal governments		
Explore existing technology, e.g., reverse phone lines and text messaging/ wireless technology for warning systems	Disability organizations to advocate to provincial and federal governments		
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DISABILITY ORGANIZATIONS			
WHO	**WHAT**	**HOW**	**EXISTING RESOURCES**
NGOs	If health and safety committee exists, make EP part of mandate	PWDs may want to volunteer/train mentors to consult with ESS	
	Identify buddy organizations to help serve your clients if your area/premises is affected by an emergency	Raise EP issue with community partners	
	Know your community's overall EP plan, e.g., your local reception centre	Connect with ESS	
	Develop tools in partnership	EPPDC to look at other EP programs and partner	
	More workshops like this through EPPDC		
Govt. Minist.	Legislate NGO and CBO development of EP plans as part of non-profit status	Provide template as somewhere to start, issues to cover. Provide financial and information resources	Emergency Preparedness and Planning for Industry and Commerce (EPPIC); VCH will be doing region-wide communications with all their contracted agencies to raise awareness at the organizational level about getting prepared
Other	NGO funding agencies require fundees to develop EP plans		
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; CBOs=Community-based organizations; EPPDC=Emergency Preparedness for People with Disabilities Committee;VCH=Vancouver Coastal Health			

Medical, Functional Independence and Supervision Needs

Includes people who need assistance with:

- activities of daily living – bathing, eating, etc.
- managing chronic, terminal, contagious health conditions
- managing medications, IV therapy, tube feeds
- dialysis, oxygen, suction
- managing wounds, catheters, ostomies
- operating power dependent equipment to sustain life

During an emergency:

- some people may be separated from family and friends
- early identification of needs and disaster response intervention can avoid costly deterioration of health and functional independence

Includes people who:

- use assistive and equipment devices to function independently on a daily basis:
  - mobility aids – wheelchairs, walkers, scooters
  - communication aids – hearing aids, computers
  - medical equipment – oxygen, syringes
  - service animals
  - require medications to function independently

During an emergency:

- individuals may become separated from their assistive equipment and devices or service animal
- evacuate individuals with disabilities with their assistive equipment whenever possible
- do not separate an individual from their service animal at reception centres or group lodgings

Includes unaccompanied minors, as well as people who have any of the following:

- dementia, Alzheimer's disease
- depression
- schizophrenia
- intensive anxiety
- transfer trauma
- brain injury
- developmental disabilities
- severe mental illness

"What happens if you lose your wheelchair and then you're placed in a shelter?" said Rooney. "You can no longer get up to go to the bathroom by yourself. People lose their independence." (Katrina evacuee)
www.newstandardnews.com, August 15, 2006

MEDICAL, FUNCTIONAL INDEPENDENCE & SUPERVISION			
WHO	**WHAT**	**HOW**	**EXISTING RESOURCES**
Dispensing Medications			
PWDs	Have a print out of medications available for emergency purposes	Get from your pharmacist	
Other	Pharmacy Association of BC		Pharmacies can dispense drugs during an emergency. The Pharmacy Association of BC has a plan for disbursement of medications during emergencies
Refrigeration of medications			
PWDs	Use portable coolers, extra ice blocks, frozen foods to insulate medications at home		
ESS	Have refrigeration at reception centres and group lodgings		
Local Govt. Servs.	Need to do an inventory of available facilities re: backup power available/refrigeration at group lodgings		
Govt. Minist.			
Replacement of essential medical supplies			
Local Govt. Servs.	ESS can do this	Develop agreements with medical supplies companies	
	Will need security around dispensing of medications at reception centres* (see opposite page)		
	Need a map of the hierarchy/connections among responsible groups		
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations: Local Gov.Serv.=first responders; Gov. Mins.=government ministries; ESS=Emergency Social Services; Ministry of Employment and Income Assistance; CLBC=Community Living BC; CNIB=Canadian National Institute for the Blind			

MEDICAL, FUNCTIONAL INDEPENDENCE & SUPERVISION			
WHO	**WHAT**	**HOW**	**EXISTING RESOURCES**
Replacement/loan of equipment and devices			
PWDs	Have back up manual wheelchair if possible		
Local Govt. Servs.	Have back up manual wheelchairs at reception centres		
	Have mechanism for loan of equipment and devices	Build partnership agreements with existing programs/agencies	Provincial Respiratory Outreach Program; Red Cross Equipment Loan Program; CNIB; Provincial Personal Supports Program, Royal Canadian Legion Loan Cupboards
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations: Local Gov.Serv.=first responders; Gov. Mins.=government ministries; ESS=Emergency Social Services; Ministry of Employment and Income Assistance; CLBC=Community Living BC; CNIB=Canadian National Institute for the Blind			

*St. John Ambulance volunteers have the capacity to deal with medications, but only the volunteers that are registered nurses are licensed to work with medications. "...members of the public often call upon us to provide several types of commonly used, non prescription medications [such as] Gravol, Benadryl, ASA and Tylenol. We are also asked to assist people in taking their prescribed medications... While we are not permitted, nor have the expertise, to prescribe or dispense any medication, we can make these medications available for people who request them." National Medication Administration Training Module

MEDICAL, FUNCTIONAL INDEPENDENCE & SUPERVISION			
WHO	**WHAT**	**HOW**	**EXISTING RESOURCES**
Other needs			
NGOs & CBOs Specialized disability organizations; volunteer groups; St. John Ambulance	Develop protocols, agreements and partnerships around medications, equipment and medical supplies	Need an overarching entity to engage these agencies	Meals on Wheels, Disability Parking Placard Program, PROP, outreach organizations
Local Govt. Servs. Fire departments; municipal ESS; regional health authorities			
Govt. Minist. PEP; Ministry of Health; Healthline			
Other Home support groups; Pharmacists Association and individual pharmacists			
	Services already in place that could help identify people with disabilities that may need assistance		Health authorities, CLBC, MEIA, BC Ambulance, BC Housing, home support services
Govt. Minist. PEP; Ministry of Health; Healthline	Provide psychosocial support at all reception centres		Disaster Stress and Trauma Response Services (DSTRS), Ministry of Health
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations: Local Gov.Serv.=first responders; Gov. Mins.=government ministries; ESS=Emergency Social Services; Ministry of Employment and Income Assistance; CLBC=Community Living BC; CNIB=Canadian National Institute for the Blind			

Medical support gaps

- People who are separated from their caregivers/ providers
- People with disabilities who need supervision
- Agencies may have plans in place, but people in the community with caregivers probably do not

Ministry of Health and regional health authorities have or are working on plans for identifying clients in need.

PERSONAL PREPAREDNESS AND PLANNING			
WHO	**WHAT**	**HOW**	**EXISTING RESOURCES**
PWDs	Responsible for own EP plan, general preparedness		"Emergency Preparedness Tips for People with Disabilities"
	PWDs must be able to explain their needs well, to someone who may not be caregiver or have training		
	Have plan to address own needs and have copies with appropriate people or organizations		
NGOs	Create functional needs templates for people with disabilities–for emergency responders and for people with disabilities; possibly use and expand upon existing templates	For EP templates, have a question format for PWDs; "How would you cope, what would you need [in these functional areas]?"	"Checklist to Facilitate Health Emergency Planning for At-Risk People" (CEPR and BCCPD)
		Communal database of existing EP resources and/or a system to gather disability-related organizations' links	
		Develop multi-pronged/multi-media approaches to get information to public	Video resources through city of Vancouver; "Public Safety Education Plan for Vulnerable, At-Risk and Multicultural Populations" (PEP)
	Ask for partnerships for distributing materials, sharing information		
	Regular presentations and workshops on EP		
	Providing trainers to go into community		"Learning C-MIST: Train The Trainer: Creating Individual Emergency Preparedness Plans for People with Disabilities" (BCCPD/EPPDC)
	Perhaps training care aides or other in home care workers to share EP information with clients or assess EP		
Local Govt. Servs.	Provincial assessors for home care could also assess for EP of clients		
Govt. Minist.	Get input from disability organizations on formats that work best for them		

PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations: Local Gov. Servs.=first responders; CEPR=Centre for Emergency Preparedness and Response Public Health Agnecy of Canada; PEP=Provincial Emergency Program; EPPDC=Emergency Preparedness for People with Disabilities Committee

TRAINING: WHO NEEDS IT?

WHO	HOW	EXISTING RESOURCES
PWDs	Know and describe own needs; find out about community resources	
NGOs	Develop a toolkit/curriculum to assist training organizations	
	Provide awareness training	
	Develop resources for PWDs personal preparedness	
	Liase with first responders; learn what they do and how they do it	
Local Govt. Servs.	Incorporate functional needs of PWDs into agenda of first responders	ESS has some training programs
Govt. Minist.	Hands on training; three target groups meet to understand each others' needs	
Other Group homes and other facilities; public transportation; media; schools	Develop multilingual and multi-media training materials Training/exercises on EP evacuation Take training "on the road"	

PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; ESS=Emergency Social Services

TRAINING: SPECIFIC TO FUNCTIONAL NEEDS

Communication	Independence	Medical needs	Supervision	Transport
ESL, literacy hearing, speaking, cognitive, neurological, visual, children, seniors, animals, emotional and physical isolation, homelessness, addiction	physical: scooters, wheelchairs, walkers, canes incontinence: leg bags, transfer to toilets equipment: batteries, transfer devices, assistance animals, care attendant, dietary needs	respiratory, dialysis, medications	mental health, developmental disabilities, children, seniors with dementia	people without vehicles or who cannot drive, people dependent on bus or HandyDART; rural issues: transportation to and from reserves, transportation from ESS to other points of service in emergencies

ESS=Emergency Social Services; ESL=English as a second language

Who is Responsible

- We need a provincial champion to ensure continued success
- We need federal support–Public Health Agency of Canada, Centre for Emergency Preparedness and Response; Public Safety Canada
- Emergency Social Services
- Provincial and local governments

Resources Needed

- a champion
- funding
- consistency
- people resources to change the culture in media, government, education system, etc.
- people with disabilities to work with the community

Transportation

Includes people who cannot drive due to:

- disability
- age
- temporary injury
- poverty
- addiction
- no access to vehicle
- legal restrictions

TRANSPORTATION		
WHO	HOW	EXISTING RESOURCES
Involvement in transportation planning		
PWDs **NGOs** CLBC, disability organizations **Local Govt. Servs.** Search and Rescue; police; TransLink and BC Transit; local emergency management authorities **Govt. Minist.** MCFD, MEIA, regional health authorities, PHSA **Other** Private health care facilities	Liase with 2010 Legacies Now re: emergency transportation planning for the Olympics and Paralympics Identify and engage the stakeholders Create and maintain a database of key agencies to be involved Network and establish relationships Plan, practise and set up agreements Learn from each other; synergy Incorporate rural needs Identify gaps and resources	There is no need for mutual agreements re: transportation because under the Emergency Program Act, the PEP can require BC Transit to provide transportation services during a large scale disaster. BC Transit can then, if necessary, commandeer the vehicles of private companies or transportation agencies for use in the response. BC Transit takes the lead from PEP and has a working relationship with BC Ambulance. For more localized emergencies and disasters, BC Transit does respond to requests from local authorities; these authorities usually go through BC ambulance. *Source: Ian Watson, BC Transit* With HandyDART, if there was an emergency requiring evacuation from the HandyDART bus, they evacuate the people first and then their equipment second. *Source: Bill Harding, TransLink*
Protocols/procedures needed to ensure PWDs are transported with assistive devices		
Local Govt. Servs.	All first responders should be trained and aware; education needed on person's loss of functional independence without assistive devices; use the help of client groups	
	Protocols should be part of community emergency plans	
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; CLBC=Community Living BC; MEIA=Ministry of Employment and Income Assistance; MCFD=Ministry of Children and Family Development; ESS=Emergency Social Services; EM=Emergency Management		

TRANSPORTATION		
WHO	HOW	EXISTING RESOURCES
Locating transportation-dependent populations and type of transport needed		
Local Govt. Servs.	Confidential voluntary registries; information gathered by ESS and EM; health authority lists	All new conventional buses and community buses replacing the old fleet are accessible buses. Source: Ian Watson, BC Transit
NGOs	Disability/seniors organizations who know where their clients are; CLBC	
	HandyDART client list	
	Disabled Parking Placard program list	
Other Media	Media can help disseminate information about the registry	
Potential transportation resources		
NGOs	Vehicle used must match the level of care the person needs Use assistants or care providers and consider them when planning Must also consider service animals when transporting PWDs Transportation must also be available from reception centres to other centres, e.g., hotels	Easter Seal; churches; seniors centres
Local Govt. Servs.		ambulance
		HandyDART drivers
Other		BC Ferries; TransLink & BC Transit; private care facilities; taxis; limo services; driving school vehicles; car dealerships; military; hearses; farm equipment; moving vans; helicopters
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; CLBC=Community Living BC; MEIA=Ministry of Employment and Income Assistance; MCFD=Ministry of Children and Family Development; ESS=Emergency Social Services; EM=Emergency Management		

Who is Responsible

- PEP, BC Transit, TransLink and the Victoria Regional Transit Commission

Resources Needed

- Provincial and federal funding commitments

BC Transit currently has no capability to provide emergency information in alternate formats – ASL, Braille, or other languages. Source: Ian Watson, BC Transit

TransLink does not provide emergency procedures information in alternate formats, however, they are currently working on customer access information in different languages and they are working with CNIB for alternate formats. This transit access information will not include emergency procedures information. Source: Bill Harding, TransLink

ACTION SUMMARY ~ WORKSHOP 1		
	Short term	**Long Term**
Communication	Review public announcements for inclusivity and disability functional needs	Federal and provincial disaster guide
	Develop a template (joint emergency liaison committee)	Policies and procedures re: closed/open captioning
	Contact provincial media and discuss best practices	Kits re: personal preparedness
	Discuss evacuation orders with media and municipalities	Campaign re: "help" sign
	Review reception centre protocols (Justice Institute, NGOs)	New practices re: reception centres
	Reinstate TV warning system	Review reception centre signage
	Research technology that works for people with disabilities	
	Explore wireless, text-messaging for announcements	
	Create a task force	
	Review and explore messaging technology and options to communicate emergency messages	
Disab. Orgs.	Research and gather existing resources	Work out a budget for resources; find funder for ongoing work in EP
	Research recent experiences (e.g., Hurricane Katrina)	Research, share information and partner
	Practise emergency procedures	Organizational needs assessment
	Liase with Legacies Now (Olympics/Paralympics)	Integrate with occupational health and safety
	Advocate for equal representation from people with disabilities on planning bodies	Network broadly
	Provincial champion for the group needs to be identified to ensure continued success and representation	Develop and customize protocols
	Attempt to secure federal and provincial commitment (funding)	Develop a multi-lingual public awareness program
		Hold more emergency preparedness workshops
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; BCCPD=BC Coalition of People with Disabilities		

ACTION SUMMARY ~ WORKSHOP 1		
	Short term	**Long Term**
Medical, Functional Independence & Supervision	Have a community home support representative at the table	Protocols to address people who have drug addictions
	Ensure that reception centres have generators, etc.	Waive fee for Pharmacare printout
	Develop and train people re: personal plans/use templates	Develop a drug disbursement plan with vendors and suppliers
	Create a task force to explore the medical need supports for PWDs	Create a disclosure form/database and self-assessment registry and decide on secure base for this information; ensure confidentiality
	Identify and build accountability for provision of medical needs at all levels	Create a care template to take to reception centre to identify functional needs
	Create a coordinated strategy to address and respond to medical needs (identify approach, goals and needs)	
PWDs	Do a personal needs assessment; share this information with EP-related bodies	
	Incorporate family and friends	
Training	Research and evaluate current EP training materials from perspective of PWDs. What is scope? What are deliverables?	Develop province wide, standardized materials and curriculum
	Link with current training agencies and ensure PWDs are on the agenda	Develop a range of methods and materials, e.g., DVDs, exercises, web-based table tops
	Need provincial strategies	Are there insurance rate cuts for emergency preparedness plans?
	Group needs to continue to meet	
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; BCCPD=BC Coalition of People with Disabilities		

ACTION SUMMARY ~ WORKSHOP 1		
	Short term	**Long Term**
Transportation	Identify a champion	
	Identify contacts and resources, e.g., handyDART drivers	
	Engage others who need to be at the table	
	Database of resources and key people	
	First responders need to be trained and aware of PWDs needs	
	Special edition of Transition magazine (BCCPD)	
	Establish a committee	
	Liaise with 2010 legacies	
	Contact first responders	
PWDs=People with disabilities and supporters; NGOs=Non-governmental organizations; BCCPD=BC Coalition of People with Disabilities		

Workshop 2: Response

Building on the preparedness planning of the first workshop, participants engaged in three tabletop exercises on actual disaster scenarios: a winter storm, an earthquake and a forest fire. For each scenario, participants attempted to plan responses for four people with disabilities: an HIV-positive woman, a man who uses a ventilator, a woman with Cerebral Palsy and a senior with diabetes.

PROFILE ONE: HIV POSITIVE PERSON	Mary is an ex-intravenous drug user (IDU). She contracted the Human Immunodeficiency Virus (HIV) and has recently started a chemotherapy regime of four very powerful antiretroviral (ARV) drugs. At present, she does not exhibit any symptoms of an opportunistic infection (AIDS). Mary has a dependent nursing child and uses formula. She is a minor and lives on her own in an apartment (please see the appendix for more profile details).	
Sheltering in Place	**After Evacuation**	**Concerns**
Warmth for infant and mom	Mary will need to state what her medical needs are at the reception centre	Will Mary disclose that she is HIV Positive? If so, when?
Ability to feed her baby formula and water	The Ministry of Children and Families (MCFD) should be contacted because she is a minor	Is it safe for her to disclose at the reception centre? Are staff and volunteers trained to deal with HIV disclosure?
She will have side effects of her anti-nausea medication; cleanliness due to vomiting or diarrhea could be an issue	Mary will need to be supervised until a representative from MCFD can arrive	
Access to food and heating food	The local program where her chemotherapy and drug regime are administered from should be contacted	
Will need a space heater	She will need support for her and the baby	
	Mary may need psychosocial support	

PROFILE TWO: VENTILATOR USER	James had a vehicle accident and injured his spinal cord. He has paralysis below the neck and he can breathe on his own only for about two hours without a ventilator. He is mobile only when he is able to use his electric wheelchair. He lives on his own in an apartment and shares his attendant with others in his building who have disabilities. The attendant is available to come if called within a half hour period. James directs all of his care and is very independent (please see the appendix for more profile details).	
Sheltering in Place	**After Evacuation**	**Concerns**
He will need a generator	Trained medical personnel will be required for his total care needs	
James needs a manual breathing apparatus in his emergency kit	Reception centre locations and emergency accommodations need to be accessible, i.e., entrances/exits, washrooms, transfer height cots and alternate communication methods	How will he be identified in order to receive medications?
Assistance for transfers	Need backup power source	
Personal care assistance	Personnel at the reception centre should contact the Provincial Respiratory Outreach Program	
If there is no power, James' battery/ventilator would be good until about the six hour mark on his own. After that he will need outside help	James should be identified as high risk	
James can stay at home as long as there is the capability to recharge		

The three workshop groups created best case scenario assumptions about evacuation. Participants decided that the individuals would evacuate in neighbours' vehicles which may not be a realistic option for many people with disabilities.

"Providing for and coordinating the evacuation of transportation-disadvantaged populations…present challenges because evacuating these populations requires additional planning, time, and resources. For example, evacuating seniors with special medical needs who are residing in their own homes may require additional planning of pick up routes; extra time to load and unload evacuation vehicles; and special resources, such as buses equipped with wheelchair lifts."
(United States Government Accountability Office, Disaster Preparedness: Preliminary Observations on the Evacuation of Vulnerable Populations due to Hurricanes and Other Disasters, Testimony Before the Special Committee on Aging, U.S. Senate, May 18, 2006, page 8)

PROFILE THREE: SENIOR	Fred is an 81 year old retired bank manager who has been diabetic since he was 14 years old. Over the last 10 years his eyesight and circulatory system have been affected by the diabetes. He has had two toes on his right foot amputated and has had several eye surgeries for detached retinas. Fred walks with a cane and suffers from depression. He lives alone in his own home (please see the appendix for more profile details).	
Sheltering in Place	**After Evacuation**	**Concerns**
If power is out, Fred's insulin can be packed around frozen food for up to 24-hours	At the reception centre and group lodging he may need support to ensure his insulin is administered	If a reception centre is not yet opened, can Fred be taken to a hospital for help and get medical attention?
	There needs to be refrigeration for insulin at the reception centre and group lodging	
	His insulin and syringes may need to be supplied if he had to evacuate quickly without them	
	Fred has special diet requirements and the regulation of food intake is important because of his diabetes	
	He will be a high risk because of his depression, so there will need to be psychosocial support at the reception centre	
	He may have difficulty reading emergency notices because of his visual disability	
	Fred could easily become disoriented because of his age, depression and visual disability	
	He may need to be assigned a support person	
	He will need a care plan for the transition to recovery after the emergency	

PROFILE FOUR: PERSON WITH CP	Beth is 35 years old and has lived with cerebral palsy since birth. She lives alone and has been semi-ambulatory, until she injured her left leg recently. She has not regained the ability to walk. She receives daily home care and uses a catheter and leg bag. Beth acquired a power wheelchair a month ago and now uses it on a full-time basis. She is not yet confident maneuvering the wheelchair in crowds and in tight spaces, e.g., buses. Beth also has some hearing loss and uses a hearing aid (please see the appendix for more profile details).	
Sheltering in Place	**After Evacuation**	**Concerns**
	At the reception centre, Beth will need assistance in tracking down her parents	The battery in her wheelchair will be good for only 3-4 hours
	At the reception centre, she needs to convey her medical needs and receive trauma support	
	She will need transfer assistance and personal care assistance	
	She will need personnel at the reception centre to be aware of her communication needs because of her speech and hearing loss	
	She will need access to a power source to recharge her wheel-chair	
	Beth will need psychosocial support because she is very dis-tressed because she has been separated from her parents on whom she relies	

Questions Generated from Scenarios

- Do pharmacies and hospitals have supplies of medications for emergencies and disasters?
- How are people identified and prioritized for needing medications and/or medical help in reception centres and group lodgings?
- If other service agencies need to be contacted, e.g., MCFD, Health Authorities, PROP, who is designated to contact these agencies?
- If facilities providing medical support, other than group lodgings, are required, who has the authority to identify these facilities and how are the people requiring this support transported?
- Are all reception centres, group lodgings, and temporary accommodations accessible?
- Does signage and way finding at reception centres take into consideration the needs of people who have visual impairments?

Disaster-Specific Needs

Winter storm and power outages

- backup power source for life-sustaining medical equipment and the storing of medications

Forest Fire

- poor air quality endangers those with respiratory conditions

Earthquake

- timely assistance from community for individuals on life sustaining medical equipment

Possible Gaps Identified

- There needs to be overarching coordination for meeting the needs of vulnerable populations during evacuation, i.e., communication and transportation, accessibility needs, medical needs, and identifying appropriate relocation facilities.
- Reception centres and group lodgings should have psychosocial support available.
- Health Authority representatives need to be present in reception centres. This is a vitally-needed relationship.
- ESS needs to work closely with disability service organizations who have knowledge and can provide vital supports.
- Individuals need to develop transportation evacuation plans as part of their personal preparedness plans.
- Community care facilities need to develop transportation evacuation plans as part of their facility emergency plans.
- First responders and first receivers need to be trained in the needs of people with disabilities and people with disabilities need to be involved in the development of the training.

Workshop 3: Recovery

Our final workshop began with presentations by three panelists: Kelli Kryzanowski, Provincial Emergency Program (PEP); Lise Anne Pierce, Canadian Red Cross Society; and, Steven Bibby, BC Housing.

The panelists spoke about their recovery work in British Columbia. This was followed by small group discussions where participants identified the key issues and stakeholders around recovery for people with disabilities, how all stakeholders can work together to develop community recovery plans, and what resources are needed.

Kelli Kryzanowski works for the Provincial Emergency Program (PEP) as the Manager of Integrated Preparedness. She was the project manager for the Tsunami Integrated Preparedness (TIP) program and is currently the manager responsible for Community Disaster Recovery, the liaison for First Nations Integrated Preparedness, Business Continuity Management planner, and coordinator of PEP's applied research and development in emergency management.

- BC's Provincial Emergency Program (PEP) provides leadership, support and coordination in response to and recovery from major emergencies and disasters.
- A draft Policy now exists: "Mass Care, Emergency Assistance, Housing, Human Services and Vulnerable Populations." Organizations involved are the Ministry of Employment and Income Assistance; Ministry of Children and Family Development, Community Living BC and BC Housing Management Commission.

Local Authority

- Public safety and community well-being are responsibilities of all levels of government.
- Primary responsibility for community recovery rests with the local authority.

Planning and Preparing For Recovery

- Planning during the preparedness phase is optimal and a necessity during response.
- A Recovery Director should be appointed during planning phase.
- Recovery Director is responsible for Local Authority and Community Recovery.
- Community Recovery Director provides the leadership needed to coordinate support from all levels of government, various service agencies and the general public.

Benefits of Collaborative Task Force

- Common goals and shared decision making.
- Enhances a sense of community and encourages resiliency.
- Reduces or eliminates duplication of effort and unproductive use of resources.
- Productive and timely manner in assisting evacuees.

Disaster Financial Assistance (DFA)

- DFA reimburses the cost of eligible repairs and recovery from uninsurable disaster-related property damage.
- Provides financial assistance to replace or restore items that are essential to homes and livelihood.
- Funds 80% of the total eligible damage (over $1,000).
- Funds up to $300,000 for replacement or restoration of homes.

Resources

- "One Step at a Time: A Guide to Disaster Recovery"
- Visit the PEP website for general preparedness information, as well as information to help people with disabilities plan for emergencies (please see the appendices for more information)

Lise Anne Pierce is the Provincial Manager, BC Disaster Management Program of the Canadian Red Cross Society. Her responsibilities include building partnerships and developing provincial agreements, as well as providing leadership, coordination and support to the planning, development and delivery of domestic Disaster Management within the four Red Cross regions in BC.

International Red Cross Movement

- encompasses all the branches/arms of the Red Cross
- International Committee of the Red Cross
- International Federation of the Red Cross/Red Crescent Societies
- National Societies
- all States that are party to the Geneva Conventions.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

- humanity
- impartiality
- neutrality
- independence
- voluntary Service
- unity
- universality

Red Cross National Societies

- 185 National Societies out of 191 countries
- Each National Society provides a range of services in response to the needs and relationships specific to the country in which it exists
- National Society programs and services address both immediate and long-term needs
- Canadian Red Cross Society

Mission

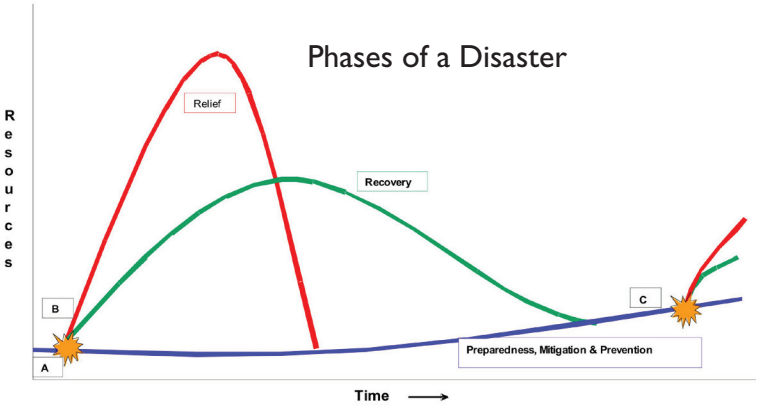
To improve the lives of vulnerable people by mobilizing the power of humanity in Canada and around the World

- BC Disaster Management Vision
- strengthen individual, family, and community capacity and ability to prepare, respond, and recover from small and large scale disasters and situations of conflict, here in Canada and around the world

Relief and Recovery

Relief – activated at onset of disaster to meet essential humanitarian needs of food, clothing, shelter and personal services.

Recovery – activated at onset of disaster to support a return to self-sufficiency. Includes but is not limited to essential needs, respite support, occupational needs, school needs, home repair and reconstruction.



Community Resiliency Principles

- Collaborative community planning and development
- Respect community culture, tradition and structure
- Identify strengths and capacity
- Ongoing and reliable information
- Disaster affected people as active partners, not victims
- Active dynamic communities addressing present community needs
- Disaster Resiliency is built on **capacity** and **active involvement** at the community and individual levels.

Red Cross Recovery Assistance Process

- linking people with information that will support their recovery;
- facilitating and supporting community solutions processes;
- making referrals to community and government services;
- advocating together with or on behalf of individuals, family and the community affected by a disaster;
- providing recovery financial and service assistance

Steven Bibby is the Manager of Safety and Security for BC Housing, the Provincial Agency responsible for managing the Provincial Group Lodging stockpiles and for assisting local authorities in identifying, securing and arranging group lodging operations during disasters. Over the past several years, he has been the provincial coordinator for emergency lodging resources at dozens of structure and interface fires, floods and similar incidents.

BC Housing's role is to assist "local authorities to coordinate their housing needs." BC Housing is not an emergency housing provider

Assistance Available

- housing subsidies throughout the province
- coordinated application process for evacuees
- fast processing of subsidy applications
  - acceptance of the Community Needs Assessment Forms
  - rapid damage assessment of residences
- Network Housing Applications
  - private sector landlords
  - housing registry participants

Challenges Encountered by BC Housing

- lack of a designated Recovery Manager/Coordinator for the Community
- commercial lodging providers without long term resources for people with disabilities
- maintaining contact with semi-resourceful evacuees (e.g., "couch surfers")
- implementing recovery efforts too early in the response stage (needs include "everything")

Discussion with Panel

How do people with disabilities fit into the master plan?

- One of key things is ensuring that you have representation in a local emergency program. Find out who emergency program agencies and coordinators are in your community and work with them.
- PEP has a self-assessment form for people with disabilities on their website (see Resources section of appendices).
- Are home modifications and/or assistive equipment included under Disaster Financial Assistance that provides assistance to replace or restore items that are essential to homes and livelihoods?
- How can we address the lack of a designated Recovery Coordinator for communities?

- Do the group lodging stockpiles that BC Housing looks after include transfer height cots for people in wheelchairs?
- Vancouver Coastal Health is looking at ways to identify people who will need help.
- At this time, there are lots of responsible bodies, but who is the ultimate authority in coordinating recovery?

Participants wondered what provisions exist for people's animals in emergencies.

In terms of compensation, relatives of people with disabilities cannot access claims. This is a big gap.

In terms of the functional needs framework, participants hoped that all institutions would use it. There is a genuine need for all stakeholders to understand and use this framework

People with disabilities need be involved as liaisons, ideally in a paid capacity.

There was discussion of a possible registry for people with disabilities. If it is created, who will be responsible for managing it and for confidentiality?

Gaps in services in rural areas are a concern

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Hurricane Katrina

Barbara Purdy of the EPPDC gave a presentation on Hurricane Katrina and how it effected people with disabilities in particular. This disaster holds many lessons for other jurisdictions in appropriate preparation, response and recovery for people with disabilities and seniors.

The National Council of Disability estimated roughly 155,000 people with disabilities over the age of five lived in the hardest hit areas. This number was approximately 25% of the populations of these cities.

- The accessibility issues that existed prior to the hurricanes were magnified during the disaster and have persisted in the recovery phase in the areas of: communication, health care, community services and support, housing, employment, education and transportation

Communication

- People are living in over 50,000 FEMA trailers and mobile homes with no access to television or the internet. The deaf and hard of hearing who live in FEMA trailers are less capable of receiving critical emergency alerts now than they were before Hurricanes Katrina and Rita.
- The Weather Channel will now caption its emergency broadcasts that are sent to local areas affected by dangerous weather conditions
- The Department of Commerce has partnered with the National Center for Accessible Media to develop and encourage the adoption of standardized methods, systems and services to identify and present content in appropriate formats to people with disabilities
- The national Emergency Alert System (EAS) is being overhauled

- Effective December 31, 2006 all emergency alerts are required to include a visual message containing all key emergency information

Health Care

- Many survivors lived at or below poverty level before the hurricanes and received a variety of health care aid from the government
- Many survivors who lost critical documents in the storms were put at risk of losing their Medicaid
- There was post-traumatic stress disorder and depression after Katrina with not enough qualified mental health care workers to meet the demand
- Many survivors have had difficulty re-establishing their health care support network

Community Services and Supports

- Many people with disabilities who were living independently before the hurricanes cannot return to their homes until their community's services are restored
- Many communities were destroyed and have no public transit, grocery stores, pharmacies, health clinics or disability-related services
- Many people with disabilities experienced loss of vital connections with family members, neighbours, attendants, assistance animals, service providers, local businesses and equipment suppliers

Housing

- The two most common forms of short-term housing for survivors were apartments and trailers
- After the disaster, officials were so focused on getting individuals out of shelters and hotels that they failed to prescreen temporary apartments to ensure that they were accessible
- FEMA trailers are not accessible
- The same causes of severe housing problems before the hurricanes are being repeated in the reconstruction of the Gulf Coast
- New FEMA guidelines require reconstructed homes to be raised 3 feet which will increase the scarcity of accessible, affordable housing
- Some legislators have recognized that the reconstruction provides the opportunity to create livable communities for people with disabilities

Employment

- Over 500,000 people lost their jobs as a result of Katrina and Rita
- The Assistance for Individuals with Disabilities Affected by Hurricane Katrina and Rita Act of 2005 provided $25.9 million in vocational rehabilitation funds for survivors
- The Department of Labor trained Disability Program Navigators in the hurricane-affected states to assist people with disabilities to use government and community employment services

Education

- It is estimated that 12% of the 461,000 students who were displaced from Hurricanes Katrina and Rita were students with disabilities
- Many families fled from the hurricanes without documents or student IEPs and some schools have denied students with disabilities the provision of necessary educational services
- The state of Alabama decided to "take the parents at their word" and provided special education services to evacuees

Transportation

- Accessible transit was an issue in many communities before the hurricanes and continues to be
- Many communities do not have local transit restored

The Recovery Process

Critical areas to consider during the recovery process for people with disabilities are:

- communication
- medical services

- support services
- accessible and affordable housing
- employment and financial supports
- education
- transportation

> After Katrina, "Groups say many people with disabilities in New Orleans were evacuated without their medicine, medical equipment, wheelchairs and even guide animals."
> www.newstandardnews.com, August 15, 2006

Community Development in Disaster Recovery

Institutions

Involve the community at the advanced planning stages:

- identify partners within the disability community
- research practical issues – training and education priorities
- involve engineering schools and technical colleges in developing solutions around access and egress routes
  - rethink how they look at process – one-size-fits-all does not work
- is there a way to use systems/resources already in place as a spring board to build off

Recovery Construction

- housing: standards on accessibility, 25% affordable, 100% accessible (universal design), integrated housing
- communications: standardized emergency messaging, comprehensive communication strategies, up-to-date technologies
- community services and supports: funding local businesses to respond and recover, mobile services funding
- Health Services: Registration database, pharmaceutical needs, psychosocial needs (Disaster Stress and Trauma Response Services, BC Ministry of Health), medication stockpile for individuals

Community

Housing/health/emergency responders need to work together to develop a recovery plan that is not technologically-dependent

Recovery director and manager with Recovery Task Team within each community could assist in ensuring connectivity for a sustainable community

- Task Team would have representatives from each community group/vendors/stakeholders (demographic)
- People with disabilities are a complex group of people, so need to be adaptable
- Focus not only on function, but also local area
- Community groups advocating together around needs/issues and speaking as one voice to do assessment around disabilities as it relates to preparedness, response and recovery
- Community asset mapping to capture resources and gaps
- The number of people with disabilities will grow as a result of injury during a disaster – have to consider how to plan for this
- Housing: pre-identified registry
- Mobile services and programs (churches, NGOs), standardized accessibility, cost of emergency preparedness kits expensive – could there be cost sharing?
- Communications: all communities represented, community hotline, block watch, NEPP, know and help your neighbour

Working Together

- Linking community recovery to infrastructure recovery
- Doing advocacy together
- Recovery should include ongoing follow-up
- Is there a recovery kit for people with disabilities?
- Ensure that all sectors are represented – have regional recovery workshops
- How do we alert community that someone needs help?
- Involve public, private, non-profit and government in recovery planning and progress
- Start with the successful "outcome" that we want and work back from there to see what is needed to have it happen
- How do we build systems addressing current needs that build capacity for better success in recovery?
- Differences between urban and rural – urban less resilient

Action Summary

Prioritized Actions

1. Hold a three-day conference in the Lower Mainland on Emergency Recovery and invite stakeholders
2. Ensure representation on the Provincial Recovery Council from the EPPDC
3. Formalize our EPPDC as a committee of PEP
4. Make planning report go to as wide-ranging an audience as possible and send to MLAs and MPs and municipal governments
5. Ask PEP to hire people with disabilities as emergency planners
6. Community groups need to determine recovery outcomes and look back at process
7. Push for change in government, there has to be universal design/accessibility building codes
8. Need safer home standards, which requires support/partnering

Other Actions

- Have public information announcements in formats accessible to everyone
- Get unions involved
- What other community groups are involved? Research this
- How do we measure how well our group is doing?
- Utilize cell phone technology/text messaging/translation into Braille
- Find out what cost-effective/low-tech is available right now and in recovery process. Invest dollars and install now.

- Who will the findings of this report go to?
- Clarify the different players' responsibilities
- Actively engage news media as part of the strategy
- Make disability something positive to be proud of – not just seen as victims or tokens on committees
- Need coordination at the macro level regarding emergency planning for people with disabilities, including recovery

Appendices

Participating Organizations, Agencies, and Individuals

Barb Purdy, Free to Be
BC Association for Individualized Technology and Supports (BCITS)
BC Coalition of People with Disabilities
BC Housing
BC Ministry of Health, Emergency Management Branch
BC Ministry of Health, Disaster Psychosocial Project
BC Transit
Canadian National Institute for the Blind (CNIB)
Canadian Red Cross Society
Cerebral Palsy Association of BC
City of Vancouver
Community Integration Services Society
Delta Community Living Society
E-Comm 9-1-1
International Society of the Handicapped
Neil Squire Society
Pacific Transit Cooperative
Paul Dixon, Paul Dixon & Associates
Provincial Emergency Program (PEP)
Provincial Health Services Authority
Public Health Agency of Canada, Emergency Preparedness and Response, BC/Yukon Office
Rebecca Meyer, Volunteer ESS-Kerrisdale
The Salvation Army Emergency Disaster Services
South West Region ESSD
St. John Ambulance
TransLink
Vancouver Coastal Health, Emergency Management
Vancouver Fire and Rescue Services
Voice of the Cerebral Palsied of Greater Vancouver
Western Institute for the Deaf and Hard of Hearing

Workshop 1 Questions

Communication

Emergency planners and managers

- What emergency communication procedures need to be put in place before emergencies or disasters happen in order to address the communication needs of people with disabilities? Consider procedures for each of the following:
  a. Public announcements
  b. Evacuation notices and orders
  c. ESS reception centre and group lodging (shelters) communications
  d. Emergency warning systems
- What can be put in place before emergencies happen with regards to communicating with service organizations serving people with disabilities in order to get their assistance?
- For each of the above 4 categories (a to d), what are short-term and long-term actions that can be taken to make this happen?
- For each of the 4 categories above, who will take responsibility for these actions?
- What resources are needed to achieve these goals?

Disability Organizations' Preparedness

- How do we get disability organizations to do their own workplace emergency plans in order to prepare their employees, volunteers and clients?
- How do we get disability organizations to develop service continuity plans so that they can continue to provide essential services to the disability population they serve during an emergency?
- In what other ways can we engage the disability community to participate in emergency preparedness?
- How can the EPPDC assist other disability organizations to get involved in emergency preparedness for people with disabilities?
- What are short-term and long-term actions we can take to make this happen?
- What resources are needed to achieve these goals?

Medical Needs And Supports

This category includes three of the functional needs: medical, functional independence and supervision.

- Identify what procedures, protocols, agreements and/or partnerships are already in place for the following during emergencies or disasters:
  a. dispensing medications
  b. refrigeration of medications
  c. replacement/loan of equipment and assistive devices
  d. replacement of essential medical supplies

- Where there are none for any of the above, identify who needs to be involved in the development of these protocols, agreements, and partnerships? Identify agencies, individuals, etc.
- Identify what procedures, protocols, agreements and/or partnerships are already in place for the following during emergencies or disasters:

  a. people who are separated from their caregivers/providers

  b. people with disabilities who need supervision
- Where there are none for either of the above, identify who needs to be involved in the development of these protocols, agreements, and partnerships? Identify agencies, individuals, etc.
- What protocols/procedures need to be developed to ensure that people with disabilities are transported with their equipment and assistive devices or if they have to be evacuated without them what procedures need to be set up to ensure the retrieval of equipment?

Personal Preparedness

- How can we use the functional needs approach for emergency planning to develop personal preparedness materials for people with disabilities (communication needs, maintaining functional independence, medical needs, supervision needs and transportation needs)?
- What should be the key components of information in personal preparedness materials? What is essential for people with disabilities to know about getting prepared?
- How do we develop personal preparedness materials that are user-friendly (design, layout, language, formats)?
- What methods can be used to get materials out to individuals with disabilities?
- In what ways can disability organizations help individuals with disabilities prepare personal emergency plans?
- What are short-term and long-term actions we can take?
- Who will take responsibility for these actions?
- What resources are needed to achieve these goals?

Training

- Identify the different target audiences for training on emergency preparedness and people with disabilities (e.g., ESS, Fire and Rescue, transportation providers etc). Be specific.
- Within the Functional Needs Framework, what are the key issues or the focus for training specific to each target audience?
- Identify the different methods of training that can be used for the target audiences.
- What are specific ways the disability community can work with these different audiences to incorporate the Functional Needs Framework into their training curriculum?
- What are short-term and long-term actions we can take?
- Who will take responsibility for these actions?
- What resources are needed to achieve these goals?

Transportation

A. Transportation/Evacuation of People with Disabilities during Emergencies or Disasters

- Who needs to be involved in the emergency planning for transportation-dependent populations? Be specific - consider emergency management sector, community agencies, health, etc.
- In what ways can these cross-sector agencies work together in emergency planning of transportation needs for people with disabilities?
- What mutual agreements already exist between agencies? Do other mutual agreements need to be established?
- What can we put in place before disasters happen in order to help with the following:
  - locating transportation-dependent populations
  - identifying the type of transportation they will need
- In the emergency plans that currently exist, what transportation resources are available to assist people with disabilities during an emergency/disaster? Are there other potential transportation resources that could be drawn on?
- What kind of equipment and vehicle support is needed to transport people with disabilities? Do communities need to do assessments of what is available?
- What protocols/procedures need to be developed to ensure that people with disabilities are transported with their equipment and assistive devices?
- Once evacuated, people with disabilities may still need assistance to get to other services (e.g., reception centres may give people vouchers for hotels and restaurants, etc.). Who could provide the service of transporting people with disabilities to other points of service?
- How can we ensure that reception centre or group lodging locations are serviced by accessible transit?
- What procedures/protocols need to be developed regarding the transportation of service animals?

B. Emergencies on Transit/transportation Systems

- How do the current emergency plans for transit and transportation systems include evacuation procedures for people with disabilities?
- How can we improve the safe evacuation of people with disabilities from emergency situations on transit/transportation systems in BC (e.g., Skytrain)? What are key things to consider?
- Do current emergency plans include alternate formats of communication to passengers (e.g., for the deaf, hard of hearing and blind)?

Questions for A and B Above

- What are short-term and long-term actions we can take?
- Who will take responsibility for these actions?
- What resources are needed to achieve these goals?

Workshop 1 Resources

We Can Do Better, Lessons Learned for Protecting Older Persons in Disasters, AARP, USA

Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project, National Organization on Disability, USA

Guide for the Special Needs of People with Disabilities for Emergency Managers and Planners, National Organization on Disability (NOD), USA

EP and Emergency Communication Access: Lessons Learned Since 9/11, USA

Universal Access Sheltering: Space and Floor Plan Considerations, Universal Access Committee

Ontario EP Guide for People with Disabilities/Special Needs, Ontario Government

Disaster Preparedness for People with Disabilities, American Red Cross

Emergency Power Planning for People Who Use Electricity and Battery Dependent Assistive Technology and Medical Devices

Emergency Evacuation: Safe Egress of Persons with Disabilities from Transit Systems, Easter Seals, Project Action

Strategies in Emergency Preparedness for Transportation-dependent Populations, National Consortium on Human Services Transportation, USA

Transportation and Emergency Preparedness Checklist, National Consortium on Human Services Transportation, USA

Moving Beyond "Special Needs": A Function Based Framework for Emergency Management and Planning, June Issac Kailes and Alexandra Enders

Workshop 2: Scenarios and Profiles

Earthquake Scenario

It is rush hour, 5pm, Tuesday, May 6 and a devastating earthquake has just hit the Lower Mainland (8.2 on the Richter Scale). Causalities are high. There are major transportation constraints from damaged bridges, tunnels and roads. There is water use disruption, sewer back-up onto city streets, random shutdowns of fuel and natural gas distribution, and fires around the region caused by ruptured gas pipelines. Transit services have completely shut down. Many communication and electrical power systems are down. Banks shut down and ATMs do not function. Most buildings and homes have some non-structural damage: items flying off of shelves, overhead lights falling, etc.

You are in Vancouver and some area specific damage is as follows: 3 feet of broken glass line the streets/side walks in the downtown core, Burrard and Lions Gate Bridges are damaged and unusable, and there is heavy, unmoving traffic and road damage on all major streets.

Group Process notes

1. In your small group, you need to discuss the next 48 hours for each of your four profiles and record your response on the big sheet of paper.
2. Feel free to be creative with the markers and stickers: draw a base map, draw pictures, use words, create a legend, use the stickers, etc.
3. Your response solutions can include both already existing resources and resources your group decides need to be developed – just make sure to identify which ones are the existing resources and which ones are the potential resources on the big sheet.
4. Response solutions should consider: individuals and their network, ESS, fire and rescue, police, ambulance, community service groups, health authorities, and transportation agencies.
5. NOTE AND RECORD GAPS in your knowledge/understanding of response .
6. Ensure that all small group members get a chance to contribute to the discussion (doing rounds is recommended).
7. Respect and make use of the different knowledge and experience of the participants in your group.
8. In the afternoon you will be sharing the results of your discussion with the larger group.

Problems to insert (handout on prepared index cards):

- A strong aftershock occurs that results in a major landslide around the water-shed plus more overall damage. An advisory is issued that all drinking water must be boiled.
- Multiple fires burning in Vancouver result in dangerous decrease in air quality. People with compromised lung health are being evacuated to surrounding areas.

Winter Storm Scenario

It's January in Prince George. Today, a winter storm blew through the city with winds gusting to 120 km/hour. Fallen trees have caused power outages throughout most of the city. As a result of power outages, most homes do not have heat. It's now 6 pm, BC Hydro estimates that it will take at least 8-24 hours to restore power to the city. The temperature outside is –15 Celsius.

The roads are icy and have become impassable and transit has shut down. Home support workers are unable to reach their clients.

Group Process notes:

1. In your small group, discuss the next 48-hours for each of your four profiles and record your response on the big sheet of paper.
2. Feel free to be creative with the markers and stickers: draw a base map, draw pictures, use words, create a legend, use the stickers, etc.
3. Your response solutions can include both already existing resources and resources your group decides need to be developed – just make sure to identify which ones are the existing resources and which ones are the potential resources on the big sheet.
4. Response solutions should consider: individuals and their network, ESS, fire and rescue, police, ambulance, community service groups, health authorities, and transportation agencies.
5. NOTE AND RECORD GAPS in your knowledge/understanding of response .
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7. Respect and make use of the different knowledge and experience of the participants in your group.
8. In the afternoon you will be sharing the results of your discussion with the larger group.

Problems to insert (handout on prepared index cards):

- Day two – 8 am – BC Hydro announces that it will take at least 24 more hours to restore power.
- An ice jam forms, and the southern section of the city is put on evacuation alert because of concern about a possible flood. All four people live in the area affected by the evacuation alert.
- The ice jam builds, and an evacuation order is issued.

Forest Fire Scenario

It is a dry summer in the central interior of British Columbia. Last night, a lightening strike ignited a forest fire in the woods 20 km away from the small town of Greenwood, BC. Greenwood has a population of 5, 000 people. Town residents were given an evacuation order at 9:00 am. Smoke has started to build in the town. Greenwood has a volunteer fire department, but they have been assigned to fight the forest fire and are not available to provide assistance to residents. Announcements about the fire are being made over the local radio station.

The weather forecast is for sunny, hot weather for the next two days. Residents are now readying to evacuate to the nearby town of Heartwood (population 7, 000), 30 km away. A reception centre is being set up in Heartwood to receive people being evacuated.

Group Process notes:

1. In your small group you need to discuss the next 48-hours for each of your four profiles and record your response on the big sheet of paper.
2. Feel free to be creative with the markers and stickers: draw a base map, draw pictures, use words, create a legend, use the stickers, etc.
3. Your response solutions can include both already existing resources and resources your group decides need to be developed – just make sure to identify which ones are the existing resources and which ones are the potential resources on the big sheet.
4. Response solutions should consider: individuals and their network, ESS, fire and rescue, police, ambulance, community service groups, health authorities, and transportation agencies.
5. NOTE AND RECORD GAPS in your knowledge/understanding of response.
6. Ensure that all small group members get a chance to contribute to the discussion (doing rounds is recommended).
7. Respect and make use of the different knowledge and experience of the participants in your group.
8. In the afternoon you will be sharing the results of your discussion with the larger group.

Problems to insert (handout on prepared index cards):

- It's day three of the forest fire, and evacuees are told that it will be at least three more days before they can return to their community.
- Temperatures in Heartwood have soared to 40 Celsius, and smoke is starting to build around the evacuation centre. There is no evacuation alert for Heartwood, but some people are being effected by the smoke.

Profile 1 • HIV Positive Person

Mary is an ex-intravenous drug user (IDU). She contracted the human immunodeficiency virus (HIV) and has recently started a chemotherapy regimen of four very powerful antiretroviral (ARV) drugs. At present, she does not exhibit any symptoms of an opportunistic infection (Acquired Immune Deficiency Syndrome or AIDS).
Mary has a dependent, nursing child. As breastfeeding would infect her child with HIV, Mary uses formula. She lives on her own in an apartment.

Functional needs in an emergency

In an emergency situation, Mary will need the following supports or supplies.

Medical Needs

Replacement of medical supplies (ARVs)

- Potential complications - Mary could suffer from adverse reactions to her chemotherapy regime. Mary may require antinausea, antivomit or antidiarrhea medications.

Supervision Needs

- Mary will likely need supervision to ensure she adheres to her chemotherapy regime.
- Mary is a minor.

Maintaining Functional Independence

- Typically, Mary does not require any other assistance (unless otherwise physically or emotionally traumatized).

Important background information

A person living with HIV must maintain their regimen of antiretrovirals on a daily basis. As little as a one day break can allow the virus to mutate and become resistant to the regimen of chemotherapy currently in use. In the event of a disaster and of the ensuing biologically hostile environment, not having the needed drugs opens the immune system to a broad range of opportunistic infections. Unless drug therapy is available immediately, an often painful death is inevitable.

Personal Preparedness:

None

Profile 2 – Ventilator User

James had a vehicle accident and injured his spinal cord. The level of his injury resulted in him having complete paralysis below the neck. His speech was not affected but his breathing was. He can only breathe on his own for about two hours without a ventilator. He is mobile only when he is able to use his electric wheelchair, which he operates by puffing and sipping through a straw. He lives on his own in an apartment and shares his attendant with others in the building who have disabilities. He can call the attendant to help him with his care by using a special telephone that dials when he operates it with a head (pillow) switch. The attendant is available to come within a half hour period. James manages all his care and is very independent.

Functional needs in an emergency

- In an emergency situation, James may need the following supports or supplies:

Medical Needs

- Replacement of medical supplies with a manual resuscitation bag, etc.

Maintaining Functional Independence

- Power for his ventilator
- Assistance in transferring from his wheelchair; e.g., to a transfer-height cot in a group lodging
- Someone to assist him with his daily care needs and eating

Communication Needs

- James will need to communicate to others (responders) what his particulars needs are. For example, he may need some assistance in transferring from his wheelchair, etc. and the transfer process may require knowledge that only he has. Or he may need to let them know how his equipment operates and what supplies he needs if he is evacuated. The emergency responders need to be prepared to listen to him.

Transportation Needs

- He will need help in being transported to other accommodations if he needs to be evacuated from his home. He has his own van, but relies on others to drive it when he goes out.

Important background information

James can only breathe on his own for about two hours without a ventilator.

Personal Preparedness:

James has an emergency preparedness kit and supplies for 72 hours. The building has an evacuation plan for him in case of fire, but does not have emergency plans for other disasters.

Profile 3 – Senior with Diabetes

Fred is an 81 year old retired bank manager who has been diabetic since he was 14 years old. Over the last 10 years his eyesight and circulatory system have been affected by the diabetes. He has had two toes on his right foot amputated and has had several eye surgeries for detached retinas. Fred walks with a cane and suffers from depression. He lives alone in his own home.

Functional needs in an emergency

- In an emergency situation, Fred may need the following supports or supplies.

Medical Needs

- Managing his chronic condition
- Insulin and syringes
- Special diet

Maintaining Functional Independence

- Fred needs his cane and his insulin in order to maintain his independence

Communication needs

- Fred has poor vision and he may not be able to read emergency signs and information or evacuation notices

Supervision Needs

- Psychological monitoring - the disaster may exacerbate his depression

Transportation Needs

- Because of his age and his visual disability, Fred no longer drives a vehicle; he will need assistance evacuating.
- Important background information: Insulin needs to be refrigerate

Personal Preparedness:

Fred has arranged for his neighbours to check in on him if an emergency happens. They are a family with two small school-aged children.

Profile 4 – Person with Cerebral Palsy

Beth is 35 years old and has lived with cerebral palsy since birth. She lives alone and has been semi-ambulatory until recently. Four months ago, Beth fell and significantly injured her left leg. As a result of the injury, she has not regained the ability to walk. She is back at home, has started receiving daily home care, and uses a catheter and leg bag. Beth acquired a power wheelchair a month ago and now uses it on a full-time basis. Beth feels self-conscious of her new wheelchair and is not yet confident in maneuvering in crowds and in tight spaces, e.g., buses. Beth also has some hearing loss and uses a hearing aid.

Functional needs in an emergency:

- In an emergency situation, Beth may need the following supports or supplies.

Medical Needs

- Replacement of medical supplies regarding the leg bag and catheter.

Maintaining Functional Independence:

- Power for the wheelchair battery charger
- Possibly, batteries for her hearing aid
- Assistance in transferring to and from her wheelchair, bed and toilet
- Someone to assist with her personal care needs – eating, dressing, etc.

Communication Needs

- Beth is able to verbally communicate with others, but it requires others to listen carefully. Unless she is asked and/or spoken to, Beth usually does not say much, as she does not want to draw attention to herself. People around her may need to ask probing questions to ensure what her particular needs are. Responders will need to be patient with her because of her speech and her hearing loss.

Transportation Needs

- Beth will need help in being transported to other accommodations in the event of evacuation from her home. She relies on public transportation and her parents to move about in the community, as she does not have her own vehicle.

Important background information

- Beth relies heavily on the support of her parents, who live in the same apartment building, and has lived a fairly sheltered life. During the emergency, Beth has become separated from her parents and is in a state of panic, very worried about where they are.

Personal Preparedness:

None

Resource List

Community Resources

BC Coalition of People with Disabilities (BCCPD)

BCCPD formed and coordinated the EPPDC which held workshops and prepared this report. This not-for-profit umbrella organization has a commitment to improving emergency preparedness for people with disabilities. The following documents can be found on the BCCPD website.

- **A Road Map to Emergency Preparedness for People with Disabilities: for community organizations, first responders, government programs and other stakeholders**, BCCPD and the EPPDC, 2008
- **Checklist to Facilitate Health Emergency Planning for At-Risk People**, Centre for Emergency Preparedness and Response, Public Health Agency of Canada and BCCPD, 2007
- **Learning C-MIST: Train the Trainer: Creating individual emergency preparedness plans for people with disabilities,** BCCPD and the EPPDC, 2008

Contact: http://www.bccpd.bc.ca. tel: 604-875-0188; fax: 604-875-9227; TTY: 604-875-8835.

BC Association for Individualized Technology and Supports for People with Disabilities (BCITS)

Through its Provincial Respiratory Outreach Program, BCITS has produced materials for people with severe physical disabilities, including **Your Contacts and Emergency Planning** and **Safety Checklist.**

Contact: http://www.bcits.org. tel: 604-326-0176.

Government Resources

Provincial Emergency Program (PEP)

Emergency Preparedness Tips for People with Disabilities and the self-assessment form can be found on the Provincial Emergency Program website at www.pep.bc.ca/hazard_preparedness/disabilities_information.html. (accessed March 2008).

- Preparedness Tips for People with Disabilities
- Tips for People with Mobility Disabilities
- Tips for People with Visual Disabilities
- Tips for the Hearing Impaired
- Tips for People with Communication and Speech Related Disabilities
- Tips for People with Cognitive Disabilities
- Tips for Service Animals and Pet Owners
- Self Assessment Checklist

Public Safety Education Plan for Vulnerable, At-Risk and Multicultural Populations (draft), Provincial Emergency Program, 2008. Contact: Catherine Piazza, PEP, tel: 250-952-4913.

Contact: www.pep.bc.ca.

Joint Emergency Liaison Committee (JELC)

The JELC is a partnership between local governments in the Lower Mainland and the Province of British Columbia. It focuses on cross-jurisdictional emergency planning and preparedness through the establishment of task focused working groups. JELC is co-chaired by the City Manager of Vancouver and the Deputy Minister, Ministry of Public Safety and Solicitor General.

Contact: http://www.city.vancouver.bc.ca/corpsvcs/emerg/NEPP. tel: 604-871-NEPP (6377); e-mail: nepp@vancouver.ca

Workshop Materials

Hurricane Katrina: The Recovery Process and People with Disabilities

Those Affected

- The National Council of Disability estimated roughly 155,000 people with disabilities over the age of 5 lived in the hardest hit areas – Biloxi, Mississippi; Mobile, Alabama; and New Orleans, Louisiana
- This number was approximately 25% of the populations of these cities
- A disproportionate number of hurricane-related fatalities were people with disabilities

Post-Hurricane (Recovery)

The accessibility issues that existed prior to the hurricanes were magnified during the disaster and have persisted in the recovery phase in the areas of:

- communication
- health care
- community services and supports
- housing
- employment
- education
- transportation

Communication

- People are living in over 50,000 FEMA trailers and mobile homes with no access to television or the internet
- The deaf and hard of hearing who live in FEMA trailers cut off from these sources of communication are less capable of receiving critical emergency alerts now than they were before Hurricanes Katrina and Rita
- The Weather Channel will now caption its emergency broadcasts that are sent to local areas affected by dangerous weather conditions
- The Department of Commerce has partnered with the National Center for Accessible Media to develop and encourage the adoption of standardized methods, systems and services to identify and present content in appropriate formats to people with disabilities
- The national Emergency Alert System (EAS), which relied on outdated technology and voluntary participation by broadcasters' in local alerts, is being overhauled
- Effective December 31, 2006, all emergency alerts are required to include a visual message containing all key emergency information

Health Care

- Many Katrina and Rita survivors lived at or below poverty level before the hurricanes and received a variety of health care aid from the government
- Many survivors who lost critical documents in the storms were put at risk of losing their Medicaid
- There was post-traumatic stress disorder and depression after Katrina, with not enough qualified mental health care workers to meet the demand
- Many survivors have had difficulty re-establishing their health care support network

Community Services and Supports

- Many people with disabilities who were living independently before the hurricanes cannot return to their homes until their community's services are restored
- Many communities were destroyed and have no public transit, grocery stores, pharmacies, health clinics or disability-related services

- Many people with disabilities experienced loss of vital connections with family members, neighbours, attendants, assistance animals, service providers, local businesses and equipment suppliers

Housing

- The two most common forms of short-term housing for survivors were apartments and trailers
- After the disaster, officials were so focused on getting individuals out of shelters and hotels that they failed to prescreen temporary apartments to ensure that they were accessible
- FEMA trailers are not accessible
- The same causes of severe housing problems before the hurricanes are being repeated in the reconstruction of the Gulf Coast
- New FEMA guidelines require reconstructed homes to be raised three feet, which will increase the scarcity of accessible, affordable housing
- Some legislators have recognized that the reconstruction provides an opportunity to create livable communities for people with disabilities

Employment

- Over 500,000 people lost their jobs as a result of Katrina and Rita, including people with disabilities
- The Assistance for Individuals with Disabilities Affected by Hurricane Katrina or Rita Act of 2005 provided $25.9 million in vocational rehabilitation funds for survivors
- The Department of Labor trained Disability Program Navigators in the hurricane affected states to assist people with disabilities to use One-Stop Career Centers and navigate the web of government and community employment services
- Reports note that some employment programs have not been successful because volunteers do not know how to match individuals with disabilities with appropriate employment options

Education

- It is estimated that 12% of the 461,000 students who were displaced from Hurricanes Katrina and Rita were students with disabilities
- Many families fled from the hurricanes without documents or student IEPs and some schools have denied students with disabilities the provision of necessary educational services
- The state of Alabama decided to "take the parents at their word" and provided special education services to evacuees

Transportation

- Accessible transit was an issue in many communities before the hurricanes and continues to be
- Many communities do not have local transit restored

The Recovery Process

Critical areas to consider during the recovery process for people with disabilities are:

- communication
- medical services
- support services
- accessible and affordable housing
- employment and financial supports
- education
- transportation

Sources

The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges, the National Council on Disability, USA, August 2006

The Katrina Workshop: Redeveloping a Region after a Mega Disaster, Association of American Law Schools Annual Meeting, January 3, 2008

Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project, National Organization on Disability, USA, 2006

a ROAD MAP to EMERGENCY PLANNING FOR PEOPLE WITH DISABILITIES

For community organizations, first responders, government programs and other stakeholders

Prepared by
BC Coalition of People with Disabilities
2008