

International Encyclopedia of Rehabilitation

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Emergency Preparedness

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Natural and man-made disasters can put persons with disabilities at additional risk for danger when they have evacuation difficulties or lack vital needs such as power for respirators or life-sustaining medications. Having a plan in case of disaster helps everyone, and, for employers, is a requirement of the legislation in many countries that mandates employers to include persons with disabilities in all policies and procedures, including disaster plans.

Individual preparedness begins with knowing the possible disasters (e.g., fire, flash floods, winter storms, tornadoes, earthquakes, etc.) that may occur; the alert system for these disasters; and the individual and community effects of the disaster. For instance, if the disaster is an earthquake or tornado, flying debris can cause physical harm; floods may make access routes impassable; ice storms can result in lengthy periods of time without electricity creating a need for a light source, batteries, drinkable water, and fuel, and where possible, manual alternatives for devices that require electric power, such as wheelchairs or beds.

An assessment of needs and creation of a personal support network for assistance also are part of planning. Local and out-of-area network members can help assess needs, determine community resources, and provide assistance when an emergency happens. Network members should have written care instructions and practice with care needs before an emergency occurs and have an emergency meeting place or designated contact person after disaster strikes.

In-home preparation includes awareness of household items that can move, fall, break, or cause a fire; planned evacuation routes; knowledge of the location and availability of facilities for life-sustaining equipment; and utility shut-off valves. Disaster supplies to keep ready may be flashlight with extra batteries, a battery-operated radio, first aid kit, emergency food and bottled water, pet food, blankets, whistle to attract attention, wrench to turn off gas, manual can opener, and essential medications in a waterproof container and a written list of medications and medical conditions to communicate needs to emergency medical personnel. Supplies should be stocked to ensure self-sufficiency for at least three to seven days without utilities or store access.

Buildings in the community, especially job sites, also need disaster plans. Evacuation of buildings with more than one story are of paramount concern as elevators can quit working or people with mobility impairments cannot use stairways and need safe waiting areas, assistance, and controlled descent chairs. Evacuation also entails two-way communication systems and signage for people with visual or hearing impairment.

Community-based organizations have been shown to play a pivotal role in assisting people with disabilities during disasters and have become more involved in disaster planning after media coverage of recent disasters brought evacuation issues to the

forefront. Research by White et al. (2006) has shown that emergency personnel lack training in special needs populations, which can be corrected if specific information on people with disabilities was incorporated into basic courses and training scenarios for emergency managers and disaster response personnel. Individual independent living centers, state-wide disability organizations, and Local Emergency Planning Centers (LEPC) can be part of special needs planning along with first-responder support contacts at city and county levels.

References

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