



RESTAT

Recognition of Skills to Transform
Accessible Tourism

M4

MODULE 4

Inclusive Emergency Preparedness

Produced within the European Programme Erasmus Plus,
Key Activity 2, Strategic Partnerships for VET | Innovation



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GENERAL MODULE OVERVIEW

The document provides information and tips for tourism professionals, decision makers, emergency managers, disabled peoples' organisations and people with disabilities and their families to ensure the active involvement of people with disabilities in emergency-related activities and preparedness.

UNIT 1: **Emergencies and disabilities**

- 1.1. Emergency management
- 1.2. Disasters and disabilities

2. UNIT 2: **Inclusive emergency planning**

- 2.1. Early warning systems
- 2.2. Evacuation plan
- 2.3. Inclusive Communication and information
- 2.4. Assistive technologies and Universal Design of ICT for Emergency Management

3. UNIT 3: **Inclusive Preparedness**

- 3.1. Community preparedness
- 3.2. Personal preparedness
- 3.3. Emergency planning for tourism operators

Resources



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LEARNING OUTCOMES

By the end of this course the learner should be able to...

1. Identify emergency situation and risks
2. Identify needs of people with disabilities in emergency situation
3. Know how to include people with special needs in emergency preparedness
4. Know how to set up inclusive communication and informations in emergency situations like warning systems, evacuation plan
5. Be informed about how to includ assistive technologies in emergency situations
6. Prepare the community for emergency
7. Prepare a personal kit for emergency



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GENERAL UNIT OVERVIEW

The document provides information and tips for tourism professionals, decision makers, emergency managers, disabled peoples' organisations and people with disabilities and their families to ensure the active involvement of people with disabilities in emergency-related activities and preparedness.

Europe's 21st century emergencies are complex and demanding due to growing global trends. They hit the Region with a wide range of hazards, like measles epidemics; outbreaks of vector-borne diseases; outbreaks of food-borne diseases and growing antimicrobial resistance; floods, heatwaves, forest fires and other extreme events due to climate change; earthquakes and other natural disasters— possibly combined with chemical or nuclear contamination; conflicts and terrorist attacks.

Emergency preparedness refers to “actions taken prior to disasters to improve response and recovery efforts” (Gillespie et al., 1993, p. 36) and includes emergency planning, emergency training and supply availability (Smith and Notaro, 2009).

Preparedness activities represent the internal efforts that long-term care facilities must make in order to be better prepared to respond to an emergency.

Outbreaks and health emergencies can happen anywhere, and at any time. This means all countries must prioritize and prepare for all types of health threats.

In situations of emergency, persons with disabilities are disproportionately affected due to their often highly vulnerable physical, mental, intellectual or sensory conditions and are often extremely affected due to the lack of access, information and support services (Ito, 2014).

It is vitally important to understand the needs of people with disabilities during the exceptional circumstances created by emergency and disasters.

Emergency measures should seek to preserve the dignity and (where possible) the autonomy of people with disabilities.



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1. UNIT 1: Emergencies and disabilities

Emergency management

Over the past several decades, naturally occurring and man-made disasters have increased in frequency and number, worldwide. In Europe, during the period 1980-2008, around 122,000 people were killed and 33 million negatively affected because of natural disasters.

At least 73% of EU countries have recently experienced an emergency or disaster. This demonstrates the importance of health emergency preparedness, prevention and response programs in Europe. Preparedness actions aim to build resiliency and capacity needed to efficiently and effectively manage all types of emergencies.

Emergency preparedness is required for the following types of emergencies.

1. Emergencies due to natural hazards

a. Biological hazards

I. Local and national outbreaks: Some diseases have relatively low pandemic potential- Ebola, for example, because of its route of transmission (and in spite of how it is portrayed in much of the world's media). Others, such as meningitis, are unlikely to progress beyond national or regional outbreaks, although they have the potential to be quite serious and to warrant consideration as public health emergencies of international concern (PHEICs).

II. Outbreaks due to pathogens with pandemic potential: There are several known pathogens currently circulating that are potentially highly transmissible among humans and which have been detected in numerous countries, but which have not yet reached pandemic status: MERS CoV and avian A(H5N1) influenza are examples.

III. Pandemics: Influenza is the prototype disease in this category. Influenza pandemics of varying severity have occurred throughout history.

b. Emergencies due to hydrometeorological and geophysical hazards: Sudden-onset and slow-onset emergencies due to natural hazards, resulting in direct and indirect effects on health and disruption of societal and health systems (and the further possibility of outbreaks), require multisectoral and health sector preparedness. Technological events, outbreaks of communicable disease and other secondary hazards may follow natural hazard events that cause disruption of societal functions (including health services), and countries must be prepared to deal with them.

2. Emergencies due to human-induced hazards

a. Emergencies due to technological hazards

Emergencies may arise from a range of technological hazards with the potential to cause localised effects or to result in widespread regional or global phenomena.

These can originate from technological or industrial conditions, dangerous procedures, infrastructure failures or specific human activities. Examples include industrial pollution, nuclear radiation, toxic waste, dam failures, transport accidents, factory explosions, fires and chemical spills.

Technological hazards may also arise from the impacts of other hazardous events.

b. Emergencies due to societal hazards



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Societal hazards are mostly associated with different forms of violence on scales ranging from civil unrest through armed conflicts and terrorism to the deliberate use of chemical, biological, radiological and nuclear agents.

Societal hazards also include financial crises, which can constrain national budgets, affect the socioeconomic and health status of individuals and households, and severely reduce access to health services, triggering emergency situations for communities and countries.

Health emergencies of the 21st century are increasingly complex. The emergence of dangerous pathogens with epidemic and pandemic potential is rising along with the rapid globalization of travel and trade, and with major developments in technology. Natural disasters, humanitarian emergencies and epidemics are now increasingly occurring in urban settings where, for the first time ever in human history, more than half of humanity lives. This makes it even harder to respond to disease outbreaks, epidemics and other health emergencies.



The 4Rs of Emergency Management

- **Reduction/Mitigation/Prevention** – Identifying and analysing long-term risks to human life and property from natural or man-made hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and magnitude of their impact.
- **Readiness/Preparedness** – Developing operational systems and capabilities before an emergency happens. These include response processes for the health sector as well as working relationships with emergency services, utilities and other agencies.
- **Response** – Actions taken immediately before, during or directly after an emergency, to save lives and property and maintain health services to the highest possible level.
- **Recovery** – Activities beginning after initial impact has been stabilised in the response phase and extending until health services capability has been restored.

No step is more important than any other. World Health Organisation invests in prevention and preparedness as much as in response and recovery, with an emphasis on rehabilitation. Prevention and preparedness can pre-emptively avoid outbreaks, or contain them early on, reduce the possibility of conflicts becoming complex humanitarian health crises, and mitigate the impact of natural disasters. Placing countries at the heart



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of all preparedness activities ensures that when a crisis strikes, all necessary elements are already in place.

Prepare

Investing in preparedness not only saves lives, but also protects societies and economies, strengthens health systems and contributes to WHO's global efforts to protect 1 billion more people worldwide from health emergencies. WHO estimates that every US\$ 1 invested in the health emergency cycle sees a return of over US\$ 8, and a 5-year investment is projected to save 1.5 million human lives and produce US\$ 240 billion of economic gain.

Health emergency preparedness in Europe means ensuring that all countries in the Region have the capabilities to manage any type of health emergency. Each country's health system needs to be resilient and equipped to anticipate and effectively respond to the needs of populations affected by a crisis.

Country-level preparedness means that all sectors and systems are prepared to manage risks – at national and subnational levels, in communities, rural and urban settings, in health facilities, laboratories, emergency services and the health system overall. This includes building and maintaining capacities and capabilities in the below areas:

- Strategic risk assessments
- Emergency operations plan
- Specific contingency plans for priority hazards
- Influenza/pandemic preparedness
- Large public events planning
- Emergency risk communication

1.1. Disasters and disabilities

The World Health Organization (WHO, 2011) estimates that more than one billion people all over the world live with a disability (including children and older people), representing about 15 per cent of the world population.

Help Age International report that 12% of the population are over the age of 60, and that this will increase to 20% by 2050. The UN Convention on the Rights of Persons with Disabilities highlights the importance of the inclusion of persons with disabilities in all aspects of life including in situations of risks and emergencies. It is therefore timely to ensure that the post disaster shelter and settlement assistance adequately reflects the specific needs of people with disabilities and older people.

There are different types of barriers that may prevent participation and equal opportunities for persons with disabilities. Some of these are pre-existing barriers, compounded by the crisis. Others barriers are created by the emergency and can result in new disabilities.



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When major incidents and disasters occur, people with disabilities face hardship that is potentially greater than that of the majority population, and they can suffer additional forms of discrimination or neglect. The moral and ethical case for an inclusive approach that guarantees the right of people with disabilities to adequate care in disasters is unassailable. Thus, warning, evacuation, shelter, transitional housing and other emergency provisions are services that need to be fully accessible and usable by a wide range of people with disabilities.

Providing an adequate level of protection to persons with disabilities in situations of emergency is a serious issue. Available structures, organization and resources need to be properly designed and adequate to accommodate the needs of persons with disabilities and to assist those persons in emergency.

In order to achieve a disability-inclusive emergency management Office of Disability Integration and Coordination (ODIC) of the Federal Emergency Management Agency (FEMA) developed a set of key nondiscrimination concepts (mentioned below) with examples of how these concepts should be applied to all phases of emergency management (Roth, 2014, p. 114):

- Self-determination: people with disabilities are the most knowledgeable about their own needs. Thus, people have the right to choose or refuse the assistance they are offered;
- No “one-size-fits-all”: people with disabilities do not all require the same assistance and do not have the same needs;
- Equal opportunity: people with disabilities must have the same opportunities to benefit from emergency programmes, services and activities as people without disabilities;
- Inclusion: people with disabilities have the right to participate in and receive the benefits of emergency programmes, services and activities provided by governments, private business and non-profit organizations;
- Integration: the provision of services such as sheltering, information intake for disaster services and short-term housing in integrated settings keeps people connected to their support system and personal assistance services providers and avoids the need for disparate services facilities;
- Physical access: emergency programmes, services and activities must be provided at locations that all people can access;
- Equal access: people with disabilities must be able to access and benefit from emergency programmes, services and activities equal to the general population;
- Effective communication: people with disabilities must be given information that is comparable in content and detail to that given to the general public;
- Programme modifications: people with disabilities must have equal access to emergency programmes and services, which may entail modifications to rules, policies, practices and procedures;
- No charge: people with disabilities may not be charged to cover costs of measures necessary to ensure equal access and non-discriminatory treatment.



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UNIT 2: Inclusive emergency planning

Inclusive planning:

Ensure that persons with disabilities are included in the group responsible for planning and managing the early warning system.

Active involvement:

Involve persons with disabilities in monitoring risks, such as measuring rainfall and water levels, or listening to radio reports.

Access to warning messages:

Review available information channels. Discuss with persons with disabilities about preferred means of communication, and adaptations to improve access to information.

Training:

Ensure that persons with disabilities as well as caregivers and family members are included in training on how the early warning system works, what the warning signals mean and what actions should be taken.

Inclusive simulation exercises:

Involve persons with disabilities in emergency simulation exercises and drills. Let everyone try different roles, not only as 'victims' of evacuation

The person with a disability should have access to any equipment that is essential to the normal maintenance of his or her health and safety, including, where necessary, medications and life-support machinery.

2.1. Inclusive early warning systems

An early warning system (EWS) is an information system that provides information on potential hazards that might evolve into a disaster.

Including early warning systems, should be accessible for persons with different types of disabilities.

An inclusive early warning system will take into account the different communication needs of persons with disabilities. It will also consider the capacity of persons with disabilities to act on the early warning messages.

Early warnings must be provided in both visual and audio formats to include the wider community. These EWS need to be developed and field tested during the preparedness phase, with the support and participation of persons with disabilities.

2.2 Evacuation plan

Many kinds of emergencies can cause you to have to evacuate. In some cases, you may have a day or two to prepare while other situations might call for an immediate evacuation. Planning is vital to making sure that you can evacuate quickly and safely no matter what the circumstances. Together with communities and disabled people's organisations (DPOs), establish a chain of communication to ensure that everyone is accounted for. Make a plan for evacuation of individuals who need assistance. Evacuation plans should also consider how persons with disabilities can move to or from higher floors, especially in flood risk areas.



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Evacuation is one of the principal means of avoiding harm to people during threatening or crisis situations. It can be divided broadly into the pre-impact (preventative) kind and that which is practised during or after the impact (for rescue or the maintenance of public safety).

When evacuation is needed, civil protection authorities should have pre-existing procedures to ensure no one is left behind.

Before an Evacuation

- Learn the types of disasters that are likely in your community and the local emergency, evacuation and shelter plans for each specific disaster.
- Plan how you will leave and where you will go if you are advised to evacuate.
- Check with local officials about what shelter spaces are available for this year.
- Identify several places you could go in an emergency such as a friend's home in another town or a motel. Choose destinations in different directions so that you have options during an emergency.
- If needed, identify a place to stay that will accept pets. Most public shelters allow only service animals.
- Be familiar with alternate routes and other means of transportation out of your area.
- Always follow the instructions of local officials and remember that your evacuation route may be on foot depending on the type of disaster.
- Come up with a family/household plan to stay in touch in case you become separated; have a meeting place and update it depending on the circumstance.
- Assemble supplies that are ready for evacuation. Prepare a "go-bag" you can carry when you evacuate on foot or public transportation and supplies for traveling longer distances if you have a car.
- If you have a car:
 - Keep a full tank of gas if an evacuation seems likely. Keep a half tank of gas in it at all times in case of an unexpected need to evacuate. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.
 - Make sure you have a portable emergency kit in the car.
- If you do not have a car, plan how you will leave if needed. Decide with family, friends or your local emergency management office to see what resources may be available.
- Coronavirus may have altered your community's plans.
 - If you evacuate to a community shelter, follow the latest guidelines
 - Be prepared to take cleaning items with you like cloth face coverings, soap, hand sanitizer, disinfecting wipes or general household cleaning supplies to disinfect surfaces.
 - Maintain at least 6 feet of space between you and people who aren't in your immediate family.

Arrangements should be made to ensure that people with disabilities are able to follow evacuation orders when these are given out by the authorities. This involves ensuring



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that departure, the journey and the arrival at destination can be conducted efficiently and in safety without undue delays or impediments—and under the same criteria of efficiency and safety as are applied to the general population. There should be no physical barriers to these three phases of movement: this involves checking for the presence of steps, that corridors are wide enough to permit passage, that manpower and transport are available and are suitably equipped, and that arrangements are in place for accommodating each type of disability.

Bedridden people who are unable to move themselves should be raised, dressed (if necessary) and transported by carers or responders who are trained in how to carry out this kind of work and who will use the proper procedures.

If people with disabilities are taken to rest centres, these should be planned and equipped so that they are accessible and able to accommodate such people as far as possible without additional hardship.


Universal Design meets the Exit Sign

Evacuation diagram example



This requires adopting an integrated approach, which includes emergency management planning in the fire engineered performance-based solution

Evacuation Diagram



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Evacuation Techniques of Persons with Disabilities

The high mortality rates for persons with disabilities are largely due to the fact that they were not able to be evacuated from a dangerous situation.

Evacuation of some people unable to evacuate independently is part of all disaster management procedures.

The department Building Emergency Coordinator should prearrange appropriate evacuation procedures and routes with individuals having disabilities and the people assigned to assist them. If they are on the ground floor, most people with disabilities will

be able to exit safely without assistance. However, it is important to verify that individuals using any kind of assistive device are capable of successfully leaving the building, unassisted, via emergency routes.

Know How to Help People With Low Vision or Blindness:

Do the following when assisting an individual with low vision or blindness during an evacuation:

- Tell the person the nature of the emergency and offer your arm for guidance. This is the preferred method when acting as a "sighted guide."
- Give verbal instructions to advise about the safest route or direction, using estimated distances and directional terms.
- As you walk, tell the person where you are and where obstacles are located.
- When you reach safety, orient the person to their surroundings and ask if they need further assistance.
- Ensure that a service animal is not separated from its master, if possible.

Know How to Help People Who Are Deaf or Hard of Hearing:

Some people who are deaf or hard of hearing may not perceive the audible fire alarm during an emergency. Use an alternative warning system, such as:

- Write a note to tell the person of the situation, the nearest evacuation route, and where to meet outside.
 - (Sample script: "FIRE! Go out the rear door on your right. NOW. Meet outside on the front lawn.")
- Turn the light switch on and off to gain their attention, and then indicate through gestures or in writing what is happening and what to do. Do not use the light switch technique if you smell natural gas in the area.
- Give visual instructions to advise about the safest route or direction by pointing toward exits or evacuation maps.
- Ensure that a service animal is not separated from its master, if possible.

Know How to Help People Who Use Crutches, Canes, or Walkers:

- Ask the person how you can best assist them in evacuating the area.
- Consider the evacuation options and the suitability of carrying the person. Carrying options include:
 - Using a 2-person, lock-arm position.
 - Having the individual sit on a sturdy chair (preferably with arms) that is then lifted and carried.



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- Read about Evacuation chairs below for more information on safely transporting non-ambulatory individuals during an evacuation.
- Assist mobility-restricted people to an area of refuge or out of the building.

Know How to Help People Who Use Wheelchairs:

Follow these recommendations when planning for and assisting people who use wheelchairs:

- Do not lift an individual in a wheelchair. There is too much risk involved for both the lay rescuer and the non-ambulatory person (back injury, loss of control of the wheelchair and person in it, tripping, falling).
 - Note: Wheelchairs have many movable or weak parts that are not constructed to withstand the stress of lifting (e.g., the seat bar, foot plates, wheels, movable arm rests, etc.).
- Read about Evacuation chairs below for more information on safely transporting non-ambulatory individuals during an evacuation.
- Be aware that some individuals in wheelchairs may have:
 - Minimal ability to move, and lifting them may be dangerous to their well-being.
 - Very little upper trunk and neck strength.
 - Respiratory conditions and/ or equipment that increase their vulnerability to smoke, vapors, or other airborne toxicants.
- Always ask the person having a disability what their needs and preferences are regarding:
 - Ways of being moved.
 - Whether to extend or move extremities when lifting because of pain, braces, etc.
 - Whether a seat cushion or pad should be brought along.
 - Aftercare, if the individual will be removed from the wheelchair.
- If an individual is lifted from a wheelchair during evacuation:
 - Ask others to bring the wheelchair.
 - When the wheelchair is left behind, remove it from the stairwell and ensure it does not obstruct exit routes.
 - Ensure that a service animal is not separated from its master, if possible.
 - Reunite the person with the wheelchair as soon as possible.



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2.3 Inclusive Communication and information

To ensure effective information and communication, the emergency plans must be available in alternative formats for persons with disabilities depending on their specific communication needs (e.g., braille, large print, audio and/or video).

Communication may occur in different ways. Speaking, listening, reading, and writing are all common ways of communicating. When these communications involve a person with a disability, an auxiliary aid or service may be required for communication to be effective. The type of aid or service necessary depends on the length and complexity of the communication as well as the format.

What does it mean for communication to be “effective”? Simply put, “effective communication” means that **whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities**. This is important because some people have disabilities that affect how they communicate.



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Auxiliary aids and services can include a wide range of technologies, such as assistive listening systems and devices; captioning and communication access real-time translation (CART); text telephones (TTYs), videophones, and captioned telephones; and screen reader software, magnification software, and optical readers.

Disability	Examples of auxiliary aids and services
For people who are blind, have vision loss, or are deaf-blind	<p>A qualified reader (someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary)</p> <p>Healthcare information available in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed information</p>
For people who are deaf, have hearing loss, or are deaf-blind	<p>A qualified note taker</p> <p>A qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter (someone who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary). In some situations, video remote interpreting (VRI) may be effective. VRI uses video conference technology to deliver sign language interpretation over the internet. Entities using VRI must ensure that the service is always available, the technology meets performance standards and is reliable, and that appropriate staff are trained in set-up and use.</p> <p>Real-time captioning, written materials, or a printed script of a stock speech</p>
For people who have speech disabilities	<p>Keeping paper and pencil on hand so the person can write out words that staff cannot understand</p>



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	Allowing more time to communicate with someone who uses a communication board or device
For people who have cognitive or intellectual disabilities	<p>Keeping paper and pencil on hand so the person can write out words that staff cannot understand</p> <p>Allowing more time to communicate with someone who uses a communication board, diagrams, digital tablet, picture diagrams, or other device</p>

Exaple: EMERGENCY COMMUNICATIONS PLANNING FOR TOURISM OPERATORS

Clear communication is critical during an emergency. The following checklist will help you develop an effective communication plan to keep staff and guests informed.

Determine roles and responsibilities:

- o Appoint primary decision-maker/co-ordinator.
- o Appoint back-up decision-maker(s).
- o Appoint a media spokesperson.
- o Outline roles and responsibilities for additional participants.

Determine who to communicate with:

- o Employees and their family members.
- o Guests and their emergency contacts.
- o Local officials and stakeholders, including tourism agencies.
- o Media Determine, document and publicize your emergency communications plan:
- o Phone/email tree (include employee spouses/family).
- o Website emergency messaging system.
- o Phone/voicemail messaging system.
- o Social media o Update all staff, including seasonal/ temporary staff with your plan.



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o Be aware of key information you'll need during an emergency, such as incident, time and number of staff and guests affected.

2.4 Assistive Technologies and Universal Design of ICT for Emergency Management

Persons with disabilities have the right to equal access to ICTs and multiple accessible information formats such as closed captioning; speech to text; audio description and sign language video relay services, etc.

This includes all information on disaster preparedness, warnings, evacuation, shelter and access to food provided by disaster management agencies in both the response and recovery phases.

The needs of persons with disabilities in disaster and emergency situations must be part of an emergency evacuation plan, particularly as it involves ICT services. The rights of persons with disabilities to access information and knowledge, and their right to freedom of expression and opinion, should be recognized and ensured at all phases of disaster management plans.

Accessible ICT standards should be adopted and implemented to guarantee security and safety of everybody, including persons with disabilities.

Use of Assistive Technologies

Assistive technologies help persons with disabilities to hear, see, speak, and move. They can use different types of equipment such as computers, mobile phones, telephones, wheelchairs, walking aids and prosthesis.

Assistive technologies can also provide persons with disabilities with disaster preparedness information, early warning and evacuation information allowing them to act timely in emergency situations.

Assistive technologies help in all aspects and all stages of disaster and emergency prevention and preparedness planning; early warning, evacuation and transportation, sheltering, first aid and medical services, temporary housing, and recovery and reconstruction measures. The following assistive technologies can be used by persons



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with disabilities in prevention, preparedness, and response and recovery phases of disasters.

People with mobility disabilities, Use assistive technologies such as

Wheelchair, walking aid, prosthesis – aid in individual's mobility. These personal aids can be used by people with mobility disabilities in disaster planning, evacuation and other community based Disaster Risk Reduction activities.

Electronic wheelchair used by people with mobility disabilities, in addition to other added devices can help them with reading, communicating, feeding, and toileting, grooming and bathing.

People with Vision Disabilities Use assistive technologies such as

White cane - is a useful mobility tool for people who are blind or have low vision in navigating their environment independently. It is a tool which allows them to travel where and when they want.

Magnifier – magnification systems help to enlarge text so it becomes easier for people with low vision to read disaster information.

Screen readers - is a software application that enables people with vision disabilities to use a computer and mobile phones.

Braille Display are electronic devices used to read text tactually that is typically displayed visually on a computer monitor.

Global Positioning System (GPS) 3 – device helps to prevent people with disabilities from getting lost and allows them to inform a caregiver when assistance is needed. A GPS tracking device can be worn by people with disabilities as a bracelet or pendant and will notify caregivers via e-mail and text if they require any assistance. This will allow family and caregivers to track them on the internet.

People with Hearing Disabilities and Other Disabilities Use assistive technologies such as

Hearing Aid – an electronic battery-powered device that makes listening easier for people with hearing disabilities. A hearing aid consists of a microphone, an amplifier and a



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receiver. Hearing aids can travel with a person or can be carried by disaster management responders.

Deaf-blind Communicator - a portable device for people who are deafblind which allows them to have face-to-face conversations with anyone. The device provides three types of communication: face-to-face, TTY and SMS texting.

Augmentative and Alternative Communication devices (AAC) - encompass methods of communication for those with disabilities or restrictions on the production or comprehension of spoken or written language. For example, pictures on a board that can be used to request food, drink, or other activities; or it can be advanced speech synthesis that is capable of storing hundreds of phrases and words. For people with speech and language disabilities, AAC devices play an especially important role in enabling communication with first disaster responders and participants actively in disaster drills, to become more independent, and to make individual decisions.

Global Positioning System (GPS) - For people with intellectual and learning disabilities, family and caregivers can create GPS routes to the shelter in the event of a disaster.

Use of Mobile Telephones

Mobile phones are an especially valuable tool for persons with disabilities as they can mitigate their personal disability.

Mobile phones are no longer simple two way communication devices but are proving to be the most effective tool for increasing awareness and reaching and informing the public when disaster strikes. Mobile phones enable disaster agencies and the public to manage these challenges and mitigate the risks. Disaster management agencies should develop a program to harness this tool for communications. Mobile technologies are very important for those people who live in rural and remote areas, as it can allow them to understand when and how pending disasters are likely to impact their lives and living area. It can help inform them how to cope with disasters like floods, typhoons, earthquakes, and tsunami, and also provide them with information on how to manage the situation until professional emergency help arrives. With the help of the latest assistive technologies, such as screen readers, zoom text, vibration alerts, and speech recognition, persons with disabilities can access disaster information on mobile phones.



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When evacuating persons with disabilities in disaster situations, their assistive devices, or means of communication and walking aids should not be left behind. Emergency management plans should include procedures for assuring that essential assistive technologies and devices stay with persons with disabilities who need them. Whenever possible an inventory of essential items such as hearing aids, white canes and wheelchairs should be available in accessible shelters.

The following are some very effective and efficient tools to warn populations about disasters:

Cell broadcast

For disasters such as floods, storms, earthquake or tsunami, any delays in alerting the public should be minimized. Cell broadcast technology provides a way of disseminating geographically targeted mass public alerts. Cell broadcasting is a more advanced technology than SMS text messaging. It enables a government entity to securely transmit an emergency alert for disaster and emergency situations via mobile phones in an affected area within minutes. The message that is sent through cell broadcasting has greater efficiency than a two-way call or a SMS text message, and it does not overload a network.

Short Message Service (SMS)

When disaster alerts/announcements are issued by national disaster management agencies mobile phone companies immediately start to send SMS to the general public with information about the alert category, event type, response, severity and degree of urgency. SMS has become increasingly important in the developing world as it facilitates communication between the public, government officials and disaster responders.

Disaster Mobile Phones Apps

A more recent technology - that of using mobile apps, can also be utilized by disaster management agencies and communication agencies. When a disaster is approaching, Smart phone alert apps can be sent through a cell broadcasting system or mobile internet connectivity to users, providing extra time for a quick response. During a disaster situation, communication traffic to the disaster-stricken area increases and it becomes difficult to get through.



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When the mobile phone networks are down due to the large volume of calls by people panicking or just making inquiries about others' safety, disaster mobile apps can help to keep data space available for emergency responders and help people to post and acquire important information. Alternative format means a format that allows people with disabilities to read or listen to the information. Location apps and maps on mobile phone can also help users to understand geographical and hydrological information about pending disasters affecting their community. There are a number of smartphones apps currently available providing information on disaster response and providing a listing and interactive maps of active hazards occurring around the globe.

Social Media (Twitter and Facebook)

Social Networking sites such as Twitter and Facebook can also act as warning systems. Twitter has already proved its utility in the arena of breaking news, including early information on natural disasters. Yet, there are some concerns regarding the reliability of tweets as a formal early warning system by government authorities. Facebook is helping to improve and speed up responses to natural disasters and emergencies by involving members of the public and it can be used to create disaster information pages and send messages to a group.

3. UNIT 3: Inclusive Preparedness

Preparedness is defined as “the knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions”. Preparedness is achieved through a set of activities and foundations, such as planning, organization and training.

It is crucial to define the responsibilities of the various organizations and institutions involved in caring persons with disabilities during disasters.

Many countries are improving their emergency preparedness but more efforts should be made in order to include people with disabilities into decision-making processes as well as in training and practical exercise.

Preparedness is achieved and maintained through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action.



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3.1. Community preparedness

Investing in preparedness not only saves lives, but also protects societies and economies, strengthens health systems and contributes to WHO's global efforts to protect 1 billion more people worldwide from health emergencies. WHO estimates that every US\$ 1 invested in the health emergency cycle sees a return of over US\$ 8, and a 5-year investment is projected to save 1.5 million human lives and produce US\$ 240 billion of economic gain.

Over the last few years there has been an evolution in thinking about disability, as demonstrated by the paradigm shift from the medical model to the human rights-based approach (HRBA) to disability. In order to respect the human rights principles, disability needs to be considered in emergency planning of municipalities and long-term care facilities.

Emergency plans that are inclusive and integrated with the various needs of individuals with disabilities, will work with the general population as well and will improve the ability of the community to respond to an emergency (Roth, 2014). According to Barrios (2014), an inclusive approach should include:

- (1) raise community awareness of the importance of including persons with disabilities in the emergency preparedness;
- (2) involving people with disabilities and their families in emergency preparedness process;
- (3) keep a record of people with disabilities who live in the community and identify what are their specific needs.

Another important aspect of emergency preparedness is training front-line staff (e.g., first response teams) on disability-related issues.



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Alexander and Sagramola (2014) stressed the need to give more attention to municipal emergency preparedness because all plans to assist people with disabilities are local in their implementation and outcomes.

There is a need of networking and collaboration agreements among the selected municipalities and other local authorities and associations.

Emergency planning is an obligation of the civil authorities responsible for the safety and protection of the whole community. Alexander & Sagramola (2014), suggested that, in order to ensure fairness and equity governments must have policies in place that guarantee the basic rights of people with disabilities as well as promote the inclusion of people with disabilities into mainstream society. Local governments should also made efforts to prevent discrimination against people with disabilities and create legal and administrative mechanisms to achieve these goals. It is also crucial to identify exactly which organizations have the responsibility to develop policies in favour of persons with disabilities and to regularly monitor the respect to their ethics, effectiveness and level of implementation.

Local emergency management agencies, Health care institutions, social services, and voluntary organizations in the fields of disability and civil protection need to work together at in both the planning and response modes to create viable programs of emergency care for people with disabilities.

It is important to note that all plans to assist people with disabilities are local in their implementation and outcome, and hence attention needs to be devoted to this level. Emergency plans must be consolidated by frequent updating and testing, which should be complemented by programs of training designed to ensure that all emergency responders are fully familiar with their roles, responsibilities and the procedures they will need to employ in a crisis or disaster (Alexander and Sagramola, 2014).

Governments, public administrations and preparedness organisations should ensure that the rights and needs of people with disabilities form an integral part of the emergency planning process. This involves the following:-

- Knowing about people with disabilities by compiling records of addresses and needs for assistance, and where they are likely to be located. This may require using census data (with appropriate reference to legal requirements for privacy) or in the absence of registration systems for people with disabilities, conducting a survey of the local area. Hence, all beneficiaries with special needs during an emergency should be identified, quantified and registered with the civil protection authorities.
- Common and specific hazards and risks should be considered in terms of how they affect people with disabilities, not merely how they impinge upon the general population.
- Special needs are associated with care homes for the elderly, psychiatric hospitals and rehabilitation centres, as well as other special institutions that cater for people with



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severe disabilities who are unable to live in the community. These institutions represent concentrations of vulnerable people who may require special assistance during an emergency and should not be missed when designing preventative activities.

- The needs of people with disabilities in an emergency must be estimated and resources found to cater for them. This process must recognise the individuality of particular needs resulting from disability and not overgeneralise them. It must be recognised that the needs of people with disabilities will be highly varied according to the types of disabilities involved, the living arrangements and the care and support services utilised by the individuals concerned.
- Preventative emergency planning for people with disabilities should consider whether and how individuals are able to summon assistance, whether and to what extent rescuers are trained to deal with them, whether there are barriers to processes such as evacuation, and whether such processes are adequately endowed with resources, and whether appropriate temporary accommodation can be provided to people with disabilities if long-term evacuation is required.
- Finally, planning should include measures to monitor, evaluate, and deal with discrimination against people with disabilities if it occurs during emergency, disaster or crisis situations.

The approach to and respect for people with disabilities should be incorporated, as principles and as prescriptions for action, into training programmes for people who deal with disaster as planners, managers, decision makers or responders. Education for the contact with people with disabilities should extend to all phases of disaster: mitigation, alert, emergency action and recovery

Summary of Key Requirements Regarding emergencies, disasters and crisis situations:

1. People with disabilities should receive support that is as good as that enjoyed by the general population.
2. The support should be tailored to the whole range of potential individual needs, and it should be recognised that, as a wide variety of disabilities is involved, needs will vary considerably from one person to another.
3. Planning for the care of people with disabilities should involve political authorities, public administrators, civil protection authorities and civil society organisations.
4. Emergency plans should consider persons with disabilities individually rather than as groups or categories.
5. The locations and emergency needs of people with disabilities should be known and assessed before disaster strikes.
6. Special emergency planning provisions should be made for care homes, psychiatric hospitals and other centres where people with disabilities are likely to be concentrated.



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7. Education programmes for all who are involved in planning for, managing, responding to or recovering from disasters should include information on how to improve provisions for people with disabilities.
8. Alert processes should be configured in a way that automatically includes the needs and capacities of persons with disabilities (the Design for All principle).
9. Evacuation, emergency transportation, sheltering and rehabilitation processes should not discriminate against people with disabilities but should ensure that their needs are catered for.
10. Emergency responders should maintain a correct, professional and nondiscriminatory attitude to people with disabilities.
11. Emergency responders who are required to lift and transport people with physical impairments should receive appropriate training and have appropriate equipment for these tasks.
12. In pre- or post-disaster evacuation, procedures should be in place to ensure that no one is left behind.
13. Rest centres and temporary dormitories should be equipped to accommodate people with disabilities who are expected to use them.
14. People with disabilities should not suffer discrimination in the assignment of temporary, post-disaster accommodation, which should be accessible to them and designed to meet their essential needs.
15. Procedures should be put in place to ensure that people with disabilities are not discriminate against during planning, warning, alert, evacuation, emergency response, respite, transitional shelter or recovery from disaster. Cases of discrimination should be dealt with promptly and fairly.

3.2. Personal preparedness

In emergencies people with disabilities may encounter physical barriers, obstacles to communication and other barriers that stop them from reacting efficiently and using the various services offered in the recovery period.

Persons with disabilities and their families must be included in the emergency preparedness process.



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Individuals with Disabilities

Get Informed

- ✓ Know what disasters could affect your area, which could call for an evacuation and when to shelter in place.
- ✓ Keep a Weather Radio tuned to your local emergency station and monitor TV and radio. Follow mobile alerts and warnings about severe weather in your area.
- ✓ Download the mobile app and get alerts

Make a plan

How might a disaster affect you? Could you make it on your own for at least three days? After a disaster, you may not have access to a medical facility or even a drugstore. It is crucial to plan for your regular needs and know what you would do if they become limited or unavailable. Additional planning steps should include:

- Create a support network. Keep a contact list in a watertight container in your emergency kit.
- Be ready to explain to first responders that you need to evacuate and choose to go to a shelter with your family, service animal, caregiver, personal assistant and your assistive technology devices and supplies.
- Plan ahead for accessible transportation that you may need for evacuation or getting to a medical clinic. Work with local services, public transportation or paratransit to identify your local or private accessible transportation options.
- Inform your support network where you keep your emergency supplies. You may want to consider giving one member a key to your house or apartment.
- Contact your city or county government's emergency management agency or office. Many local offices keep lists of people with disabilities so they can be helped quickly in a sudden emergency.
- If you are dependent on dialysis or other life-sustaining treatment know the location and availability of more than one facility.



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Basic Disaster Supplies Kit

To assemble your kit store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.

A basic emergency supply kit could include the following recommended items:

- Water (one gallon per person per day for at least three days, for drinking and sanitation)
- Food (at least a three-day supply of non-perishable food)
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert
- Flashlight
- First aid kit
- Extra batteries
- Whistle (to signal for help)
- Dust mask (to help filter contaminated air)
- Plastic sheeting and duct tape (to shelter in place)
- Moist towelettes, garbage bags and plastic ties (for personal sanitation)
- Wrench or pliers (to turn off utilities)
- Manual can opener (for food)
- Local maps
- Cell phone with chargers and a backup battery

Additional Emergency Supplies

Since Spring of 2020, it is recommended people include additional items in their kits to help prevent the spread of coronavirus or other viruses and the flu.

Tips for People Who are Deaf or Hard Hearing

- A weather radio (with text display and a flashing alert)
- Extra hearing-aid batteries
- A TTY



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- Pen and paper (in case you have to communicate with someone who does not know sign language)

Tips for People Who are Blind or Have Low Vision

- Mark emergency supplies with Braille labels or large print. Keep a list of your emergency supplies and where you bought them on a portable flash drive or make an audio file that is kept in a safe place where you can access it.
- Keep a Braille or deaf-blind communications device as part of your emergency supply kit.

Tips for People with Speech Disability

- If you use an augmentative communications device or other assistive technologies plan how you will evacuate with the devices or how you will replace equipment if it is lost or destroyed. Keep model information and note where the equipment came from (Medicaid, Medicare, private insurance, etc.).
- Plan how you will communicate with others if your equipment is not working, including laminated cards with phrases and/or pictogram.

Tips for Individuals Who May Need Behavioral Support

- Plan for children with disabilities and people who may have post-traumatic stress disorder (PTSD), who may have difficulty in unfamiliar or chaotic environments.

This may include:

- Handheld electronic devices (loaded with movies and games)
- Spare chargers
- Sheets and twine or a small pop up tent (to decrease visual stimulation in a busy room or to provide instant privacy)
- Headphones (to decrease auditory distractions)
- Comfort snacks
- Toys (to meet needs for stimulation)

Additional Items

- At least a week-long supply of prescription medicines
- A list of all medications, dosage and any allergies
- Extra eyeglasses
- Extra hearing-aid batteries
- Extra wheelchair batteries (or a manual wheelchair if possible)
- Oxygen
- A list of the style and serial number of medical devices (include special instructions for operating your equipment if needed)
- Copies of medical insurance and Medicare cards
- Contact information for doctors, relatives or friends who should be notified if you are hurt



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- Pet food, extra water, collar with ID tag, medical records and other supplies for your service animal

Maintaining your kit

After assembling your kit remember to maintain it so it's ready when needed:

- Keep canned food in a cool, dry place.
- Store boxed food in tightly closed plastic or metal containers.
- Replace expired items as needed.
- Re-think your needs every year and update your kit as your family's needs change.

Kit storage locations

Since you do not know where you will be when an emergency occurs, prepare supplies for home, work and cars.

- **Home:** Keep this kit in a designated place and have it ready in case you have to leave your home quickly. Make sure all family members know where the kit is kept.
- **Work:** Be prepared to shelter at work for at least 24 hours. Your work kit should include food, water and other necessities like medicines, as well as comfortable walking shoes, stored in a "grab and go" case.
- **Car:** In case you are stranded, keep a kit of emergency supplies in your car.

3.3. Emergency planning for tourism operators

Step 1 Know the risks

Tourists are usually not familiar with the local area and its potential hazards. That means tourism operators are a vital source of information and direction during emergencies. Understanding the risks for your region will ensure your disaster planning is effective.

Top 10 risks in touristic areas: ☐ Earthquakes ☐ Tsunamis ☐ Floods ☐ Wildfire ☐ Landslides ☐ Avalanches ☐ Severe Weather ☐ Power Outages ☐ Hazardous Material Spills ☐ Disease Outbreaks

Step 2 Make a plan

Thinking ahead means you will be able to respond quickly and effectively during an emergency. The following tips will help get you started.

In other words, what procedures, systems, materials and equipment are absolutely necessary for ongoing operation? Which ones can tolerate being disrupted? Once you have prioritized your needs, plan for how you'll manage.

TIP: Form an emergency planning team that ideally has representation from across your organization. This will likely include people with technical skills, as well as



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managers and executives depending on the size of your business. In some cases it may make the most sense for the business owner to take on this function.

Create key contact lists: Develop contact lists of critical and emergency numbers and maintain easily accessible hard copies. It is important to update your lists regularly. The list may include, but is not limited to: ¶ Local authorities (regional districts, city officials, councillors, MLAs) ¶ City personnel (e.g. emergency program coordinator) ¶ Utility companies (Fortis, BC Hydro) ¶ Critical suppliers and contractors (partner businesses you rely on) ¶ Media contacts (radio/TV stations, newspapers) ¶ Emergency Management, RCMP, fire department (e.g. alternative to 911) ¶ Staff and spouses/key family members

Pick a meeting place: Pick a primary and secondary meeting place where staff and guests should go during an emergency. You may be in separate locations throughout the property when disaster strikes, so it is important to map out your routes and practice getting there.

Other factors to consider are:

- Find out what local authorities recommend for different emergency situations (e.g. moving to higher ground during a tsunami).
- Can staff and guests be moved safely and efficiently to another designated location if an evacuation order is issued? If so, by what method (e.g. vehicle, by foot)?
- Have you designated shelter-in-place rooms in the event of a hazardous material spill?

TIP: Share information on your property's emergency meeting places using a variety of channels and mediums to ensure guests are aware.

Plan for people with additional needs:

- Ensure staff know how to help guests with special needs, including seniors, children and people with disabilities.
- Ensure you communicate where the exits are located, including ramps and wheelchair accessible areas.

Know how you will get and share information:

Contact your local government's emergency management program to find out how it will share alerts and instructions during an emergency. The most important thing is to seek credible sources so you can make informed decisions during a disaster. It is also critical that you plan for how you will communicate information and directions to staff and guests so your response is calm and orderly.

TIP: During an emergency, use data-based services such as text messaging, social media or email to gather and communicate information. Data-based services are less likely to experience major interruptions when phone lines are down.

Train your staff: Your staff and co-workers are critical to an organized response during a disaster. Make sure they're trained in your operation's emergency response



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procedures. It is also critical they are personally prepared and have a household emergency plan to keep their own families safe. Employees will be more resilient knowing how to protect themselves at home and work. TIP: Have ongoing conversations about preparedness with staff. Make preparedness the subject of newsletters, email correspondence or other internal communications. Consider hosting preparedness evenings and invite your local expert to give a presentation.

EVACUATION PLANNING check list

Before an evacuation:

- o Identify routes and exits from your building and business site.
- o Identify a post-evacuation assembly area (Note: This may change if your assembly area is inside an evacuation zone).
- o Develop a system for accounting for personnel and guests.
 - o Confirm emergency shut-off procedures for utilities, equipment, processes, etc.
- o Confirm procedures for assisting guests with disabilities or those requiring additional help.
- o Ensure that employees are aware of the evacuation plan and all emergency exits.
- o Ensure that guests are aware of evacuation procedures and evacuation routes.

During an evacuation:

- o Move quickly and calmly and follow instructions provided by emergency officials.
- o Carry out emergency shut-off procedures for utilities, equipment, etc.
- o Take your business and individual grab-and-go bags.
- o Assist those with mobility issues or disabilities.
- o Account for personnel and guests after evacuating.

After the evacuation:

- o Listen carefully to emergency officials. They will advise you when it is safe to return and if there is anything you need to do to ensure the safety of guests and staff.

Step 3 Prepare your property

Store emergency water: Water is the most important item to store. You will need at least four litres (one gallon) of water per person per day.

TIP: Consider sources for back up water, keeping in mind the water will need to be purified. Example: catchment tanks.

Stock emergency supplies: Stock enough food, water and medical supplies for a minimum of three days. A week to two weeks is better. Make sure your supplies are in easy to-access locations and that all staff know where to find them.

TIP: Encourage staff to have portable emergency kits, customized to meet personal needs, such as essential medications.

Protect critical paperwork: Keep copies of important records such as site maps, building plans, insurance policies, employee contact information, bank records,



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contact lists and computer backups in a waterproof and fireproof portable container. You can also utilize cloud storage or USB sticks.

TIP: Perform regular computer back-ups to ensure your critical information is always saved and current.

Know how to turn off utilities: Know where your electrical panel, gas and water shut-off valves are located and how to turn them off.

Secure your space: If your operation is located in an earthquake zone, secure pictures, furniture and other items that can topple over or be displaced by shaking. For flood prone areas, keep important documents and equipment off the floor so they don't get wet.

TIP: Free-standing furniture can be secured using L brackets, corner brackets or aluminum moulding. Keep framed pictures, mirrors and wall shelving away from beds, couches and chairs.

SHELTER-IN-PLACE PLANNING For some emergencies, such as a hazardous material spills, it may be safer to stay inside your facility. This is called sheltering-in-place and may only last a few hours. You will be instructed by emergency officials when you need to shelter-in-place.

Check list:

Before: Pre-select an interior room(s) with the fewest windows or vents, such as conference rooms, storage rooms or hallways.

Extra considerations:

- o Room(s) should have adequate space for everyone to sit down.
- o Ideally the room should have an adjoining bathroom.
- o Avoid rooms with mechanical equipment like ventilation blowers or pipes.
- o If possible, identify rooms with a hard-wired telephone.

Prepare a shelter-in-place kit containing:

- o A standard emergency kit (supplies, food and water).
- o Plastic sheeting (preferably, pre-sized and cut to cover windows and doors).
- o Duct tape for sealing cracks around doors and windows.
- o Enough towels to block the bottoms of each door in the room(s).
- o Shelter-in-place signs to post at all entrances.

During:

- o Announce to staff there is a shelter-in-place emergency and inform staff to stay.
 - o Ask guests, clients and customers to stay, not leave.
- o Instruct everyone outside to come inside immediately.
- o Direct staff and guests to the designated shelter-in-place room(s).
- o Close all doors, windows and any openings to the outside.
- o Shut down air handling equipment (e.g. heating, ventilation, air-conditioning, etc.).
- o Account for all employees and guests.
- o Seal doors, windows and vents with plastic sheeting, tape and towels.



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- o Remain in the shelter-in-place room(s) until an “all clear” is issued by emergency officials. **After:**
- o When the “all clear” is issued, have all staff and guests leave the shelter-in-place room(s).

Step 4 Practice your plan

Review and practice your plan with your entire team at least twice annually to ensure everyone is familiar with processes, procedures, available resources, evacuation routes and other relevant details. You may have additional considerations based on the size and location of your operation, such as: Are there enough staff to assist with the evacuation of all guests and customers? Is additional help from police, fire or other emergency personnel required?

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INTERNET RESOURCES



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GLOSSARY

Definitions:

Emergency preparedness: the knowledge, capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals effectively to anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies.

An emergency: an event or threat that produces or has the potential to produce a range of consequences that require urgent, coordinated action.

A plan: a document designed to identify, at various levels, responsibility for a range of activities aimed at meeting specific objectives and at implementing accompanying strategies and tactics.

Risk: the combination of the probability of an event and its consequences. Risk results from interactions between natural and human-induced hazards, vulnerability, exposure, and capacities.

APPENDICES



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