



EMERGENCY EVACUATION PREPAREDNESS

**Taking Responsibility
for Your Safety**



A Guide for
People with
Disabilities and
Other Activity
Limitations



By
June Isaacson Kailes
Disability Policy Consultant



Emergency Evacuation Preparedness: Taking Responsibility For Your Safety

A Guide For People with Disabilities and Other Activity Limitations

By June Isaacson Kailes, Disability Policy Consultant

©2002: June Isaacson Kailes, Disability Policy Consultant, Playa del Rey, California <http://www.jik.com>
and The Center for Disability Issues and the Health Professions, Western University of Health Sciences,
Pomona, California, <http://www.cdihp.org>.

Permission is granted to copy and distribute this material provided that:

- (1) Proper copyright notice and citation is attached to each copy;
- (2) No alterations are made to the contents of the document;
- (3) The document is not sold for profit; and
- (4) The Center for Disability Issues and the Health Professions is notified of such use.

Please contact the center using the fax or e-mail listed below.

Required citation:

Kailes, June Isaacson. Evacuation Preparedness: Taking Responsibility For Your Safety: A Guide For People With Disabilities and Other Activity Limitations, 2002. Published and distributed by Center for Disability Issues and the Health Professions, Western University of Health Sciences, 309 E. Second Street, Pomona, CA 91766-1854, Voice: (909) 469-5380, TTY: (909) 469-5520, Fax: (909) 469-5407, Email: evac@westernu.edu.

This material is also available at <http://www.cdihp.org>, or for a hard copy, send a check payable to "CDIHP" for \$24.00 (includes shipping, handling and applicable tax) to the address above. Call CDIHP for pricing on bulk or international orders.

ISBN #0-9726450-0-4

This guide was made possible through the generous support
of the Bank of America Foundation.



GUIDE AT A GLANCE

Section	Learn:
Introduction	◆ Who should read this guide. ◆ How to determine if you may need assistance in an emergency evacuation. ◆ How to use this guide. ◆ Why it is important to focus on evacuation issues for people with disabilities and activity limitations. ◆ About the universal human tendency to avoid thinking about possible emergencies.
Evacuation Preparedness	◆ How to take responsibility for your safety. ◆ About the time and effort involved. ◆ What the law says. ◆ How to get involved in the planning process. ◆ How to create, review and practice plans. ◆ Why it is important to practice plans through regular drills including walk through procedures, announced drills and surprise drills. ◆ Why it is important to carry with you emergency health information.
Evaluate Your Need to Identify as Someone Who Requires Assistance During an Evacuation	◆ How to realistically evaluate your needs.
Master the Skill of Giving Quick Information on How Best to Assist You	◆ How to give first responders quick crucial information on how they can assist you without causing injury. ◆ How to practice explaining how people can best assist you. ◆ How to be clear, specific and concise.
Establish a Personal Support Network	◆ How to put together a network of individuals who will check with you in an emergency and give assistance if needed.
Ability Self-Assessment	◆ How to evaluate your abilities, preparedness, limitations, needs, and your surroundings, to determine what type of help you will need. ◆ About specific issues to evaluate if you have any of these limitations: • sight, • hearing, • deaf-blind, • speech, • memory, judgment, learning, information processing, • physical / mobility, • allergies, multiple chemical sensitivities (mcs), or • use an assistive device. ◆ About evacuating a site after usual business hours.

Guide At A Glance continued on next page...

GUIDE AT A GLANCE (continued)

Section	Learn:
Evacuation Options	◆ How to determine all your evacuation options and prioritize them: • Being carried, • Using evacuation chairs, • Using area of refuge/rescue assistance, • Using elevators. ◆ Determining options when traveling. ◆ Creating an emergency plan for your home.
References and Resources	◆ About references used in writing this guide. ◆ About recommended readings and resources: • Emergency evacuation devices, • Controlled descent devices (cables and chutes), • Permanently installed systems, • Evacuation assistance devices, • Disability-related organizations.
Acknowledgments	◆ About the sponsor and the author. ◆ Who reviewed and commented on sections of this guide.
Attachment A: Disability-related Issues for Emergency Plan Coordinators	◆ About some of the disability-related issues you should share with emergency plan coordinators who are responsible for creating, reviewing, maintaining, practicing and revising emergency plans.
Attachment B: Emergency Health Information	◆ How to compile and complete your emergency health information.
Feedback	◆ How to tell us what you think about this guide.

Your Feedback

The Center for Disability Issues and the Health Professions is always trying to improve its resource materials. The best way do this is to get your reactions. At the end of this guide you will find a postage paid response form asking several questions. We would appreciate your taking the time to return it to us. We welcome your comments.

Table of Contents

Guide at a Glance	i
Your Feedback.....	ii
Introduction	3
Who Should Read This Guide	3
Will you need assistance in an emergency evacuation?	3
How to Use This Guide	3
A Day to Remember	3
Never Assume You Have Been Included in Creating Emergency Plans	5
The September 11, 2001 Wake -Up Call	5
Avoid Avoidance	6
Evacuation Preparedness: Take Responsibility for Your Safety	7
Preparing Takes Time and Effort	8
What the Law Says	8
Create, Review and Practice Plans	8
Get Involved in the Planning Process	8
Fire Department Issues	9
Practice Plans Through Regular Drills	10
Walk Through Procedures	10
Announced Drills	11
Surprise Drills	11
Emergency Health Information	11
Evaluate Your Need to Identify as Someone Who Requires Assistance During an Evacuation	12
Master the Skill of Giving Quick Information on How to Best Assist You	13
Establish a Personal Support Network	14
Ability Self-Assessment	15
Abilities/Preparedness	15
Evacuating a Site After Usual Business Hours	15
Sight	16
Hearing	16
Deaf-Blind	17
Speech	17
Memory, Judgment, Learning and Related Information Processing	17
Assistive Device Users	17
Physical/Mobility	18
Allergies, Multiple Chemical Sensitivities (MCS)	18

Emergency Evacuation Options	19
Determine and Prioritize All Your Evacuation Options	19
Being Carried	19
Use of Evacuation Chairs	19
Area of Refuge/Rescue Assistance	19
Sprinklered Buildings	20
Use of Elevators	20
Determine Your Evacuation Options When Traveling	21
Create an Emergency Plan for Your Home	21
Resources and References	22
References	22
Resources	22
Emergency Evacuation Devices	23
Controlled Descent Devices (cables and chutes)	24
Permanently Installed Systems	25
Evacuation Assistance Devices	25
Disability-Related Organizations	25
Other Resources	26
About the Guide's Sponsor	27
About the Guide's Author	28
Acknowledgements	29
Attachment A: Disability-Related Issues for Emergency Plan Coordinators	30
Fire Department Coordination	31
Attachment B: Emergency Health Information	32
Why You Should Carry Emergency Health Information	32
Tips on Completing Emergency Health Information	32
Disability/Conditions	32
Medications	33
Allergies and Sensitivities	33
Immunization and Dates	33
Communication/Devices/Equipment/Other	33
Communication Examples	33
Equipment Examples	33
Other Examples	34
References	34
Sample Emergency Health Information Form	35
Emergency Health Information Form	36
Feedback Questionnaire	37

Introduction

Who Should Read This Guide?

This guide focuses on people with disabilities and activity limitations successfully evacuating buildings.

Its goal is to help you strengthen your evacuation preparedness. It does not address area evacuations sometimes needed in response to hurricane and flood warnings.

If you answer yes to any of the questions in the box below, you should read this guide.

How to Use This Guide

The Guide can be read cover-to-cover or in sec-

tions, in hard copy or online. It is designed for easy use. The electronic version is available at <http://www.cdihp.org>. It contains links to the Web sites of many of the organizations mentioned in the text and an extensive resource list with links pointing to other sources of information. The online version allows you to search for specific information. For example, if you want to find out about evacuation chairs, you can search for “evacuation chairs.”

Why should you think about emergency evacuation issues? These factual human accounts answer this question.

Will you need assistance in an emergency evacuation?

Do you experience any of the following conditions that could interfere with your ability to quickly evacuate a building? Circle yes or no for each statement below.

Yes	No	Limitations that interfere with walking or using stairs (joint pain, mobility device user—wheelchair, canes, crutches, walker).
Yes	No	Reduced stamina, fatigue or tire easily (due to a variety of temporary or permanent conditions not limited to those on this list).
Yes	No	Respiratory (cardiac [heart] conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke etc.).
Yes	No	Emotional, cognitive, thinking, or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, lose sense of direction, or may need emergency directions explained in simple steps or basic concepts).
Yes	No	Vision loss (may require assistance in learning the emergency evacuation routes or assistance in moving down stairs).
Yes	No	Hearing loss (may require modification to the standard way emergency announcements, notifications and instructions are provided).
Yes	No	Temporary limitations resulting from, but not limited to: • Surgery, • Accidents and injuries (sprains, broken bones), • Pregnancy.
Yes	No	Do you rely on technology or medication which may not work in an emergency (hearing aids, wheelchair, gas mask, elevator, lighting, sounds)?
Yes	No	Other:

A Day to Remember

Here are the stories of two men, Ed Beyea and John Abruzzo—both wheelchair users—who were working on separate floors of the World Trade Center on Sept. 11, 2001. True to the human drama of that day, one lived and one died...

John Abruzzo, a staff accountant for the Port Authority of New York and New Jersey, was working at his computer on the 69th floor of One World Trade Center when the first hijacked



jet sliced into the tower. “It felt like the building was punched,” he says. “My desk faces north ... the side the airplane hit. Paper was just coming down.” Worse, the building swayed—and only in one direction.

By the time Abruzzo, a C5-6 quad, had maneuvered his power chair into the hallway, he saw only 10 of his coworkers—everyone else had already evacuated. Someone found the office EVAC+ CHAIR and transferred Abruzzo out of his new, customized Arrow into the rescue device, which resembles a large, folding baby stroller with rear wheels that pop up and a sled-like component that takes their place when going down stairs.

Nine of his 10 coworkers worked in shifts of three to four, carefully lowering Abruzzo down each flight of stairs. One of them couldn’t help physically, so he scouted ahead. When he returned, he warned of heavy smoke around the 40th floor, so the group, with Abruzzo in tow, cut across to a stairwell on the other side of the building.

Somewhere near the 30th floor, the crew of coworkers carrying Abruzzo had to move aside as firefighters rushed up the stairwell. “We saw them carrying hundreds of pounds of equipment—axes, hoses—and they were trying to catch their breath, they were exhausted,” Abruzzo says.

At the 20th floor they heard a rumble that

seemed to come from the other tower—steel and concrete collapsing. At the 10th floor they heard another rumble but kept going. “Nothing was going to stop us.” Finally they made it to the lobby, where Abruzzo had to be carried over chunks of fallen concrete. Damage and debris had made the exit impassable. Firefighters directed Abruzzo’s helpers to lift him—still in the EVAC+CHAIR—through a knocked-out window and out onto the sidewalk.

They looked up and saw fire engulfing the top of the tower. “We thought we were fine now, we were out, but a fireman said, ‘Get out, GET OUT!’” They squeezed into the mob streaming up the streets away from Lower Manhattan, taking turns pushing Abruzzo, still in the rescue device. At one point the group stopped to look back. “It was like Christmas, everything covered in white. Except we saw debris coming down,” says Abruzzo, “and bodies falling.”

They didn’t look back again until they reached the corner of Vesey and West. “We couldn’t see the tower I was in, but that’s when it came down. There was a cloud of debris chasing the firemen and policemen. One of the firemen grabbed my chair, carried me into Stuyvesant High School, and then everything just went black.”

Once the blackness lifted, an ambulance took Abruzzo to a hospital for smoke inhalation. Gone was his new power wheelchair, left on the 69th floor. His van, parked three blocks away, was never found.

Ed Beyea, 42, had just celebrated the 20th anniversary of his diving accident. Many of us do it—look back and celebrate how far we’ve come. Beyea, a C3 quad, had logged 14 years at Blue Cross/Blue Shield since his injury and was now a high-level program analyst working on the 27th floor of One World Trade Center...

(Abe) Zelmanowitz (a close friend) had just arrived at Beyea’s side when a man approached and asked, “Can I help? Can I take you down the stairs?”

Beyea said no, he would wait. He was a big man—nearly 300 pounds, very difficult to lift. Irma (Beyea’s personal assistant) knew he wanted to be carried properly so he wouldn’t break any bones, which had happened before. “He needed more than one man to carry him,” she

For people with disabilities, barrier free, as well as, barrier-ridden environments become a great deal more hostile and difficult to deal with during and after an emergency.

says. “He needed at least two or three firemen. And knowing him, he wanted others to go first. He didn’t want to be in the way. None of us were thinking then that the building might collapse.”

Zelmanowitz volunteered to stay with Beyea, suggesting Irma leave because she was coughing. When she reached the lobby she found a fireman and told him where Beyea was. “Please take care of him,” she pleaded. “He needs oxygen.” Usually he required oxygen only when sleeping at night, but conditions were severe. The fireman said he would find him. A chain of men directed people outside. Irma got caught up in the crowd of people evacuating the building.

Back on the 27th floor, Zelmanowitz was talking on his cell phone, telling his family he was OK. His elderly mother pleaded with him to get out, but he was determined to stay by Beyea’s side. He would wait with his best friend of more than 12 years. (Neither Ed nor Abe were heard from again).

Reprinted with permission from New Mobility, September 11, 2001: A Day to Remember, By Josie Byzek and Tim Gilmer, V15, 98. pp. 20-21

Never Assume You have been Included in Emergency Plans

Probably the least likely disaster to happen, happened on September 11th, 2001. The September 11, 2001 terrorist attacks, like other

disasters have increased awareness worldwide of the need to be prepared for disasters and emergencies. While these events were unpredictable, lessons learned can be applied to a wide range of disasters. People need to plan for emergency evacuation in anticipated and unanticipated situations including chemical, biological, radiological, explosion, transportation accidents, fires, floods, earthquakes, mud slides, hurricanes, tornadoes, snow storms power outages, etc.

The attacks prompted many individuals responsible for people in office buildings to re-evaluate their disaster and evacuation plans for all occupants, including taking a close look at how to get people with disabilities out safely. (iCan News Service 2001) These attacks, once again brought attention to the complex question that fire safety professionals and disability advocates have been wrestling with for years: How do people with mobility and sensory limitations quickly evacuate multi-story buildings during emergencies?

For people with disabilities, barrier free, as well as, barrier-ridden environments become a great deal more hostile and difficult to deal with during and after an emergency. For example, people with physical disabilities may have reduced ability to get to accessible exits, as well as reduced access to their personal items and emergency supplies. People with vision and hearing loss and people with speech related disabilities often encounter many more communication barriers, especially when regular communication channels are down or overloaded. These barriers appear at a time when rapid communication may be crucial to survival and safety.



The September 11, 2001 Wake-up Call

No matter what laws and public policies say, it’s up to us as people with disabilities to individually and collectively prepare for disasters. If we just rely

on employers, building managers, or fire inspectors to make sure things are in place, it may or may not happen. It is not safe to assume that people with disabilities have been included in evacuation plans. People with disabilities must be assertive to ensure that our safety needs are included in all emergency planning.

For people with disabilities, the message is clear. We need to be keenly aware of the risks we face and our need to take responsibility for our safety. We need to be proactive, and rely as

For people with disabilities, the message is clear: We need to be keenly aware of the risks we face and our need to take responsibility for our safety.

much as possible on ourselves (and not to count on others), to find the exits and to make decisions about our safety. Hopefully this can be done in conjunction with, but possibly without the cooperation of the management of the places where we spend a great

deal of our time (school, work, volunteer work, home). (Kailes 1996)

Avoid Avoidance

Integrate disaster planning into your life. Avoid the universal human tendency to not think about possible emergencies.

September 11, 2001 is just one more wake-up call for the disability community, requiring us to pay attention to these issues. Unfortunately

these wake-up-calls only have a shelf life of 6 - 12 months and then people seem to slip back into old ways, back

into complacency and back to a denial mode. That is, ignoring the threat and avoiding thinking about it because it creates stress, fear and apprehension. (Kailes 1996)

There is a universal human tendency to avoid thinking about possible emergencies. This avoidance has greater consequences for people with disabilities than for people without disabilities. When disaster strikes, systems on which everyone relies don't function as well as they usually do, otherwise we'd call them something besides disasters (inconveniences, maybe). In a major emergency or disaster, hazards are often multiplied for people with disabilities. In fact, all people are suddenly confronted with a wide range of new disabling conditions. (Kailes 1996)

The immediate temporary response of increased sales of evacuation devices as well as businesses and building managers dusting off their safety plans and taking a new look at how they can assure their workers' safety, needs to become a regular activity.

There is a universal human tendency to avoid thinking about possible emergencies. This avoidance has greater consequences for people with disabilities than for people without disabilities.

Disaster and emergency planning is an activity that should be integrated into our lives (the same way we are encouraged to check our smoke alarm batteries when we change the clocks for daylight savings time). These activities need to be integrated into the fabric of organizations so that emergency plans are created and regularly reviewed, rehearsed, practiced, evaluated and revised.

Emergency Evacuation Preparedness: Take Responsibility for Your Safety

The media repeatedly reported stories about the two wheelchair users who successfully escaped from the World Trade Center using evacuation chairs on September 11th, 2001. We also heard about one wheelchair user who died (see “A Day To Remember”).

We did not hear about others whose activity limitations prevented them from successfully evacuating. But we heard reports from those who successfully evacuated the towers and who told of passing people who could not keep up (e.g., older people, people with respiratory conditions and limited endurance, and other people with no apparent disability).

Their chances of surviving could have significantly improved if evacuation plans had been in place:

- which included them.
- that were regularly practiced by reviewing procedures using announced as well as surprise drills.

If you just rely on the employer or the building manager to make sure things are in place, it may or may not happen.

Paul Ray of Dearborn Heights, Mich., is a contractor for Ford Motor Co. His office had a fire drill about a month ago. Ray, who has quadriplegia and works on the second floor, said it was the first fire drill in the 18 months he's worked there. When the alarm went off, he went to the elevator bank, where Ray said designated fire wardens seemed surprised to see him. He said he had never been told about the building's evacuation plan.

“My confidence was not exactly inspired,” said Ray, a programmer. “I was

a little surprised. I thought Ford would have a little better control over the situation.”

“I'm hoping that they're at least a little more aware of the fact that I am there, working on their second floor,” Ray said. “I don't know if it's something they just don't think about it or everybody's just so stressed out with their other nonsense that they don't have time to deal with it. As a quadriplegic I do not go down stairs, period. I don't have the balance for it. It's a little disturbing.”
(Bondi 2001)

Don't let this happen to you. In planning for your life safety in emergency situations, hope doesn't count for much! Make sure you are included in the deci-

sions on which equipment and procedures will work for you. Given today's current expanding disaster possibilities, quick evacuation can be critical.

A Harris Interactive survey commissioned by the National Organization on Disability, December 2001, found that “50 percent of employees with disabilities say no plans have been made to safely evacuate their workplace, compared to 44 percent of people without disabilities. Eighteen percent of people with disabilities feel extremely or very anxious about their personal safety in the event of a crisis,

In planning for your life safety in emergency situations, hope doesn't count for much! Make sure you are included in the decisions on which equipment and procedures will work for you. Given today's current expanding disaster possibilities, quick evacuation can be critical.

compared to 8 percent of people without disabilities.” (National Organization on Disability 2002)

Preparing Takes Time and Effort

Preparation may seem like work. It is. Preparing does take time and effort. You can do a little at a time. The important thing is to start preparing. The more you do, the more confident you will be that you can protect yourself. Don’t assume you have been included in emergency plans.

What the Law Says

Because there are no federal guidelines requiring disaster or evacuation plans, many people are unclear exactly whose responsibility it is. (Bondi 2001)

The Americans with Disabilities Act of 1990 (ADA) does not require formal emergency plans. But ADA’s Titles I, II and III do require that employers, public services, and public accommodations and services operated by private entities modify their policies and procedures to include people with disabilities. Therefore when plans are created or revised they need to include people with disabilities and activity

limitations. Give Attachment A: “Disability-related Issues for Emergency Plan Coordinators” to personnel who are responsible for creating, reviewing, maintaining, practicing and revising emergency plans.



Get Involved in the Planning Process

Seek out the risk management team to determine if there is a CURRENT plan. Review the plan. Make sure your site is not just using a boilerplate, nonspecific or generic disaster plan. Each building and sometimes each area [in large buildings] is unique and should have its own plan. It is important to treat all people with disabilities as individuals. Do not “lump” all people with disabilities into one category. For example, there are some emergency plans where all people with disabilities were “directed” to go to the area of rescue assistance to await members of the emergency team to escort them to safety. As a general rule there is no reason that individuals with hearing or vision loss cannot use the stairs to make an independent escape as long as they are effectively noti-

CREATE, REVIEW AND PRACTICE EMERGENCY PLANS

Date Completed	Activity	Date Updated		
	Get involved in the planning process.			
	◆ Make sure you are included in the decisions regarding which equipment and procedures will work for you.			
	Practice plans through regular drills.			
	◆ Know how to get to all the exits and practice this as part of regular drills.			
	◆ Practice using evacuation devices.			
	◆ Practice dealing with different circumstances and unforeseen situations, such as blocked paths or exits.			

fied of the need to evacuate and can find the stairway. (Bondi 2001)

When there is no plan, or when the plan is not current, encourage management to develop one and become involved in the planning process.

Include yourself and others with or without disabilities who:

- have a user's perspective and are knowledgeable about the relevant federal, state and local accessibility building codes;
- can share information from a cross-disability perspective, (they have experience and can consider the needs of those with different types of disabilities [hearing, vision, mobility, speech, cognitive and sensitivity to airborne chemicals]);
- can provide concrete, practical knowledge.

Make sure you are included in the decisions regarding which equipment and procedures will work for you.

You need to be a part of the discussion regarding the selection of and use of the accommodation, procedures, equipment and assistive devices that will work for you to provide a safe evacuation. You are the best provider of information regarding your specific abilities and limitations and how best to provide you appropriate and effective assistance. (Cameron)

Individuals with disabilities don't always agree on the best ways to provide accessibility services. Be prepared for some debate. Usually there is an easy, appropriate solution that provides adequate accommodation options.

Talk to the emergency services coordinator regarding how qualified people with disabilities can be recruited. Sometimes you can find qualified people with disabilities by contacting a disability-related organization such as an ATA (Alliance for Technology Access) Center or Independent Living Center (ILC). ATA centers

are community-based, consumer-directed centers focusing on technology. Independent living centers (ILCs) are private, nonprofit corporations that provide advocacy and services to maximize the independence of individuals with disabilities and the accessibility of communities. To contact an ATA Center or an ILC in your area, and for a listing of other disability related organizations (see References and Resources).

Fire Department Issues

Be aware that some police and fire department personnel are more experienced and knowledgeable regarding disability-related evacuation access issues. Other fire departments may not have the most updated information regarding evacuation issues for people with disabilities and activity limitations. Therefore, open discussions and give and take debates are important. If you get advice you do not agree with, decide what is best for you.



Approaches vary among local fire and police departments, regarding:

- Empowering people to be experts.
- Whether individuals with disabilities and other activity limitations should remain in the building and when provided, assemble in an area of refuge to await the arrival of the fire fighters to get help with evacuation.
- Whether evacuation chairs (fold-up chairs, which can be stored near emergency exits and allow for people to be moved up or down stairs) should be used? Some fire departments mistakenly believe that they can jam up the stairways. This is not the case. It has been proven by one company that someone operating an EVAC+CHAIR can keep up with people without disabilities. "At least one other person can walk beside this evacuation

device at a normal rate of descent.” (Byzek 2001) On September 11, 2001 two wheelchair users escaped from the World Trade Center using “evacuation chairs with inexperienced helpers because they broke the rules. Most who did what they were expected to do—wait to be rescued—died.” (Byzek and Gilmer 2000)

- Whether service animals should be permitted to evacuate down the stairway with their owners. There are examples of the fire department instructing that the dog be separated from its owner. This is typically not necessary and clearly proven by Michael Hingson, a survivor of the September 11th attacks who was working in the North Tower of the World Trade Center Tower when it was struck. Evacuating from the 78th floor, Michael, who is blind, relied on his own instincts, his guide dog, Roselle, and his business associates to make it to safety. He recounts, “I feel like I was as prepared as possible. I knew the evacuation procedures, I attended all the building fire drills, I knew the exit routes. So when the attacks hit, I had a sense of preparedness, self-sufficiency, and the confidence to take a leading position in evacuating myself and others to safety.”

Practice and drills consist of one of three types of activities:

- ***walk through procedures***
- ***announced drills***
- ***surprise drills***

using an evacuation chair explained to the press that she had forgotten that the evacuation chair was under her desk. Two secretaries remembered and reminded her where it was! (Byzek and Gilmer 2000)

Practice Plans Through Regular Drills

Practice is very important; it increases skill and instills confidence in one’s ability to cope in an emergency. On September 11, 2001 one wheelchair user who did escape from the World Trade Center

Her forgetting about the device, combined with another wheelchair user who worked at World Trade Center recalling only a single demonstration of the device shortly after the 1993 bombing, indicates that the need for preparedness had worn off soon after the first attack. Whatever evacuation plan existed had not been practiced regularly. When disaster struck, the plan fell apart. Most of those who had been assigned to help with rescue devices were frightened and fled downstairs. (Byzek and Gilmer 2000)

Practice and drills consist of one of three types of activities:

- walk through procedures,
- announced drills,
- surprise drills.

Plans should ensure that shift workers and others who work on the premises or are at the site outside typical hours, (cleaning crews, evening meeting coordinators, etc.) are included in drills. Identify and plan for times (of the day and the week) plus locations in the workplace where the basic life safety or emergency contingency plans have not been put in place or due to some other factor, might not work.

WALK THROUGH PROCEDURES

Recommend that a portion of staff meetings be devoted to discuss and practice separate parts of a plan. This allows you and your colleagues to concentrate efforts on the particular parts of the plan and particular individuals requiring more extensive practice. This time can be used, for example, to practice evacuation techniques, methods of transferring in and out of evacuation devices, carrying techniques, use of evacuation devices, and use of two-way communication systems in areas of rescue. It is critical that members of an emergency response team (e.g., fire wardens, floor monitors) be involved in this practice. This is also a way of introducing new

people to important parts of the plan. (United States Fire Administration 1995)

Innovative educational techniques such as role-playing or the use of audio-visual aids can also be helpful.

Don't assume you'll know how to use the evacuation chair when you need it. Make sure you and your support network practices using it.

Know how to get to all the exits. Practice this as part of your regular drills.

Know how to report safety hazards (i.e. fire extinguishers that need servicing, exits which are not kept clear, furniture and other items that block barrier-free passages).

Teach your support network how to operate your equipment in an emergency (for example, how to disengage the gears of a power wheelchair).

If you are hard of hearing or deaf, practice having co-workers communicate important information to you through gestures.

If you are blind have co-workers practice guiding you.

If you use a service animal be sure you include the animal in all drills.

When there are people whose knowledge of English may be limited, training should cover techniques so they are understood and can be practiced without additional translation (pictures, simple plan language).

ANNOUNCED DRILLS

As with the walk through procedures, these drills serve as training tools. Such drills will

also help identify crucial coordination activities and communication links. Announced drills are also a good time to practice:

- communicating emergency information to people with vision and hearing loss,
- coping with different scenarios and unforeseen situations such as blocked paths or exits.

SURPRISE DRILLS

The emergency plan should include conducting surprise drills two or three times a year, at different times of the day and different shifts. These drills should include some realistic elements (e.g., blocked paths or exits), forcing people to use alternative routes. Performance of these drills should also be evaluated and feedback given to all participants. Plan revisions and updates typically need to be made after these evaluations.

Emergency Health Information

Carry on you at all times emergency health information containing your critical health information and emergency contacts. Emergency health information communicates to emergency and rescue personnel what they need to know about you if they find you unconscious, confused, in shock, or just unable to provide information. Make multiple copies of this information to keep in your: emergency supply kits, car, work, wallet (behind driver's license or official identification card), wheelchair pack, etc. See Attachment B: EMERGENCY HEALTH INFORMATION

Evaluate Your Need to Identify as Someone Who Requires Assistance During an Evacuation

You do not have to identify as a person with a permanent disability to qualify for needing assistance. There are many people, including those who identify and those who do not identify as having a disability or who have no visible disability, who may also need assistance. Some people may need assistance because of conditions that are not apparent. Others may have obvious disabilities or conditions but may not need assistance. Some people may perform well in a drill but some will experience problems in emergency situations.

People with respiratory conditions, who were interviewed after going through the 1993 and 2001 World Trade Center evacuations, described the terror they experienced when faced with the grim reality of extreme exertion required to escape down the many flights of stairs in unfamiliar and smoke-filled stair towers. They also acknowledged that prior to that emergency evacuation they had never considered themselves as having a disability that would qualify them for inclusion in the emergency evacuation plans for those requiring specific assistance. (Bondi 2001) (Juillet 1993)



Two men who helped a wheelchair user transfer to an evacuation chair hanging in the stairwell of the World Trade Center on September 11, 2001, and transported her safely down from the 68th floor, observed that they passed a number of older people and some people who were overweight and could not keep up. (Horovitz 2001) People who were deaf and hard of hearing could not receive instruc-

tions on the stairwell after the power and lights went out.

Some people with disabilities in the interest of privacy or because they do not need specific assistance, choose not to identify themselves among those listed as “needing assistance or disabled” in the emergency management plan. The danger in doing this is that if you do need assistance, it will not be there when you need it. Many realized after the incident that they did need assistance. Others had not realized how vulnerable they were outside of normal working hours when there were few co-workers around to provide emergency assistance. (FEMA & United States Fire Administration 2001)

Many do not recognize their own need for assistance. Encourage your friends and colleagues to identify themselves, if you think they may need specific assistance during an emergency. Use a checklist to help people feel free to self-identify as needing assistance (see Will You Need Assistance in an Emergency Evacuation?) Let people know that while self-identification is voluntary, you can ask that the information be kept confidential and that it only be shared with those who have responsibilities for emergency response.

- Is your name on the current log containing the names of all people needing assistance?
- Is the list maintained by the building managers and kept at all security stations?
- Is the list updated frequently so it can also include people who may have temporary activity restrictions?

Master the Skill of Giving Quick Information on How Best to Assist You

Be prepared to quickly give emergency responders critical information on how they can assist you without causing injury. Take charge and practice how to quickly explain to people how best to assist you. Be prepared to give clear, specific and concise instructions and directions to rescue personnel. Determine how much detail is needed. Be prepared with additional instructions if more details are needed. You know your abilities and limitations and the best way that someone can assist you or ways in which you can assist them. Practice giving these instructions clearly and quickly, not in four paragraphs but a few quick phrases, using the least amount of words possible, for example:

INSTRUCTIONS

Clear, concise	Take my oxygen tank.
Additional information (if needed)	Right side of green bookcase. I can breath without it for 15 minutes.

- Take medication from top drawer of desk by window.
 - Take my communication device from that table. I am hard of hearing.
 - Take my manual wheelchair.
 - The traditional “fire fighter’s carry” is hazardous for me because of my respiratory condition. Carry me by
 - I can manage steps independently, carry my other crutch and walk in front of me.
 - I’m blind, let me take your left arm above the elbow and I’ll follow you out.
 - I need to hang on to you, I have poor balance, but I can walk steps.
 - You have to carry me out, wheelchair user evacuation chairs are hung at the top of “stairway two, north end” and “stairway three, south end.”
- Consider using a carry-with-you preprinted message. Customize a message for yourself, for example:
- I’m deaf, do not speak, I use American Sign Language (ASL). Use gestures or write instructions using simple words.
 - I cannot speak, but I do hear and understand. I communicate using an augmentative communication device. I can point to simple pictures or key words, you will find a communication sheet in my wallet.
 - I may have difficulty understanding what you are telling me, so speak slowly and use simple words.
 - I have a psychiatric disability. In an emergency I may become confused. Help me find a quiet corner and I should be fine in about 10 minutes.
 - I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly. Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.
 - Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.

Establish a Personal Support Network

A personal support network is made up of individuals who will check with you and assist when needed. This network consists of people who are regularly in the same area as you.

If you rely on personal assistance services (attendants), they may not be available at the time needed. Therefore it is vital that your personal support network consist of additional people.

Do not depend on any one person. Buddy systems (choosing and training one person to assist you in an emergency) that are commonly used have major weaknesses. To be effective, the person and the buddy must be able to make contact with each other quickly when the need arises. In many situations this can be unrealistic because: the person may be absent, you may be in an area different from your usual location or you may be at the site after regular hours when your buddy is not available (co-workers, fellow students, etc.).

Work out support relationships with several individuals. Identify a minimum of three people

at each location where you regularly spend a significant part of your week: job, home, school, volunteer site, etc. Consider speaking with and training as many people as possible to assist you in an emergency. This is especially critical in settings where people have wide-ranging work and travel schedules and it is difficult to predict who will be at the site in the event of an emergency.

Choose people who are dependable and have the physical and emotional ability to reliably assist you. Usually, people will chose people they like, but sometimes these individuals do not have the qualities you really need for this type of assistance.

Know how you will instantly create a personal support team. In spite of your best planning, sometimes a personal support network must be created on the spot. Think about what you will need, how you want it done and what kind of people you would select if given a choice of people. (See Give Quick Information on How Best to Assist You)

ESTABLISH A PERSONAL SUPPORT NETWORK

Date Completed	Activity	Date Updated		
	Establish support relationships with several individuals.			
	Notify each other when you are going out of town and when you will return.			
	Place a quarterly reminder on your calendar to check the status of your personal support network.			
	Conduct practice sessions to ensure that the individuals you choose are capable of offering the assistance you need (i.e. strong enough, can communicate clearly, or can guide you safely).			
	Know how you will instantly create a personal support team.			

Ability Self-Assessment

Evaluate your capabilities, limitations and needs, as well as your surroundings to determine what type of help you will need in an emergency.

Abilities/Preparedness

Yes	No	Do you know the location of all fire alarms and extinguishers?	
Yes	No	• Are you able to activate the fire alarms?	
Yes	No	Can you operate a fire extinguisher?	
Yes	No	• Have you practiced?	
Yes	No	Do you know the location of ALL exits?	
Yes	No	• Have you evaluated your ability to use them?	
Yes	No	Have you determined how you may be of assistance to others in an emergency? (i.e. guiding people to and through darkened spaces and exits if you have no or low vision, offering calming and emotional support, etc.)	
Yes	No	Have you anticipated how you will function if your service animal becomes confused, panicked, frightened or disoriented? A harness leash, pad protectors (for hot asphalt, hot metal stairs, broken glass) are important items for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment (i.e. sighted guides, members of your personal support network who can offer emotional support).	
Yes	No	Do you keep critical carry-with-you supplies:	
Yes	No	• Essential medication?	
Yes	No	• Small flashlight?	
Yes	No	• Fully charged portable devices and extra batteries) such as a cell phone. Many people used cell phones and two-way pagers on 9/11/01 to alert authorities or to call loved ones.	
Yes	No	• Paper and pencil?	
Yes	No	• Customized, pre-printed message?	
Yes	No	• Emergency Health Information? It should communicate to rescuers what they need to know if they find you unconscious or incoherent or if they need to quickly help evacuate you (list of current medications, allergies, special equipment, names, addresses, and telephone numbers of doctors, pharmacies, family members, friends, and any other important information).	

Evacuating a Site After Usual Business Hours

Yes	No	Determine your risks regarding being in the building after usual working hours when there are fewer people to provide emergency assistance?	
Yes	No	• Is there a way you can make your presence known to others including personnel in the security or emergency control center, when in the building after hours?	
Yes	No	• Do you know how to reach emergency personnel in case on an emergency?	



Sight

Yes	No	Will you be able to evacuate independently without relying on the usual auditory cues (such as the hum of the copy machine near the stairs)? (These cues will be absent, if the electricity goes off or alarms are blaring).
Yes	No	Can you read the emergency signage in print or Braille?
Yes	No	Are there raised and Braille characters on signs that designate exits, direction to exits, information on exit routes, and floors designated by numbers or letters, including floor level designations provided in stairwells?
Yes	No	Is there emergency lighting along the escape route that will automatically light, if electrical service is interrupted?
Yes	No	If you wear contact lenses, what will you do if and when smoke, dust or fumes become painful or dangerous. Do you keep glasses with you?
Yes	No	Can you use the two-way communication devices installed in the elevators and areas of refuge/ rescue assistance?
Yes	No	Have you instructed your personal support network how to act as a "sighted guide" if needed?

Hearing

Yes	No	Have you practiced having people communicate emergency information to you?
Yes	No	Does the building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
Yes	No	Have you practiced using them in a non-emergency to make sure the system works?
Yes	No	Do you know the locations of text telephones or phones that have amplification?
Yes	No	Do emergency alarm systems have audible and visible features (visual strobes)?
Yes	No	If you are hard of hearing will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are typically given verbally? (Hearing aids amplify background noise, so the sound of the alarms may interfere or drown out voice announcements). Instruct your support network to speak looking at you and to repeat critical announcements.
Yes	No	Will your hearing aids work if they get wet, for example from sprinklers?
Yes	No	Are the newer displays (television monitors or scrolling text signs) available throughout your site? Will they work if the power goes out?
Yes	No	Do you know all their locations?
Yes	No	Are portable devices (tactile/vibrating pagers) available for you to use?
Yes	No	Do you keep with you a small flashlight handy to aid in seeing visual cues during an emergency?
Yes	No	Have you determined how you will communicate with colleagues and emergency personnel if there is no interpreter or if your hearing aid(s) are not working?
Yes	No	Do you carry with you paper and pens?
Yes	No	Do you carry a pre-printed copy of key phrase messages with you such as "I use American Sign Language (ASL)," "I do not write or read English well," "If you make announcements, I will need to have them written simply or signed."

Deaf-Blind

Yes	No	Do you have a personal support network? Since the usual alarms or flashing lights won't work, it is critical that you have a large personal support network.
-----	----	--

Speech



Yes	No	Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)?
Yes	No	Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?
Yes	No	Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?

Memory, Judgment, Learning and Related Information Processing



Yes	No	Have you practiced how to communicate your needs?
Yes	No	Have you anticipated the types of reactions you may have in an emergency and planned strategies for coping with these reactions? (There are a number of reactions that may occur or become more intense during an emergency. Such reactions include: confusion, thought processing and memory difficulties, agitation, paranoia, crying, fear, panic, anxiety, and shaking. Think through the types of reactions you may anticipate and plan strategies for coping with these reactions. Prepare your personal support network to assist you with these planned strategies).
Yes	No	Does your Emergency Health Information explain the best method to assist you?

Assistive Device Users

Yes	No	What will it take to get your wheelchair or other important assistive devices out of the building?
Yes	No	Have you informed your personal support network how to operate and safely move your equipment if necessary?
Yes	No	Have you labeled equipment, added simple instruction cards (laminated instruction cards for added durability) and attached them to equipment regarding how to operate and safely move?
Yes	No	Do you keep a copy of these instructions with you and have you shared copies with your personal support network?
Yes	No	If you are a manual wheelchair user, do you carry heavy gloves with you to protect hands from debris while pushing?
Yes	No	Have you thought through all your options if you are not able to be evacuated in your chair or other assistive device?

Physical/Mobility

Yes	No	Can you operate a fire extinguisher?
Yes	No	Have you practiced?
Yes	No	Will extended handles make them usable for you?
Yes	No	Do you know the location of all exits and your ability to navigate them?
Yes	No	Do you know where all evacuation chairs are stored?
Yes	No	Have you practiced using them?
Yes	No	Do you know where all, if any, rescue areas are located?
Yes	No	Can you reach and activate an alarm?
Yes	No	Will you be able to independently evacuate from the site? (What will it take)?
Yes	No	How long will it take?
Yes	No	Will you need someone to help with your balance and help you to walk down steps more quickly?
Yes	No	Would it be faster if you used an evacuation chair or were carried?
Yes	No	If you absolutely had to, could you bump down the stairs on your butt, crawl, etc? Will you need something to strap on to protect your butt? Gloves to protect your hands? Etc.
Yes	No	Have you tested this method?
Yes	No	Can you transfer in and out of evacuation devices independently, or with assistance?
Yes	No	Can you give quick instructions regarding how to safely transport you if you need to be carried?
Yes	No	Have you included any areas of vulnerability regarding how to safely remove you from your chair?
Yes	No	If you want to be lifted in your chair make sure this is realistic (How much does your chair weigh with you in it)?
Yes	No	Do you know where all the areas of refuge/rescue assistance are located? (See Areas of Refuge/Rescue Assistance)
Yes	No	Do you know if your site has "evacuation elevators" and where they are located? (see Use of Elevators)



Allergies, Multiple Chemical Sensitivities (MCS)

Yes	No	Do you carry supplies with you based on your worse days:
Yes	No	Industrial respirator with gas-mist filters?
Yes	No	Gloves?
Yes	No	Inhaler?
Yes	No	Nicotine gum for use in bargaining with rescuers or distraught people who will want to smoke cigarettes?
Yes	No	Does your emergency health information clearly explain your sensitivities and reactions, most helpful treatments, and treatments which are harmful? Be specific, as other conditions (disorientation, aphasia, panic) may be diagnosed and treated as something other than chemical sensitivity and you may not be able to describe your needs verbally.



Please let the author know of other items to include in future versions of this list—jik@pacbell.net

Emergency Evacuation Options

Determine All Your Evacuation Options and Prioritize Them

Use your judgment given your specific situation and the information you have available during an emergency.

For example, you don't have specific information regarding the emergency. Most people are evacuating the building. It is 20 degrees Fahrenheit/-6 Centigrade outside, a temperature that would place you in immediate danger given your specific disability (given your zero tolerance for cold). You choose to stay indoors until you see that it is critical that you leave.

You have the right to make your own decisions about your life-safety. If you will need



AREA OF REFUGE RESCUE ASSISTANCE

- Fire-resistant spaces where people unable to use stairs can call for help by way of two-way communication devices, and await evacuation assistance from emergency personnel.
- Must meet specifications for fire resistance and ventilation.
- Often incorporated into the design of fire stair landings, but can be provided in other recognized locations meeting design specifications, including those for fire and smoke protection.
- Americans with Disabilities Act Access Guidelines require areas of rescue assistance in new buildings only. Areas are not provided in buildings equipped with sprinkler systems that have built-in signals used to monitor the system's features.

Pros

You may be injured if you evacuate using the stairs.
You may get help.

Cons

Not available in many buildings.
You may not get help.
You may be overcome by smoke before getting help from rescue personnel.

BEING CARRIED (in or out of your wheelchair)

Pros

You have a chance to GET OUT.

Cons

You and/or your helpers may be injured in the process.



USE OF EVACUATION CHAIRS

Fold-up chairs, which can be stored near emergency exits and allow for people to be moved up or down stairs, see References and Resources.

Pros

Given current expanding disaster possibilities, quick evacuation is critical. With assistance you have a good chance of getting out. You don't have to wait for the fire department to:
(1) find you,
(2) help you evacuate.

Cons

Takes practice to safely use.
People who have not practiced using the device may cause you or themselves injury.

evacuation assistance, you have to carefully think through all your options in terms of your plan. All options have pros and cons:

Even in buildings equipped with sprinkler systems it is recommended that areas of refuge be provided. There is the small possibility that the sprinkler system will fail to extinguish the fire and that there would be heavy smoke. It is quite possible that you could be stranded and overcome with smoke before the arrival of the

rescue personnel, given the difficulty in locating someone in a smoke-filled building. For these possibilities, there needs to be contingency plans for providing evacuation assistance for all occupants, as well as those needing specific assistance. (FEMA 2001)

If you are in an older building that does not have these designated areas, consider designating some areas by consulting with the fire department. These areas should have:

1. An operating phone, cell-phone and two-way radio so that emergency services at the site, and the fire department, can be contacted.
2. A closing door.
3. Supplies that enable individuals to block smoke from entering the room from under the door.
3. A window.
4. A large pre-printed sign which can be taped to the window requesting help.
5. Respirator masks.

SPRINKLERED BUILDINGS (fire only)

(Evacuation limited to area under immediate threat).

Pros	Cons
Systems are said to be 95 percent reliable.	Not available in many buildings. Small possibility system will fail to extinguish fire. There may be heavy smoke. You may still have to evacuate.

A study of areas of refuge conducted by the National Institute of Standards and Technology (NIST) for the General Services Administration (GSA), found that the operation of a properly designed and maintained sprinkler system eliminates the life threat to building occupants regardless of their individual abilities and can

provide superior protection for people with disabilities. Sprinkler systems will, in most circumstances, provide the protection to permit evacuation that is limited to the area under immediate threat from the fire (horizontal exits versus total evacuation from the building). Horizontal exits, which use fire barriers, separation, and other means to help contain the spread of fire on a floor, can substitute for areas of rescue assistance (see above) provided they meet applicable building codes. Horizontal exits enable occupants to evacuate from one area of a building to another area or building on approximately the same level. They provide protection from smoke and fire. (FEMA 2001)

USE OF ELEVATORS

Pros	Cons
Could be useful in non-fire emergencies. Newer fire-safe evacuation elevators improve evacuation times by as much as 50%.	Shut down during fire emergencies. Elevator shaft can become a chimney for smoke. Power can go out, leaving the elevator stuck between floors. Newer fire-safe evacuation elevators not available at most sites.

The fire department can operate elevators with a special key and may use them to move their people and equipment, or for evacuation of occupants. This means that without the fire department, persons with disabilities and other activity limitations are forced to use the stairs or must await rescue.



Newer “evacuation elevators” are designed to remain in use during emergencies. They have a back-up power supply and pressurization and ventilation systems to prevent smoke and heat build-up. They are fire-rated to withstand the heat and smoke and come equipped with a fire-

fighter's key, which allows emergency workers to load their equipment in the elevator and ascend to the upper floors. Smoke systems are built in to alert officials when the elevator becomes dangerous to use. In a study conducted for GSA, NIST found that the use of both elevators and stairs can improve evacuation times by as much as 50% over stairs alone. (FEMA 2001)

Determine Your Evacuation Options When Traveling

When staying in hotels/motels/cruise ships and other lodging facilities:



- When you have a choice, do you think about whether you want the view or the safety of a lower floor? If you have difficulty using stairs, do you ask for a guest room on a lower floor? Do you identify yourself to registration staff as a person who will need assistance in an emergency and state the type of assistance you may need?
- If you have a significant hearing loss, do you ask for a room equipped with visual alarms that are connected to the fire alarm system, and other notification devices (for doors and telephones)? These devices alert guests by way of blinking and strobe lights to fire alarms, telephone calls and to persons knocking on the door and/or ringing the

doorbell. While visual alarms must be connected to the fire alarm system, other notification devices (for doors and telephones) may be provided in kits available at the lodging facility's registration desk.

- Do you check exit routes on the back of guest room doors and familiarize yourself with the exits (by tracking the escape route, noting the number of doors between your room and the emergency exit)? Maps may be confusing unless you check them out.

Create an Emergency Plan for Your Home

Have a disaster or fire plan at your home. While high-rise buildings have built-in technology and safety features, houses or apartment buildings are often less safe. People are more likely to die in a fire at home than at work, and that risk is even greater for people with disabilities, said Brian Black, director of building codes and standards for Eastern Paralyzed Veterans Association. (Bondi 2001) In addition to basic fire safety guidelines such as installing smoke alarms and changing the batteries regularly, make sure you have more than one way to exit your homes and a planned meeting place for family members during an emergency. For more information on home safety see Resources and References.



References and Resources

References

Bondi, N. (2001). Evacuation chairs see sales spike, iCan News Service, (ican.com), http://www.ican.com/news/fullpage.cfm?articleid=CD3EA567-1070-4735-912B372B5FE9FAA2&cx=news.special_reports.

Bondi, N. (2001). Guide To Disaster Planning: Ten Ways to Make Yourself Safe at Work, iCan News Service, (ican.com), <http://www.ican.com/news/fullpage.cfm?articleid=B0547F84-4752-42B7-81592B326706E119>.

Bondi, N. (2001). Tall buildings explain safety plans, iCan News Service, (ican.com), http://www.ican.com/news/fullpage.cfm?articleid=89801EFB-3BD4-445E-BB53CDC323F269AC&cx=news.special_reports.

Byzek, J., & Gilmer, T. (2001). Why Wait, Evacuate! New Mobility. 13: 20-21.

Byzek, J. and T. Gilmer (2000). Unsafe Refuge, Why did so many wheelchair users die on Sept. 11? New Mobility: 21-22, 24.

Cameron, C. (no date). Emergency Planning for People with Disabilities and Other Special Needs, http://www.disabilitypreparedness.com/emergency_planning_for_people_wi.htm.

FEMA (2001). Emergency Procedures: Special Equipment and Devices (ican.com)

<http://www.ican.com/news/fullpage.cfm?articleid=E778C428-9D78-4687-9B0777B4613A4EF>.

FEMA & United States Fire Administration (2001). Emergency Procedures: Providing Assistance (ican.com) <http://www.ican.com/news/fullpage.cfm?articleid=0F9E8D43-25E2-46B8-98787F369AABD5C6>.

Horovitz, B. (2001). Some surprised to find themselves heroes. USA Today: 3B.

iCan News Service (2001). Employers should plan for workers' safety, http://www.ican.com/news/fullpage.cfm?articleid=4E2614ED-227E-4F75-AEE7B5EC2323E86D&cx=news.special_reports.

Job Accommodation Network (2002). Searchable Online Accommodation Resource, (SOAR) Emergency Evacuation Devices, <http://www.jan.wvu.edu/soar/motor/emergevac.html>.

Juillet, E. (1993). Evacuating People with Disabilities. Fire Engineering. 146.

Kailes, J. (1996). Living and Lasting on Shaky Ground: an Earthquake Preparedness Guide for People with Disabilities, KAILES - Publications, 6201 Ocean Front Walk, Suite 2, Playa del Rey, CA 90293, <http://www.jik.com/resource.html>, jik@pacbell.net.

National Organization on Disability (2002). People with Disabilities Unprepared for Terrorist, Other Crises at Home or at Work, New Poll Finds.

United States Fire Administration (1995). Emergency Procedures for Employees with Disabilities in Office Occupancies, U.S. Fire Administration, Publications Center, 16825 South Seton Avenue, Emmitsburg, MD 21727, Phone 301 / 447-1189, 800 / 561-3356, M-F 7:30 am - 5 pm, Fax 301 / 447-1213, www.usfa.fema.gov, usfapubs@fema.gov: 26.

Resources

Bondi, N., Few regulations exist for evacuation plans, iCan News Service, (ican.com), http://www.ican.com/news/fullpage.cfm?articleid=CC0AC2E5-D0B2-44B9-B145CB76A126365E&cx=news.special_reports, 2001.

Bondi, N., Few Regulations Exist For Evacuation

Plans, iCan News Service, (ican.com),
<http://www.ican.com/news/fullpage.cfm?articleid=CC0AC2E5-D0B2-44B9-B145CB76A126365E>, 2001.

Cabrillo College, Emergency Response Management - Assisting People with Disabilities
<http://www.cabrillo.cc.ca.us/busserv/purchasing/emergency/16.htm>

Cameron, C., Emergency Planning for People with Disabilities and Other Special Needs,
http://www.disabilitypreparedness.com/emergency_planning_for_people_wi.htm, (no date).

Community Emergency Response Team - Los Angeles, Lifts and Carries, <http://www.cert-la.com/liftcarry/Liftcarry.htm>, 2001.

FEMA & United States Fire Administration, Emergency Procedures For Employees With Disabilities In Office Occupancies, Pub. No. FA154, June 1995, (ican.com),
http://www.ican.com/news/fullpage.cfm?articleid=5C02D127-AA19-4B92-986031A11BC8CDD6&cx=independence.get_independent, 2002.

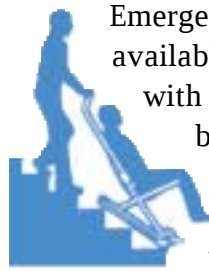
Kailes, J.I., Disaster Preparedness for People with Disabilities, <http://www.jik.com/disaster.html>, 2001.

United States Access Board, Evacuation Planning, <http://www.access-board.gov/news/evacplanning.htm>, 2002.

United States Access Board, Procedures & Technologies for People with Disabilities, Final Report of a State of the Art Review with Recommendations for Action, ATBCB 1988.

United States Access Board, Resources on Emergency Evacuation and Disaster Preparedness <http://www.access-board.gov/evac.htm>, 2001.

Emergency Evacuation Devices



Emergency evacuation devices are available to help evacuate individuals with mobility limitations from buildings. These devices can help individuals quickly move people with mobility limitations down the stairs or across rough terrain.

Evacuation chairs and other devices are not mandatory or required by law, although many building management companies and corporations purchase them voluntarily. (Job Accommodation Network 2002) (Bondi 2001)

Portable chairs permit a relatively small person to transport a larger person. With other devices, both individuals ideally should be about the same weight. These chairs are designed to travel down stairs on special tracks with friction braking systems, rollers or other devices to control the speed of descent.

When selecting a device consult the intended user. The advantages or disadvantages of these devices are dependent on the capabilities, acceptance, and understanding of the end user(s). The effectiveness or failure of evacuation chairs as a rule can be attributed to the fact that the user was not consulted on the equipment selection. Chairs that do not accommodate the physical needs of the user create problems, which may lead to a refusal to use them in an emergency. Evacuation chairs or other devices are not mandatory or required by law, although many buildings or corporations purchase them voluntarily.

EVAC+CHAIR Weighs 18 pounds and has a 300-lb. carrying capacity. Allows one person to help another get out of danger.

EVAC+CHAIR Corporation
PO Box 2396
New York, NY 10021
212-734-6222
<http://www.evac-chair.com/>

EVACU-TRAC is designed so the passenger's weight propels it down the stairs, while a governor limits the maximum descent speed. It has a 360-lb. carrying capacity.

Garaventa (Canada) Ltd.
7505-134A Street
Surrey, B.C.
Canada V3W 7B3
1-604-594-0422
Toll Free (within Canada and the United States) 1-800-663-6556
<http://www.garaventa.ca/et/index.html>

MAX-Ability, Inc.
1275 Fourth Street, Suite 304
Santa Rosa, CA 95404
800-577-1555/707-575-5558
<http://www.max-ability.com/evac.html>

Rescue Chairs enable the transport of an individual in an emergency down or up a flight of stairs. These are emergency rescue chairs that are designated specifically for use in buildings and emergency vehicles. Chairs have 300-lb. carrying capacities.

AOK Global Products, Ltd.
90 Jefryn Blvd.
Deer Park, New York, 11729
800-649-4265/800-649-4AOK
<http://www.rescuechair.com/index.html>

Scalamobil is a battery operated portable stair climber that attaches to most manual folding wheelchairs. This device can ascend or descend almost any type of stair from spiral staircases to wood or stone step surfaces. It has a 264-lb. carrying capacity.

Frank Mobility Systems, Inc.
1003 International Drive
Oakdale, PA 15071
888-426-8581/724-695-7822
<http://www.frankmobility.com/>

Ferno Rescue Seat, Evacuation Chairs, and Cots are adjustable, portable devices that position

individuals and enable easy maneuvering through narrow hallways, elevators, and other confined spaces. They typically have 350-lb. carrying capacities.

Ferno-Washington, Inc.
70 Weil Way
Wilmington, OH 45177
800-733-3766
<http://emergency.ferno.com/chairs/chairs.htm>

LifeSlider is a flat-bottomed, toboggan-like device that slides down stairs, around landings, through small doorways, around inside corners, and across pavement.

LifeSlider, Inc.
25553 61st Road
Arkansas City, KS 67005
888-442-4543
<http://www.lifeslider.com>

Respirators, Lab Safety Supplies

Lab Safety Supply
Box 1368,
Janesville, WI 53547-1368
800-356-0722
www.labsafety.com

Controlled Descent Devices (cables and chutes)

A number of unique escape devices have been developed over the years. These include controlled descent devices of various types. These cable devices usually use a strap or chair secured to the cable by a device that is squeezed to allow descent. The more you squeeze, the faster you go. Letting go stops your descent. Most people are reluctant to evacuate down the outside of a building. The chutes may be solid or flexible fabric tubes that generally rely on friction to control speed. They have the advantage of not letting you see out, so they are more acceptable than cable devices. However, their acceptance in practice in this country has been limited. There is little objec-

tive data and research information available as to the performance of these devices. (FEMA 2001)

Permanently Installed Systems

There are several types of controlled descent devices that can be permanently installed within stairways. In some, the individual transfers from a wheelchair to the portable controlled descent chair. These chairs are designed to travel down stairs on tracks with friction braking systems, rollers or other devices to control the speed of descent.

Another type of controlled descent device is designed so the wheelchair user rolls onto the transport device and the wheelchair is secured to the device. Wheelchair users do not have to transfer from their wheelchairs. The wheelchair lift is a motor-driven device that installs in a stairway. Vertical wheelchair lifts are differentiated from elevators because they are limited in the height of their vertical lift, are not enclosed, and do not go through a floor level. These lifts were originally intended for private residences, but are now being used in assisted living facilities, nursing homes, churches and public buildings. (FEMA 2001)

Evacuation Assistance Devices

VISUAL and TACTILE ALERTING DEVICES

<http://www.jan.wvu.edu/soar/hearing/alerting.html>

Alerting devices can be used to notify a person who is deaf or hard of hearing to sounds in the environment. An individual can be alerted to sounds such as an emergency alarm through vibration or a light signal. A transmitter detects certain sounds and then sends a signal to a receiver that vibrates or blinks a light.

BRAILLE and/or “ADA” SIGNAGE

<http://www.jan.wvu.edu/soar/vision/braillesignage.html>

Dog gear: protective booties (Velcro pad protectors for hot metal stairs, asphalt, glass)

Wolf Packs, Inc.

1940 Soda Mountain Rd. # I

Ashland, OR 97520

541- 482-7669

<http://www.wolfpacks.com>

Disability-related Organizations

Alliance for Technology Access (ATA) is a national network of Independent nonprofit, community-based, consumer-driven technology Resource Centers around the country that serve children and adults with disabilities, parents, teachers, health care and other service providers, employers, technology professionals and community organizations.

Alliance for Technology Access

2175 East Francisco Blvd., Suite L

San Rafael, CA 94901

Voice: 415-455-4575, TTY: 415-455-0491

Email: ATAinfo@ATAccess.org

Web: www.ATAccess.org

Independent Living Centers (ILCs) are private, nonprofit corporations that provide advocacy and services to maximize the independence of individuals with disabilities and the accessibility of communities. To locate your nearest Independent Living Center call or visit these web sites:

Independent Living Research Utilization (ILRU)

2323 Shepherd, Suite 1000

Houston, TX 77019

Voice: 713-520-0232, TTY: 713-520-5136

<http://www.ilru.org/jump1.htm>

<http://www.jik.com/ilcs.html>

Statewide Independent Living Councils—collaborate with state vocational rehabilitation agencies to develop state independent living plans—including determining use of independent living funds provided through Part B of

the Rehab Act and monitoring, reviewing, and evaluating implementation of the state plan.

<http://www.ilru.org/silc/silcdirect/index.html>

National Parent Network on Disabilities

1727 King Street, Suite 305

Alexandria VA 22314

Phone: 703-684-6763 Fax: 703-836-1232

<http://www.npnd.org>

npnd@cs.com

National Organization on Disability promotes the full and equal participation and contribution of America's 54 million men, women and children with disabilities in all aspects of life.

National Organization on Disability

910 Sixteenth Street, N.W., Suite 600

Washington, DC 20006

(202) 293-5960

<http://www.nod.org/>

Office of Disability Employment Policy (ODEP)
—US Department of Labor, programs and staff of the former President's Committee on Employment of People with Disabilities has been integrated in this new office. The ODEP goal is to increase employment of people with disabilities through policy analysis, technical assistance, development of best practices, and outreach, education, constituent services, and promoting ODEP's mission among employers.

<http://www.dol.gov/dol/odep/>

American Association of People with Disabilities—nonprofit, nonpartisan, cross-disability organization whose goals are unity, leadership and impact.

<http://www.aapd-dc.org/index.html>

Other Resources

Adapted Fire Extinguisher

A trigger mechanism eliminates the pull pin from the unit and instead has a spring device that locks the trigger in place. Some people with limited strength and mobility can manipulate it more easily. The gauge is enlarged and has a tactile feature for easy viewing by people with low vision.

<http://www.helpusafety.org/extinguisher.html>

Home Safety

Family Disaster Preparedness—describes four steps to disaster safety—finding out what can happen, planning, preparing, and practicing. These versions are available on-line: Chinese, English, Korean, Spanish, and Tagalog.
<http://www.redcross.org/services/disaster/beprepared/familyplan.html>

Ideas for What to Include in a Plan

United States Access Board, Evacuation Planning, <http://www.access-board.gov/news/evacplanning.htm>, 2002.

About the Guide's Sponsor

Center for Disability Issues and the Health Professions

The Center for Disability Issues and the Health Professions (CDIHP) at Western University of Health Sciences, in Pomona, California, works to enhance health professions education, and to improve access for people with disabilities to health, health education and health care services.

Western University established CDIHP in 1998 in response to the concerns of the disability community, which is one of the nation's fastest growing and least understood minority groups. The Center focuses on:

- Improving the capabilities of health care providers to meet the needs of people with disabilities.
- Increasing the number of qualified individuals with disabilities who pursue careers in the health professions.
- Supporting people with disabilities in becoming more vocal and active participants in their health care.

- Conducting and disseminating research on community based health education, prevention and health care services for people with disabilities.



Center for Disability
Issues and the
Health Professions

- CDIHP sponsors educational activities and curriculum development for health professionals serving people with disabilities. The Center also conducts applied research to develop continuing education programs for current health care providers. These activities are designed to improve patient care delivery through advocating basic changes in social and policy issues affecting the health of people with disabilities. To learn more visit <http://www.westernu.edu/cdihp.html>

Center for Disability Issues and the Health Professions

Western University of Health Sciences
309 E. Second Street/College Plaza,
Pomona, California 91766-1854
909.469.5380
E-mail evac@westernu.edu

About the Guide's Author



June Isaacson Kailes has operated a full-time consulting practice since 1989. She consults, writes and trains on: ADA implementation, advocacy training and skills building; health, wellness and aging with disability; developing

and analyzing disability-related public policy; planning barrier free meetings, disability diversity training, reaching the disability market; customer service and product design, accessible telecommunication, disaster preparedness for people with disabilities and incorporating universal design and usability principles into existing and new environments. She has received many awards and written over 80 publications including: *A Guide to Planning Accessible Meetings*, *Be a Savvy Health Care Consumer—*

Your Life May Depend on It! and *Health, Wellness, and Aging with Disability*.

June is also well known for her national and international work in disaster preparedness for people with disabilities. Her publications *Living and Lasting on Shaky Ground: An Earthquake Preparedness Guide for People with Disabilities*, is distributed by California Office of Emergency Safety and *Creating a Disaster-Resistant Infrastructure for People at Risk Including People with Disabilities* is used and published in several countries.

She held many offices on the boards of the National Council of Independent Living and the California Foundation of Independent Living Centers and served as the Executive Director of the Westside Center for Independent Living in Los Angeles. June has a presidential appointment to the United States Access Board and has served as both its Vice Chair and Chair. To learn more about June, visit www.jik.com.

Acknowledgements

CDIHP is grateful to the Bank of America Foundation for recognizing the importance of these life safety issues.

This Guide is enriched by the work of a diverse group of talented reviewers. Their contributions are reflected on every page. For their generous giving of time, attention to details, and thorough content reviews of various sections. The author gratefully acknowledges and thanks:

Jacquelyn Brand, President, Independent Living Network, San Rafael, California.

Lane Braver, PA-C, Master of Science in Health Professions Education, Department Chair, Medical Services, Mt. San Antonio College, Walnut, California.

Michael Collins, Executive Director, California's Statewide Independent Living Council, Sacramento, California.

Paula Dunn, RID Certified Sign Language Interpreter, Garden Grove, California.

Alexandra Enders, OTR, Senior Research Associate, RTC Rural: Research and Training Center on Rural Rehabilitation, University of Montana, Missoula.

Pam Holmes, Director, Consumer & Regulatory Affairs, Ultratec, Inc., Madison, Wisconsin.

Edwina Juillet, Consultant, Fire and Life Safety for People with Disabilities, Luray, Virginia.

Kenneth Gerhart, PT, MS, Craig Hospital, Englewood, Colorado.

Robert L. Kailes, Certified Public Accountant and Certified Financial Planner, Playa del Rey, California.

Mary Lester, Executive Director, Alliance for Technology Access, San Rafael, California.

Tina M. Meyer, LPTA, PA-C, Clinical Consultant, Faculty, CDIHP, Western University of Health Sciences, Pomona, California.

Susan Molloy, M.A., Disability Policy Consultant, Snowflake, Arizona.

Brenda Premo, MBA, Director, Center for Disability Issues and the Health Professions at Western University of Health Sciences, Pomona, California

Donna Rankin, Writing & Editing Services, Mission Viejo, California.

Attachment A: Disability-Related Issues for Emergency Plan Coordinators

(Give a copy of this checklist to personnel who are responsible for creating, reviewing, maintaining, practicing and revising emergency plans.)

DISABILITY-RELATED ISSUES FOR EMERGENCY PLAN COORDINATORS

Date Completed	Activity
	Make sure a relationship is established with your local fire department that includes: ◆ Fire Department reviewing the plan at least once a year, ◆ Fire Department receiving a copy of a current log containing names and location of all people needing assistance, ◆ The plan being coordinated and practiced with fire department.
	Practice plans through regular drills.
	Know how to get to all the exits and practice this as part of regular drills.
	Practice using evacuation devices.
	Practice dealing with different circumstances and unforeseen situations, such as blocked paths or exits.
	Ensure that shift workers and others who are at the site after typical hours, (cleaning crews, evening meeting coordinators, etc.) are included in drills.
	Plans should include: ◆ people who are at the site on a regular basis; ◆ people who are at the site outside of the typical working hours; ◆ how visitors, guests and customers with small children who require extra time to evacuate will be assisted; ◆ specific dates for revisions and updates.
	Orient all people to the plan.
	Plan Dissemination ◆ Have people read the plan? ◆ Have people been oriented to the plan? Placing plans in a drawer or even a prominent place on a bookshelf is as good as burying them. ◆ Is the plan distributed and reviewed with all people at the site? ◆ Do people get a copy of the plan in a usable format (Braille, large print, text file, and cassette tape, or in appropriate formats for non-English speakers and people who have poor reading skills)? ◆ Are these formats always updated when the plan is revised?
	Make sure that people know how to report safety hazards (i.e. fire extinguishers that need servicing, exits which are not kept clear, furniture and other items that block barrier-free passages).

Fire Department Coordination

It is important that a relationship with the local fire department be established and renewed at least once a year. It is also important that your plan be coordinated and practiced with the local fire and rescue services.

The plan should insure that the fire department knows that people with disabilities and others with activity limitations are at the site and will need specific assistance in an emergency.

Have you asked the local fire department to:

- Keep a copy of a current log containing the names of all people needing assistance. Let fire personnel know that you will send them

updated copies. Also let them know where the most current copies will be kept (i.e. command or control center for your building security stations, etc.)

- Walk through your facility and offer advice to increase building safety.
- Review the plan.
- Observe a surprise drill and make comments.
- Review evacuation procedures for people with disabilities and other activity limitations. (If you will be using evacuation devices, make them aware of this fact).



Attachment B: Emergency Health Information¹

It is good practice to carry on you at all times emergency health information containing your critical health information and emergency contacts. An alternative would be to wear a Medic Alert tag or bracelet (see Resources). These bracelets can be engraved with the type of disability or any medical condition of importance.

An 800 number keeps your current medication, diagnosis, etc., on file. You can order these from your local pharmacy.

Emergency health information communicates to emergency and rescue personnel what they need to know about you if they find you unconscious, confused, in shock, or just unable to provide information.

Make multiple copies of this information to keep in your: emergency supply kits, car, work, wallet (behind driver's license or official identification card), wheelchair pack, etc. (Kailes 1996)

Why You Should Carry Emergency Health Information

The care you receive in emergency situations depends on how much information physicians have at the time of the emergency. In emergency rooms you may be unable to give a full medical history and may not have someone with you to provide it. (Lollar 1994 p. 72-73) Sometimes emergency personnel only have seconds to make decisions about your care.

Make multiple copies of your emergency

health information to keep at work, in your wallet or purse with your driver's license or

primary identification card, in your wheelchair pack, etc. Review and update this information whenever your medications or other information changes, but no less than twice a year.



Tips on Completing Emergency Health Information

When completing your emergency health information (forms included at back of chapter) be sure and include:

- Disability/Conditions emergency personnel might need to know about (if you are not sure, list it):

Examples:

- Epilepsy, heart condition, high blood pressure, respiratory problem, HIV positive.
- My disability, due to a head injury, sometimes makes me appear confused or drunk. I have a psychiatric disability. In an emergency, I may become confused or overwhelmed. Help me find a quiet corner and I should be fine in about 10 minutes. If this does not happen, give me one pill of (name of medication) located in my (purse, wallet, pocket, etc.).
- I have diabetes. If I lose consciousness or my behavior appears peculiar, I may be having a reaction associated with my diabetes. If I can swallow, give me sugar in

¹ EMERGENCY HEALTH INFORMATION reprinted from Be a Savvy Health Care Consumer, Your Life May Depend on it! ©2002 June Isaacson Kailes, Disability Policy Consultant, Playa del Rey, California and The Center for Disability Issues and the Health Professions, Western University of Health Sciences, Pomona, California

some form such as candy, syrup, cola or a beverage that contains sugar like orange juice. If my breath smells fruity, don't give me anything to eat and make sure I get medical help.

- Multiple Chemical sensitivities: I react to....., my reaction is....., do this..... (these conditions may not be commonly understood by emergency personnel and therefore explanations should be detailed and specific.)
- Medications: if you take medication that cannot be interrupted without serious consequences, make sure this is stated clearly and include:
 - Prescriptions,
 - Dosage,
 - Times taken,
 - When first prescribed and how long you have been on the drug,
 - Other details regarding specifications of administration/regimen, i.e., insulin.

Example:

- I take Lithium and my blood level needs to be checked every_____.

Allergies (sensitivities):

- Penicillin or other antibiotics
- Adhesive tape
- Morphine, Codeine, Demerol or other narcotics
- Latex
- Novocain or other anesthetics
- Iodine or Methiolate
- Aspirin, Emperin or other pain remedies
- Sun exposure
- Detergents, fabric softeners
- Sulfa drugs

- Tetanus, antitoxin or other serums
- Pesticides
- Eggs, milk, chocolate or other foods
- Insect bites, bee stings
- Environmental sensitivities
- Other:

Examples:

- Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.
- I can speak when provided with clean air and low electromagnetic fields. Take me to fresh air and turn off electrical equipment.

Immunization and Dates (shots) examples:

- Flu,
- Pneumonia/Pneumococcal,
- Tetanus/diphtheria,
- Polio (IPV or OPV),
- Measles-mumps-rubella (MMR),
- H. influenzae type b (HIB),
- (Chicken Pox) Varicella,
- Hepatitis A,
- Hepatitis B,
- Measles-Mumps-Rubella,
- Rubella 9.

Communication/Devices/Equipment/Other

Communication (or a speech-related disability) examples:

- With a communication or speech-related disability, list specific communication needs:
 - I speak using an artificial larynx, if it is not available, I can write notes to communicate.
 - If (under stress after a seizure), I may not make sense for a while. Leave me alone

for 10-15 minutes and my mind should clear.

- I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you cannot understand me!



- I use a (word board, augmentative communication device, etc.) to communicate. In an emergency, I can point to words and letters.
- I cannot read. I communicate using an augmentative communication device. I can point to simple pictures or key words on a sheet which you will find in my wallet or emergency supply kit.
- I may have some difficulty understanding what you are telling me, please speak slowly and use simple language.
- My primary language is ASL (American Sign Language). I am deaf and not fluent in English, I will need an ASL interpreter. I read only very simple English. Try using gestures.
- I am hard of hearing. Get my attention before speaking to me. Look at me when you speak so I can speechread.

Equipment examples:

- Motorized wheelchair,
- Suction machine,
- Home dialysis,
- Respirator,
- Cochlear implant,
- Indwelling catheter.

Other examples:

- I need specific help with: walking, eating, standing, dressing, transferring, etc.
- I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance.
- I am blind, please tell me what you are doing before doing it. I read Braille and I need paper work read to me.
- I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly. Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.
- I use a respirator full time, but I can breath without it for up to 15 minutes.

References

Kailes, J. (1996). Living and Lasting on Shaky Ground: An Earthquake Preparedness Guide for People with Disabilities, Governor's Office of Emergency Services, P.O. Box 419047, Rancho Cordova, CA 95741-9047, <http://www.oes.ca.gov> (earthquakes -> resources).

Lollar, D., ed. (1994). A Preventing Secondary Conditions Associated with Spina Bifida or Cerebral Palsy: Proceedings and Recommendations of a Symposium, Spina Bifida Association of America., Spina Bifida Association of America, 4590 MacArthur Blvd., N.W., Suite 250, Washington, DC 20007-4226.

Sample Emergency Health Information

Emergency Health Information	Date: 6/20/02	Updated: 10/1/02	
Name Jane Ready			
Address 11 Prepared Place		City Savvy	State CA Zip 90001
CONTACT METHOD	HOME	WORK	
Phone:	310-555-9999	909-555-6666	
Cell:	310-555-9998		
Fax:	310-555-9996	909-555-6668	
E-mail:	Jr@beready.org	Healthcall@one-of-a-kind.com	
Birth Date 7/7/77	Blood Type B+	Social Security No. 555-55-5555	
Health Plan Blue Cross	Individual #: 010101-09009	Group #: 010203-00006	
Emergency Contact: Husband - Bob			
Address Same as above		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:	Same as above	818-777-5555	
Cell:	310-555-9993		
Fax:	Same as above	818-777-5553	
E-mail:	b.r@beready.org	Bob.ready@safety.com	
Primary Care Provider: Henrietta Housecall			
Address 12th Primary Care Place			
City Healthville	State California	Zip 90001	
Phone: 310-555-2345	Fax: 310-555-2346	E-mail HH@telecompetent.net	
Disability/Conditions: Cerebral palsy, Diabetes, Low vision, Epilepsy			
Medication: Dilantin 300 mg, Lantus - insulin			
Allergies: penicillin; sensitive to antibiotic "e-mycin" (stomach upset, headache, diarrhea)			
Immunizations	Dates	Immunizations	Dates
Tetanus/Diphtheria	5/5/95	Inact. Havrix 5/5 with booster	5/5/95, 11/95
Polio virus	5/5/95		
Communication / Devices / Equipment / Other: Motorized scooter, I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance. I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you cannot understand me.			

Excerpted from Be a Savvy Health Care Consumer, Your Life May Depend on It! © 2002 by June Isaacson Kailes, For more information about this guide, contact jik@pacbell.net or visit <http://www.jik.com/resource.html>.

Emergency Health Information

Emergency Health Information	Date:	Updated:	
Name			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Birth Date	Blood Type	Social Security No.	
Health Plan	Individual #:	Group #:	
Emergency Contact:			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Primary Care Provider:			
Address			
City		State	Zip
Phone:	Fax:	E-mail	
Disability/Conditions:			
Medication:			
Allergies:			
Immunizations	Dates	Immunizations	Dates
Communication / Devices / Equipment / Other:			

Please Tell Us What You Think

Please tell us what you think about this guide.

The guide was: ☐ Easy to understand ☐ Hard to understand

The information was: ☐ Too much ☐ Too little ☐ Just the right amount

More information should have been given about:

Less information should have been given about:

I would recommend this guide to another person: ☐ Yes ☐ No

I received this guide from:

☐ A disability-related organization ☐ Center for Disability Issues and the Health Professions
☐ A family member or friend ☐ Other (please explain): _____

I am a (check all that apply):

☐ Person with a disability or activity limitation
☐ Service professional ☐ Emergency professional
☐ Service or Emergency Volunteer ☐ Other: _____

How far did you go in school?

☐ 8th grade or less ☐ Some high school
☐ High school graduate ☐ Some college
☐ College graduate ☐ Graduate school

How did you or how do you plan to use this guide?

Other comments:

Optional:

Name _____

Address _____

Phone _____ Fax _____ E-mail _____

May we quote you? ☐ Yes ☐ No

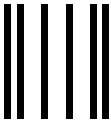




FOLD

Tape here to seal

FOLD

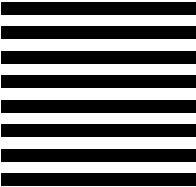


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 465 POMONA CA

POSTAGE WILL BE PAID BY ADDRESSEE

EVACUATION GUIDE - KAILES
CDIHP
WESTERN UNIVERSITY OF HEALTH SCIENCES
309 E. SECOND STREET
POMONA, CA 91766-1854

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



EMERGENCY EVACUATION PREPAREDNESS

Taking Responsibility for Your Safety

By June Isaacson Kailes



In planning for your life safety in emergency situations, hope doesn't count for much! Make sure you are included in the decisions on which equipment and procedures will work for you. Given today's current expanding disaster possibilities, quick evacuation can be critical.

There is a universal human tendency to avoid thinking about possible emergencies. This avoidance has greater consequences for people with disabilities than for people without disabilities.

For people with disabilities, barrier free, as well as, barrier-ridden environments become a great deal more hostile and difficult to deal with during and after an emergency.

No matter what laws and public policies say, it's up to us as people with disabilities to individually and collectively do what we need to do to prepare for disasters. If we just rely on employers, building managers, or fire inspectors to make sure things are in place, it may or may not happen. It is not safe to assume that people with disabilities have been included in evacuation plans. People with disabilities must take an assertive proactive approach to ensure that our life safety needs are included in all emergency planning.

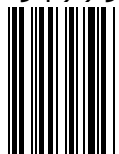
Evaluate and test your capabilities, limitations and needs, as well as your surroundings to determine what type of help you will need in an emergency.

ISBN 0-9726450-0-4



9 780972 645003

5 1 9 9 5 >



Bank of America



cdihp

Center for Disability
Issues and the
Health Professions