

Executive Summary

A Shared Responsibility: the need for an inclusive approach to emergency planning for people with disabilities

A report by the Medical Needs Task Force
of the Emergency Preparedness
for People with Disabilities Committee

prepared by Karen Martin

2009



BC Coalition of People with Disabilities

Executive Summary

Introduction

Background: The Emergency Preparedness for People with Disabilities Committee

The Emergency Preparedness for People with Disabilities Committee (EPPDC) was established in 2006 by the BC Coalition of People with Disabilities. The EPPDC hosted three planning workshops in Vancouver from January to March 2008. Over 30 organizations, individuals with disabilities, and emergency management stakeholders participated. From the workshops the EPPDC has produced the *Road Map to Emergency Planning for People with Disabilities*¹. This document provides recommendations and actions for individuals with disabilities, community organizations, first responders, government programs and other stakeholders to move forward in the areas of: Communication, Medical Needs and Functional Independence, Personal Preparedness, Training, and Transportation.

Out of the workshops, the Medical Needs Task Force was established as a sub-committee of the EPPDC. The Task Force is concentrating its efforts on the area of Medical Needs and Supports, which covers three of the five functional needs areas discussed in this research paper: Medical Needs, Functional Independence, and Supervision Needs. Although, little information exists on planning for supervision needs in emergencies.

The Road Map report identifies the importance of incorporating the needs of people who use medical supplies, medications, and assistive equipment and devices into emergency preparedness, response and recovery. To effectively meet these needs during an emergency, the EPPDC believes that a coordinated strategy utilizing a collaborative approach is required. This collaborative endeavour should involve people with disabilities, the Provincial Emergency Program, health authorities, agencies that provide services to people with disabilities and other key stakeholders. To-date, these government programs and agencies have not sufficiently planned for meeting the functional needs of people with disabilities during emergencies.

¹ The BC Coalition of People with Disabilities, *A Road Map to Emergency Planning for People with Disabilities*, 2008

Road Map: Key Points

1. Many people with disabilities and seniors use assistive equipment and devices to function independently on a daily basis: mobility aids, communication aids, medical equipment, and service animals
2. Some people with disabilities use life sustaining equipment that requires power
3. Many people with disabilities and seniors may use medical supplies on a daily basis to manage health conditions
4. Many people with disabilities and seniors may use medications on a daily basis to manage health conditions
5. During an emergency individuals may become separated from their assistive equipment and devices or service animal
6. During an emergency individuals may have to leave quickly without the opportunity to take medical supplies or medications with them
7. Individuals with disabilities who need assistance with daily living activities may be separated from their caregivers or attendants during an emergency
8. Individuals with dementia, Alzheimer's, severe mental illness, cognitive or developmental disabilities may need supervision
9. Planning for these situations and early identification of individuals with these needs during a response can avoid deterioration of their health and functional independence

Road Map: Key Actions/Recommendations

Preparedness:

1. There is a need for coordinated protocols and procedures for the acquisition and dispensing of medications
2. There is a need for refrigeration at reception centres and group lodgings
3. There is a need to do an inventory of facilities regarding backup power for refrigeration

4. Work with existing service agencies that could help identify people with disabilities that may need assistance

Response:

1. Replacement of essential medical supplies: PEP/ESS should ensure that agreements with medical supplies companies are developed and have some supplies at reception centres
2. Replacement/loan of equipment and devices: PEP/ESS should have a mechanism for loan of equipment and devices by building partnership agreements with existing equipment loan programs
3. Provide psychosocial support at all reception centres

Engaging Stakeholders

If health authorities, ESS/municipalities, PEP, community-based organizations serving people with disabilities and seniors, medical equipment and supplies programs, and pharmacare and pharmacists work together toward a coordinated strategy then there will be less cost to government and communities in the long run.

If the key points and recommendations identified by the Medical Needs Task Force are not met the consequences would be many. A few of these are:

- Lost lives
- Further injury or deterioration of health for individuals and therefore prolonged recovery time
- Extra stress on already stretched health resources during the response and recovery phases
- Extra financial costs on the medical system short-term and long-term
- Extra demand on ESS at reception centres and group lodgings during the response phase

The Medical Needs Task Force felt there was a need to produce an evidence-based research paper that would demonstrate and support the need for planning for people with disabilities and functional needs, as well as provide examples of planning solutions. We examined reports primarily based on the lessons learned from September 11th, Hurricane Katrina and the California Wildfires.

All of the reports and guides discussed in this research paper argue for the inclusion of the disability community in emergency planning and response.

Developing partnerships with community organizations has the potential to fully optimize human and other resources during response and recovery from disasters. Furthermore, all of the reports recognize that the planning that is currently in place in the US and Canada is inadequate to address the needs of people with disabilities and those with functional limitations.

Key Research Points

1. There has been an increase in the number of people with disabilities living independently in community coupled with an increase in the percentage of Canadians with disabilities.
2. Individuals with disabilities or functional limitations have a higher level of disaster vulnerability than those without disabilities because they face socioeconomic barriers to accessing resources on a daily basis – the vulnerability exists before the disaster occurs.
3. The Canadian Human Rights Code, Section 8, has the provision regarding discrimination in accommodation, service and facility, which government programs must adhere to.
4. Separate “special needs” planning is not effective. It continues to segregate individuals with disabilities. This planning often gets left by the wayside.
5. During disasters many individuals with disabilities lose vital supports and services that are critical to their functioning on a daily basis and that help prevent their health and well-being from deteriorating. These supports and services are critical to an individual’s ability to participate in society.
6. Reports demonstrate that many people with disabilities experience inappropriate placement in special needs shelters or hospitals when they require no medical care.
7. First receivers should not make assumptions that because an individual usually has a care provider for daily assistance needs that that care provider will be available during an emergency.

8. Reports demonstrate that individuals with equipment and assistive devices were often forced to abandon their equipment in order to get evacuation transportation.
9. Reports demonstrate a lack of timely, accessible transportation for individuals with disabilities or functional needs that required it.
10. Many individuals with disabilities can contribute in an emergency if their functional needs are met.

Research Recommendations

The BC Coalition of People with Disabilities and the Medical Needs Task Force recommend the following to the emergency management sector in British Columbia and Canada:

1. Emergency planners should move away from “special needs “ planning and utilize the Functional Needs Framework to plan for all members of a community.
2. The Provincial Emergency Program should incorporate the Functional Needs Framework into its provincial emergency planning and response guidelines and curriculum.
3. Emergency planners should utilize the Social Organization Framework to develop a better understanding of social networks and social capital in order to prepare and mobilize communities and enhance community resiliency.
4. The Provincial Emergency Program, municipalities, and regional districts should support the involvement of community-based organizations in emergency planning, response and recovery through community funding programs in order to build community capacity.
5. Emergency Managers should use multiple methods for public emergency communications, including alternate formats for people with disabilities.
6. Emergency information should be made available to people with disabilities, such as the deaf and hard of hearing, at the same time as those without disabilities.

7. Government emergency programs need to plan for digital inclusion. When deciding the use of technologies to provide emergency information to the public they need to consider the availability, affordability, accessibility, and acceptability of those technologies by different at-risk population groups.
8. Emergency Social Services should implement a system of triaging.
9. Emergency Social Services should work with health authorities and NGOs who work with individuals with disabilities and functional limitations to create specialized teams.
10. Reception Centres and Group Lodgings need to provide universal access shelters for a range of functional limitations that evacuees from the community may have.
11. Individuals with disabilities and functional limitations who live independently in the community should not be segregated at Reception Centres or Group Lodgings or sent to specialized shelters.
12. Specialized shelters should be for individuals with complex medical needs only.
13. More comprehensive planning needs to occur in order to address the replacement of medications, and equipment and assistive devices.
14. There needs to be coordination of accessible transportation for evacuation purposes; this needs to include the methods of provision, roles, responsibilities, and planning for additional time required for loading and unloading accessible vehicles.
15. Individuals should be evacuated with their equipment and assistance animals.
16. If, due to imminent life threatening circumstances, individuals can not be evacuated with their equipment then there needs to be a system established for tagging and transporting the equipment and reuniting the owner with their equipment.
17. Evacuation plans involving community pick-up transportation points need to plan for individuals with disabilities who can not make it to pick-up points.

18. Emergency Social Services need to plan for individuals requiring supervision at Reception Centres and Group Lodgings, such as individuals with dementia.
19. After Action Reviews should involve representatives from the disability community and other at-risk populations in order to understand the full impact of the event on the community.
20. After Action Reports in Canada need to include the impact on and the experiences of at-risk populations in order to build a better understanding and to be able to develop effective emergency plans.
21. The Provincial Emergency Program, Emergency Social Services, and health emergency management should work collaboratively with the BC Coalition of People with Disabilities, the EPPDC, and community-based organizations to address the needs of people with functional limitations.