

Situation

- It is crucial that all members of the community are prepared for emergencies and empowered to be safe. People with disabilities typically have insufficient exposure to relevant safety information and guidance to support their access and functional needs.
- Many members of the disabled community are reliant on rescuers to aid them in an emergency, but if 911 is not called or the responder is unaware of the needs of the disabled person, disabled persons may be left behind, be injured, or die.
- Emergency responders must know how to address the access and functional needs of all people within their communities.
- Currently, emergency preparedness is fragmented, and inclusive best practice standards are not established.
- Most often, there is minimal non-emergent engagement between emergency responders and disabled citizens. Emergency responders are at a disadvantage with limited knowledge of the changing scope of needs within their community. The needs of their citizens remain unknown unless an initiative has been made to interact and exchange relevant information.

Background

- Disabled community members remain less safe than non-disabled residents during and post-emergency. For example, a person may have difficulty safely sheltering in place or getting accommodations in an emergency shelter.
- Durable improvements after a disaster may be incredibly challenging for many with disabilities. Those in lower-income brackets, for example, may be unable to afford to rebuild houses on stilts after flooding. Houses on stilts may not be accessible to those with mobility impairments.
- Those involved in emergency management want to support the disabled population. Still, they have difficulty identifying these residents and how to meet their access and functional needs unless these needs have been previously communicated to them.
- Emergency responders remain at a disadvantage if they do not know the access and functional needs of those involved when responding to an emergency.
- Very few communities consider disability and access and functional needs within their safety training and community education practices.
- Developing, practicing, and implementing inclusive safety plans and kits are essential components of municipal safety practices. This is critical for those with disabilities who may need planning, education, and accommodations to remain safe during and post-emergency.

Assessment

- Communities need consistent and coordinated methods for
 - a) alerting emergency responders of the safety needs of disabled residents in case of emergency
 - b) educating and preparing disabled residents to create and practice safety plans and assembling appropriate safety kits to be used in an emergency
 - c) ensuring accessible communication across communities in case of displacement
- Funding needs to be established as a core component of standard emergency operations practices to address the access and functional needs of disabled residents during and post emergencies.
- Functional technology needs to be established to alert and assist those with access and functional needs during and post emergencies.
- Because of hesitation and lack of trust in sharing health and disability-related information, proactive measures need to be developed to ensure the public's trust. Strategies must include guidance on protecting and sharing information as well as interacting respectfully with individuals with various disabilities.

Recommendations

- On an ongoing basis, build connections between disabled community members and emergency responders through community events and school visits. Provide informal and formal opportunities to engage with emergency responders in accessible, safe, non-emergent situations. Invite and engage residents with disabilities as equal members and leaders within various municipal councils and committees.
- Arrange accessible and private (individual and small group) meetings with residents with access and functional needs at municipal offices, homes, group homes, and community centers to develop individualized safety plans, provide resources, identify safety accommodations, and show sample safety kits. (The attached Living Safely discussion forms and other resources can facilitate these conversations)
- Offer relevant safety drills for disabled residents throughout the community on an ongoing basis.
- Establish a voluntary and secure municipal registry to identify and support local emergency response for residents with access and functional needs. County-level registries enable information to be shared across county lines in emergencies as residents may experience an emergency outside their municipality.
- Include community residents with access and functional needs in all aspects of preparedness, response, recovery, and mitigation. Establish collaboration between municipal managers/ planners and disabled residents as core to emergency management practice to identify barriers and facilitators to communication pre-, during-, and post- emergencies. Identify long-term funding streams to sustain ongoing participation.
- Implement understandable and functional safety education to demonstrate how to develop personalized safety plans and aspects of emergency preparedness and response. Display and publish accessible safety plans and safety kit guidelines through municipal websites, libraries, group homes, and other accessible venues.



Emergency Medical Services Safety Information for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety. Information provided by or for the resident is voluntary. The person has the option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Other people in the residence, including others with disabilities or special health needs? Yes No _____

Age of resident: _____ Resident's description of disability(ies)/special health need(s): _____

Does resident have any medical equipment? Yes No _____

Sensory challenges (sirens, equipment, touch, etc): _____

Who should be notified of a medical emergency? _____

Does resident have a caregiver or aid to assist in care/medical care? Yes No _____

What is the resident's comfort or concerns level interacting with emergency responders and being transported in an emergency vehicle? _____

Does the resident wear or carry any medical identification? Yes No _____

Does the resident need assistance acquiring medical identification? Yes No _____

Critical medical information: _____

Is there any additional information that the resident would like to share about emergency rescue or response? (suggestions in case there is a medical emergency)

Notes and recommendations: _____



This initiative was funded in part by an Inclusive Healthy Communities Grant from the Division of Disability Services, New Jersey Department of Human Services.





Municipal Fire Safety Information
for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety.
Information provided by or for the resident is voluntary. The person has the
option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Describe living arrangement (independently, with family, support personal, service animal, etc.) _____

Age of resident: _____ Resident's description of disability(ies)/special health need(s): _____

Other people in the residence with disabilities or special health needs? Yes No _____

Who should be notified if there is an emergency such as a fire? _____

Are there smoke alarms in the residence? Yes No Are alarms operational? Yes No Date last tested: _____

Does resident need smoke alarms? Yes No Does resident need assistance installing? Yes No _____

Does resident need assistance checking/replacing batteries? Yes No _____

Does resident have or need alternative/specialized smoke alarms? Yes No _____

Is there a place inside house, apartment, or building where the resident goes for comfort or likes to hide? Yes No _____

Does the resident understand fire prevention, incorporating aspects of the disability? Yes No _____

Does the resident recognize the impact the disability/special health need has on fire safety? Yes No _____

Has the resident's smoke alarm ever been set off? Yes No Cause? _____

Is there anything emergency responders should be aware of when responding to an emergency in the residence (special locks, solar panels, etc.)? Yes No

Has the resident ever accidentally or intentionally set a fire? Yes No _____

Does the resident know when and how to report a fire: Yes No Are there any challenges calling 911? Yes No _____

Does the resident have a fire exit plan? Yes No _____

Is the fire exit plan appropriate for the resident's disability(ies)/special health needs? Yes No _____

Does the resident practice a fire exit plan? Yes No _____

Does the resident need assistance developing, adapting, and practicing a fire exit plan? Yes No _____

Notes and recommendations: _____



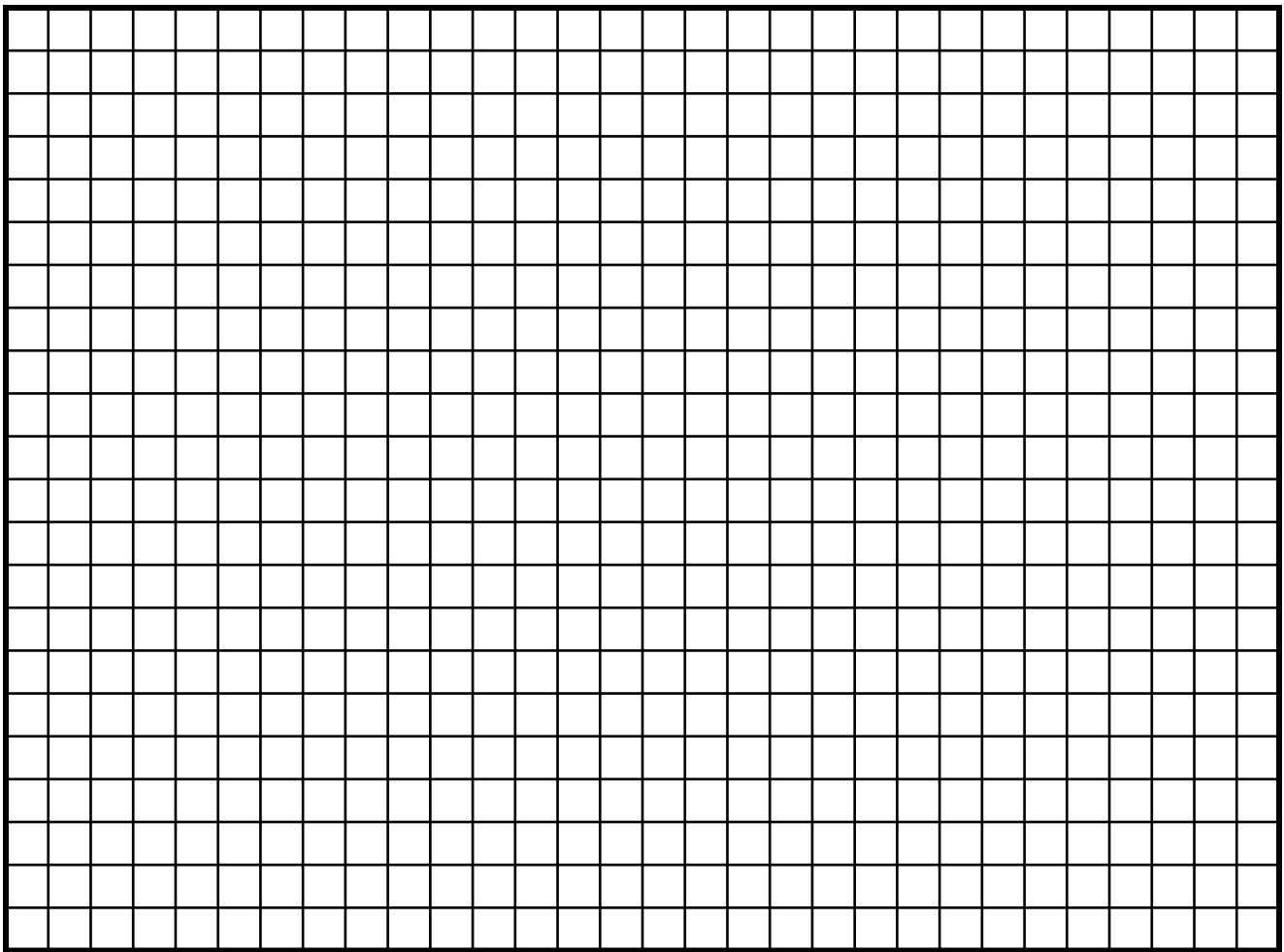
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My Fire Escape Plan

- Draw all the rooms that are on one level of the house. Use a separate page if you have another level in the house.
- Label the windows and the doors.
- Draw an arrow to show two ways to exit each room.
- Draw a star to show the location of each fire alarm and carbon monoxide alarm on that level.
- Where is the place outside the house to meet others in case of a fire?

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- Review this fire escape plan at least once a month. Update this escape plan at least once a year to check if anything has changes.



Living Safely
with disabilities and special health needs

This initiative was funded in part by an Inclusive Healthy Communities Grant from the Division of Disability Services, New Jersey Department of Human Services.



www.childrens-specialized.org

Living Safely

with disabilities and special health needs

My Fire Escape Plan



Add information about the room in the picture in the text box below. (Include important information, such as exits.)

About this room:

Living Safely

with disabilities and special health needs

www.childrens-specialized.org



Children's
Specialized Hospital®

An RWJBarnabas Health facility



DDS
NJ DIVISION OF
DISABILITY SERVICES

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Emergency Preparedness Safety Information for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety.
Information provided by or for the resident is voluntary. The person has the
option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Other people in the residence, including others with disabilities or special health needs? Yes No _____

Age of resident: _____ Resident's description of disability(ies)/special health need(s): _____

Does resident have any medical equipment? Yes No _____

Sensory challenges (sirens, equipment, touch, etc.): _____

Does the resident want to share the type of disability and how their disability(ies) may affect them in a disaster or other emergency?

physical disability developmental or intellectual disabilities visual impairments Deaf or reduced hearing mental health conditions

Chronic conditions or injuries other _____

What is the resident's comfort or concerns level interacting with emergency responders and being transported in an emergency vehicle? _____

Has the resident registered with NJ Register Ready? Yes No Date: _____ Does the resident need assistance registering? Yes No

Does resident have a caregiver or aid to assist in care/medical care? Yes No _____

What communication needs are established to effectively communicate emergencies to the resident in a timely manner? _____

What accessibility needs does the resident need to facilitate transport to an emergency shelter? _____

What accessibility needs does the resident need within a shelter? _____

What preparations are needed to assist the resident if sheltering in place? _____

Does the resident require life-saving electricity needs? Yes No _____

Does the resident need assistance contacting their local electric utility provider to be placed on an emergency list? Yes No _____

Is there any additional information that the resident would like to share about preparing for disasters and emergency rescue?



This initiative was funded in part by an Inclusive Healthy Communities Grant from the Division of Disability Services, New Jersey Department of Human Services.





Municipal General Safety Information

for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety. Information provided by or for the resident is voluntary. The person has the option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Describe living arrangement (independently, with family, support personal, etc.) _____

Who should be notified if there is an emergency? _____

Age of resident: _____ Resident's description of disability(ies), medical conditions, allergies, sensory concerns, other special health need(s): _____

Other people in the residence with disabilities or special health needs? Yes No _____

Has resident expressed any safety concerns in the residence? Yes No _____

Has resident expressed any safety challenges within the community? Yes No _____

Does resident need assistance accessing financial assistance programs? Yes No _____

Does resident need food assistance? Yes No _____

Does resident need assistance with addiction services? Yes No _____

Does resident have a service animal? Yes No _____

Does resident understand and practice safe pedestrian skills? Yes No _____

Has resident expressed or are there characteristics of abuse or neglect? Yes No _____

Is resident a licensed driver? Yes No Does resident have a license plate or placard for persons with a disability? Yes No _____

Does resident need to apply for the license plate or placard? Yes No _____

Does resident need accessible public transportation/paratransit? Yes No _____

Notes and recommendations: _____

Is it common for resident to wander, elope, or feel lost? Yes No Has resident ever lost the ability to recognize familiar places and faces? Yes No

Has caregiver ever needed to contact emergency response or initiated a search and rescue for the resident? Yes No _____

Does resident wear any type of personal monitoring device? Yes No _____

Does resident have any recognizable body markings or scars? _____

What places and/or people does resident like to visit? _____

What are some of the resident's preferred interests , attractions, items? _____

What are some of the resident's fears, sensitivities, dislikes, triggers? _____

Has resident had difficulty remembering recent conversations, names, or events? Yes No _____

Has resident have impaired communication, disorientation, confusion? Yes No _____

Has resident exhibited any aggressive behavior toward a family member, friend, or neighbor? Yes No _____

Describe resident's meltdown behaviors _____

Recommended calming strategies _____

Are there any recognizable indications prior to a potential meltdown or other difficult behaviors? Yes No _____

Has resident's caregiver needed to call for crisis intervention due to the resident's behavior? Yes No _____

Are any preventive measures or restraints used by caregivers for safety? Yes No _____



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Elopement and Wandering Prevention Information Form

Copy and distribute these cards to friends, trusted neighbors, caregivers, local emergency responders, and others who can assist if this person escapes or wanders. It is helpful to attach a picture of the person on the back of this form.

Current Date:

Person's name _____ Preferred / Nickname _____

Physical description _____

Name of emergency contact _____

Phone _____

Critical medical information _____

Method of communication _____

Sensory issues _____

Favorite things, places, people _____

Dislikes, triggers _____

Calming methods _____

Where person may hide _____

Personal tracking device information _____