

Situation

- Emergency responders inconsistently demonstrate competence in identifying, preventing, and responding to situations involving individuals with disabilities.
- Emergency responders and others involved in public safety typically have insufficient understanding of appropriate and respectful interactions with people with disabilities.
- Safety training does not adequately include safety needs and appropriate accommodations for people with disabilities.
- Inadequate provider training can lead to injury and trauma for community members.

Background

- The safety needs of people with disabilities vary significantly. Safety needs depend upon the person's level of independence, method of communication, level of mobility, health and medical needs, and more.
- Provision of disability-related training to emergency responders is inconsistent. Varied delivery methods may be used. In New Jersey, provided training is inconsistent and rarely includes measurable outcomes.
- Developmental Disabilities Awareness Training (Do No Harm) is mandated for all New Jersey firefighters, police officers, emergency medical technicians and paramedics. This training is provided online, inconsistently enforced, and representative of only a portion of those with disabilities.
- New Jersey maintains the voluntary Register Ready database designed to support emergency planning and response for people with access and functional needs. This registry is not intended to substitute for inclusive local safety registries or safety supports to support the public safety needs of community residents.
- As the population of people with varied disabilities increases and more individuals become active members in the community, the need to understand and include aspects of disability in public safety policy and practice is crucial.
- Emergency responders and public safety stakeholders have expressed interest in connecting with disabled residents in their communities and learning more about interacting and supporting their safety needs.

Assessment

- Local and state registry systems are used inconsistently and do not transfer functionally across communities or across departments within a community. This results in inadequate communication of information across emergency providers and inadequate preparation for these providers to meet the public safety needs of people with disabilities in their communities.
- While advanced disclosure is helpful and desired by providers, people with disabilities may be unwilling to disclose their needs for a variety of reasons. When willing, they may be unfamiliar with the process and/or the systems may be inaccessible.
- Training most often occurs without the input or representation of individuals with disabilities and those with access and functional needs. The result is inadequate, inaccurate, and non-inclusive training.
- Providers may have difficulty identifying hidden disabilities.
- Characteristics associated with various disabilities such as lack of eye contact can lead to inaccurate assumptions of disrespect, noncompliance, or criminal intent.
- There is a lack of awareness and education that reveals existing implicit biases related to disability and race, skin color, ethnicity, gender, sexual orientation, gender identity or expression, religion, and other identity characteristics.

Recommendations

- Include disability training within core training curriculum and examinations across all law enforcement and emergency responder disciplines to ensure various disability issues are understood and that interventions are incorporated in practice. Authorize disability training as part of certifications and requirements for professional advancement.
- Create varied formal and informal opportunities for disabled residents to meet with providers to share information and develop positive relationships. These meetings should occur in accessible environments with reduced sensory demands.
- Include people with disabilities in the development and provision of safety provider training. Conduct safety training of service providers and people with disabilities together to build trust, reduce bias, and develop community partnerships.
- Incorporate disability-informed scenarios within training of emergency dispatchers. These situations should include variations of communication; inquiring about likes and dislikes; calming methods and other personal information (as illustrated in the attached Living Safely "Information about Me" and "Essential Medical Information" resources). Consider using augmented and virtual reality for delivery and practice of dispatcher training.
- To improve identification, comfort, and competence when interacting with those who have mental health issues, consider mandatory participation in the National Alliance on Mental Illness NJ "In Our Own Voice." for all emergency responders. Crisis intervention training is recommended for all emergency responders and others who interact with the public in safety matters.
- Adopt a positive approach without assuming criminal intent. Practice respect and patience by giving adequate time for individuals to process information and respond as needed.

Information About Me

My name

The nickname I like to use

My address

My phone number

In case of emergency or to help to resolve a problem, contact

The person's name

The person's phone number

My important medical information

Things I like the most

Things that are hard for me to do

The way I communicate with others

Things that upset me the most

When I get upset, these are ways you can help

My Essential Medical Information

My name is: _____

The name I like to be called is: _____

My phone number is: (_____) _____ - _____

My birthdate is: Month _____ Date _____ Year _____

My blood type is: (check one) A+ A- B+ B- AB+ AB- O+ O-

I have these medical illnesses, conditions, or disorders: _____

These are the names and phone numbers of my medical providers: _____

_____ (_____) _____ - _____

_____ (_____) _____ - _____

_____ (_____) _____ - _____

_____ (_____) _____ - _____

I currently take the following medication(s): _____

Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____

I am allergic to: _____

I use these assistive devices: _____



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