



## Emergency Preparedness for Persons with Disabilities – Nursing Care Facilities

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### Background

Disasters – natural (e.g., hurricane, earthquake, etc.) or human involved (e.g., terrorist attack) (McClure et al., 2011) – can happen anywhere at any time. You may have advance warning, or not. Some geographic locations more at risk for certain types of natural disasters (Baker & Cormier, 2013). For example, in BC we may experience earthquakes. Other natural disasters can strike anywhere. For example, storms, flooding, and power outages can happen regardless of location.

### Persons with Disability

Persons with disabilities tend to be more vulnerable, along with older adults and medically dependent individuals (Levac et al., 2012), to disproportionately adverse consequences of emergencies (Fox et al., 2007). This is because they may be unable to take protective action (Murray, 2011); it is too dangerous to evacuate, they are more affected by unfamiliar surroundings and change of routine, and/or their support systems fall apart (Rothman & Brown, 2007). Other factors include that their needed assistive devices may be left behind (Rooney & White, 2007) and a lack of access to medical records (Jan & Lurie, 2012). Most shockingly, persons with disabilities may be left behind/abandoned (Rushford, 2015).

Among persons with disabilities, the most vulnerable include children (Murray, 2011); those with the lowest functional level and/or the most severe disability (Tomio et al., 2012); those who live in social isolation (Al-rousan et al., 2015), and those with cognitive impairment (Rothman & Brown, 2007).

Persons with disability are often less prepared (Levac et al., 2012; Tomio et al., 2012) due to a combination of factors., including lack of time or money to purchase supplies, lack of information, disbelief in risk (Levac et al., 2012), or trust in authorities and expectation of rescue (Hogaboom et al., 2013). Some may be unable, due to disability, to engage in preparedness activities (Tomio, et al., 2012). Even worse, some may feel prepared but are not adequately prepared (Hogaboom et al., 2013).

Persons with disability may say they can evacuate but have no actual plan (McClure et al., 2011). In fact, persons with disabilities are less likely to have evacuation plans (Spence et al., 2007). The one area in

with persons with disabilities may be more prepared than persons without disabilities is in terms of medical preparation, such as stockpiling medications (Tomio et al., 2012).

Persons with disabilities and informal caregivers are less likely to evacuate, even under mandatory evacuation orders, because they are unable physically, there is a lack of accessible transportation (Brodie et al., 2006; Rooney & White, 2007; Smith & Notaro, 2009), and elevators shut down and there is no alternative way out (Rooney & White, 2007). Persons with disabilities who have not evacuated state that they did not learn about the evacuation order, did not know how or to where to evacuate, or they chose to stay (Brodie et al., 2006). People with disabilities chose to stay because they were unable to leave due to disability or were the carer of a person with disability who was unable to leave (Brodie et al., 2006).

### **Recommendations for Nursing Homes and Care Facilities**

*If planning does not embrace the value that everyone should survive, they will not* (Federal Report, 2006, p. 1350).

- Have supplemental staffing plans (Campbell et al., 2009).
- Have alternative power sources (e.g., generators) (Jan & Lurie, 2012).
- Have an emergency plan and a back up plan (Maja-Schultz & Swain, 2012).
- Ensure more than 1 person knows the emergency communications system (Maja-Schultz & Swain, 2012).
- Ensure all staff and alert residents know emergency plans and practice them (Maja-Schultz & Swain, 2012).
- Ensure you have visual as well as audible alarms (Loy et al., 2006).
- Have cognitively appropriate educational materials and information regarding emergency plans (Maja-Schultz & Swain, 2012).
- Ensure evacuation system includes patient transportation, transportation of medications and supplies, and emergency respite care (Maja-Schultz & Swain, 2012).
- Bring assistive devices with residents when evacuation (Bloodworth et al., 2007; Public Safety Canada, 2010).

### **Additional Resources**

Retirement Home Regulatory Authority Guideline for Emergency Preparedness (Ont)

<http://www.rhra.ca/assets/en/pdf/RHRA-Emergency-Plans-Guideline-0815.pdf>

Emergency Preparedness Checklist for Long Term Care Homes (US)

[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC\\_EPChecklist\\_Provider.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf)

Emergency Management Guide for Nursing Homes (Florida)

[www.fhca.org/members/emergprep/emgnh.doc](http://www.fhca.org/members/emergprep/emgnh.doc)

Disability specific guides for persons with Mobility, Cognitive, or Sensory disabilities (US)

<https://www.disability.gov/resources-help-family-prepare-emergencies-disasters/>

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