



Emergency Preparedness for Persons with Disabilities – Health Professionals

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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 Health Professionals

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

- Talk to patients about emergency preparedness (Al-rousan et al., 2015; Levac et al., 2012).
- Offer a separate prescription for an emergency supply of medications (Diamond & Precin, 2003).
- If you have clients on medications that cannot be stopped abruptly (e.g. psychiatric, pain, anti seizure, meds, etc.), discuss a) how to taper off if medication supplies run out and b) how to communicate with disaster personnel the likely withdrawal symptoms they may experience (Bloodworth et al., 2007).
- Home care personnel should assist clients with preparing emergency kits (Levac et al., 2012; Smith & Nataro, 2009).
- If you present yourself as a volunteer, identify your special skills and ask for appropriate assignments (Bloodworth et al., 2007).
- Train peer counsellors to provide support to persons with mental health disabilities in emergencies (Hardiman & Jaffee, 2008).
- Electronic health records will help if patients have been evacuated (Jan & Lurie, 2012).

Additional Resources

Emergency preparedness for persons with disabilities/special needs

www.GetPrepared.ca

Prepared BC – Resources for People with Disabilities (Includes information re service animals)

http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/preparedbc/2016_preparedness_for_people_with_a_disability_guide_web.pdf

Emergency Preparedness for People with Disabilities/Special Needs (Ont)

http://www.mcass.gov.on.ca/documents/en/mcass/publications/accessibility/6453EMO_ENG_LP.pdf

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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