
Prep is Personal: Find the Fridge!



A 2013-15 Project funded by the CT Council on Developmental Disabilities and coordinated by the University Center for Excellence in Developmental Disabilities Research, Training and Service at the UConn Health Center



UConn
UCEDD

*With special thanks to
today's co-sponsors*



Welcome

- Name(s) and background of trainer(s)
 - Background of participants (show of hands or nod for each that applies to you). How many identify themselves as:
 - Municipal employees?
 - “First responders”?
 - Other emergency or public safety personnel?
 - CERT members?
 - People with disabilities?
 - Family members or friends of people with disabilities?
 - Support providers for people with disabilities?
-

Training Agenda

- Unit 1: Introduction and background
 - Unit 2: Emergency mitigation
 - Unit 3: Emergency preparedness
 - Unit 4: Emergency response
 - Unit 5: Emergency recovery
 - Miscellaneous resources and reference materials
-

Emergency Management Curriculum

**Prep is Personal:
Find the Fridge!**



Unit 1: Introduction and background

Training objective: Upon completion of Unit 1, participants will be able to state why this curriculum is important in Connecticut given our recent history and the unique needs of people with disabilities in all phases of emergency management.

Reason for this curriculum

- CT has a strong history of making every effort to protect its citizens from disasters. Nonetheless, we as a state were totally unprepared for some of the recent weather extremes:
 - ❑ Brief but damaging tornadoes since 2009
 - ❑ Hurricane Irene (August 2011)
 - ❑ Snowstorm Alfred (October 2011)
 - ❑ Hurricane Sandy (October 2012)
 - ❑ Blizzard Nemo (February 2013)



Reason, cont.

- For people with access and functional needs and their communities, as a result of our collective lack of preparedness, numerous problems were created.
- Examples of these problems are:
 - Some people could have sheltered in place and are still suffering long term physical/psychological harm as a result of relocation.
 - Customized equipment essential to some individual's quality of life and independence was not available to them and, in some case, damaged.
 - Emergency beds needed for medical crises were unavailable because they were being used for healthy people who happened to have disabilities.
 - Some people went without food, water, medication, personal assistance, etc., in addition to losing their power for extended periods of time.



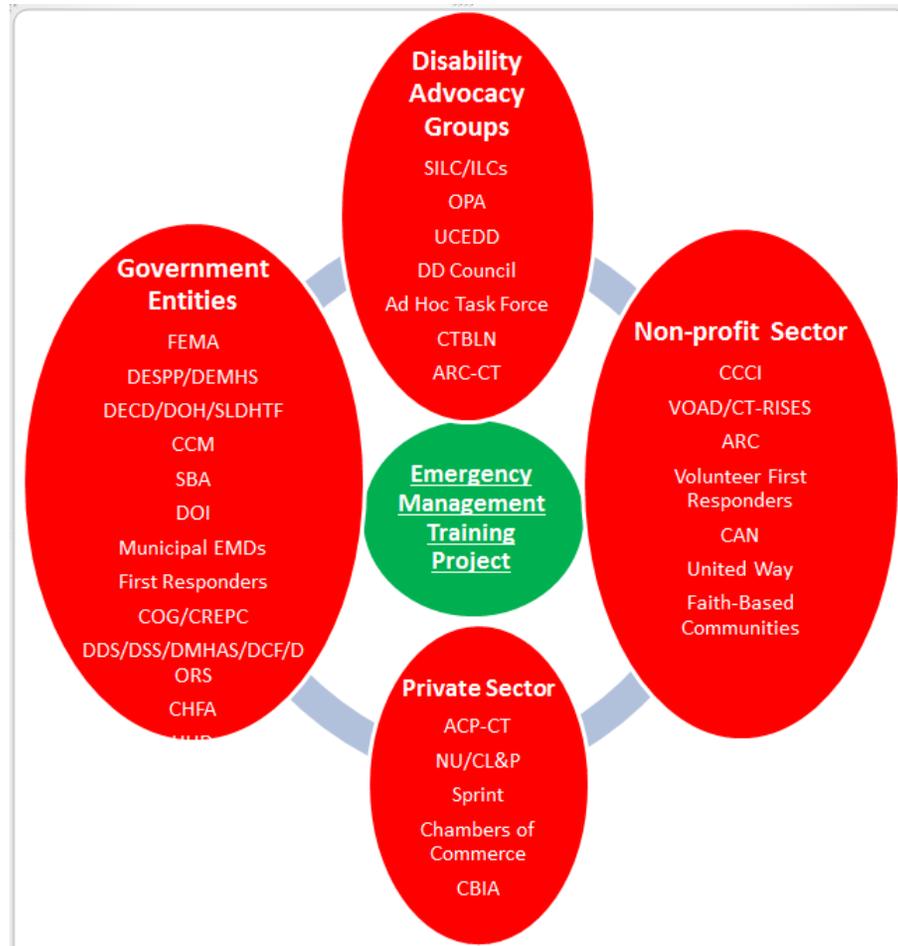
Reason, cont.

- Since those disasters, CT has received services from the Federal Emergency Management Agency (FEMA)
- There has been additional involvement from:
 - Other federal agencies
 - Most state agencies
 - Private businesses and associations
 - Disaster-specific non-profits
 - Other non-profit organizations
 - Providers of services to people with disabilities
 - People with disabilities themselves
- There is now a confusing abundance of information about what to do, how to do it, to whom, when, and why



Reason, cont.

Here are some of the sources of information we encountered during *just the first year* of this project!



Reason, cont.

- **Project purpose**: Reduce confusion by producing a comprehensive emergency management training curriculum designed to meet the needs of people with disabilities, emergency first responders, municipal leaders and other stakeholders
 - **Project outcome**: A curriculum that recommends specific resources and, where appropriate, consolidates and reframes existing resources, to achieve the following criteria as defined:
 - *User friendly* = easy for anyone to use and understand
 - *Universally designed* = accessible to and usable by everyone because designed to address all differences in learning styles and (dis)abilities)
 - *Accessible* = available where, when and how users need it
-

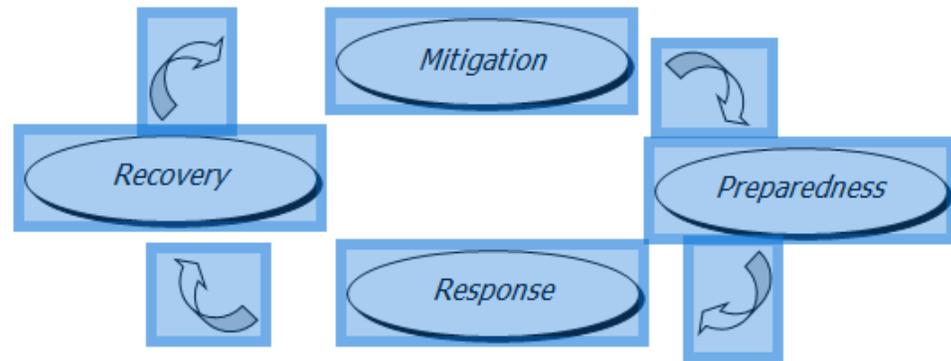
Overall Project goals for 2013-2014 as funded by the CT Council on Developmental Disabilities

- Goal 1. To assist municipalities in creating/updating their town's emergency preparedness plans so that needs of citizens with developmental disabilities are addressed
 - Goal 2. To assist people with developmental disabilities in creating their own emergency plans
 - Goal 3. To familiarize a broad range of constituencies with this curriculum on emergency management and impact on people with disabilities
 - Goal 4. To produce training manuals, a training curriculum and a train-the-trainer video
-

Objectives for training participants:

- **Unit 1 Objective:** To be able to state why this curriculum is important in Connecticut given our recent history and the unique needs of people with disabilities in all phases of emergency management
- **Unit 2 Objective:** To have the knowledge and skills necessary to include people with access and functional needs effectively and meaningfully in community efforts to mitigate disasters and other emergencies
- **Unit 3 Objective:** To have the knowledge and skills necessary to assure that people with access and functional needs are adequately prepared for emergencies and that communities are adequately prepared to meet those access and function needs for their members
- **Unit Objective 4:** To have the knowledge and skills necessary to assure that emergency responses maximize positive short- and long-term outcomes for both the individuals with access and functional needs and their communities.
- **Unit Objective 5:** To have the knowledge and skills necessary to assure that recovery efforts adequately and meaningfully include ALL citizens, including those with access and functional needs

Life Cycle of Emergencies



Includes:

- Natural disasters
 - Man-made disasters
 - Widespread technological and accidental hazards
 - Terrorism
 - Other emergencies affecting members of the public
 - Incidental disease transmission
 - Personal emergencies
 - Accidents
-

Most Likely Natural Disasters in CT

CLIMATE CHANGE & **EXTREME HEAT**

CAUSES MORE DEATHS each year than hurricanes, lightning, tornadoes, earthquakes, and floods **COMBINED!**

WHO'S AT RISK?

Adults over 65, children under 4, people with existing medical problems such as heart disease, and people without access to air conditioning

WHAT CAN YOU DO?

STAY COOL

- Find an air-conditioned shelter
- Avoid direct sunlight
- Wear lightweight, light-colored clothing
- Take cool showers or baths
- Do not rely on a fan as your primary cooling device

STAY HYDRATED

- Drink more water than usual
- Don't wait until you're thirsty to drink more fluids
- Avoid alcohol or liquids containing high amounts of sugar
- Remind others to drink enough water

STAY INFORMED

- Check local news for extreme heat alerts and safety tips
- Learn the symptoms of heat illness

LEARN MORE!

Visit CDC's Environmental Public Health Tracking Network to learn more about climate change and extreme heat at www.cdc.gov/ephtracking



When Thunder Roars, Go Indoors!

STOP all activities.

Seek shelter in a substantial building or hard-topped vehicle.

Wait 30 minutes after the storm to resume activities.

www.lightningsafety.noaa.gov



KNOW YOUR HAZARDS

Earthquake

Flood

Hurricane

Tornado

Wildfire

Winter Storm



Can you think of some other natural events that are disastrous for those affected?

Climate Change: Real or Imagined?

The Record-Breaking Texas Drought

Tuesday, February 14, 2012



Experts confirm a small tsunami in Rhode Island

Posted: Jun 25, 2013 7:54 AM EDT

Updated: Jul 09, 2013 7:56 AM EDT



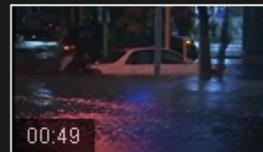
Arctic Blast: The Northern Air Mass Bringing Record-Breaking Cold to the U.S.

Today was cold for much of the U.S., but the next few days are going to get much, much worse. Why January is starting off with a shiver

By Bryan Walsh @bryanwalsh | Jan. 03, 2014 | 7



Flash floods hit Texas



Flash floods hit Texas

REUTERS



Flash floods hit Texas

REUTERS



Floods, property damage after Texas storms

REUTERS

Man-Made Disasters and Other Emergencies That Could Occur or Have Occurred in CT

POISON Help
1-800-222-1222

- 24 Hours a Day
- Free and Confidential
- Staffed by Poison Experts
- Interpreters Available in All Languages

Emergency Information

In a poison emergency:
 Call 1-800-222-1222
 Hearing impaired:
 Call 1-866-218-6372

Like us on

Connecticut Injury Prevention and Control Plan 2008 - 2012

State of Connecticut Department of Public Health
Injury Prevention and Control Plan - Injuries Are Preventable

DPH Connecticut Department of Public Health
 Occupational Health Unit - (860) 509-7742 - October 2011

Fact Sheet
Workplace Fire Safety Top 10

According to the National Fire Protection Association, from 2005-2009, over half of all non-occupational structure fires occurred in workplaces. Almost 20% of these fires resulted in injuries. Be alert to these Top 10 Fire Safety Tips and:

1. Exit doors: Make sure exit doors are not obstructed in an emergency. Employees should lead directly to an open space (i.e. street, walkway).
2. Main hallways: Make sure hallways are kept clear of materials in exit hallways.
3. Flammable materials: Make sure flammable materials are labeled and stored. Do not hang flammable materials.
4. Reduce clutter: Do not let paper and other materials, or near exit doors.
5. Electrical appliances: Make sure all appliances are properly grounded. Never use extension cords with small appliances and never connect one extension cord to another.
6. Fire extinguishers/Fire sprinklers: Know where they are and how to use them. Make sure no materials are stored in such a way that they obstruct the extinguisher or sprinkler.
7. Assist others: Be aware of those that may need assistance.
8. Plan ahead for emergencies: Familiarize yourself with the location of fire exits, fire alarm pull stations, fire extinguishers, and fire escape routes.
9. Take fire drills seriously: Make sure you know what to do in an emergency.

Facts about Ebola in the U.S.

- You can't get Ebola through air
- You can't get Ebola through water
- You can't get Ebola through food

DPH Connecticut Department of Public Health
 Environmental Health Technical Brief
Hazards to Communities from Chemical Handling and Storage in Workplaces

Environmental & Occupational Health Assessment Program
 Issue # 9 November 2013

On April 17, 2013, an explosion occurred at the West Fertilizer Company storage and distribution facility in West, TX. At least 15 people were killed, more than 160 people were injured, and more than 150 buildings were damaged or destroyed at the facility and in the surrounding community. This disaster was just the most recent event to point out the inadequacy of federal regulatory oversight of the storage safety in populated areas, in this case 240 tons of ammonium nitrate a 50 tons of anhydrous ammonia.

Explosions and accidental chemical releases at workplaces in Connecticut, do not pose a much smaller scale than what was seen in West, TX, have highlighted its vulnerabilities at industrial facilities located within or near residential areas.

- In 2010, an explosion at the Kleen Energy natural gas power plant under construction, injured at least 50, and caused millions of dollars in damage to the community.
- In 2008, chlorine gas leaked from a tanker being off-loaded at a facility to be transported to local hospitals and a nursing home nearby to be evacuated.
- In 2007, workers improperly cleaning a cyanide spill at a facility in Berlin emergency room prior to complete decontamination, which resulted in a contaminated emergency room and potential exposure of the public to the cyanide.

Chemical Incident Prevention Tools

Connecticut State Law provides specific authority to municipalities to "regulate the municipality of any trade, manufacture, business or profession which is, or is likely to be, injurious to public health... to those living or owning property in the vicinity."

Regulations promulgated by Federal agencies can be used by local health departments. Two of these standards of particular interest to local health departments are:

- The Environmental Protection Agency's (EPA) Emergency Planning and Community Right-to-Know Act (EPCRA), also referred to as SARA Title III, and
- The Occupational Safety and Health Administration's (OSHA) Process Safety Management (PSM) standard.

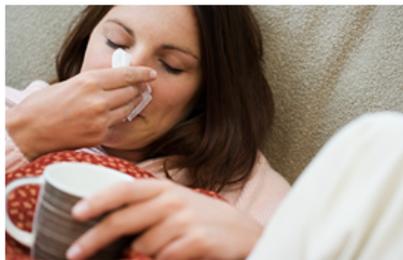
These standards are designed to prevent accidental chemical releases and minimize the consequences of such releases in the event of an industrial accident or fire at facilities that manufacture or store large quantities of hazardous chemicals. These provisions can be used by local health departments to reduce the risk of catastrophic chemical incidents.

Foodborne Disease Outbreak Investigations

A Practical Guide For Local Health Departments

April 2012

DPH Connecticut Department of Public Health



Flu Symptoms
 Usually, people with the flu have symptoms including:

- sudden fever
- aching muscles
- sore throat
- dry cough
- runny nose
- headache
- burning sensation in the chest
- eye pain
- sensitivity to light



Can you think of some other situations that result in emergencies for those affected?



Why a disability-specific approach?

- Guiding principles from people experiencing disability:
 - ❑ Separate is not equal; inclusion is essential to our humanity.
 - ❑ Making decisions for ourselves is a right -- “Nothing about us without us.”
 - ❑ We are all different – Individualization and person-centered thinking is essential.
 - ❑ Different challenges = different needs.
 - ❑ Having unique ways of doing things (including relying on certain supports as needed) is our way of life.
 - Unique challenges to others
 - ❑ Specialized equipment may be unfamiliar to those who deal with emergencies on a daily basis.
 - ❑ Atypical responses to warnings, directions, conditions, etc.
-

For EVERYONE:

Who to Save First



***“Choice has its limits, especially
in an emergency”***

Why not limited to disabilities only?

- Within every community and highly dependent on the emergency situation itself, there are:



Definitions:

Access needs *Access needs* = getting into the same places and benefitting in the same way as others (generally has more to do with physical accessibility, communications, written material)

Functional Needs *Functional needs* = what someone requires to maintain the same level of independence they have in the absence of a disaster (generally individualized)

Those who can *Those who can* = Individuals who are able to meet their own access and functional needs without additional assistance (i.e., can stay safe using general emergency resources)

Those who cannot *Those who cannot* = Individuals who require additional “above and beyond” assistance to be safe.

This is NOT discriminatory. It is reality.

Questions?

- Participants should now be able to state why this curriculum is important in Connecticut given our recent history and the unique needs of people with disabilities in all phases of emergency management (Training Objective for Unit 1).
-

Emergency Management Curriculum

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Unit 2: Mitigation

Training objective: Upon completion of Unit 2, participants will have the knowledge and skills necessary to include people with access and functional needs effectively and meaningfully in community efforts to mitigate disasters and other emergencies

FEMA's definition of "Mitigation"

- "...the effort to reduce loss of life and property by lessening the impact of disasters. Mitigation is taking action *now*—before the next disaster—to reduce human and financial consequences later (analyzing risk, reducing risk, insuring against risk). Effective mitigation requires that we *all* understand local risks, address the hard choices, and invest in long-term community well-being. Without mitigation actions, we jeopardize our safety, financial security, and self-reliance."
-

The Overall Focus of Mitigation is *what communities can do*

- A core tenet of mitigation for people with access and functional needs is ***PLAN TO INCLUDE EVERYONE IN:***
 - Planning
 - Writing
 - Operating
 - Maintaining records/logs
 - Human Resourcing
 - Being Safe
 - Inclusion...Inclusion...Inclusion...ALWAYS INCLUSION
 - Participation means direct interaction- “one of the most meaningful parts of this curriculum”
-

What the Annenberg Foundation says about “mitigation dialogue”

“(It) must, at a minimum, identify key issues concerning the needs of people with disabilities when disasters strike, develop effective strategies for resolving those issues, and build relationships and delineate responsibilities among disaster mitigation organizations, the media, and disabilities organizations.” This dialogue must be guided by 7 principles:

1. Accessible Disaster Facilities and Services.
 2. Accessible Communications and Assistance.
 3. Accessible and Reliable Rescue Communications.
 4. Partnerships with the Media.
 5. Partnerships with the Disability Community.
 6. Disaster Preparation, Education, and Training.
 7. Universal Design and Implementation Strategies.
-

These are some of the unique access and functional needs to be considered:

May exist alone or in combination with other needs:

- Different types of communication challenges
- Different types of movement/mobility challenges
- Deaf/hard of hearing
- Blind/visually impaired
- Any kind of intellectual or learning challenges
- Any type of environmental sensitivities
- Behavioral/mental health challenges
- Unique health or complex medical needs
- Pregnancy or newborn

Often involves more than one type of challenge

- Autism Spectrum
- Brain injury
- Older American status

Other needs that may overlap

- Use of a service or therapy animal
- Depends on others for personal assistance
- Responsibility for others

Learn about 911

Connecticut State Police
TIPS
Topics in Public Safety

911
The number to call in an emergency

Police, fire or medical emergencies require immediate help. Never hesitate to call 911 to protect life and property.

911 operators are trained professionals who will ask pertinent questions to get you the help needed in the shortest time possible. In emergency situations, minutes—even seconds—can make a crucial difference – that's why early intervention is critical. Call 911 *first*, then family and friends if necessary.

Call 911:

- For all emergencies that require police, fire or medical assistance to protect lives or property.
- To report a crime in progress.
- To report a fire.
- If someone suffering from life-threatening injuries Medical emergencies include, but are not limited to, an unconscious person, someone gasping for air or not breathing, an individual experiencing an allergic reaction, having chest pain, having uncontrollable bleeding, or any other symptoms that require immediate medical attention
- To report a missing person, in particular a child or elderly person who may be in danger.
- For roadside emergencies and/or motor vehicle accidents, use your cellular phone to call 911.



Do NOT call 911:

- For directory assistance..
- To ask for traffic status.
- To report a power outage.
- For directions.
- To request non-emergency transportation.
- To discuss traffic tickets issued by police.
- As a prank with friends.



When in doubt, *always* call 911. Specially trained 911 operators will determine whether or not the situation is an emergency and requires assistance. Remember to speak clearly and calmly and answer all questions posed by the operator. Tell the operator the nature of the emergency and its location.

Teach children to call 911 only in an emergency.

Many times, people dial 911 by mistake or a child calls 911 when no emergency exists. If this occurs, do NOT hang up the phone. Hanging up the phone could lead a 911 operator to believe that a true emergency exists, and will send responders to your location. Instead, simply explain to the 911 operator that a mistake was made.



Complaints of
Connecticut State Police
Public Information Office
1111 Country Club Road
Middletown CT 06457
(860) 683-8230
www.ct.gov/dspp

Revised 1/2012

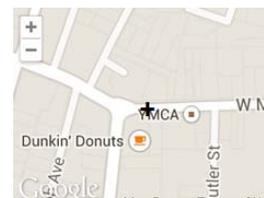
Other mitigation considerations for individuals

- Have this training.
- Access and use this curriculum.
- Have proper insurance coverage.
- Make sure trees near your home and wiring to your home can co-exist.
- Purchase a generator if you prefer to shelter in place and get on your town's list for delivery of gas to power your generator if such a service is provided. Consider solar-powered generators.
- Identify safe rooms at home, at work, and in the community
- Get safe alternative sources of light such as solar powered outdoor lamps.
- Know how emergency information is communicated where you live and work.



<http://www.ctalert.gov/ctalert/site/default.asp>

Mitigation issues for people with access and functional needs:



- Do what everyone else does (with assistance if you need it – don't be afraid to reach out for this).
- Develop (with or without assistance) a “Community Resource Map” so you know what emergency services are nearby. Are they accessible and functional for YOU?
- Choose where it's safest for YOU to live and work before you move in.
- Get involved in your community's emergency management, and, according to the www.ready.gov website:

BE INFORMED: Learn what protective measures to take before, during, and after an emergency

Here is a sample section of a Community Resource Map's emergency services section

What I may need	How convenient?	How do I access what I need?
<p>Help from the police if there is a crime in progress or I see something suspicious going on</p>	<p>There is a police substation 3 blocks away. Response time is usually within 1-5 minutes.</p>	<p>Call 911</p>
<p>To get evacuated to a shelter because my house is near a body of water that floods often and I am allergic to the mold resulting in severe breathing problems</p>	<p>There is a shelter in town but it is not physically accessible. I need a shelter that is. There are two in neighboring towns with accessible shelters.</p>	<p>Keep directions to the accessible shelters and their phone numbers on my fridge to check for vacancies.</p> <ul style="list-style-type: none"> • My uncle lives in town and is willing to come over if he's not working. • Although my mentor lives in the next town, she has a car and it only takes 10 minutes for her to get from her house to mine.

Voluntary registries or just “Getting to know you”

- Not all communities have registries. Does yours?
- They are voluntary. Reasons for not signing up include:
 - Unaware of registry’s existence or value
 - Feeling that privacy or confidentiality is being/will be violated
 - Fear of discrimination
 - Wanting to be “just like everyone else”
- How to just get to know who may be affected by access and functional needs:
 - Public awareness activities
 - Everyday community life
 - “The politician’s strategy”

It’s a two-way street

Questions?

- Trainees should now have the knowledge necessary to include people with access and functional needs effectively and meaningfully in community efforts to mitigate disasters and other emergencies (Training Objective for Unit 2).
-

Emergency Management Curriculum

**Prep is Personal:
Find the Fridge!**



Unit 3: Emergency Preparedness

Training objective: Upon completion of Unit 3, participants will have the knowledge and skills necessary to assure that people with access and functional needs are adequately prepared for emergencies and that communities are adequately prepared to meet those access and functional needs for their members

FEMA's definition of “Emergency Preparedness”



- Being prepared for emergencies “...is essential for effective incident and emergency management...”
- Spans jurisdictions, governments, agencies and organizations.
- The responsibility of all of us as individuals, significant others, community members, people in positions of authority, and those who provide emergency services
- Includes helping people with access and functional needs secure supplies and preparation materials

“The most vulnerable populations after a natural disaster are the young, seniors, people with disabilities, and those living below the poverty line.” This is true for any emergency. Prep must include these vulnerable citizens.

General interaction guidelines (Disability Awareness and Etiquette)



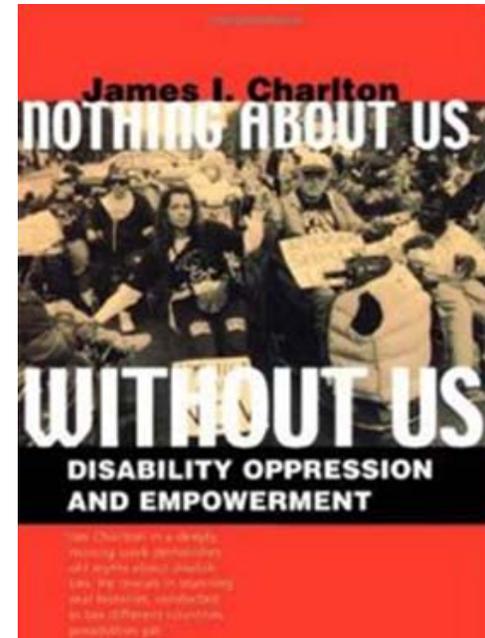
- Look on the door but also look for the person's **Prep is Personal** information:

Find the Fridge!

- Ask the person how you can best assist.
- Speak directly to him/her even if another (e.g., staff member, person without a disability) is present.
- Don't make assumptions about abilities or challenges
- Be even more patient, empathetic, and calm
- Always speak respectfully in the person's presence
- Remember people with disabilities are often their own best emergency managers

General Interaction Guidelines, cont.

- Taking the extra time to explain why: This may actually save time in the long run
- Avoid idioms (e.g., “spread eagle,” “knock it off,” or “cut it out”)
- Be aware that access and functional needs differ for each individual regardless of their label or how they may initially appear to you and that some may not be readily apparent
- Watch for and alleviate any signs of anxiety/stress
- Share what you learn about the individual with others who will be assisting
- Avoid restraints. Better to clear the room of others



Ask the person ask the person

EVERYONE should have a Personal Emergency Kit



Include (if possible):

- Nonperishable food
- Personal hygiene items
- Important documents
- Cell phone with charger
 - Water
 - Clothing
 - Batteries
 - Medication
 - Flashlight
- Identification
 - Whistle
- First Aid Kit
 - Radio
- Cash and coins

Planning for Service or Therapy Animals and Pets

- Food
- Crate
- Water
- Bowl(s)
- Toys
- Blanket
- Harness/Leash
- Plastic Bags
- Paper towels

ALSO:

- Identification tags
- Veterinary records (particularly of most recent vaccinations)
- Veterinarians name and phone number
- List of people who could watch your animal if you can't
- List of places to go where your animal is welcome



**WORKING:
Do not PET!!**

From: *The Readys! Emergency Preparedness Training for People with Access and Functional Needs* (another DD Council-funded project)

Supplies Checklist	
Personal Emergency Supplies	Pet Supplies
<input type="checkbox"/> Non perishable food	<input type="checkbox"/> Food and Medications
<input type="checkbox"/> Water—5 Day Supply	<input type="checkbox"/> Water and Bowl
<input type="checkbox"/> Flashlight and Radio with Extra Batteries	<input type="checkbox"/> Toys
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Leash
<input type="checkbox"/> Personal Hygiene Items—Soap, toothbrush	<input type="checkbox"/> Crate
<input type="checkbox"/> Important Documents—ID, plans, medical	<input type="checkbox"/> Blanket
<input type="checkbox"/> Clothing, Jacket, Long Pant, Undergarment	<input type="checkbox"/> Plastic Bags
<input type="checkbox"/> Cell Phone with Charger	<input type="checkbox"/> Paper Towels
<input type="checkbox"/> Medications with extra supply	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Whistle	<input type="checkbox"/> Name and number of veterinarian
<input type="checkbox"/> Sleeping Bag	<input type="checkbox"/> Copy of vaccination records
<input type="checkbox"/> Family Photo	<input type="checkbox"/> List of people who can watch your pet

From: *The Readys! Emergency Preparedness Training for People with Access and Functional Needs* (another DD Council-funded project)

My Important Information	
Name:	
Street Address:	
Phone Number/Mobile Phone:	
E-Mail Address:	
Employer / Address/ Phone #:	
My Support Network	
1st Emergency Contact Name:	
Phone # and E-Mail Address:	
2nd Emergency Contact Name:	
Phone # and E-Mail Address:	
Out of State Contact Name:	
Phone # and E-Mail Address:	
Other Emergency Contacts	
Family Member:	
Friend:	
Co-Workers:	
Veterinarian:	

From: *The Readys! Emergency Preparedness Training for Peiople with Access and Functional Needs* (another DD Council-funded project)

Important Health Information	
Allergies:	
Medical Conditions:	
Medication and Doses:	
Eyeglass Prescription:	
Blood Type:	
Communication Devices:	
Health Insurance / Policy #:	
Doctor/Specialist and Phone #:	
Hospital Choice:	
Pharmacy and Phone # / Fax #:	
Pharmacy Address:	

Alternatives:

http://www.vialoflife.com/vial_form/

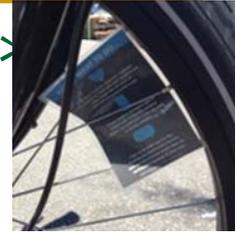
OR any other one of the numerous forms available today on various websites.

The key point is this:

AT LEAST HAVE THIS VERY BASIC INFORMATION ACCESSIBLE TO YOU AS WELL AS TO ANYONE ELSE COMING TO YOUR AID IN THE EVENT OF AN EMERGENCY!

BASIC INFORMATION						
Name	Date of Birth	Social Security		Email		
Ima P Lasser	1/1/11	333-33-3333		irammler@uhs.edu		
Street	City	State	Zip Code	Phone		
270 Farmington Ave. 06622	Farmington	Connecticut	06030	860-675-1203		
Gender	Height	Weight	Hair Color	Eye Color	Blood Type	Religion
Female	5'7"	120	Blondish	Brown	O	Catholic
Pacemaker Model #	Defibrillator Model #		Hearing Aid		Deaf	
N/A	N/A		None		No	
Vision	Glasses	Contact Lenses	Blind	Artificial Eye	Native Language	
20/20 corrected	Yes	No	No	No	English	
MEDICAL HISTORY						
Identifying Marks: slight scar under left nostril; small port wine stain on right wrist; "bikin" and naval scars on abdomen.						
Conditions you have been treated for in the past:						
CURRENT MEDICAL INFORMATION						
Doctors Name and Telephone Number: Dr. Doctor 860-111-1111						
Currently Being Treated For: thyroid levels, cholesterol, asthma, chronic pain, bipolar						
Current Medications: Prozac 40 mg Levonorgestrel Etoposide Clozapine 0.5 mg Trileptal 600 mg Montelukast Flovent 2 puffs up to qid prn during allergy season Albuterol (rescue) 2 puffs up to qid prn Ibuprofen 800 mg prn						
Allergies To Medications: Penicillin E-mycin Cordura Siloxane						
Last Hospitalization						
Hospital	Location	Year	Patient #			
Hartford	Hartford	2009				
Living Will Refer To			Organ Donor		Refer To	
Yes Box by night table			Yes		Driver's license and/or will	
Blue Cross #		Blue Shield #		Medicare #		
yes		243541238		333-33-3333A		
Medicaid #		Other		Policy #		
no						
EMERGENCY CONTACT						
In Case Of Emergency - Notify			Relationship		Phone	
Sheena Fay Skent			sister		860-999-9999	
Address						
Apt 4, 444 Forty Drive, Hartford, Connecticut 06100						

*****PREP IS PERSONAL*****



*EVERYONE needs their own kit,
accessible information and friends/family
communications plan because:*

- Individuals cannot expect others to know how to support them given their unique access and functional needs.
- Individuals cannot assume that others will know how to provide essential support, operate customized equipment, etc.
- In an emergency, “reasonable accommodations” is not the first thought of those responsible for others’ safety.
- People with access and functional needs, their significant others, and staff, then, **MUST** take the lead on personalizing their own approaches to emergencies.



Other Essential Information to have if you have unique access and functional needs



To post on your fridge!



Consider mini-versions for your wallet or purse, too!

Addressing your specific access and functional needs

- You may use one or more of the checklists included in this curriculum or develop your own
- Other essential information to include is:
 - Why you will need individualized supports in the event of an emergency
 - How an emergency may affect YOU (physically, emotionally, behaviorally) and what others can expect
 - What specialized equipment, supplies or other materials you require
 - Where someone can find what you need in an emergency



When preparing to address your own or others unique access and functional needs, consider:

- Are you responsible for others? Does anyone else -- e.g., young people from infancy through adolescence, older adults, someone with a disability -- depend on you for care?
- Do you have any kind of general **communication challenges**? For example: Are you nonverbal? Do you use a VOCA or other communication device? Do you need a sign language interpreter? Is English your second language or do you only speak or understand a different language from English?
- Are you **65 years of age or older**?
- **Do you depend on others** for personal assistance?
- Have you had a **brain injury**?
- Do you have a **service or therapy animal**?



Your own or others unique access and functional needs, cont.



- Do you have any **environmental sensitivities**? For example, do you have sensory challenges? Multiple chemical sensitivities? Severe allergies?
- Do you have **behavioral or mental health challenges**?
- Are you **pregnant**? Have you just delivered? Have a **newborn**? Do you have any kind of **intellectual or learning challenges**? For example, do you have dyslexia or language processing challenges? Do you have a condition like Down Syndrome often associated with an intellectual disability? Is there anything else that may affect your ability to understand written or verbal directions?
- Are you **blind or visually impaired**?
- Are you **deaf or hard of hearing**?



Your own or others unique access and functional needs, cont.

- Do you have any other **unique health or complex medical needs** (including seizures)?
- Do you have any kind of **movement or mobility challenge**? For example, are you in need of full or partial support from technology and/or one or two other people to walk/get around? Are you at all independent in getting around for short distances? Can you stand independently or with support? Can you assist in your own transfers?
- Do you have a diagnosis of an **autism spectrum disorder**?

NOTE: It is not the label that counts so much as how having one of these challenges results in unique access and functional needs!



To Sum up the Previous Three Slides:

This is why a PARTNERSHIP
between all those for whom this
*User Friendly Emergency,
Universally Designed and
Accessible Curriculum*
was developed
is so essential!

SOME SUPPORTS USED BY PEOPLE WITH ACCESS/FUNCTIONAL NEEDS

- Hearing aid or amplifier
- Extra time to understand
- White or red & white cane
- Magnifier or special lenses
- Mobility device
- Extra batteries
- Transfer board or lift
- Positioning/specialized seating
- Sleep props or devices for apnea
- Rewording of spoken or written directions/instructions
- Booklet of common signs/symbols
- Adaptive personal care equipment

**WHICH ARE NICE
TO HAVE AND
WHICH ARE
ESSENTIAL FOR
EMERGENCIES?**

**Generally
speaking, if the
person has it, s/he
needs it.**

Some Supports, cont.

- Voice-over or reader of written materials
- Voice output communication aid (VOCA)
- Low tech communication board
- Braces (List what for)
- Specialized medical equipment (List)
- Sensory materials (List)
- Generic face mask
- Earplugs
- Laptop computer or other access to Apps I need
- Lo-tech augmentative communication system
- Fidgets/other items needed to self-regulate
- Anything else not on this list?

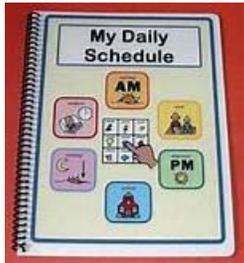
**WHICH ARE NICE
TO HAVE AND
WHICH ARE
ESSENTIAL FOR
EMERGENCIES?**

**Generally speaking,
if the person has it,
s/he needs it.**

**EVERYONE HAS THEIR OWN VERSION OF THESE
COMMON ITEMS! BE SPECIFIC or ASK...**

Possible Additions to Your “Prep is Personal” Materials

- If you need to follow a routine, include a copy of your routine with explanatory notes if necessary



Date: _____

7:00 _____

8:00 _____

9:00 _____

10:00 _____



- Be sure to cross off anything that CAN'T HAPPEN.
- If you require personal assistance/have a personal assistant or other specific support staff, complete this chart:

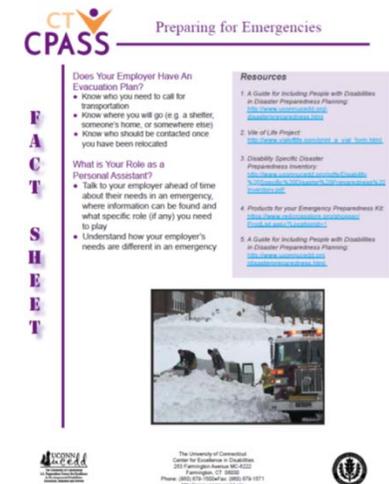
Do you utilize Personal Assistance? Yes No In the event that you do, please enter the following information.

Activity (Dressing, Bathing etc.)	Time Normally Started	Is there any adaptive equipment or technique you use in order to avoid getting hurt?

For Personal Assistants and other Support Providers

■ Essential questions to ask are:

- ❑ Do you and the person you assist/support have a plan?
- ❑ Do you have what you will need if an emergency occurs?
- ❑ Will your role be the same?
- ❑ What will happen if one or both of you can't report to work?
- ❑ How will you re-unite? What assistance from the authorities will you need to do this?



Have your "Human Support Plan" in your *Prep is Personal* Information Booklet

Questions?

- Trainees should now have the knowledge necessary to assure that people with access and functional needs are adequately prepared for emergencies and that communities are adequately prepared to meet those access and function needs for their members (Training Objective for Unit 3).
-

Emergency Management Curriculum

Prep is Personal: Find the Fridge!



Unit 4: Emergency Response

Training objective: Upon completion of Unit 4, participants will have the knowledge and skills necessary to assure that emergency responses maximize positive short- and long-term outcomes for both the individuals with access and functional needs and their communities.

FEMA's definition of "Emergency Response"

- Emergency response involves "...the capabilities necessary to save lives, protect property and the environment and meet basic human needs after an incident has occurred. Response activities take place immediately before, during and in the first few days after a major or catastrophic disaster."



If you have an access or functional need or you are acting on behalf of someone who does:

- Be prepared to make a “Go or to Stay” decision as the emergency is occurring.
 - Remember your evacuation procedures.
 - Expecting the unexpected.
 - Secure your household if time (including utility shut-off).
 - Get to where you need to get to.
 - Be prepared to provide “Prep is Personal” information (preferably by grabbing your information packet on the way out).
 - Grab your emergency kit, your animal, and your animal’s kit.
 - Be prepared to self-advocate: Many people are community volunteers without specific training.
-

Things to Consider for Emergency Personnel on the scene (without telling you how to do your job!)

- Don't assume when entering a building that the person(s) there will respond to your calls
- FIND THE FRIDGE. Do what the "Prep is Personal" materials say to do if you can
- Use your discretion, e.g., Is there time for "political correctness"?
- Beware, though, that not supporting some people with unique access and function needs in a specific way can have harmful effects in the short- and long-term.
- If you suspect injury, evaluate for it even if individual shows no indication.
- THINK: Am I treating this person as respectfully as someone without a disability under the circumstances?

Things to consider, cont.

- Check out the latest in technology, e.g.,
 - “A free smartphone application created by the Substance Abuse and Mental Health Services Administration (SAMHSA) makes it easier for behavioral health responders to focus on disaster survivors by providing them quick access to resources for getting help.”
- Some people also use devices that really can make your job easier.



Be aware of:

- Seizures.
 - Self protective responses not intended to be aggressive.
 - Sensitivities to even every day stimuli (some can be extremely painful and intolerable).
 - Escalating behavior and remove the trigger if possible.
 - Physical fragility.
 - Unusual arrangement of furniture, personal effects.
-

Communication tips:

- More so than usual, talk calmly, softly, in direct short phrases, avoid slang expressions, rephrase, repeat if needed. Watch for “trigger words”
 - Can you use pictures? Common gestures? Simple signs?
 - Allow for delayed responses to your questions or commands if possible.
 - Watch for efforts to hand you a communication card or device or communicate using alternative methods.
 - Lack of response does not necessarily mean willful lack of cooperation.
 - Seek information/assistance from others at the scene.
-

Interaction tips

- Show ID/announce yourself (name and role).
- Avoid sudden movement.
- Model calmness.
- Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others.
- Allow the person to hold a calming object if safety of others is not jeopardized.
- “Space invasion” may be a defensive reaction against perceived invasion of their space. If the person is known to have a disability, assume good intent while taking appropriate precautions.
- Show/model what you want the individual to do.



If behavioral reactions on the individual's part is likely of begins to occur:



- Turn off sirens and flashing lights if possible
 - Get canine partners out of sight
 - Have human partners back off so only one is the primary “interactor”
 - Use geographic containment, maintain a safe distance, remain alert to the possibility of outbursts or impulsive acts
 - If you have determined that the person is unarmed and if time allows, let the person de-escalate themselves without your intervention
-

Finally:

- Familiarize yourself with FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.
- Be familiar with “Shelter-in-Place” options and their pros/cons given the current situation
- Know whether evacuation is necessary or even possible.
- And most importantly,

Ask the person (or someone the person trusts) and PARTNER with him/her (or them) to optimize safety and well-being for all!

Questions?

- Trainees should now have the knowledge necessary to assure that emergency responses maximize positive short- and long-term outcomes for both the individuals with access and functional needs and their communities. (Training Objective for Unit 4).
-

Emergency Management Curriculum

**Prep is Personal:
Find the Fridge!**



Unit 5: Recovering as a community and as individuals

Training objective: Upon completion of Unit 5, participants will have the knowledge and skills necessary to assure that recovery efforts adequately and meaningfully include ALL citizens, including those with access and functional needs.

FEMA's definition of "Recovery"

- ❑ Recovery occurs post-emergency "to help the community (or individual or family unit in other emergencies) get back on its feet."
 - ❑ In certain disasters with widespread damage to persons and property, recovery may not be able to start immediately and definitely may take time
-

Common Challenges Affecting Recovery

Four major areas of impact

- Effects on individuals with access and functional needs (as well as their families and friends, assistants and other support providers)
- Immediate challenges to individuals and their communities
- Longer-term challenges to rebuilding a community
- Financial burdens to everyone

“His rebuilt restaurant now standing 16 feet above sea level, owner Ivar Johnson considered his options...(for compliance) with the Americans with Disabilities Act: a wheelchair lift and enclosure (\$35,000); an elevator (up to \$60,000); or a ramp (which would take an inordinate amount of time to climb). He chose the lift. ‘There's quite a few people who wouldn't come here if we didn't have it,’ Johnson said.” SOURCE: Asbury Park Press)



Some effects on individuals with access and functional needs (as well as their significant others)



- Contacting or locating loved ones
 - Loss of valued personal effects
 - Death and physical injury (e.g., drowning in flooding waters, electrocution from downed wires, crushed by buildings or debris, heart attack)
 - Inability to take care of personal care needs like hot showers
 - Unable to access necessities such as food, fresh water, or medications
 - Unable to travel to/from appointments, work, etc.
-

Immediate challenges to individuals and their communities



- Power outages for extended period of time
- Neighborhoods becoming inundated with storm waters
- Raw sewage discharges at treatment plants and pumping stations
- Loss of Telecommunications services (e.g., due to damage to cellular transmission sites, cable companies, and even loss of 911 dispatch networks)
- Airports closed entirely or reduced to limited service
- Shut down of Metro North New Haven Line, Amtrak Intercity and Shore Line East commuter rails



Immediate challenges, cont.



- Shortage of essential supplies due to closure of ports to all shipping traffic (affecting, for example, fuel delivery, medical supplies, food)
- Gas station closures or long lines at a few open stations
- Overworked and overextended emergency management personnel



Examples of Longer-Term Challenges to Rebuilding a Community

- Extensive damage to homes, businesses, infrastructure, and public facilities rendering them permanently unfit for use
- Backlog in local building inspectors' offices for construction permits and the process for granting certificates of occupancy after compliance with building codes and ordinances has been checked and approved
- Licensed contractors to complete required work on buildings and roads being "backlogged"/lengthy waiting lists for them
- Architectural designers being backlogged and unavailable to develop plans, e.g., for dwellings that are substantially damaged and uninhabitable, that require elevation, and to address new or changed accessibility needs if required.

Longer-term challenges, cont.

- Need to wait for rental recertification from appropriate authorities.
- Prioritizing recovery efforts.



Obviously, all longer-term challenges to rebuilding a community affect each individual who is a member of that community as well.

Financial burdens to everyone

- Loss of job due to business closure
- Inability to pay for housing repairs or other damage when federal funds are exhausted.
- FEMA Verified Loss (FVL) may not equal true costs of replacement.
- Risk of unscrupulous renters overcharging above the Fair Market Rate (FMR) for housing units or requiring unreasonable security deposits, references, etc.
- Only being able to access units that have a current FMR that is higher than what you were paying before you lost access to your original rental unit.
- Insurance delays or denials.
- Expenses of public and business repairs.

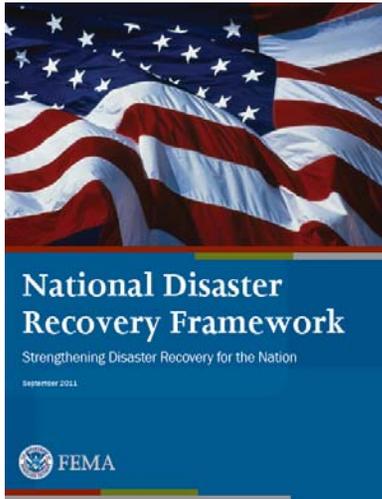
DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES

Likely message

“No disasters declared for Individual Assistance were found for this address. You may contact your state emergency management office to report your damage. For emergency needs, you may contact your local American Red Cross chapter.”

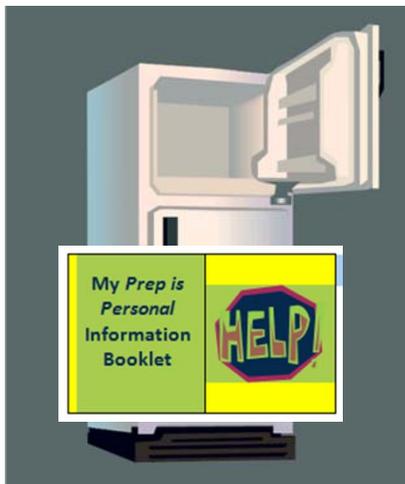


The “New Normal”



Get Alerts wherever you are with CT Alert ENS Citizen Sign Up

- Email
- PDAs
- Mobile Phones
- Text/Instant Messaging



One solution: VOADs



What is the Connecticut VOAD?

a/k/a “Connecticut Rises”

<http://ctvoad.communityos.org/cms/home>

- The **Connecticut VOAD** is the state chapter of the **National VOAD**
- The **VOAD** consists of organizations active in disaster response throughout the state of Connecticut
- The **VOAD's** role is to bring organizations together and enable them to understand each other and work together during times of disaster preparedness, response, relief, and recovery

CT RISES, cont.

- The **Connecticut VOAD** adheres to the principles established by the **National VOAD**. These principles are referred to as the **4C's**:
 - **Cooperation**
 - **Communication**
 - **Coordination**
 - **Collaboration**
- These principles serve as the foundation for the **Connecticut VOAD** as it collaborates with local, regional, and national partners to coordinate relief, response, and recovery efforts in times of disaster

CT RISES, cont.

Mission Statement

Connecticut Rises is a long term recovery group serving the State of Connecticut. Its mission is to:

- Identify disaster-caused unmet needs of individuals and families
- Identify available resources from voluntary organizations
- Coordinate delivery of appropriate resources to resolve identified needs
- Identify and support preparedness efforts for future disasters to individuals and families

CT RISES, cont.

Member organizations are:

- Organizations that are statewide in scope and purpose
- Organizations that have voluntary memberships and constituencies
- Organizations that have a not-for-profit structure
- Organizations that are active in disaster (must have a statewide disaster response program and policy for commitment of resources to meet the needs of people affected by disaster, without discrimination as to race, creed, gender or age)

For further information, see <http://www.ctrises.com/>

Or call 203-606-5127

Questions?

- Trainees should now have the knowledge necessary to assure that recovery efforts adequately and meaningfully include ALL citizens, including those with access and functional needs (Training Objective for Unit 5)
-

Emergency Management Curriculum

**Prep is Personal:
Find the Fridge!**



Miscellaneous Resources and
Reference Materials

Final Questions?

Again, special thanks to today's co-sponsor,



Thank you so much for your participation in this training. ALL feedback is welcome!

Please remember to complete and hand in your evaluations.

Contact Information about this Project:

Linda H. Rammler, M.Ed., Ph.D.

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