

Shared Responsibility

An Inclusive Emergency Planning Guide

A Resource for First Responders and Community Leaders



**Coalition of Persons
with Disabilities**

Newfoundland and Labrador

Cover photo credit – Sheilagh O’Leary

This guide contains information about inclusive emergency planning. It has been created to help people involved in emergency planning to ensure their planning supports persons with disabilities. This guide may also assist with emergency planning for others who may face additional barriers in an emergency situation.

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 - Fire and Emergency Services - Newfoundland and Labrador
- Seniors, Wellness and Social Development
 - Disability Policy Office
 - Seniors and Aging Division

Municipalities Newfoundland and Labrador

Network of Disability Organizations

- Autism Society of Newfoundland and Labrador
- Canadian Hard of Hearing Association - NL
- Canadian Mental Health Association - NL
- Cerebral Palsy Association - NL
- CHANNAL
- CNIB
- Easter Seals Newfoundland and Labrador
- Epilepsy Newfoundland and Labrador
- Independent Living Resource Centre
- Learning Disabilities Association of Newfoundland and Labrador
- Newfoundland and Labrador Association for Community Living
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Introduction

What is Emergency Planning?

Emergency situations are an increasing concern for our province. This is largely due to adverse weather and its impacts. There are also other potential risks for emergencies in our communities including fires, power outages, industrial accidents, floods or major transportation accidents. Emergencies can occur suddenly and sometimes without any advance warning. Being prepared for an emergency situation can make a big difference in the impact it will have on a community and people. Emergency planning can save lives.

Planning and preparing for emergencies that might happen involve four different stages. These stages are:

1. Prevention (sometimes called Mitigation)
2. Preparedness
3. Response
4. Recovery



In the prevention stage, which is sometimes called mitigation stage, steps are taken to prevent an emergency from happening. An example would be building a dam to prevent flooding.

In the preparedness stage, planning happens for all the things that could be needed if an emergency happens. Practicing the plan is also very important in this stage. Activities in the preparedness stage can include determining a warming centre location, transportation for evacuation, and developing a communication plan.

During the response stage, actions are taken based on the preparedness stage to help keep everyone safe. An example would be setting up a warming centre during power outages.

During the recovery stage actions are taken after an emergency is over to bring things back to the way they were before the emergency took place. For example, helping people return to their homes after an evacuation has ended.

Why Emergency Planning for Persons with Disabilities?

Sometimes the supports needed to keep persons with disabilities safe before, during and after an emergency are not considered in emergency planning and therefore may not be in place when needed. This guide has been created to help people involved in emergency planning to ensure their planning supports persons with disabilities. This guide may also assist with emergency planning for others who may face additional barriers in an emergency situation. An example would be someone who speaks a language other than English. This guide provides information that will be helpful to first responders, municipal planners, and anyone who might be assisting a person with a disability or others who may face barriers during an emergency.



Who are Persons with Disabilities?

The term “persons with disabilities” covers a very broad and diverse group of individuals. It refers to anyone who identifies as having a disability. Some individuals are born with a disability while others have acquired a disability at some point in their lives. Individuals may acquire a disability through the aging process. Some individuals may have more than one disability.

Individuals can have different forms of disabilities such as:

- Developmental and Intellectual (For example: Autism Spectrum Disorder, Hyperactivity)
- Mental Health (For example: Anxiety, Depression)
- Non-visible (For example: Epilepsy, Learning)
- Physical (For example: Breathing, Mobility)
- Sensory (For example: Communication, Hearing, Sight)

It is important to note that you will not need to know detailed information about a person’s disability to understand and support them in an emergency situation. However, this guide will help you understand how to support any person with a disability during an emergency.



Principles to Guide Your Planning

The following principles can support all stages of emergency planning. These principles reflect the current general best practices concerning persons with disabilities in our province.

Have a Positive Attitude

The way we think about persons with disabilities will have a direct effect on how persons with disabilities will be treated during emergency situations. In the past, persons with disabilities were typically viewed based on the limitations connected to their disability. It is, however, more effective to focus on the barriers experienced by the person rather than focusing on the disability itself. This is very important in emergency planning. During the planning process, first responders, municipal planners and anyone supporting persons with disabilities will need to focus on potential barriers and how to remove them.



Involve Persons with Disabilities

It is very important that persons with disabilities be involved in all stages of emergency planning. Persons with disabilities know what is best for them and have a right to choice. Individuals should be consulted to provide expertise and information to improve planning processes. As well, during the emergency response and recovery stages, individuals should be supported to make decisions about actions affecting them.



Show Dignity, Respect and Fairness

Building on the first two principles, this principle is about supporting persons with disabilities to have choice and control in their lives. This should be maintained in an emergency situation. This principle reinforces the idea of looking at barriers instead of the disability. It also reinforces the involvement of persons with disabilities in decisions that affect them (to the same extent a person without a disability would be involved in the same situation). It also emphasizes the concept of providing services on an equal basis for everyone. The following section, “Things to Include in your Planning”, will give concrete examples of things to do to help ensure emergency supports and services are provided with dignity, respect and fairness.

Things to Include in Your Planning

Emergency planners and responders know there is much to consider throughout the four stages of emergency planning. This section will help ensure planners and responders consider additional ways to support individuals who may face additional barriers during an emergency situation.

General Tips

- Introduce yourself clearly; say your name and indicate that you are there to help them. Show your identification if you have it available.
- Explain your purpose for being there; explain the situation at hand.
- Calmly reassure the person that you are there to help if they appear anxious or upset. Do not dismiss their concerns.



- A good general rule to follow is “Ask the Person” (ATP):
 - Ask the person if they need or want help - do not assume that they do. Even though it may be important to evacuate quickly, respect the person’s independence and right to choice.
 - Ask the person to describe how to best help. Be patient; do not interrupt or finish the person’s sentences. Listen closely and use flexibility to follow their directions. Check for a bracelet or jewelry or PREP (Personal Resource for Emergency Preparedness) Kit* on the refrigerator. This kit contains health information if the person is not able to communicate to you. See Appendix A for sample PREP Kit.

* **description found in glossary**

- Ask the person before you touch them, their service animal or assistive devices or technology. This includes not pushing or pulling the person's wheelchair without first asking permission.
- Ask the person if there is an emergency kit or personal belongings they would like to take. Do not gather personal belongings without permission. See Appendix B for Basic Emergency Kit Checklist.
- Respect the person's personal space. For example, do not lean over them or on their assistive device.
- Ensure protective gloves are latex-free if you are using gloves while assisting the person, in case the person has a latex allergy.
- Avoid attempting to lift, support or help in moving the person unless you are familiar with techniques for doing this in a safe manner.

Supporting Communication

Communication is very important in any type of emergency. Two helpful things to remember when communicating include:

- Use Respectful Language - When communicating to or about a person, it is important to use words with dignity. Always remember that certain descriptions can be hurtful or offensive, and that there are terms that are more appropriate. Some examples are listed below. For more examples, check "Words with Dignity" produced by the Government of Newfoundland and Labrador.
 - person with a disability instead of disabled or handicapped
 - person who is blind instead of visually impaired
 - person with reduced hearing instead of hearing impaired
 - person living with a mental illness instead of mentally ill or crazy
 - person who is Deaf instead of the deaf or deaf mute
 - person with a developmental disability instead of developmentally delayed
 - person who has epilepsy instead of epileptic
- Do not speak about the person, point or refer to the person in the third person when in their presence.

Sometimes you will need additional tools or methods to communicate well. This may be due to communication disabilities or other disabilities (intellectual or developmental) or due to the anxiety caused by the emergency situation. During an emergency, some individuals may not hear or understand verbal announcements. They may not see or understand signage.

It is also important to note that communication can be very different for a person who is Deaf than it is for a person who has reduced hearing.

Most people who identify as being Deaf cannot hear any sound. Often American Sign Language (ASL)* is used to communicate. Using ASL or an interpreter using ASL would be the best way to communicate with them. In some cases, written notes or text messages can be used to communicate.

A person who has reduced hearing can use devices to help them understand what is being said. This would include hearing aids, or other devices such as FM systems* or Pocketalkers* that increase sound.

A person who is Deaf or a person with reduced hearing may use speech reading (lip reading) to help with communication.

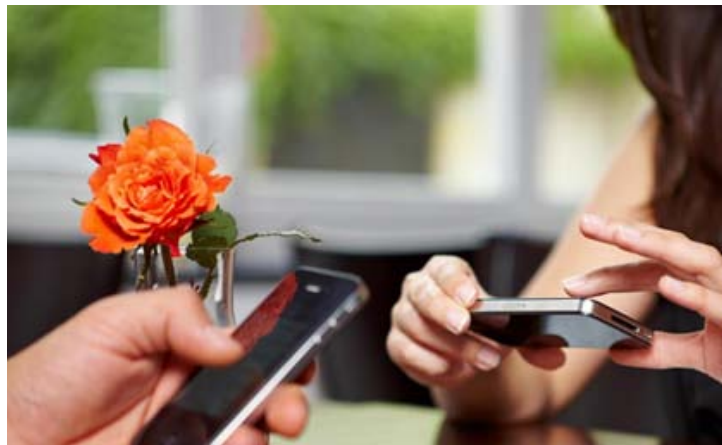
Despite any challenges that may be present, there are many things that can be done to help support communication:

Things to remember:

- Make sure you have a person's attention.
- Avoid approaching a person from behind, but if you have to, you can touch them gently on the shoulder or arm. In the case of helping a person who is Deaf Blind, you can use your finger to draw an "X" on their back as a signal you are there to help them.
- Look directly at the person when speaking to them (the person may use speech/ lip reading) and try to stay close to the person while you are talking to them.

*description found in glossary

- Speak directly to the person; do not speak to the person's support worker or companion. However, do include and confirm instructions with them and include them in your plan. They may be a good source of information and help to calm the person if they are anxious.
- Speak clearly and naturally; there is no need to shout or speak unnaturally slow.
- Be patient; do not interrupt or finish the person's sentences. Also, ask the person if there is anything you can do to make communication go smoothly.
- Use gestures to help explain your message or, if time allows, write or draw your message on paper (remember to keep a pencil and paper on you if possible) or use texting if cell phones are available.
- Have word or symbol boards available for individuals who are not able to speak.



- Use clear language; avoid jargon and acronyms.
- Keep questions short and clear; preferably ones that can be answered with a “yes” or “no”.
- Give instructions one at a time; keep them clear and direct. Repeat instructions and use demonstrations, if needed. Be patient.
- Use landmarks instead of phrases such as “turn left” or “go right” when giving directions.
- Use a portable listening device such as a Pocketalker to assist communicating with someone who has reduced hearing and does not have their hearing aids available.

- Avoid making loud noises if possible when assisting someone using hearing aids as this can cause physical discomfort.
- Please note that stress may increase seizures for a person with epilepsy. During a seizure, communication will not be possible. See Appendix C for First Aid for Seizures.

There are also things you need to consider with public communications to ensure important information and updates are accessible to everyone.

Things to remember:

- Provide information in a variety of forms, such as:
 - television with captioning and American Sign Language (ASL) interpretation
 - visual public announcement system (for example, digital message boards)
 - radio
 - webpages, social media and email (not all individuals will have access to cell phones and computers, remember as well, these electronic devices are impacted by power outages and Internet/ cell service)
 - phone tree system* in communities that are smaller in size
- Use clear language; avoid jargon and acronyms

*description found in glossary



Maintaining Disability-Related Supports

A wide range of disability-related supports* can be used to assist people in their daily lives. This refers to supports that meet the specific disability-related needs of an individual. These supports enable people to live independently with dignity and choice.

In an emergency situation, these supports need to be maintained to the greatest degree possible. If a support is life sustaining, such as the use of oxygen, it is vital that the support is maintained. Sometimes, an individual's existing supports can be maintained or taken with an individual for use during an emergency. However, in some cases such as urgent evacuation, supports will be left behind. These supports will need to be in place at the emergency shelter to the greatest extent possible.

See **Contact Information** section for information on where items can be obtained.

Assistive Devices and Technology

Assistive devices and technology* make environments more accessible by decreasing barriers. It would include magnifying devices, visual alarms, hearing aids and mobility devices like wheelchairs. It also includes computer-related software and devices such as speech software. Computer-related software and devices are also referred to as adaptive technology.*

*description found in glossary

Things to remember:

- Follow instructions on how to use assistive devices and technology, if available
- If a person is moved to another location, ensure devices go with the person as much as possible (for example, the person's wheelchair/ walker/ scooter should go with the person)
- Some items that should be readily available in case they are needed once a person relocates:
 - Personal care items such as catheters, incontinence products, raised toilet seat, bathtub chair, etc. and special foods
 - Adjustable height beds and change tables
 - Power source for charging assistive devices and technology including motorized wheelchairs and scooters, FM systems.
 - Spare batteries for a variety of assistive devices and technology such as hearing aids, FM systems, speech generating devices, etc.
 - A manual wheelchair (preferably lightweight) along with tire patch kit, seal-in-air and inner tubes to repair wheelchair tires
- Know where equipment can be obtained for temporary use.

See **Contact Information** section for information on where items can be obtained.

Medical Equipment

Individuals being assisted may be using medical equipment. Some of the equipment will be life sustaining. It will be vital to take this equipment with the person if they are being evacuated.

- Carefully follow all instructions concerning the equipment.
- Obtain information on oxygen provider, if needed. This information can be found on the oxygen canister or oxygen equipment.
- Ensure there is a power source for respirators, home dialysis, etc. during transport and at the emergency shelter.
- Ensure protective gloves are latex-free if you are using gloves while assisting someone, in case the person has a latex allergy.
- Know where equipment can be obtained for temporary use.

See **Contact Information** section for information on where items can be obtained.



Medication

Individuals being assisted may be taking medication. It will be important to obtain accurate information about the medication a person is taking. It will also be important to try to take a person's medication when evacuating them. If medicines cannot be taken during evacuation, it will be important to get replacement medication to the person in a timely manner.

Things to remember:

- Look for PREP kit on person's refrigerator as it will contain medication information.
- If PREP kit is not available, record any information you can gather from the person about their medication and other relevant information such as family doctor, pharmacist, ICE (In Case of Emergency) contact person.

Personal Supports

Personal supports refers to support workers who provide personal care, behavior support or respite care. They can support a person within their home, at work or in the community. Personal support workers can be a vital support to a person's daily activities and it is very important to ensure these supports are maintained as much as possible.

Things to remember:

- Never assume that a person who typically has a personal support worker(s) will have them available during an emergency situation.
- Obtain contact information for support worker or agency.
- Do not assume the support worker can speak for the person being assisted; communication must take place with the person whenever possible.
- Contact the local Regional Health Authority about additional hours of personal support, if necessary.

Service Animals

Service animals are trained to help persons with a broad range of physical, sensory, and mental health disabilities. Some examples include autism, epilepsy, low vision, brain injury, reduced hearing and anxiety. Service animals are often dogs but they can include other types of animals such as miniature ponies, cats and monkeys. Service animals are allowed, by law, to accompany their owners wherever they go. The *Service Animal Act* can be found at: <http://www.assembly.nl.ca/Legislation/sr/statutes/s13-02.htm>.



Things to remember:

- Ask the person (ATP) is a good general rule:
 - Ask the person before you touch or speak to their service animal. Remember that when a service animal is working they need to pay attention to their owner.
 - Ask the person where you should walk when guiding them so to avoid distracting the animal.
 - Ask the person if there is a service animal emergency kit if relocating the service dog with their owner. Also, consider having a basic service animal kit at the shelter in case one is not available from the owner. See Appendix D for Service Animal Emergency Kit Checklist.
- A service animal accompanying its owner must be granted access.

Ensuring Accessibility

Accessibility will be a major factor to consider if individuals must evacuate their locations. A plan must be in place to ensure accessible transportation if a person requires it and does not have personal access to an accessible transportation option, as well as accessible shelter and warming centre locations. Sometimes a location may not be suitable for a person's needs and alternate arrangements may be required (for example: a hotel).

Built Environment

During the process of evacuation, accessibility of the built environment* may present barriers. The built environment includes all person-made surroundings that provide the setting for human activity such as buildings and facilities, parking lots, sidewalks, etc.

Things to remember:

- Level entry doorways
- Wide entrances (minimum 36 inches wide)
- Accessible washrooms on first floor of building
- Curb cuts in sidewalks

*description found in glossary

- Wayfinding* methods for persons with low vision or who are blind (for example: extended stair railing, Braille signage, etc.)
- FM systems and other audio features (public announcement systems) for persons who have reduced hearing
- Space to store equipment
- Private space for assistance with personal care

*description found in glossary

Transportation

Accessible transportation is limited or even non-existent in many communities throughout our province. Planners will need to consider how to ensure accessible transportation is available during an emergency (for example: community bus, portable ramp for use with van).

Things to remember:

- Ensure there is safe equipment and methods used to secure wheelchairs and passengers during transport.
- Provide suitable audio or text communication inside the vehicle for persons who have reduced hearing.



Sample Profiles

Emergency planning is very important, but just as important is the need to validate your emergency plan. It is important to test to see if the planning processes have been thorough. The samples below are mock profiles of persons with disabilities. These profiles can be incorporated into scenarios used in tabletop exercises or mock disaster activities that take place when you are testing your planning. We suggest using a number of different emergency scenarios (a winter storm, forest fire, flood, etc.) to ensure all possible supports have been considered. Each profile includes a list of things you will need to consider when planning how each of these individuals would be supported in an emergency situation.

Profile 1: Person who uses a ventilator and a motorized wheelchair

James has complete paralysis below the neck. James uses a ventilator for breathing. He can breathe on his own for about two hours without his ventilator. James' speech is not affected. He uses a motorized wheelchair, which he operates by puffing and sipping through a straw. He lives on his own in an apartment and has his own van, which others drive when he goes out. James has attendants that he shares with others in the building. He can call the attendant to help him with his care by using a telephone that dials when he operates it with a head (pillow) switch. The attendant is available to come within a half hour period. James is very independent and manages all his care.

James will communicate to others (responders) what his particular needs are. For example, he may need some assistance in transferring from his wheelchair and the transfer process may require knowledge that only he has. He may need to let others know how his equipment operates and what supplies he needs if he is evacuated. The emergency responders need to be prepared to listen to him.

In an emergency situation, James may need the following supports:

- Help in being transported to other accommodations if he needs to be evacuated from his home.

- Replacement of medical supplies (and ventilator if his own is not able to go with him) including a manual resuscitation bag, etc.
- Power source for his ventilator and his wheelchair battery charger
- Assistance in transferring from his wheelchair (for example: if needing to transfer to a transfer-height cot in an emergency shelter)
- Assistance with his daily care needs and eating



Profile 2: Person who lives with Epilepsy

Susan is 27 years old and has been living with epilepsy since the age of 11. Recently, she has been experiencing more seizures. She is taking a new medication and has experienced some memory lapses. Susan is not permitted to drive until she has been seizure free for six months. Susan lives alone.

Susan's apartment building needs to be evacuated. When responders knock on Susan's door, she seems to be distant or lost in thought and continues to move around the apartment in a daze as if she is not listening to their instructions. Susan is experiencing a focal (non-convulsive) seizure. During this type of seizure, she will be unresponsive for approximately 1-3 minutes; subsequently she will be extremely confused and disoriented.

In an emergency situation, Susan may need the following supports:

- A clear path of travel so she does not trip or stumble. Susan will not have any real awareness of her surroundings.

- Use a light touch to gently guide her away from other dangers like stairs.
- Do not restrain her. Persons who have seizures are normally not aggressive at all, but, if restrained or held, they may forcefully try to get away because they have no understanding of what is happening or why.
- Time Susan's seizure. Most seizures are over in 2-3 minutes, but if it continues for more than 5 minutes, call an ambulance. See Appendix B: First Aid for Seizures section on 'When to Call an Ambulance'.
- Communication is important. Calmly repeat important information to Susan again after the seizure to be sure she understands.
- Be kind and patient. Stay with her until she can understand the information being given and see if there is any other help you can offer.
- Ensure that Susan takes her medication with her when she evacuates the building. It is vital that she take her medication on schedule.
- Transportation will be required for Susan to evacuate her building.



Profile 3: Person who lives with diabetes and depression

Over the last 10 years, Fred's eyesight and circulatory system have been affected by diabetes. He has had two toes amputated and has had several eye surgeries for detached retinas. Fred walks with a cane and lives with depression. He no longer drives. He lives alone in his own home.

In an emergency situation, Fred may need the following supports:

- Transportation if evacuating
- Help with managing his diabetes including insulin and syringes (insulin needs to be refrigerated) and appropriate diet
- His cane and his insulin in order to maintain his independence
- Help with reading emergency signs and information or evacuation notices
- Access to available trauma services



Profile 4: Person who uses a motorized wheelchair and hearing aids

Beth is 35 years old and has lived with cerebral palsy since birth. She lives alone and has been using crutches until recently. Four months ago, Beth injured her left leg. She has not yet regained the ability to walk. She currently receives daily home care and uses a catheter and urine collection bag which is attached to her leg. Beth got a motorized wheelchair a month ago and now uses it on a full-time basis. She is not yet confident using the wheelchair in crowds and tight spaces, for example, on buses.

Beth also has reduced hearing and uses hearing aids. She can verbally communicate with others, but others must listen carefully. Beth is usually quiet and may need to be asked about what supports or assistance she needs. Responders will need to be patient when communicating with Beth. Beth relies on the support of her parents, who live in the same apartment building. During the emergency, Beth has become separated from her parents and is very worried about where they are.

In an emergency situation, Beth may need the following supports:

- Clear communication: ensure face-to-face communication, good lighting whenever possible, patience in listening, possibly providing Beth with written instructions or information if needed.
- Help in being transported to other accommodations in the event of evacuation from her home as she does not have her own vehicle.
- Replacement of medical supplies (catheters, urine collection bag, etc.)
- Power source for her wheelchair battery charger
- Access to batteries for her hearing aids
- Assistance in transferring to and from her wheelchair, bed and toilet
- Assistance with her personal care needs: eating, dressing, etc.
- Assurance that she will be reunited with her parents
- Access to available trauma services

Emergency Contact Information

Please add appropriate local numbers in spaces provided.

Provincial Organizations and Agencies		
For all emergencies requiring police, fire or ambulance, call 911. Individuals who are Deaf, dial 711 and request 911.		
		Local Number
Canadian Red Cross (www.redcross.ca) Disaster Line for Responders	709-758-8400 1-800-222-9597	
Fire and Emergency Services – NL	709-729-3703	
Newfoundland Hydro Emergency Line (24-hour)	1-888-737-1296	
Newfoundland Power Emergency Line (24-hour)	1-800-474-5711	
Salvation Army (www.salvationarmy.ca)	709-754-3473 709-753-5841	
St. John Ambulance (www.sja.ca)	1-888-840-5646	
Regional Organization and Agencies		
Eastern Region		
Advanced Education and Skills (AES) Income Support Line	1-877-729-7888	
Eastern Regional Health Authority		

Central Region		
Canadian Red Cross – Central Service Centre	709-489-7516	
Advanced Education and Skills (AES) Income Support Line	1-888-632-4555	
Central Regional Health Authority		
Western Region		
Canadian Red Cross – Western Service Centre	709-634-4626	
Advanced Education and Skills (AES) Income Support Line	1-866-417-4753	
Western Regional Health Authority		
Labrador Region		
Canadian Red Cross – Western Service Centre (responsible for Labrador)	709-634-4626	
Advanced Education and Skills (AES) Income Support Line	1-866-449-3144	
Labrador-Grenfell Regional Health Authority		
Other Organizations and Agencies		
MedicAlert (www.medicalert.ca)	1-800-625-3780	
Lifeline Alert System	1-800-387-1215	
Adult Protection Report Line	1-855-376-4957	
CHANNAL (Mental Health First Aid Provider)	1-855-753-2560	
Newfoundland and Labrador Health Line	1-888-709-2929	
Mental Health Crisis Line	1-888-737-4668	
Sexual Assault Crisis Line St. John's	1-800-726-2743 709-726-1411	

Glossary of Terms

Adaptive technology refers to computer related software and devices that make environments more accessible by decreasing barriers.

American Sign Language (ASL) is a visual language with unique vocabulary, grammar, meaning and social rules of use. Communication happens through signs composed of hand shapes, palm orientation, movement and locations of the hands and signals on the face and body.

Assistive devices and technology or in the case of computer related software and devices, it is known as adaptive technology. Assistive technology makes environments more accessible by decreasing barriers. Assistive technology includes a range of devices, equipment and software. Examples include magnifying devices, speech software, visual alarms, listening devices, hearing aids and mobility devices like wheelchairs and walkers.

Built environment includes all person made surroundings that provide the setting for human activity such as buildings and facilities, playgrounds, sidewalks and boardwalks.

Disability-related supports are all supports that meet the specific disability-related need of an individual. These supports enable people to live with dignity and choice.

FM System is a wireless system designed to help someone better identify and understand speech in noisy situations.

Phone Tree System is a system for contacting a large number of people quickly in which each person called then telephones a number of other assigned people.

Pocketalker is a specific brand of pocket sized portable listening device that provides users with the ability to hear more clearly.

Wayfinding refers to signage, audible communication and tactile elements that help individuals find their way through buildings or environments. Examples include painted curb cuts, coloured strips on stair edges, Braille signage, and audio elevator indicators.

Appendix A



My name is: _____

I live at: _____

My phone number is: _____

My emergency kit can be found: _____

I am ALLERGIC or sensitive to: _____

My blood type is: _____



In case of an emergency, please contact:

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____



Other people in my support network are:

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

The medications I take are:

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

My medications can be found: _____



I also use: (items like oxygen, wheelchair, hearing aids, specific dietary needs, etc.)



I have a service animal, her/ his name is: _____

She/ He helps me: _____

Her/ His emergency kit can be found: _____



I have personal support worker(s):

Her/ His name is: _____

Phone Number: _____

Her/ His name is: _____

Phone Number: _____

Her/ His name is: _____

Phone Number: _____

The agency is: _____

Phone Number: _____



I have a wellness plan. It can be found:



I have an advance health care directive. It can be found:



Other important information about:

My communication

My mobility

My transportation

My other medical needs

.....
The water shut off for my home can be found:

The power shut off for my home can be found:

.....

Emergency Numbers

Fire		Poison Control	
Ambulance		Doctor	
RCMP		Pharmacy	
RNC		Social Worker	
Red Cross		Case Manager	
Town/ City Council		Oxygen Provider	
		Veterinarian	

Appendix B

Basic Emergency Kit Checklist

This basic emergency kit checklist outlines the basic items every individual should keep in an easy-to-access place. These items will help you to be self-reliant for 72 hours immediately after or during an emergency. The kit should be easy to carry, in case of evacuation.

- Bottled water (two litres of water per person per day)
- Food that won't spoil (canned food, energy bars, dried foods, etc.)
- Manual can opener
- Flashlight and batteries
- Radio and batteries or crank radio
- Spare batteries (for radio, flashlight, assistive devices, etc.)
- First-aid kit
- Telephone that can work during a power disruption
- Candles and matches or lighter
- Extra car keys and cash
- Clothing and footwear
- Blankets or sleeping bags
- Toilet paper and other personal items
- Medication
- MedicAlert® bracelet or identification
- Important papers (identification)
- Copy of Emergency Plan or PREP kit (with contact numbers; important information, etc.)
- Whistle (to attract attention, if needed)
- Playing cards
- Backpack or duffle bag to carry items in (bag with wheels might be helpful)

Appendix C

First Aid for Seizures

The brain is made up of billions of nerve cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells, a change in the person's behavior or function may result. This is a seizure.

When a seizure happens:

- Stay calm
- Time the seizure
- Protect from injury
- Loosen anything tight around the neck
- Do not restrain the person
- Do not put anything in the person's mouth
- Gently roll the person onto their side as the convulsive seizure subsides
- After the seizure, talk to the person reassuringly. Do not leave until the person is re-oriented. The person may need to rest or sleep.

In assessing the need to call an ambulance, a combination of factors has to be considered. For example, if cyanosis (blue or gray color) or labored breathing accompanies the seizure, then an ambulance may be called earlier. If a person is known to have epilepsy and the seizure pattern is uncomplicated and predictable, then ambulance help may not be necessary.

When to call an ambulance:

- You know it is the person's first seizure.
- The seizure continues for more than five minutes.
- If seizure repeats without full recovery between seizures.
- If a seizure occurs in water and there is any chance that the person has inhaled water.
- The person is injured during the seizure.
- If the person is pregnant, or has diabetes.
- If confusion after a seizure persists for more than one hour.
- You believe the person needs urgent medical attention.

Appendix D

Service Animal Emergency Kit Checklist

These are the basic items you should prepare to keep your service animal comfortable during an emergency. The kit should be easy to carry, in case of evacuation.

- Minimum 72-hour supply of bottled water and pet food
- Portable water and food bowls
- Paper towels and manual can opener
- Medications with a list identifying medical condition, dosage, frequency and contact information of prescribing veterinarian
- Medical records including vaccinations
- Leash and collar
- Blanket and toy
- Plastic bags
- Bandages (for example: an animal's paws could get cut on rough terrain)
- For identification purposes:
 - Up-to-date ID tag with your phone number and your veterinarian's name and phone number (a microchip is also recommended)
 - Recent photo of your service animal in case they get separated from you
 - Name of the animal's training centre and qualifying number (if applicable)
 - Copy of license (if required)
- Other: _____

Sources

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