

Guidelines for Evacuation of Individuals with Disabilities During Disasters



Prepared as a public service by:
American Medical Response
Office of Emergency Management
in Cooperation with the
U.S. Department of Health and Human Services (HHS)
15 May 2013

Purpose

The purpose of this Guide is to provide disaster evacuation and transportation recommendations for individuals and caregivers of individuals with disabilities. It is primarily intended for noninstitutionalized individuals, however some of the recommendations are applicable for institutionalized individuals with disabilities as well others in special needs populations.

Guidelines for Evacuation of Individuals with disabilities

Individuals with disabilities are people who have a physical or mental impairment that substantially limits one or more major life activities. Disabilities are limitations that may be manifested in the communication, mental, or physical domains and be severe or non-severe in nature. The disabled population finds itself particularly vulnerable during times of disaster.

Severe Disabilities

People with severe disabilities are more likely to require transportation assistance during a disaster. A person has a severe disability if they:

- Use a wheelchair, a cane, crutches or a walker;
- Are unable to perform one or more of these functional activities: lifting/carrying, using stairs, walking, or grasping small objects;
- Are unable to perform one or more activities of daily living (ADLs): getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting;
- Have one or more specified conditions: mental retardation or another developmental disability, or Alzheimer's disease, autism, cerebral palsy;
- Have another mental condition that seriously interferes with everyday activities.

Special Needs Populations

The term "Special Needs Populations" often arises in discussions concerning evacuations and emergency planning. The term is defined in the glossary of the National Response Framework as "Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to:

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical care

Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; or who are non-English speaking; or who are transportation disadvantaged."¹

The definition focuses on the following function-based aspects:

Maintaining Independence – Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or

¹ National Response Framework References Glossary/Acronyms www.fema.gov/emergency/nrf/glossary.htm#S

caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

Communication – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

Transportation – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

Supervision – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

Medical Care – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require support of trained medical professionals.²

Although all of the people that may find themselves as part of the special needs population are not necessarily disabled, it is important that these individuals have emergency plans in place that includes the necessary transportation arrangements.

Emergency Planning

Individuals with disabilities should have a personal emergency plan in place prior to a disaster that addresses transportation issues. Guidance and information on how to develop a personal emergency plan with special links for those with disabilities can be found online at:

<http://www.ready.gov/>.

Home Health Agencies should establish comprehensive emergency plans with patients and families upon admission to their program. These plans should include emergency resources (e.g., back-up electric generators, extra supplies, nourishment and care-givers) to care for the patient at home. Agencies should pre-arrange for transportation and relocation to a safe area as part of the emergency plan.

Hospitals, Nursing Homes, Personal Care Homes, Assisted Living Facilities and Hospice Facilities should have emergency plans in place that provide for the evacuation and relocation of their residents to appropriate host facilities away from the disaster area.

² Interim Emergency Management Planning Guide for Special Needs Populations Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties Version 1.0 (August 15, 2008)

Evacuation and Transportation

Transportation is a key component in emergency planning. Most individuals with disabilities will be able to travel via conventional means, i.e., bus, train, or car. Individuals with severe disabilities or mobility impairment may require further assistance while traveling or even specialized vehicles that have wheelchair accessible features. There is also a group of people who will not be able to travel safely by any means other than an ambulance. In the interest of efficient utilization of resources is important to take the time to accurately match-up a person's needs with the most appropriate means of conveyance.

Healthcare agencies should establish contracts or agreements with transportation providers to provide evacuation services with little or no advanced notice. Agency coordinators should also be cognizant of the capacity and additional commitments of contracted transportation providers. If there is any likelihood that the contracted providers would be overwhelmed in a disaster, agreements with additional transportation providers should be established.

It must be emphasized that individuals and healthcare agencies should strive to take care of their own transportation needs during an evacuation. In the event that these management plans fail or as a means of last resort, local, state, tribal or Federal governmental agencies may coordinate the evacuation of individuals. Government coordinated evacuation transportation destinations are limited by resources available, access/egress routes, time and other environmental conditions. For individuals requiring ambulance transport, the local EMS provider will likely not compromise local emergency coverage to transport individuals far distances outside of the potential disaster area. Once again, it is preferred that individuals and healthcare agencies coordinate and execute their own evacuation plans.

Government Coordinated Evacuation Destinations

Evacuees may be triaged (separated) and transported according to the criteria established herein.

Hospitals

Individuals require recurring professional medical care, special equipment and/or continual medical surveillance and must be considered for admission into a hospital. These individuals should be sheltered at the nearest civilian hospital that is capable of meeting their needs.

Examples (include, but are not limited to...):

- Ventilator dependent;
- Persons requiring continuous IV therapy (pain control, or hydration);
- Oxygen dependent;
- Individuals who must have access to a constant power source for suction pumps, or any other bio-medical equipment usage.
- Pregnant women who are experiencing contractions and/or women who are in the eighth month of gestation or beyond;
- Persons who report chest pain or have experienced chest pain in the last 24 hours;
- Persons with shortness of breath;
- Persons with communicable diseases which require isolation;
- Individuals with uncontrollable or violent behavior due to a physical or mental illness;
- Comatose patients;
- Others requiring the intensity of services provided at a hospital or skilled nursing facility.

Those patients who require skilled medical care on a 24 hour basis should contact their medical professional to make arrangements if hospital admission will be required.

Special Needs Shelters

Individuals requiring some medical surveillance or special assistance but not to the level of needing to be admitted to a hospital may go to a Special Needs Shelter. They are individuals whose age, mobility, functional and/or medical disability make them particularly vulnerable and at risk in disaster situations. They have pre-existing conditions resulting in medical impairments but have been able to maintain activities of daily living in a home environment prior to the disaster. Individuals meeting these criteria should be assigned to a Special Needs Shelter, if staffing, equipment, power sources and supplies are available. **If a caregiver is needed, the caregiver must accompany the patient and stay with the person at the shelter.**

Special Needs Shelters are temporary, emergency-type facilities capable of providing special or supervised housing to individuals whose physical or mental condition (nonviolent) exceeds the Red Cross Disaster Health Services level of capability for basic first aid but is not severe enough to require hospitalization.

Special Needs Shelters are intended to provide a safe environment for those requiring limited medical assistance or surveillance due to a pre-existing health problem. These shelters are not intended to serve as skilled health care facilities. Shelters are noisy, crowded and have few comforts. **Individuals with disabilities should be encouraged to plan ahead to stay with friends, relatives or other caregivers out of the area rather than in a shelter.**

Admissions to Special Needs Shelters should be limited by the level of care needed and the resources available.

Examples (include but are not limited to...):

- Wheelchair-bound persons with limited medical needs;
- Individuals with severely reduced mobility but limited medical needs;
- Persons with mental illness who are non-violent;
- Medically impaired individuals who are able to maintain activities of daily living with special assistance from their care giver;
- Persons with dementia who cannot be maintained at a Red Cross General Population Shelter (must bring caregiver with them to shelter).

Management considerations which impact the decision to hospitalize or admit to Special Needs Shelters include, but are not limited to:

- Access to constant power source;
- Need to replenish medications and/or supplies;
- Access to physician for diagnosis, treatment, change in orders, etc.;
- Potential for health status of individual to change rapidly due to stress, environmental conditions, etc.;
- Ability to transport to higher level of care quickly.

Red Cross Disaster Shelters

This category includes individuals who are independent prior to the disaster. Some of these individuals may have pre-existing health problems that do not impede activities of daily living. Needs of individuals in this category should not exceed the basic first aid capabilities of a Red Cross Shelter.

Examples (include but are not limited to...):

- Persons with epilepsy (if controlled);
- Mild muscular dystrophy;
- Diabetics who are stable and do not require insulin injections;
- Hemophilia;
- Persons with prosthesis;
- Vision or hearing impaired;
- Asthmatics who have their own medication;
- Persons with speech impediments;
- Language/cultural barriers.

Transport Modes

Caregivers should exhaust all personal resources first (family, friends or neighbors) before requesting public assistance for transportation. Keep in mind that local ambulances will likely not be able to transport patients out of the disaster-prone area because they must be available to handle transportation needs of patients within the disaster area. Therefore, it is suggested that prearrangements be made for other transportation providers who are located out of the area to come into the potential disaster area and evacuate patients to safety.

Individuals should be transported by the mode of ground transportation required for their specific debilitating condition.

Evacuees Requiring an Ambulance

Individuals require recurring professional medical care, special equipment and/or continual medical surveillance. These patients should meet the HHS/CMS Medical Necessity requirements: "The patient's condition is such that use of any other method of transportation is contraindicated...and transportation other than ambulance could not be used without endangering the individual's health."³ These evacuees require an ambulance and should not be transported via paratransit or conventional transport vehicles.

Examples of ambulance passengers include, but are not limited to:

- Ventilator dependent patients;
- Persons requiring continuous IV therapy (pain control, or hydration);
- Oxygen dependent (whom require more O₂ than typical self-sufficient container);
- Individuals who must have access to a constant power source for suction pumps, or any other bio-medical equipment usage;
- Pregnant women who are experiencing contractions and/or women who are in the eighth month of gestation or beyond;
- Persons who report chest pain or have experienced chest pain in the last 24 hours;
- Persons with shortness of breath;
- Persons with communicable diseases which require isolation;
- Individuals with uncontrollable or violent behavior due to a physical or mental illness;
- Comatose patients;
- Persons who are bed bound;
- Persons who may fall out of a seat due to the lack of trunk control;
- Persons who do not have the ability to sit for long periods of time;
- Persons who cannot be safely transported by any other means;
- Others requiring the intensity of services provided at a hospital or skilled nursing facility.

³ HHS/CMS Publication 100-2. Medicare Benefit Policy Manual. Chapter 10 – Ambulance Services. B3-2120.2.A, A3-3114.B, HO-236.2. Rev. 10-01-03.

Evacuees requiring Paratransit Vehicles

Persons in this group have pre-existing conditions that make it unsafe for them to travel by standard fixed route public conveyance but are not disabled or ill enough to require transport by ambulance stretcher. They may require some medical surveillance from their own caregiver and/or special assistance. They may originate from an institution such as a hospital or nursing home or a non-institutionalized setting such as a residential dwelling. They are individuals whose age, mobility, functional and/or medical disability make them particularly vulnerable and at risk in disaster situations. Passengers who cannot sit safely in a standard vehicle seat or wheelchair should be transported by stretcher in an ambulance.

Examples of paratransit passengers include but are not limited to:

- Individuals with severely reduced mobility requiring a wheelchair, cane, crutches or walker;
- Medically impaired individuals who are able to maintain activities of daily living with special assistance from their caregiver;
- Persons who are unable to perform one or more of these functional activities: lifting/carrying, using stairs, walking, or grasping small objects
- Persons unable to perform one or more activities of daily living (ADLs): getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting
- Persons with one or more specified conditions: mental retardation, Alzheimer's, autism, cerebral palsy, severe dementia, or another developmental disability;
- Persons with another mental condition that seriously interferes with everyday activities who are non-violent;
- Persons with chronic respiratory conditions that may require low-flow supplemental oxygen that is self-administered (passengers must supply their own oxygen).

Paratransit vehicles are staffed by non-medically trained drivers whose primary responsibility is safe vehicle operation. Medical personnel are not provided on paratransit vehicles, therefore personal caregivers from the facility, home, or other trained medical professional must accompany the passengers during transport. A maximum caregiver to patient ratio of 1 to 5 is recommended for disaster situations. This ratio may be decreased or increased as required due to the level of disability of the passengers. Caregivers must anticipate the potential for the health status of passengers to deteriorate or change rapidly due to stress, environmental conditions, etc.

Passengers capable of being transported by conventional means

This category includes individuals who are independent prior to the disaster with limited if any impairment in mobility. Some of these individuals may have pre-existing health problems that do not impede activities of daily living and do not require the constant attendance of a caregiver.

Examples include but are not limited to:

- Persons who could be safely transported by conventional fixed route means of conveyance;
- Persons with epilepsy (if controlled);
- Mild muscular dystrophy;
- Diabetics who are stable and do not require insulin injections;
- Persons with hemophilia;
- Persons with prosthesis;
- Vision or hearing impaired;
- Asthmatics who have their own medication;
- Persons with speech impediments;

- Language/cultural barriers.

Passengers may be allowed to bring a minimal amount (2 bags) of personal baggage onto disaster response vehicles. Alternative plans should be made for moving multiple bags of personal belongings or pets other than service animals. It is important for disabled passengers not to stow or separate themselves from medications or medical equipment that may be needed. All belongings, especially medical equipment, should be labeled with the owner's name and contact information.

Due to many factors, an individual may wait hours for transportation to arrive during an evacuation. It is imperative that passengers and caregivers are ready to depart when the transportation arrives. There are time-sensitive components to any evacuation and delays could jeopardize lives.

When to Evacuate?

Evacuations are more common than many people realize. Hundreds of times each year, transportation and industrial accidents release harmful substances, forcing thousands of people to leave their homes. Fires and floods cause evacuations even more frequently. Almost every year, people along the Gulf and Atlantic coasts evacuate in the face of approaching hurricanes. Be prepared to evacuate when:

- public safety agencies, the Emergency Management Agency (Civil Defense) or the local government have recommended to be prepared for a potential evacuation
- an individual is dependent on electricity. (ventilator patients or bio-medical equipment that requires electricity)
- no caregiver, family, friend or neighbor could safely manage the disabled individual at home.

Where to Evacuate?

- Alternate residence - away from possible disaster area.
- Special Needs Shelter (when available) with personnel and equipment on hand to care for these patients. Shelters away from the disaster are preferred.
- Hospital - only for patients that require recurring professional medical care, special equipment and/or continual medical surveillance than cannot be provided at any other location.

Arranging Transport for Persons with Disabilities

Caregivers should exhaust all personal resources first (family, friends or neighbors) and private companies before requesting public assistance. Contact non-medical transportation, bus service, shuttle or taxi companies in your local area that can provide paratransit services.

When making transportation arrangements, be prepared to provide the following information:

- the pick-up address
- your phone number
- the address of your destination
- If the individual is confined to a wheelchair or will need the lift
- If the person will have an escort or caregiver

Arranging Transport for Bed-Confined Patients

- Contact Local Emergency Medical Service (EMS)
- Caller must demonstrate that patient could only be moved by ambulance stretcher.
- Hospital bound patients should have physician order for admission. Caregiver should pre-arrange hospital acceptance

Supplies to bring a shelter

- | | | |
|-----------------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Care Giver (essential) | <input type="checkbox"/> Hygiene items | <input type="checkbox"/> Non-perishable food |
| <input type="checkbox"/> Special Foods | <input type="checkbox"/> Battery radio | <input type="checkbox"/> Fill car with gas |
| <input type="checkbox"/> Medications (7-day supply) | <input type="checkbox"/> Drinking water | <input type="radio"/> No smoking |
| <input type="checkbox"/> Extra eyeglasses | <input type="checkbox"/> Pillows – Bedding | <input type="radio"/> No firearms |
| <input type="checkbox"/> Money | <input type="checkbox"/> Flashlight | <input type="radio"/> No pets |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Important Papers | <input type="radio"/> No flammables |

Personal Notes

Personal Disaster Plan and Evacuation Advice for People with Disabilities

- If you have to leave your home or workplace, you may need someone's help to evacuate safely. If you need assistance during an emergency, find helpers and tell them about your condition. Give them instructions on what you need and how they can help you evacuate.
- Practice using different ways out of a building, especially if you are above the first floor in a building with many stories. Remember, the elevator may not work or should not be used. Decide what type of equipment you may need for assistance during an evacuation. If you cannot use stairs, talk with your caregivers about how you should be evacuated.
- If you need devices for an emergency escape, think about your physical capabilities before making a purchase. Store devices nearby, where you can get to them easily. This may mean having more than one emergency escape device available.
- Advocate for yourself. Practice how to quickly explain to people the best way to guide or move you and your adaptive equipment, safely and rapidly.
- Be ready to give brief, clear, and specific instructions and directions to rescue personnel, either orally or in writing. These instructions should include asking them to take any equipment, medications, or personal care items with you. Inform them about your physical or medical disabilities.
- When needed, ask for an accommodation from disaster response personnel. For example, let a responder or relief worker know if you cannot wait in lines for long periods for items like water, food, and disaster relief assistance. Practice how to explain clearly and briefly, why you need this assistance. You may also want to write the explanation down ahead of time.
- Keep your automobile fuel tank more than half full at all times. Also, stock your vehicle with a small disaster supplies kit. If you do not drive, talk with your caregiver about how you will leave the area if the authorities advise an evacuation. In some communities, local government agencies offer transportation for persons needing assistance during an evacuation. Ask your local emergency management office if these services are available in your area for persons with your disability.
- If you require medical supplies, medical oxygen, pharmaceuticals, home health care, or other special needs items, you should make arrangements in advance with suppliers to insure there is no disruption in delivery of supplies or services.
- Choose an alternate place to stay, such as with friends, family, or at a hotel or motel outside your area if you have been told to leave your home. You may have enough early warning time (as with a slow-rising flood or hurricane) to leave before the disaster occurs. This is especially important if you live in a mobile home or trailer. Find out if there are predestinated shelters in your area and where they are.
- Have a care plan for your pet. Plan for the care of your pets if you have to evacuate your home. Pets, unlike service animals, will not be allowed into emergency shelters. So, it is best to decide now where you will take your pet if you must leave.

Summary Checklist for Personal Disaster Preparation

- ___ Make an emergency information list.
Include:
 - ✓ Medical and emergency contact information.
 - ✓ Emergency out-of-town contacts.
 - ✓ Names and numbers of everyone in your network.
 - ✓ Name and number of a relative or friend who lives more than 100 miles away from you.

If you have a communication disability, make sure your emergency information list notes the best way to communicate with you.

- ___ Fill out a medical information list.
Include information about:
 - ✓ Medical providers.
 - ✓ Medications you use.
 - ✓ Adaptive equipment and/or body system support equipment you use.
 - ✓ Allergies and sensitivities.
 - ✓ Communication or cognitive difficulties.

- ___ Attach copies of health insurance cards and related information to your medical information list.

- ___ Keep at least a seven-day supply of essential medications with you at all times.

- ___ Have extra copies of prescriptions.

- ___ Talk with your doctor or pharmacist about what you should do if you do not have enough medicine after a disaster. Also, find out the shelf life of your medication and the storage temperature it needs.

- ___ Determine how often you should replace stored medication

- ___ Individuals who require respiratory or other medical equipment that requires electricity should make prior medical arrangements. Notify your local electrical company of your situation.

- ___ If supplemental oxygen is needed, check with your supplier about emergency arrangements.

- ___ Identify safe places to go to during a disaster.

- ___ Find the location of utility cutoff valves and switches. Become familiar with how to operate them.

- ___ Identify primary escape routes out of your building and practice using different ways out, especially if you are above the first floor in a building with many stories.

- ___ Decide what type of equipment you will need for assistance during an evacuation.

- ___ Be ready to give brief, clear, specific instructions and directions to rescue personnel.

- ___ If you do not drive, talk with your caregiver about how you will leave the area if authorities advise an evacuation.

- ___ Ask your local emergency management office if transportation services are available to persons with your disability during an emergency evacuation. Find out how to arrange to get this service.

- ___ Become familiar with the emergency or disaster evacuation plan for your office, school, or any other location where you spend a lot of time.

- ___ Choose an alternate place to stay.

- ___ Have a care plan for your pet.

- ___ Have a care plan for your service animal.