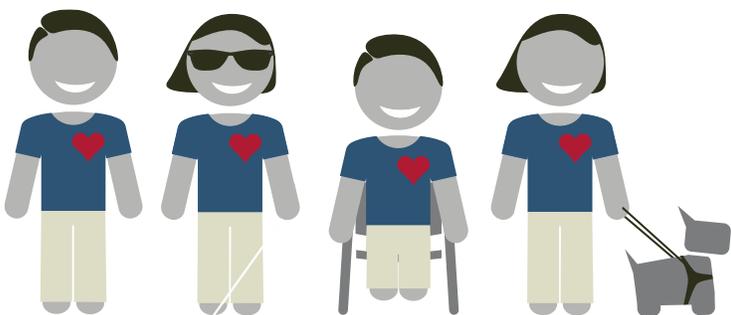




Functional and Access Needs Support

A toolkit for empowering inclusive action



American Red Cross
Greater Chicago Region

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This toolkit was compiled by the American Red Cross Greater Chicago Region from partner resources and is accurate to the best of our knowledge. It is not a replacement for training regarding the inclusion of people who have functional and access needs in emergency and disaster planning, preparedness, response and recovery.

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Introduction to Functional and Access Needs

Thank you for taking the time to learn about working with individuals with functional and access needs, particularly in emergency situations. We hope this handbook includes the relevant information for you to provide appropriate, effective, and compassionate support to all members of the community in the preparedness, response, and recovery phases of the disaster cycle.

The term functional and access needs has been defined by the U.S. Department of Justice as “those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting.” Functional needs may include physical, sensory, mental health, cognitive, or intellectual disabilities affecting individuals’ abilities to function independently.

The C-MIST Model has been devised as the current mechanism for effectively identifying the needs of people with functional and access needs. The model emphasizes the recognition that every individual has different capabilities, and that we must focus on identifying and meeting the modified needs of each individual.

Areas of Consideration for People with Functional and Access Needs

C = Communication – You can help improve residents’ communication by providing: large print, Braille, translators, readers, sign language interpreters, pen and paper, replacement eyeglasses, and replacement hearing aids.

M = Medical – Daily medical needs you can help to meet include: special diet care, wound care, replacement medication, durable medical equipment, diabetes management, oxygen supplies, storage of refrigerated medication, prenatal support, access to quiet rooms, mental health care, and infection control.

I = Independence – You can support individuals’ independence by providing: wheelchairs, walkers, canes, crutches, equipment for bathing, equipment for toileting, cribs, bariatric cots, power sources for electric devices, and service animal accommodations.

S = Services, Support, and Self-Determination – You can provide for support, special services, and self-determination needs by: identifying caregivers, assigning qualified shelter volunteers to provide personal assistance, contacting local agencies, coordinating childcare, coordinating age appropriate activities, and providing equal access to resources.

T = Transportation – You can assist with special transportation needs by: coordinating transportation to dialysis, coordinating transportation to medical appointments, transporting residents to the emergency room, and transporting residents to alternative housing.

Considerations for Seniors

- Always ask the individual how you can best assist him or her.
- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- Reassure the person that he or she will receive medical assistance without fear of being placed in a nursing home.
- Older people may fear being removed from their homes. Be sympathetic, understanding, and take time to explain that this relocation is temporary.
- Before moving an elderly person, assess his or her ability to see and hear; adapt rescue techniques for sensory impairments.
- Seniors with hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If so, is it available and working? If not, can you get a new battery to make it work? See page 8 for more information on providing support to people who are deaf or hard of hearing.
- If the person has a vision loss, identify yourself and explain why you are there. Let the person hold your arm and guide him or her to safety. See page 10 for more information on providing support to people who are blind or have low vision.
- If possible, gather all of a resident’s medications before evacuating. Ask the person what medications he or she is taking and where the medications are stored. Most people keep all their medications in one location in their homes.
- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calm voice. Ask “yes” or “no” questions, and repeat them if necessary. Maintain eye contact.



Notes

Considerations for Children

- If an unaccompanied minor (individual under age 18) arrives at a service delivery site, such as a shelter location, responders or volunteers should immediately contact their supervisors. Until the minor's parents, guardians, or the legal authorities arrive, two adult responders or volunteers must be with the minor at all times.
- Younger children may not be able to escape danger or make critical decisions as well as adults in a disaster. They may not be able to identify themselves or communicate their needs to responders as effectively either. Particularly if a child is separated from parents or guardians, it is especially important to pay close attention to non-verbal signals, such as failure to understand instructions, unusual speech patterns, and emotional reactions.
- In working with children, remember the following tips:
 - Introduce yourself at the child's height and have a conversation in which you speak clearly and get to know the child.
 - Keep questions and instructions short and simple. Use pictures or objects to illustrate what you are saying, or point to objects as you speak about them.
 - Rephrase your statement using different words if it appears a child does not understand, as it may be only one word that is causing the confusion.
 - Let the child know that you are there to help, and accompany the child to a safe location if evacuating, rather than only directing him or her where to go.
 - Check for understanding by asking a child to repeat the plan or other instructions that you have given him or her. Children may nod or say they understand when this is not necessarily the case.
- Gather family contact information from unaccompanied children as soon as you are in a secure location. Ask if they know where their parents work, what their phone numbers are, if they have any other relatives nearby?

Considerations for People with Limited English Proficiency

- Individuals may not speak or understand English, or may have limited English proficiency (LEP). These individuals may not readily identify themselves, but it is important attempt to identify their preferred language of communication to ensure that information is conveyed as effectively as possible. If a translator is available, that is the best option for communication with individuals with LEP.
- Use family members, including children, to translate for immediate need only. Seek a professional translator, or someone from within your organization at least, to assist as soon as is reasonable.
 - Family members may not be appropriate in emotional situations, may not be trusted with certain information, and may not be able to effectively convey certain agency information or procedures.
- Emergency responders and volunteers should also be mindful of cultural considerations and cultural norms. These considerations may create different expectations as to what is considered normal regarding eye contact, gestures, gender interactions, personal space, and skin exposure.
- If a translator is unavailable, the use of communications boards or picture aids may be the most effective and efficient mode of communication in an emergency situation. Communication boards with illustrative communication tools in English and Spanish are available on pages 26 and 27.

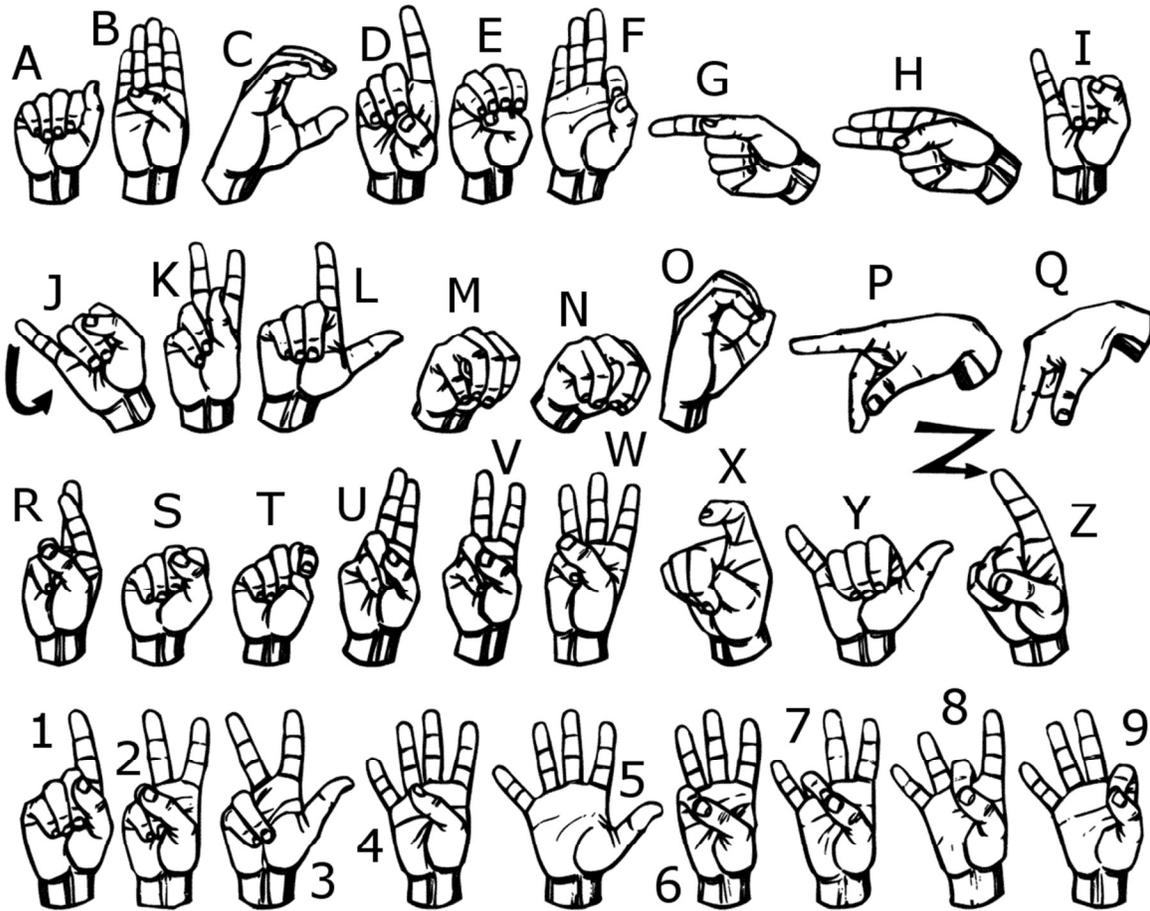
Notes

Considerations for People who are Deaf or Hard of Hearing

- There is a difference between being hard of hearing and deaf. People with hearing loss vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear some sounds with hearing aids.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, but not necessarily clarity.
- If possible, flick the lights when entering an area or room to get the individual's attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Check to see if you have been understood. Repeat and rephrase if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Speak slowly and clearly, but do not over-enunciate.
- Do not block your mouth with your hands or an object when speaking.
- Do not allow others to interrupt you while conveying emergency information.
- Be patient: the person may have difficulty understanding the urgency of your message.
- Provide the person with a flashlight or headlamp to signal their location in the event they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- Written communication will work for many people who are deaf. Keep instructions simple, in the present tense, and using basic vocabulary. American Sign Language (ASL) is its own language and is not a manual form of English. It has its own syntax and grammar. Native ASL users may read and write English as a second language, but they may not necessarily.



American Sign Language Alphabet and Numbers



Notes

Considerations for People who are Blind or Low Vision

- There is a difference between low vision and blindness. Some people who are “legally blind” have some sight, while others are totally blind.
- Announce your presence and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don’t be afraid to use words like “see”, “look”, or “blind”.
- State the nature of the emergency and offer the person your arm. As you walk, advise him or her of any obstacles.
- Offer assistance but let the person explain what help is needed.
- Do not grab or attempt to guide anyone without first asking for permission.
- Let the person grasp your arm or shoulder lightly for guidance.
- An individual with low vision may choose to walk slightly behind you to gauge your body’s reactions to obstacles.
- Be sure to mention stairs, doorways, narrow passages, ramps, etc. before you come to them.
- When guiding someone to a seat, place the person’s hand on the back of the chair.
- If leading several individuals with low vision, ask each of them to guide the person behind them.
- Remember that you’ll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- If the person has a service animal, do **not** pet it unless the person says it is okay to do so. Service animals must be evacuated with the person. Refer to the information below for more information on interacting with service animals.

Considerations for People with Service Animals

- Traditionally and under the Americans with Disabilities Act (ADA), the definition of a “service animal” only includes dogs and miniature horses. However, the American Red Cross, the Federal Transportation Administration, and other agencies allow for a broader, more expansive definition of service animal and may be more flexible in allowing individuals with service animals that do not meet the ADA definition in shelters or other areas during a disaster situation.
- Remember: a service animal is not a pet.
- Do not touch or give a service animal food or treats without the permission of its owner.

- When a service animal is wearing its harness, it is on duty. In the event you are asked to take the animal while assisting the individual, hold the leash and not the harness.
- Plan to evacuate a service animal with its owner. Do **not** separate them!
- Service animals are not registered and there is no legal proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You should accept the claim and treat the animal as a service animal. If you have doubts, wait until you arrive at your destination and address the issue with the supervisor in charge.
 - You may ask two questions upon someone's arrival at a shelter with an animal: "Is this a service animal?" and "What tasks or duties is it trained to perform"
- The animal need not be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability. Please be understanding and treat the animal as a service animal.
- A service animal should be in a harness or on a leash, but it need not be muzzled. If the harness or leash would interfere with the service animal's work, the animal may be unrestrained and operate under voice control, as long as voice control is effective for the animal. However, this exception is applicable for only a small number of service animals.
- Service animals are allowed full access to shelters with their owners. If a shelter resident has an allergy or other issue that prevents them from being able to stay in the same place as a service animal, the person with the allergy or other issue is the one to be moved to another area within the shelter if possible.

Notes

Considerations for People with Mobility Disabilities

- Always ask the person how you can help before offering any assistance. Even though it may be important to evacuate quickly, respect his or her independence to the extent possible. Do not make assumptions about the person's abilities.
- Ask if the individual has any limitations or problems that may affect his or her safety.
- Some people may need assistance getting out of bed or out of a chair, but then CAN proceed without assistance. Ask!
- Here are some other questions you may find helpful:
 - "Are you able to stand or walk without the help of a mobility device like a cane, walker, or wheelchair?"
 - "You might have to stand or walk for quite awhile on your own. Will this be ok? Please be sure to tell someone if you think you need assistance."
 - "Do you have full use of your arms?"
- When carrying the person, avoid putting pressure on his or her arms, legs, or chest. This may result in spasms, pain, and may even interfere with his or her ability to breathe.
- Avoid the "fireman's carry". Use the one- or two-person carry techniques below.

Crutches, Canes, or Other Mobility Devices

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why.
- Ask if you can help by offering to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

Evacuating Wheelchair Users

- If the conversation will take more than a few minutes, sit or kneel to speak to the person at his or her eye level.
- Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on his or her upper body strength, an individual may be able to do all or much of the work without assistance.
- Before you assume you need to help, or what that help should be, ask the person what help he or she needs.



Carrying Techniques for Non-Motorized Wheelchairs

- Evacuation chairs, which allow people with mobility disabilities move safely down stairs or across rough terrain, are the most desirable method to help people with mobility disabilities evacuate if they are available and responders are trained to use them. Otherwise, the in-chair, two-person assist is the recommended method.
- **One-person assist**
 - Grasp the pushing grips, if available.
 - Stand one step above and behind the wheelchair.
 - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
 - Keep your center of gravity low.
 - Descend frontward.
 - Let the back wheels gradually lower to the next step.
- **Two-person assist**
 - Position the second rescuer in front of the wheelchair and face the wheelchair.
 - Stand one, two, or three steps down (depending on the height of the other rescuer).
 - Grasp the frame of the wheelchair.
 - Push into the wheelchair.
 - Descend the stairs backwards.

Carrying Techniques for Motorized Wheelchairs

- Motorized wheelchairs may weigh over hundreds of pounds unoccupied and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people. In most cases, using an evacuation chair or carrying an individual independently of the motorized wheelchair are more viable options than attempting to carry the motorized wheelchair.
 - If possible, have a manual wheelchair on the ground floor near the exit to give the individual limited mobility once evacuated, if it is not possible to also bring the motorized wheelchair.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what, if any, angle to tip the chair backward.
- Turn the wheelchair's power off before lifting it.
- Some people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported up or down the stairs.

Wheelchair Transfers

- A wheelchair transfer means moving a person in to or out of a wheelchair. You may help a person move from a wheelchair to a bed, shower chair, commode (toilet), or into another chair. You may also help a person move back into a wheelchair. You may use transfer aids such as a gait belt, a sliding board, or a mechanical lift to help move a person. These transfer aids can help make transfers safer and easier for both you and the person that you are moving.
- Preparing a person for a wheelchair transfer:
 - Talk to the person about what will happen during the transfer. Speak slowly and clearly. Tell him or her what will happen at each step before you do it and that you must work together during the transfer.
 - Learn about the person's condition, and if he or she is able to move, talk, and follow commands. Check for catheters, tubes, drainage bags, and other items that might need to transfer with the person. Ask the person if he or she likes to be transferred one way more than another.
 - Make sure that you and the person to be transferred are both wearing shoes that will not slip on the floor.
 - Make sure that the wheelchair and the transfer aids that you will be using are working properly and are not broken. Check material, stitching, straps, chains, and hooks. If the transfer aids look weak or broken, do not use them. Check the brakes on the wheelchair and on the bed to be sure that they lock as they should. Make sure you have enough space to make a safe transfer.
- Before every transfer from or to a wheelchair, raise or remove the footrests. Have the person's feet set in the correct position: flat on the floor. Remove the armrest that is closest to the side that you are moving the person to, or moving him or her from. Be sure the individual will not fall out of the chair after you remove the footrests and armrest, but before you complete the transfer.
- Always put the footrests and armrest back on the wheelchair in the correct position after you have transferred an individual into a wheelchair. If the person cannot move an arm or a leg, move it into the correct position for him or her after the transfer.
- If the person you are moving begins to fall during a transfer, bend your knees and lower him or her slowly to the nearest safe surface. Call for help. Never grab or hold a person's clothing while moving him or her.
- **Transferring a person using a gait belt:** A gait or transfer belt is a device that is placed around the person's waist or lower body. It may be used to help move a person to and from a wheelchair. It is used for persons who can stand, but need help getting up from a chair or bed to the standing position.
 - Moving a person from a chair or bed into a wheelchair:
 - Prepare the wheelchair and the person for the transfer.

- Fasten the gait belt securely around the person's waist. Ask the person to hold on to you if he or she can. Bend forward at the waist and bend your knees. Grab the belt or its handles around the back of the person.
 - Rock gently back and forth about three times with the person. On the third time, help the person up to a standing position.
 - Turn with small steps until the person's back is in front of the wheelchair. Ask the person to help by reaching for the wheelchair behind him. This may make it easier for the person to sit down in the wheelchair.
 - Bend forward while bending your knees, and lower the person so that he or she is sitting in the wheelchair.
 - Check that the wheelchair is safe, and the person is comfortable.
- To move a person out of his wheelchair using a gait belt, follow the same steps as when you moved him or her into the wheelchair.
- **Transferring a person using a mechanical lift:** A mechanical lift is equipment that is used to move a person. The lift has slings and straps, and it can be electric or hand-powered. The lift can be attached to the floor, wall, or ceiling; or you may be able to move it from place to place depending on where it is needed. A lift can be used for people who cannot stand up by themselves. A lift can be used for a person who is heavy and cannot be lifted easily. It may also be used for a person who cannot think clearly and is unable to help with the move. A lift is used to move a person over a short distance, such as from a bed to a wheelchair.
 - Moving a person into a wheelchair:
 - Roll the person onto his or her side. Slide the sling underneath him or her. Roll the person onto the other side and spread the sling evenly under him or her.
 - If the person is lying down, raise the head of the bed so he or she will be sitting up.
 - Correctly attach the sling's hooks, straps, or chains to the lift. Lift the person by pumping or plugging in the lift. Ask the person to keep still while he or she is being lifted up.
 - Move the lift until the person is over the wheelchair. Slowly lower him or her into it. Move the person into a position so that he or she is comfortable.
 - Unhook the sling from the lift. You may leave the sling under the person in case you need to transfer him or her again.
 - Moving a person out of a wheelchair:
 - Lift one side of the person's body up slightly, or tilt him or her to one side. Slide the sling underneath his or her buttocks.

- Lift or tilt the person to the other side, and spread the sling evenly under him or her.
 - Attach the sling to the mechanical lift. Raise the person by pumping the lift manually or by turning the lift on. Ask the person to stay still during the lift.
 - Move the lift until the person is over the bed, or the place to which he or she is being transferred. Slowly lower him or her down until seated. Move the person into a position so that he or she is comfortable.
 - Unhook the sling from the lift. Leave the sling under the person if you will need to transfer him or her again.
- **Transferring a person using a sliding board:** A sliding board is flat surface that can be used as a bridge between two areas. It is used when the person can move, but is too weak to transfer without assistance. It may also be used if the person is heavy. A sliding board may be used with a gait belt.
 - Moving a person into a wheelchair:
 - Place the gait belt around the person's hips and buttocks, then place one end of the sliding board under his or her buttocks. The sliding board should form a bridge between the place he or she is transferring from (such as the bed) and the wheelchair.
 - Put one of your knees between the person's knees. Hold the gait belt or its handles. Slowly slide the individual across the board to the wheelchair. Ask the person to help by pushing his or her palms on the board and moving toward the wheelchair.
 - Remove the board once the person is seated in the wheelchair.
 - To move a person out of a wheelchair using a sliding board, follow the same steps as when you moved him or her into the wheelchair.



QR Codes – How To Videos for Wheelchair Evacuations and Transfers

Please see page 24 for information on how to use QR codes.



Wheelchair-to-Cot Pivot Transfer:

<https://www.youtube.com/watch?v=z81SVok2uzw&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk>

Cot-to-Wheelchair Pivot Transfer:

<https://www.youtube.com/watch?v=6T0EQoCWYLA&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk&index=4>



Chair with Arms to Wheelchair Standing Pivot Transfer:

<https://www.youtube.com/watch?v=YQM5ksHWK4M&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk>

Standard Wheelchair Basics:

<https://www.youtube.com/watch?v=qr0XwupeYq0&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk>



Attaching a Gait Belt:

<https://www.youtube.com/watch?v=AGzeACW9q7M&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk>

Assistive Devices – Walkers, Crutches & Canes:

<https://www.youtube.com/watch?v=28ploDuiKBk&list=PL4StSt4k9fHVcEEL9nXdJRIf4WLpn6kPk>



Notes

Considerations for People with Autism

Communication

- Speak calmly. Use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond.
- The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate and is not meant to irritate you or to be disrespectful.
- Avoid using phrases that have more than one meaning such as: "take cover", "do you need a hand?", "hold your horses", "knock it off", or "cut it out".
- Visually check to see if an individual has a wrist or arm tattoo, wrist or ankle bracelet, or necklace or shoe tag that identifies the person as having an autism spectrum disorder.
- Some people with autism do not show indications of pain; check for injuries.

Social

- Approach the person in a calm manner. Try not to appear threatening.
- The person may not understand typical social rules, so he or she may be dressed oddly, may prefer to be closer to or farther away from you than typical, or may not make eye contact. It is best not to try and point out or change these behaviors unless absolutely necessary.
- The person may also look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Do not interpret these behaviors as deceit or disrespect.
- Because of the lack of social understanding, persons with autism spectrum disorders may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance, or belligerence. Don't assume!

Sensory and Behavioral

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with him or her.
- Avoid touching the person. If possible, it is preferable to gesture or slowly guide the person.
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- Make sure that the person is away from potential hazards or dangers (busy streets, etc.) since he or she may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming himself or herself, or others, wait until these behaviors subside.

Considerations for People with Cognitive Disabilities

- **Say:** "My name is _____. I'm here to help you, not hurt you."
 - "I am a _____ (name your job)."
 - "I am here because _____ (explain the situation)."
 - "I look different than my picture on my badge because _____ (for example, if you are wearing protective equipment)."
- **Show:** Your picture identification badge (as you say the above).
 - That you are calm and competent.
- **Give:** Extra time for the person to process what you are saying and to respond.
 - Respect for the dignity of the person as an equal and as an adult (example: speak directly to the person).
 - If needed, offer an arm to the person to hold as they walk, or an elbow for balance.
 - If possible, provide quiet time to rest (to reduce stress and fatigue).
- **Use:** Short sentences.
 - Simple and concrete words.
 - Accurate and honest information.
 - Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, or point to any protective equipment as you speak about it.
- **Predict:** What will happen (simply and concretely).
 - When events will happen (tie to common events in addition to numbers and time. For example, say "By lunch time...", "By the time the sun goes down...").
 - How long this will last; when things will return to normal (if you know).
 - When the person can contact or rejoin loved ones (for example: calls to family, re-uniting pets, etc.).
- **Ask for/Look for:** An identification wrist or ankle bracelet, necklace, or shoe tag with special health information.
 - Essential equipment and supplies (for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
 - Medication.
 - Mobility aids (for example, assistance or service animal).
 - Special health instructions (for example: allergies).
 - Special communication information (for example, is the person using sign language?).
 - Contact information.
 - Signs of stress and/or confusion (for example, the person might say he or she is stressed, look confused, withdraw or start rubbing hands together).
 - Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).

- **Repeat:** Reassurances (for example, "You may feel afraid. That's ok. We're safe now.").
 - Encouragement (for example, "Thanks for moving fast. You are doing great. Other people can look at you and know what to do.").
 - Frequent updates on what's happening and what will happen next. Refer to what you predicted will happen. For example: "Just like I said before, we're getting into my car now. We'll go to _____ now."
- **Reduce:** Distractions. For example: lower volume of radio, and use flashing lights on vehicle only when necessary.
- **Explain:** Any written material (including signs) in simple and concrete language.
 - Public address system announcements in simple and concrete language.
- **Share:** Any necessary information you've learned about the person with other workers who'll be assisting the person.

Notes



Considerations for People with Brain Injuries

- Brain injury is sometimes called the “hidden disability” as you may not be able to tell that a person has a brain injury during your initial contact with him or her. Most people with brain injuries will be able to identify their injury to you.
- Some people with brain injuries have memory lapses, become excited, or have trouble concentrating, especially in places with lots of distractions. If you can, move with the person to a quiet location to talk with him or her.
- Approach the person calmly and explain your role in a non-threatening manner.
- Use direct, concrete phrases. Avoid long, complicated sentences if possible, and allow extra time for the person to respond.
- Some people with brain injuries may need to have information repeated more than once.
- Some people with brain injuries may not be able to report events in sequence. If you need to know what happened, ask step-by-step questions. Ask: “What was the first thing that happened?” and then “Can you tell me what happened next?”
- Some people with brain injuries may not be able to tell you the names of the medications they’re taking. Ask them to describe the shape and color of the medication instead.
- You can also ask them if they have memory aids. Many people with brain injuries will recognize the phrases “i-map” (Individualized Medical Assistance Portfolio) or “Retrain My Brain” tool kit. These aids usually have medication names and other information about the person written down in them.
- Some symptoms of brain injury can mimic behaviors associated with drug or alcohol abuse, such as balance problems, slurred speech, paranoia, or even belligerence if the person becomes agitated. Don’t assume!

Notes



Considerations for People with Seizure Disorders

After checking the scene and the person experiencing the seizure for safety

- Call or have someone call 9-1-1
- Remove nearby objects
- DO NOT hold or restrain the person
- DO NOT place anything between the teeth or in the mouth

AFTER SEIZURE PASSES

- Monitor breathing and for changes in condition.

WHAT TO DO NEXT

- Comfort and reassure the person. If fluids or vomit are present, roll the person to one side to keep the airway clear.
- Provide care based on conditions found

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf

Notes



Considerations for People with Mental Illness

- You may not be able to tell if a person is mentally ill until you have begun the evacuation procedure.
- If a person begins to exhibit unusual behavior, ask if he or she has any mental health issues of which you need to be aware. However, be aware that he or she may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly and in a normal, calm, speaking tone.
- If the person becomes agitated, help him or her to find a quiet corner away from the confusion.
- Keep your communication simple, clear, and brief.
- If an individual is confused, don't give multiple commands. Ask or state one thing at a time.
- Be empathetic. Show that you have heard what he or she is saying and that you care about what he or she has told you.
- Be reassuring.
- If the person is delusional, don't argue or try to "talk him or her out of it". Just let the individual know you are there to help him or her.
- Ask if there is any medication he or she should bring when evacuating.
- Try to avoid interrupting a person who might be disoriented or rambling; just let him or her know that you have to move quickly.
- Don't talk down to an individual, yell, or shout.
- Have a forward leaning body position; this shows interest and concern.

Notes



QR Codes and Resources

Quick Reference (QR) codes—example pictured to the right—are readily accessible and readable barcodes that contain various types of data. The QR codes found in this booklet contain links to supplemental information regarding functional and access needs in the form of videos, websites, mobile applications (or apps), pamphlets, and other internet-based media. To use the codes, all you need a smart phone with an Internet connection.

To access QR codes:

1. Download and install a free QR scanner application (such as QR Droid, QR Reader for iPhone, RedLaser, etc.) on your smart phone.
2. Run the QR scanner application.
3. Scan the QR code by focusing in on the square graphic as if you were taking a photo with your phone.
4. Access the content that pops up (example: the QR code above should take you to a “How to Scan a QR Code” article on WikiHow).

While the codes listed in this booklet are from trusted partners, please be careful when scanning QR codes from unknown sources. Additionally, the American Red Cross neither endorses nor promotes any of the apps or companies listed. Participants who choose to download fee-based apps are responsible for all monetary charges incurred.

Supplemental Videos



University of Nebraska Medical Center – Healthcare and Emergency Responder Organization Education through Simulation (HEROES) Project
(Video demonstrations provided with the approval of UNMC: HEROES Project’s Director, Elizabeth Beam.)

Information & Communication Tools

Temple University Emergency Communication 4 All (English):
<http://disabilities.temple.edu/aacvocabulary/e4all/EprepPictureAid.pdf>



Temple University Emergency Communication 4 All (Spanish):
<http://disabilities.temple.edu/aacvocabulary/e4all/EprepPictureAidES.pdf>



St. Petersburg College Emergency Tool:
<http://terrorism.spcollege.edu/SPAWARAFN/FlipBook/AaFN-FlipBookDVD.pdf>

Tablet and Smartphone Applications

Show Me for Emergencies App (Android):
<https://play.google.com/store/apps/details?id=gov.ma.dph.showme>
(Also available on iPhone through the App Store)



Red Cross Mobile Apps: <http://www.redcross.org/prepare/mobile-apps>

