



7th Edition

## when Responding to:

- |           |  |
|-----------|--|
| <b>1</b>  | <b>Autism</b>                              |
| <b>2</b>  | <b>Blindness</b>                           |
| <b>3</b>  | <b>Chemical Sensitivities</b>              |
| <b>4</b>  | <b>Childbearing Women<br/>and Newborns</b> |
| <b>5</b>  | <b>Children</b>                            |
| <b>6</b>  | <b>Cognitive Disabilities</b>              |
| <b>7</b>  | <b>Hostile Situations</b>                  |
| <b>8</b>  | <b>Deaf or Hard of Hearing</b>             |
| <b>9</b>  | <b>Mental Illness</b>                      |
| <b>10</b> | <b>Mobility Limitations</b>                |
| <b>11</b> | <b>Seniors</b>                             |
| <b>12</b> | <b>Service Animals</b>                     |

## **Dear Responder:**

Whether you are responding to an emergency caused by natural forces such as fire, flood, or tornado, or one caused by a terrorist attack, you will likely encounter persons with some type of access or functional need who will require special assistance. While some needs will be obvious, others, including some cognitive disabilities or mental illness, may be difficult, if not impossible, to detect.

These **Tips** are not meant to be comprehensive, but contain specific information that can be read quickly either before or while you are responding to an incident.

If you would like more information about how to best assist persons with access and functional needs in disaster situations, or have suggestions for future editions of this guide, please see the contact information below.

*Missouri Department of Mental Health  
Office of Disaster Services  
Jenny Wiley, Coordinator  
1706 E. Elm St.  
Jefferson City, MO 65101*

*573/751-4122 or 1-800-364-9687  
www.dmh.mo.gov*

*We appreciate permission to reproduce "Tips for First Responders" from Dr. Anthony Cahill, Center for Development and Disability, Albuquerque, New Mexico.*

*Other contributors were:*

*New Mexico Department of Health,  
Office of Health Emergency Management;  
American Association on Health and Disability;  
New Mexico Governor's Commission on Disability; and,  
Research and Training Center on Independent Living.*

*Tips is reprinted with funding from the  
ASPR Hospital Preparedness Program through the  
Missouri Department of Health and Senior Services  
Grant #6-U3REP090226-02-02*

*Revised October 2017*

## 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 situations, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- ◆ Avoid using phrases that have more than one meaning such as “spread eagle”, “knock it off” or “cut it out”.
- ◆ Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- ◆ Some people with autism don’t 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 may be dressed oddly, invade your space, prefer to be farther away from you than typical, or not make eye contact.

# People with Autism

1

(continued)

- ◆ 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 Behavior

- ◆ 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 them.
- ◆ Avoid touching the person, and, if necessary, 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 they may not have fear of danger.
- ◆ Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside.

1

## 2

## People With Blindness

---

There is a difference between visual limitations and blindness. Some people who are “legally blind” have some sight, while others are totally blind.

- ◆ Announce your presence, speak out 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 them your arm. As you walk, advise them of any obstacles.
- ◆ Offer assistance but let the person explain what help is needed.
- ◆ Do not grab or attempt to guide them without first asking them.
- ◆ Let the person grasp your arm or shoulder lightly for guidance.
- ◆ They 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.
- ◆ When guiding someone to a seat, place the person’s hand on the back of the chair.

## People With Blindness

2

(continued)

- ◆ If leading several individuals with visual limitations, ask 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, don't pet it unless the person says it is okay to do so. Service animals must be evacuated with the person.  
**(See also the Tips for People with Service Animals)**

2

### 3

## Chemical Sensitivities

---

- ◆ Reassure the person that you understand they are chemically sensitive and will work with them in providing care. Be sure to ask what the person is sensitive to, including their history of reactions to various drugs you may have to administer.
- ◆ Flag the person's chart or other written information that they are chemically sensitive.
- ◆ Whenever possible, take the person's own medical supplies and equipment with them, including oxygen mask and tubing, medications, food and water, bedding, clothing, and soap - he or she may be sensitive to these items if issued at a shelter or hospital.
- ◆ Shelter personnel, after obtaining written permission, may need to consult with the person's environmental physician, if possible.
- ◆ If the person is taken to an emergency shelter or a hospital, help protect them from air pollution. Some suggestions:
  - Avoid placing the person in rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet, or other recent remodeling.
  - Place a sign on the door stating that the person inside has chemical sensitivities.
  - Assign caregivers who are not wearing perfume or fabric softener on clothes and who are not smokers.

## Chemical Sensitivities

3

(continued)

- Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.
- Keep the door to the person's room closed, if possible.
- Reduce time the person spends in other parts of the shelter or hospital, if possible, by performing daily living tasks and as many procedures and evaluations as possible in their room.

3

## 4

# Childbearing Women & Newborns

---

## Childbearing Women

Usually, pregnancy is not an emergency. In fact, if the pregnant woman is otherwise healthy, it's likely that she can be included in any plans for evacuation.

However, a pregnant woman experiencing any of the problems listed below, now or within the last three hours, are considered high risk. Especially if the woman has had a cesarean section ("C Section") in the past.

- Steady bleeding "like a period" from the vagina;
- Convulsion or a really bad (unusual) headache that will not go away with Tylenol;
- Constant strong belly or back pain with hardness in her pregnant belly;
- Strong pains and hardening belly that comes and goes every couple of minutes and a "due date" three weeks away or more.

If the pregnant woman has had any of these problems, she should be taken to a hospital (if hospital access is available) or other health care facility for an assessment. If taking her to a facility is not possible, she should be helped to find a comfortable position and not be left alone.

## Childbearing Women & Newborns

4

(continued)

- ◆ A woman who has one or more of the symptoms below may be in labor and about to give birth. Do not move her. It is better to have a birth where you are than on the way to somewhere else.
  - Making grunting sounds every one to three minutes.
  - You see bulging out around the vagina when she grunts or bears down.
- ◆ Give pregnant women and new moms lots of fluids to drink (water or juice is best).
- ◆ Be as calming as possible. Expectant mothers may be especially anxious in emergency situations. Reassure them you will do everything you can for them.
- ◆ Try not to separate expectant or newly delivered moms and their family, even if transporting.
- ◆ If you must transport a pregnant woman, regardless of whether she is in labor or not:
  - Transport her lying on her side, not flat on her back.
  - Ask her if she has a copy of her pregnancy/prenatal records. If she does, make sure they are brought with her.

4

### Just After Baby is Born

- ◆ Dry and rub the baby gently to keep baby warm and to stimulate breathing.
- ◆ Place the naked baby on mother's skin between breasts and cover both mom and baby.
- ◆ Cutting the cord is not an emergency. The cord should only be cut when you have sterile tools (scissor, knife blade, etc.) It's better to wait rather than cut the cord with a non-sterile blade.
- ◆ Usually, the placenta (afterbirth) will follow the baby on its own in about a half hour or less. After it comes, it can be put in a plastic bag, wrapped with the baby or left behind, depending on the circumstances.
- ◆ Monitor bleeding from the vagina. Some bleeding is normal--like a heavy period. It should slow down to a trickle within five to 10 minutes. If it doesn't the woman needs medical care.
- ◆ Encourage mom to put baby to breast. The baby's hands should be free to help find the breast. Point baby's nose toward mom's nipple and the baby's tummy toward mom's.

## **Childbearing Women & Newborns**

---

**4**

(continued)

- ◆ If you need to transport a mother and her newly born baby:
  - Keep the mom and newborn together: baby in mom's arms or on her belly.
  - If available, take diapers, baby clothes, formula and bottles (if mom is bottle feeding the baby).

**4**

When dealing with children in a disaster, remember your feelings will communicate to the children.

- ◆ Stay calm. Be patient.
- ◆ Provide verbal reassurance and physical comforting.
- ◆ Speak slowly and direct. Be an active listener.
- ◆ Answer questions honestly, but briefly, at a child's developmental level. Do not dwell on the incident.
- ◆ If evacuating, take age-appropriate supplies and comfort items such as a teddy bear.
- ◆ Try connecting them with a family member or someone they know.
- ◆ Reduce immediate reminders. If possible, get them to a quiet, safe area. Provide distractions, if available, such as: age-appropriate videos, toys, etc.
- ◆ An adult that has been approved through background screening should remain with the child until reunited with family.
- ◆ Provide as much routine as possible.

**◆ 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).
- An arm to the person to hold as they walk. If needed offer your elbow for balance.
- Quiet time to rest, if possible, to lower stress and fatigue.

**◆ Use:**

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.

# People with Cognitive Disabilities

6

(continued)

## ◆ Inform:

- What is happening simply and concretely. Do not go into grave detail about the incident.
- What you are planning to do now.
- When the person can contact or rejoin loved ones (if you know for sure).

## ◆ Ask for/Look for:

- An identification bracelet with special health information.
- Essential equipment and supplies (e.g., wheelchair, walker, communication devices, etc.)
- Medication
- Mobility aids (e.g., service animal)
- Special health instructions (e.g., allergies)
- Special communication information (e.g., is person using sign language)
- Contact information
- Signs of stress and/or confusion (e.g., withdrawing, rubbing hands together)
- Conditions that people might misinterpret (e.g., mistaking Cerebral Palsy for drunkenness.)

6

**Repeat:**

- Reassurances (e.g., "You may feel afraid. That's okay. You're safe now.")
- Encouragement (e.g., "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 told them 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. Use flashing lights on vehicle only when necessary.

**♦ Explain:**

- Written material (including signs) in everyday language.
- Public address system announcements in simple language.

**♦ Share:**

- The information you've learned about the person with other workers who will be assisting the person.

## People Who are Deaf or Hard of Hearing

---

There is a difference between deaf and hard of hearing. Some people can hear almost normally with hearing aids while others hear nothing.

Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.

- ◆ When communicating with the hard of hearing:
  - If possible, flick the lights when entering an area or room to get their 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 and repeat, 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.
  - Do not allow others to interrupt you while conveying the emergency information.
  - Be patient--the person may have difficulty understanding the urgency of your message.

## **People Who are Deaf or Hard of Hearing**

7

(continued)

- Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- While written communication should work for many people, others may not understand English well enough to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

7

## Hostility and Anger

8

Issues of health and safety can arouse strong emotions, including anger and hostility.

Dealing ineffectively with hostility can erode trust and credibility. Remember, public hostility is usually directed at you as a representative of an organization, not you as an individual, so don't take it personally.

### Diffusing Anger and Hostility

- Acknowledge the existence of anger/hostility. The worst thing you can do is pretend it's not there.
- Be mindful of your reaction. Show you are in control of yourself.
- Stay calm. Anxiety undercuts confidence, concentration, and momentum toward peaceful resolution.
- Find a place to talk. If possible, remove the person from the environment where tension exists to have a private and peaceful conversation.
- Be prepared. Practice your presentation and anticipated questions and answers.
- Listen actively. Recognize people's frustrations—communicate empathy and caring.
- Use open body language. Use eye contact, respectful distance, and non-threatening postures can ease others' tension.
- Answer questions thoughtfully. Try to focus on positives and tie answers to their situation while staying on message.

8

You may not be able to easily determine if a person is mentally ill. If you suspect someone has a mental health issue, consider using the following information to help you through various situations:

- ◆ Ask if the person has a mental health issue.  
  
Be aware that:
  - mental health conditions are sometimes misinterpreted as drunkenness, and
  - someone who is mentally ill may not be able to tell you that they are.
- ◆ In an emergency, the person may become confused. Speak slowly and in a normal, calm tone.
- ◆ If the person becomes agitated, help them find a quiet corner away from the confusion.
- ◆ Keep your communication simple, clear and brief.
- ◆ If they are confused, don't give multiple commands. Ask or state one thing at a time.
- ◆ Be empathetic. Show that you have heard them and care about what they have told you. Be reassuring.
- ◆ If the person is delusional, don't argue with them or try to talk them out of it. Just let them know you are there to help.
- ◆ Ask if there is any medication they should take with them.

## People with Mental Illness

---

9

(continued)

- ◆ Try to avoid interrupting a person who might be disoriented or rambling. Just let them know that you have to move quickly.
- ◆ Don't talk down to them, yell or shout.
- ◆ Have a forward leaning body position. This shows interest and concern.

9

- ◆ Don't make assumptions about the person's abilities. Always ask the person how you can help before beginning any assistance. Even though it may be important to evacuate quickly, respect their independence to the extent possible.
- ◆ Ask if they have limitations or issues that may affect their safety.
- ◆ Some people may need assistance getting out of bed or out of a chair, but can THEN 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] [walk] for quite awhile on your own. Will this be okay? Please be sure and 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 their ability to breathe.
- ◆ Avoid the "fireman's carry." Ask the person the best way to carry them. Use the one- or two-person-carry techniques.

## People with Mobility Limitations

10

(continued)

### 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 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 eye level.
- ◆ Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- ◆ Ask before you assume they need help, and ask what help is needed.

10

**Carrying Techniques Down Steps for  
Non-Motorized Wheelchairs**

The in-chair carry is the most desirable technique to use, if possible.

**◆ 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.
- Descent frontward.
- Let the back wheels gradually lower to the next step.

**◆ Two-person assist**

- One person should stand in front and face the wheelchair.
- Stand one, two or three steps down depending on height of the the other rescuer.
- Grasp the frame of the wheelchair.
- Push into the wheelchair.
- Descend the stairs backwards.

## People with Mobility Limitations

10

(continued)

### Motorized Wheelchairs

Motorized wheelchairs may weigh over 200 pounds unoccupied and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.

- ◆ People who use motorized wheelchairs probably know their equipment much better than anyone. 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.
- ◆ Most people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

10

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.

- ◆ Always ask the person how you can best assist them.
- ◆ Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- ◆ Older people may fear being removed from their homes. Be sympathetic and understanding and explain that this relocation is temporary.
- ◆ Before moving an elderly person, assess their ability to see and hear. Adapt rescue techniques for sensory limitations.
- ◆ Persons with a 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 they do, is it available and working? If it isn't, can you get a new battery to make it work.  
**(See also the Tips for Deaf and 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 then guide them to safety.  
**(See also the Tips for Blindness)**

## Seniors

11

(continued)

- ◆ If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their 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.

11

## People with Service Animals

---

Traditionally the term, “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals.

- ◆ Remember—a service animal is not a pet.
- ◆ Do not touch or give the animal food or treats without the permission of the owner.
- ◆ When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- ◆ Plan to evacuate the animal with the owner. Do not separate them.
- ◆ Service animals may not be registered and there may not be 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.

## People with Service Animals

12

(continued)

- ◆ 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 must be in a harness or on a leash, but need not be muzzled.

12