

# First Responders

Serving Citizens with Disabilities

# A g e n d a

A n d d i s c u s s i o n t o p i c s c o v e r e d t o d a y

**1**

## **Victimization Stats**

What sparks this discussion?

**2**

## **9-1-1**

Access for 9-1-1 and telephone emergency services

**3**

## **Communication**

Communicating with citizens with disabilities

**4**

## **Interaction**

How to best interact with people with varying disabilities

**5**

## **Emergency Planning**

How to best plan to include people with varying disabilities into the process

# Types of Emergency Encounters

---

Victim of a crime

---

Offender

---

Runaway from residence

---

“Confused citizen”

---

Medical emergency

---

Witness

---

Floods

---

---

Domestic violence/abused

---

Caregiver request for assistance

---

Group homes, service provider agencies

---

Public transportation

---

Fire

---

Weather/natural emergencies

---

# Categories of Disability

And discussion topics covered today

---

Autism

---

ADHD

---

Blind/Low vision

---

Deaf/Hard of Hearing

---

Dementia

---

Mental Illness

---

Intellectual Disability

---

Learning Disability

---

Physical Disabilities

---



**1**

## Victimization

People with disabilities are most vulnerable during emergencies

# V i c t i m i z a t i o n   S t a t s

- 4-10 times higher than typical population to be victimized
- 72% of psychiatric in-patients report history of physical and/or sexual abuse
- Often victimized repeatedly by the same individual
- Officers are usually the first interact

# V i c t i m i z a t i o n   S t a t s

- Never assume that PWDs suffer less emotional trauma and psychological injury than other crime victims
- Communication by officers is often the key to defusing anxiety and getting accurate responses



# V i c t i m i z a t i o n   S t a t s

- **Most Affected Groups:** Individuals with cognitive disabilities face the highest risk, with rates up to 83 per 1,000. Intellectual or developmental disabilities increase vulnerability to sexual assault (up to 7 times higher than non-disabled peers). Children and youth with disabilities are 3–4 times more likely to be victimized, with rates peaking in ages 12–15.



# V i c t i m i z a t i o n   S t a t s

- **Types of Violence:** Common forms include rape/sexual assault, robbery, aggravated and simple assault. Unique abuses involve withholding care/medication, destroying assistive devices (e.g., wheelchairs), or exploiting dependency on caregivers. Perpetrators are often known to the victim (family, caregivers, acquaintances) rather than strangers—about 65–68% of cases—due to reliance on support networks.

# V i c t i m i z a t i o n   S t a t s

- **Underreporting and Barriers to Justice:** Crimes are severely underreported; for example, only 19% of sexual assaults against people with disabilities are reported to police (vs. 36% for non-disabled). Barriers include physical inaccessibility (e.g., courtrooms without ramps), communication issues (lack of sign language interpreters), attitudinal biases (viewing victims as unreliable or "incompetent"), fear of losing independence/care, and systemic prejudice that infantilizes or discredits victims.

# V i c t i m i z a t i o n   S t a t s

- **International Recognition:** The UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by over 190 countries, explicitly requires states to protect persons with disabilities from exploitation, violence, and abuse (Article 16), including through gender- and age-sensitive measures, recovery support, and effective investigation/prosecution.



**2**

**9-1-1**

**Access for 9-1-1 and telephone  
emergency services**



# 9-1-1 Call Centers

Ensuring all citizens get help



## 9-1-1 Calls

The Americans with Disabilities Act (ADA) requires all Public Safety Answering Points (PSAPs) to provide direct, equal access to their services for people with disabilities who use teletypewriters (TTYs), which are also known as telecommunications devices for the deaf (TDDs).

# 9-1-1 Service Types

Different emergency providers have different capabilities and features.

For instance, most larger cities have the “Enhanced 9-1-1” or “E9-1-1” which automatically identifies for 9-1-1 call takers the telephone number and/or address of callers. The call distribution systems place incoming calls in a queue and distribute them to the next available call taker. Other, smaller providers, may not have these capabilities.

The E9-1-1 system is equipped with TTY software that allows 24-hour access to 9-1-1 for the hearing impaired

The goal is to ensure all citizens are able to get help when needed.





# Direct Access vs. Equal Access

---



## Response Quality

Ensure the citizens have the same quality of care



## Response Time

Ensure the response time is equal for all citizens



## Hour of Operations

Ensure access to 9-1-1 for all hours of operation



## Features

Ensure all features offered are offered to all citizens



**3**

# COMMUNICATION

Communicating with citizens with sensory  
and speech impairments

# Develop an internal policy

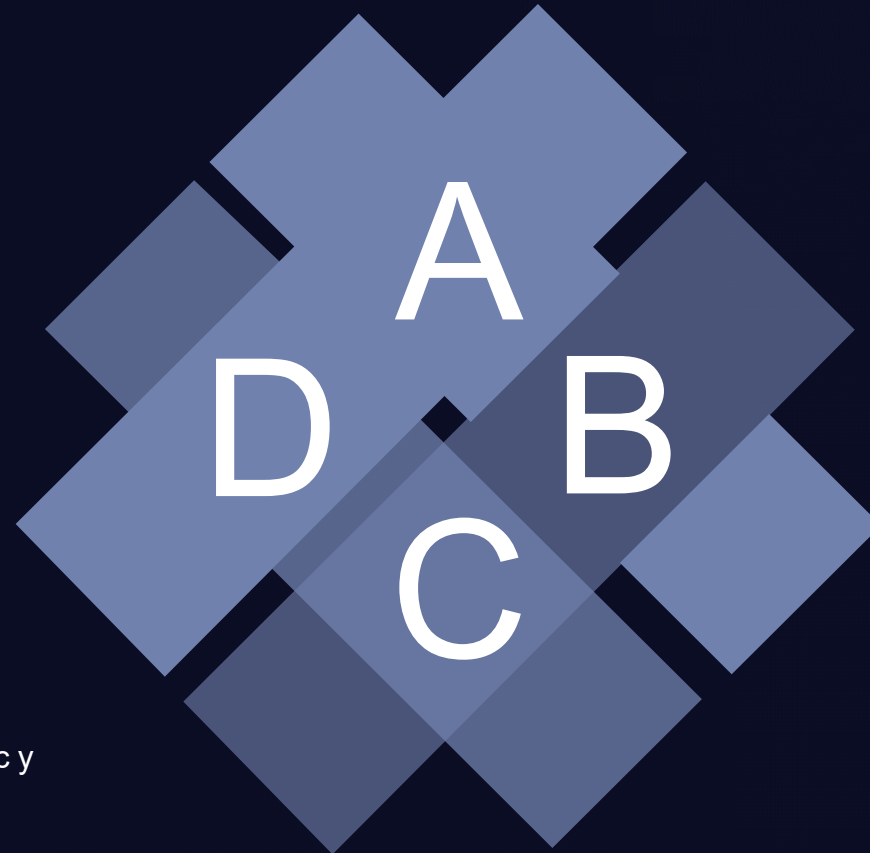
Regarding serving citizens who are deaf,

## A. Department Commitment

Define what your agency is willing to commit to in service to people with disabilities.

## B. Interpretive Services

Develop an internal policy for providing interpreter services.



## C. Techniques

Develop and train employees on techniques of communication ,

## D. Procedures

Develop good internal procedures for providing auxiliary aides when needed,



# A. Department Commitment

What are your internal communication policies?

## Policies Established

Only when a policy is established can it be enforced. This comes from the top down.



### Communication

If you communicate and not everyone gets the message, you're doing it wrong



### Service

Unless every citizen you serve feels served, you've not met your commitments



### Programs

If every program you offer doesn't work for everyone, it's not compliant.



# B. ASL Interpreting Services

Establish contractual agreements

## Communication

Ensure contractual agreements are in place with at least two ASL services and a video interpreting service for 24-hour coverage. Ensure communication is effective with all citizens.



**10 M**

Number of people who are deaf or hard of hearing in the US



**1 M**

Number of people in the US who are functionally deaf.



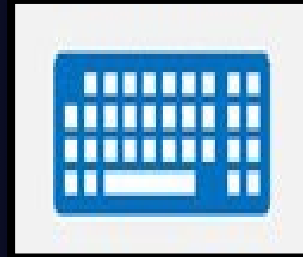
# C. Techniques

Ways to communicate properly

**Visual Aides**



**Keyboard device**



**Teletypewriter**



**Gestures**



**Pad & Pen or  
cell phone**



**Assistive  
Listening  
System**



**Interpreter**





## Confirms the Need for Independent Face-to-Face Communication



Provide services anytime.

Access services anytime.



# C. Techniques

Ways to communicate properly

For proper communication with citizens who are deaf . . .

- Before speaking, get the person's attention with a wave of the hand or a gentle tap on the shoulder.
- Face the person and do not turn away while speaking.
- Try to converse in a well-lit area.
- Do not cover your mouth or chew gum.
- If a person is wearing a hearing aid, do not assume the individual can hear you.

# C. Techniques

Ways to communicate properly

For proper communication with citizens who are deaf . . .

- Minimize background noise and other distractions whenever possible.
- When you are communicating orally, speak slowly and distinctly. Use gestures and facial expressions to reinforce what you are saying.
- Do not over announce
- Use visual aids when possible, such as pointing to printed information on a citation or other document.
- Remember that only about one third of spoken words can be understood by speech reading.



# C. Techniques

Ways to communicate properly

For proper communication with citizens who are deaf . . .

- When communicating by writing notes, keep in mind that some individuals who use sign language may lack good English reading and writing skills.
- If someone with a hearing disability cannot understand you, write a note to ask him or her what communication aid or service is needed.
- If a sign language interpreter is requested, be sure to ask *which* language the person uses. American Sign Language (ASL) and Signed English are the most common.

# C. Techniques

Ways to communicate properly

For proper communication with citizens who are deaf . . .

- When you are interviewing a witness or a suspect or engaging in any complex conversation with a person whose primary language is sign language, a qualified interpreter is usually needed to ensure effective communication.
- When using an interpreter, look at and speak directly to the deaf person, not to the interpreter.
- Talk at your normal rate, or slightly slower if you normally speak very fast.

# C. Techniques

Ways to communicate properly

For proper communication with citizens who are deaf . . .

- Only one person should speak at a time.
- Use short sentences and simple words.
- Do not use family members or children as interpreters. They may lack the vocabulary or the impartiality needed to interpret effectively.



# D. Procedures

How do the policies get enforced?

## Implement

Once a good policy has been established, a procedure must follow for proper implementation.



### Website Update

Ensure policies and procedures are updated on the website



### Auxiliary Aids

Ensure citizens and staff know how to get or provide auxiliary aids,



### Interpreters

Ensure officers and staff know how to get interpreters when needed

# D. Procedures

How do the policies get enforced?

The ADA requires that . . .

- Law enforcement agencies provide the communication aids and services needed to communicate effectively with people who are deaf or hard of hearing, except when a particular aid or service would result in an undue burden or a fundamental change in the nature of the law enforcement services being provided.
- Agencies must give primary consideration to providing the aid or service requested by the person with the hearing disability.

# D. Procedures

How do the policies get enforced?

The ADA requires that . . .

- Agencies cannot charge the person for the communication aids or services provided.
- Agencies do *not* have to provide personally prescribed devices such as hearing aids.
- When interpreters are needed, agencies must provide interpreters who can interpret effectively, accurately, and impartially.
- Your agency's policy and procedures explains how to obtain interpreters or other communication aids and services when needed.



# D. Procedures

How do the policies get enforced?

The ADA requires that . . .

- Only the head of the agency or his or her designee can make the determination that a particular aid or service would cause an undue burden or a fundamental change in the nature of the law enforcement services being provided.



4

# Interaction

What is and is not acceptable?



# Interaction

How we best serve,



## Citizens with service animals

If possible, do NOT separate a person with a service animal from their animal.



## Citizens with Autism

People respond differently to different triggers. How can we make sure they're safe and you're safe,

## Seniors

Seniors may get confused. How can we help them in an emergency?



## Citizens with mobility impairments

Keep people using a mobility aid with their aid as much as possible to do safely.,





# Interaction

How we best serve,

## Citizens with cognitive impairments

Reducing confusion and making emergencies less intimidating



## Citizens with Mental Illness

People respond differently to different triggers. How can we make sure they're safe and we're safe,



## Citizens with visual impairments

How to provide assurance for people without sight



## Citizens with MCS

Multiple chemical sensitivity can effect behaviors



# Interactions with Seniors

Seniors may get confused. How can we help them in an emergency?

Always ask the person how you can help. Never assume.

- 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 they will receive medical assistance without fear of being placed in a nursing home.

# Interactions with Seniors

Seniors may get confused. How can we help them in an emergency?

Always ask the person how you can help. Never assume.

- 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 impairments.
- 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?

# Interactions with Seniors

Seniors may get confused. How can we help them in an emergency?

Always ask the person how you can help. Never assume.

- 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.
- 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: repeat them if necessary. Maintain eye contact.



# Interactions with Citizens with service animals

If possible, do NOT separate a person with a service animal from their animal.

Traditionally, the term “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals. Remember, these are not pets.

- 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!

# Interactions with Citizens with service animals

If possible, do NOT separate a person with a service animal from their animal.

- Service animals are not registered and there is no 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 must accept that he or she has a disability. If you have doubts, wait until you arrive at your destination and address the issue with the supervisor in charge.

# Interactions with Citizens with service animals

If possible, do NOT separate a person with a service animal from their animal.

- 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.

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

- Always ask the person how you can help before attempting any assistance. Every person and every disability is unique – even though it may be important to evacuate the location where the person is, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- Ask if they have limitations or problems 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!



# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

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 a wheelchair?”
- “You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance.”
- “Do you have full use of your arms?”

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

- 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.” Use the one or two person carry techniques.

## 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

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

- 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 down 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.

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

## Carrying Techniques for people in 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.
- Descend frontward.



# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

## Carrying Techniques for people in non-motorized wheelchairs

- Let the back wheels gradually lower to the next step.

## Two-person assist

Position the second rescuer:

- Stand 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.

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

## Two-person assist

Position the second rescuer:

- Push into the wheelchair.
- Descend the stairs backwards.

## Carrying Techniques for people in motorized wheelchairs

- Motorized wheelchairs may weigh 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.

# Interactions with Citizens with Mobility Impairments

Keep people using a mobility aid with their aid as much as possible to do safely.

## Carrying Techniques for people in motorized wheelchairs

- 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.
- 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.

# Interactions with People with Autism

People respond differently to different triggers. How can we make sure they're safe and we're safe

## 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 be disrespectful.



# Interactions with People with Autism

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Communication

- 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.

# Interactions with People with Autism

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Social Skills

- 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.
- 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.

# Interactions with People with Autism

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Social Skills

- 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.

# Interactions with People with Autism

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Sensory and behavior

- 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 a 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.



# Interactions with People who are deaf or hard of hearing

There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.

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

# Interactions with People who are deaf or hard of hearing

There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.

- 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.

# Interactions with People who are deaf or hard of hearing

There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.

- 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.

# Interactions with People who are blind or visually impaired

There is a difference between visual impairment 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.



# Interactions with People who are blind or visually impaired

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

- 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.
- If leading several individuals with visual impairments, ask them to guide the person behind them.

# Interactions with People who are blind or visually impaired

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

- 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 ok to do so. Service animals must be evacuated with the person.

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## 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*)

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## 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*).



# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Give:

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

## Use:

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Use:

- 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.

## Predict:

- What will happen (*simply and concretely*)?
- When events will happen (*tie to common events in addition to numbers and time, for example, "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*)

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Predict:

- When the person can contact or rejoin loved ones (*for example: calls to family, re-uniting pets*)

## Ask For/Look For:

- An identification bracelet with special health information.
- Essential equipment and supplies (*for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]*)
- Medication

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Ask For/Look For:

- 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 their hands together*).



# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Ask For/Look For:

- 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"*).

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Repeat:

- 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, use flashing lights on vehicle only when necessary.

# Interactions with People with Cognitive Impairment

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Explain:

- Any 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'll be assisting the person.

# Interactions with People with Down's Syndrome

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Do NOT Ask yes/no questions:

- People with Down's Syndrome will often answer "yes" to any yes/no question because they connect being agreeable to being liked.
- To get a more accurate answer, use short sentences without yes/no answers. For instance, instead of "Are you here with your mother?" you might ask. "Where is your mother?" so they have think about the answer.
- People with Down's Syndrome also want to fit in. They might defend the person they're standing next to so they will like them too.



# Interactions with People with Downs Syndrome

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Explain:

- What is happening and what you need them to do in simple language with no more than two steps at a time.
- Public address system announcements in simple language.

## Share:

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

# Interactions with People with Multiple Chemical Sensitivity

People respond differently to different triggers. How can we make sure they're safe and we're safe

- Reassure the person that you understand he or she is chemically sensitive and will work with him or her in providing care. Be sure to ask what the person is sensitive to, including his or her history of reactions to various drugs you may have to administer.
- Flag the person's chart or other written information that he or she is 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.

# Interactions with People with Multiple Chemical Sensitivity

People respond differently to different triggers. How can we make sure they're safe and we're safe

## If you do administer drugs:

- Administer low doses with caution.
- Use IV fluid bottled in glass without dextrose if possible - many people react to corn-based dextrose.
- Capsules are generally better than tablets – they have fewer binders, fillers and dyes.
- If administering anesthesia, use short-acting regional rather than general anesthesia whenever possible and try to avoid the use of halogenated gas anesthetics.

# Interactions with People with Multiple Chemical Sensitivity

People respond differently to different triggers. How can we make sure they're safe and we're safe

## If you do administer drugs:

- Consult with the person's environmental physician if possible.
- If the person is taken to an emergency shelter or a hospital, help protect him or her 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.



# Interactions with People with Multiple Chemical Sensitivity

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Some suggestions:

- 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.
- 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.

# Interactions with People with Multiple Chemical Sensitivity

People respond differently to different triggers. How can we make sure they're safe and we're safe

## Some suggestions:

- Reduce time the person spends in other parts of the hospital, if possible, by performing as many procedures and evaluations as possible in his or her room.

# Interactions with People who are Mentally Ill

People respond differently to different triggers. How can we make sure they're safe and we're safe

- 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 they have any mental health issues of which you need to be aware. However, be aware that they may or 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.

# Interactions with People who are Mentally Ill

People respond differently to different triggers. How can we make sure they're safe and we're safe

- 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 them.



# Interactions with People who are Mentally Ill

People respond differently to different triggers. How can we make sure they're safe and we're safe

- Ask if there is any medication they should take with them.
- 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.

5

# Emergency Planning

Including people with disabilities in the  
planning process

# Know your Community

- Who lives in your community?
- Are there any:
  - Senior living areas or assisted living?
  - Schools for the blind/deaf?
  - Independent living centers?
  - Offices for disability resources?
  - HHS offices?
  - Rehabilitation Centers?
  - Specialized living centers for people with cognitive/emotional impairments?

# Have you Talked to Them?

You won't know how to best help your community unless you talk to the community you want to help. Where do you start?

- The local school district
- Independent living center
- Senior center or senior resource groups
- Specialized schools
- Rehabilitation centers



# Each Community's Plan is Based on Who Makes Up the Community

Entities make a mistake trying to figure out what the highest priority is, but talking with the community will resolve this.

- A high population of seniors will have different priorities than a high population of people with hearing impairments.
- Ask YOUR community what the priorities are and plan around them.
- Reach out to all disability related organizations for input.
- Include the information they give you with actionable items in your emergency plan.

# QUESTIONS?

Kristi J. Avalos

[kristi\\_avalos@accessology.com](mailto:kristi_avalos@accessology.com)



Kristi J. Avalos  
President/CEO, Accessology

Phone: 972-434-0068  
Kristi\_avalos@accessology.com

[www.Accessology.com](http://www.Accessology.com)

