Interreg - IPA CBC Greece - Albania 4PLUS

Guide for civil protection bodies

Designing protection and safety for people with disabilities

For all those who are affected in a disproportionate number and degree compared to the rest of the population when a natural disaster occurs









EARTHQUAKE

FIRE

FLOOD

EXTREME CONDITIONS

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National Confederation of Disabled Persons (NCDP)

Headquarters: 236 El. Venizelou str., P.C. 163 41, Ilioupoli Phone: +30 210 9949837, Fax: +30 210 5238967 E-mail: esaea@otenet.gr, Website: www.esamea.gr





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Press editing:

EUROPRAXIS µ.IKE 4 Vergas str., P.C. 176 73 Kalithea Phone: +30 210 9521313, Fax: +30 210 9521318 Email: info@euro-praxis.com, Website: www.euro-praxis.com



What is the issue?

Large-scale natural disasters, such as fires, extreme weather, floods and earthquakes, are highly unpredictable and endanger many aspects of people's lives – health, safety, housing, access to food, water and more staple items, to name just a few. Modern and asynchronous mass media (newspapers, television, radio, social media, electronic media, etc.) are not only important channels of information and entertainment, but also important carriers of information and information to the public in cases where increased preparedness is required for imminent severe natural phenomena as well as during the development of large-scale natural disasters where human lives and property are threatened.

Various studies from all over the world have now shown that in the case of disasters of any type, people with disabilities are at the greatest risk and, compared to the rest of the population, they are affected in a disproportionate number. The same applies to many elderly people, to people with increased nursing needs and in general to all people with reduced autonomy, temporary or permanent.

The reasons are various:

- Because most of these people have never been informed about the importance of their own preparedness and how important it is to have prepared in advance their personal disaster/crisis preparedness plan.
- Because the escape plans and evacuation systems in infrastructures and buildings that people with disabilities frequent, work or visit (educational institutions of all levels, public/municipal service buildings, workplaces, health and care infrastructures, temporary accommodation, and catering infrastructures, etc.) do not include provisions for these individuals.
- Because emergency human resources have never been trained in such communication and management skills.
- Because even to this day the mass media have not succeeded in ensuring that the information they provide and the warnings/instructions they transmit during the manifestation of a threat, on the one hand, "reach" the various people with disabilities/impeded people (accessibility of the message) and on the other hand, they include specialized information about these people (message content).
- Because in a crisis or disaster, the concept of rights seems to be lost under the pressure of the immediate needs of all survivors.

And these are some of the reasons. But perhaps the most critical factor is the fact that civil protection planners over the years have been found to have implemented poor practices that have largely excluded people with disabilities and their needs:

- Emergency preparedness and response systems are designed for the "average" person who can walk, run, drive, see, hear and respond quickly to instructions.
- To date, the information and support needs of such groups are not recorded, studied or adequately addressed by civil protection planning and crisis management centers.

- People from these groups, as recorded, have for the most part not been involved in disaster management and risk reduction processes currently applied in their communities, and have been excluded from decision-making and planning of such processes.
- Competent authorities have not taken care to maintain information and data (registries) of citizens who need additional assistance and present increased needs in cases of crises, so that they know/plan accordingly in advance.

This Guide is addressed to the executives of the organizations planning the prevention, preparedness, response and restoration of the threats that may cause situations of natural disasters and emergencies. Especially with regard to issues of protection and security against risks and emergencies, disabled people and generally hindered people should be identified as high-risk groups and as priority groups. Not because they are superior or inferior to others, but because they are proven to be affected, killed or injured, in disproportionate numbers in disasters compared to the rest of the population (for example, see UNISDR 2013, 'Living with Disability and Disasters Research' presenting the results of the UN's first global survey of people living with disabilities on how to respond to disasters).

The protection and safety of people with disabilities in situations of danger is a vested right and obligation of all of us

With the ratification of the United Nations (UN) Convention on the Rights of Persons with Disabilities¹ with Law 4074/2012 (Government Gazette No. 88 A[']/11.4.2012), the country undertook to implement the requirements contained therein and aim at the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. Recognizing that in the case of disasters of any typology, persons with disabilities are at greatest risk and in relation to the rest of the population are affected in a disproportionate number, the Convention with articles 9 ("Accessibility") and 11 ("Situations of danger and emergency humanitarian needs") requires the implementation of measures aimed at:

(a) the protection and safety of persons with disabilities in situations of danger, including emergency humanitarian needs and incidents of natural disasters,

(b) public and private bodies, which offer facilities and services which are open or provided to the public, take into account all forms of accessibility for persons with disabilities, and

(c) identifying and eliminating barriers and accessibility barriers for persons with disabilities to information, communications and emergency services.

¹ Available at: https://www.esamea.gr/about-us/welcome-note/86-legal-framework/symbasi/547-symbasi-oie-gia-ta-dikaiomata-ton-atomon-me-anapiria.

Who are disabled people?

The population group of people with disabilities is characterized by great heterogeneity. According to article 60 of Law 4488/2017 (Government Gazette No. 137 A'/13.09.2017) persons with disabilities "mean persons with long-term physical, mental, intellectual or sensory difficulties". It is an umbrella term that includes people from different disability categories. A grouping of the main categories of disability is as follows: (a) persons with motor disabilities (e.g. quadriplegia, paraplegia, etc.), (b) persons with sensory disabilities (e.g. deaf/hard of hearing, blind/ visually impaired), (c) people with a mental disability (e.g. people with manic depression, schizophrenia), (d) people with an intellectual/ cognitive/developmental disability (e.g. people with autism), (e) people with other disabilities (e.g. people with Down syndrome), (f) people with chronic conditions (e.g. people with thalassemia, nephropathy, diabetes mellitus) and (g) people with severe and multiple disabilities.

How many people are disabled?

According to the Observatory on Disability Issues of the ESA, people with disabilities make up 24.7% of the country's population aged 16 and over, i.e., 2,231,197 out of a total of 9,016,247 people. The invisibility of people with disabilities and chronic conditions is not related to the size of their population, but to the fact that some disabilities and chronic conditions are not visible and to the barriers (architectural, ergonomic, behavioral, etc.) of which existence places limitations on their social participation. If to the previous percentage are added those directly related to people with disabilities and chronic conditions (parents/guardians and wider family context), the segment of the public that has a direct interest in disability/chronic conditions issues increases significantly.

What are the obstacles?

Physical barriers, which refer to objects integrated into the environment (doors, windows, lifts, furniture and equipment, signs, etc.) - these may either be positioned in such a way as to impede disabled people's movement or access in them may either have prohibitive dimensions or may not be easily distinguishable.

Architectural barriers, referring to the design (shape, dimensions, etc.) of interior and exterior spaces, quality of materials, ability to escape in case of emergency.

Technological barriers, which refer to the ease of use of equipment and aids, such as computers and their parts (keyboard, software, etc.), telephones, technological applications, automatic machines, etc.

Information and communication barriers, which refer to the degree of difficulty for people with disabilities to receive information or communicate through the usual means and systems (in person, through print, telephone, internet, signage, etc.).

Behavioural barriers, which refer to misperceptions about the abilities of a person with a disability and arise mainly from people who do not know about the disability and/or how to communicate with people with a disability.

Policy/procedural barriers, referring to existing regulations, protocols, practices and policies that exclude people with disabilities from participating in activities.

What factors determine the magnitude of harmful risk consequences for people with disabilities in situations of risk

According to the World Health Organization, for a population, the risk, i.e. the probability of harmful consequences (death, injury, loss/damage to property, etc.), from the occurrence of potential disasters, is proportional to the magnitude of the threat (i.e. the intensity of the phenomenon) to which the population is exposed and the vulnerabilities (e.g., the degree of vulnerability) of that population, but inversely proportional to its level of preparedness. Therefore, especially for populations with increased vulnerabilities (vulnerable populations such as people with disabilities and/or chronic conditions), improving emergency preparedness, i.e., the ability to respond, is a critical factor and requires advance awareness, information, planning and expertise. Therefore, risk reduction, generally as a process before the occurrence of a potential disaster with the aim of reducing or even eliminating its effects, must focus on three axes:

a) In the prevention of threats, i.e., in everything we can do in order to reduce the probability of the occurrence of a phenomenon and/or to reduce its intensity, such as for example anti-flood works, anti-fireworks, etc.

b) In the reduction of vulnerable points, i.e., in actions and measures to reduce the possibility of exposure and/or entrapment of the population in unmanageable situations and conditions, such as for example by securing escape routes/exits, the preventive relocation of high-risk persons more near escape routes/exits, etc.

c) To improve emergency preparedness, i.e., planning and training for an optimal response during the event and after a threat.

By taking targeted measures in advance to improve the protection and safety of people with disabilities everyone can be better prepared to face the various potential challenges in emergency situations.

Preparedness makes the difference!

During the World Trade Center bombing in 1993, a man with mobility issues was working on the 69th floor. With no plan or devices in place, it took over six hours to evacuate him. In the 2001 attack, the same man had prepared to leave the building using the help of others and an evacuation wheelchair he had procured and kept under his desk. The second time, it only took 1 hour and 30 minutes to get out of the building.

Examples of good practice

In this section, some good practices are indicatively presented that highlight some basic elements-issues of "inclusive" civil protection:

- Elaboration of studies on the needs and levels of risk reduction and emergency preparedness for people with reduced mobility: <u>Inventory of vulnerable groups</u> and research in bodies with relevant responsibilities, in the cross-border area of <u>Greece-Albania</u> (4PLUS project).
- <u>Campaigns</u> and/or special <u>radio broadcasts</u> and <u>TV spots</u>, events and conferences to inform and activate the agencies and citizens.
- Organization of <u>study visits</u> to transfer know-how and good practices.
- Collective development of comprehensive <u>strategies</u> to improve the degree of "inclusion" at all levels.
- Utilization of ICT (<u>Citizen Register</u>, Planning & Decision-Making Tools, online information portal, mobile app for emergency alerts, etc.).
- Creation and institutionalization of a multi-sectoral network (<u>Register of CP</u> <u>bodies</u>).
- Publishment of various publications (<u>public awareness</u>, for <u>planning bodies</u>, for operational teams, for <u>citizens</u> in accessible formats, for employers and <u>health</u>/ education/hospitality service providers, for <u>media</u>, etc.).
- <u>Training activities</u> (<u>public information days</u>, workshops for planning bodies, seminars for operational groups, multi-sectoral exercises on paper and/or in the field).
- <u>Local case studies</u> (local plan, consultation workshop, preparedness assessment report, door-to-door recording, pilot mitigation projects, pilot development of personalized plans, local helpline, information points, etc.).

Relevant provisions in the National Disability Action Plan

The National Action Plan for the Rights of Persons with Disabilities² (2020) concerns an action which is implemented for the first time, horizontally, in accordance with the guidelines of the United Nations Organization (see above the UN Convention on the Rights of Persons with Disabilities), under the responsibility of the Minister of State as Coordinating Mechanism based on Article 69 of Law 4488/2017. In the National Plan, and specifically under Pillar "II: Protection of the Rights of Persons with Disabilities", the

² Bλ. <u>https://amea.gov.gr</u>

Objective 17 "Protection and Security in situations of danger and emergency"³ has been included:

<u>Indicators</u>: new care services for the protection and safety of persons with disabilities in situations of danger and emergency, update of emergency plans, provision for accessible waiting and refuge areas, accessible relay of information and announcement, etc., amendment of regulations.

1. We improve access for people with disabilities to emergency services

- With the 112 Emergency Communications Service, we make it possible to automatically locate the exact location of the caller in cases of calling or sending an SMS message to 112 from a smart mobile phone. We carry out information actions using accessible forms of communication at the Municipal level, in collaboration with the General Secretariat of Civil Protection, and we use the voluntary organizations of the General Secretariat's registry to disseminate information.
- We are investigating synergies with the Municipalities for the compilation of lists with contact details of persons with disabilities who live within the limits of their jurisdiction, with their prior express consent, for the targeted routing of protection actions, taking into account the type of disability (mobility disability, disability visual, auditory, speech, mental, cognitive and mental, non-visible disability or chronic condition such as respiratory disorders, depression, diabetes, schizophrenia).

Timeline: Within 2021

Responsible body: Ministry of Citizen Protection - General Secretariat of Civil Protection

Involved bodies: Ministry of Digital Governance, Google, mobile telephony operators

2. We update the Emergency Plans to include provisions for disabled people (employees or visitors) in case of natural disasters (earthquakes, fires, floods)

- We are reviewing and revising the Emergency Plans, which until now have lacked special regulations for people with disabilities, in civil defense and civil protection legislation.
- We include in these Plans procedures for response and preparedness in risk situations.

Timetable: Until December 2020

Responsible bodies: Ministry of National Defense, Ministry of Citizen Protection – General Secretariat of Civil Protection

³ https://amea.gov.gr/action#3

3. We issue guidelines for emergency evacuation planning

- We supplement and amend the Fire Protection Regulation of 2018 in the logic of the principles of 'Design for All'. Timetable: Until June 2021 Responsible and involved bodies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Fire Department, ESAmeA, Hellenic Institute for Fire Protection of Constructions (ELIPYKA)
- We intervene in public buildings for the configuration of accessible waiting areas in case of emergency conditions and for the placement of new accessible exit escape signs, in the light of universal planning. The latter will be complementary to the existing escape signs, which are based on the international standards ISO 7010:2011 and ISO 21542:2011.
- We improve the accessibility of places of refuge. Timetable: Until December 2021 Responsible bodies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Ministry of Interior
- We improve the accessibility of places of refuge. Timetable: Until December 2021 Responsible and involved agencies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Ministry of Infrastructure and Transport – Organization for Earthquake Planning and Protection, Ministry of Citizen Protection – General Secretariat of Civil Protection, Ministry of National Defense
- We map the places of refuge and the escape routes (in a regional or Local Urban Planning Plan) on urban planning maps based on accessibility.

Timetable: Until December 2021

Responsible and involved bodies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Contractors preparing the TPS.

• We render the image of the city with digital data and thus enable the development of plans to deal with extraordinary disasters and situations.

Timetable: September 2021 - March 2022

Responsible and Involved bodies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Ministry of Citizen Protection – General Secretariat of Civil Protection, KEDE, Municipalities

• We create maps with potentially accessible places of care, outdoor health structures for all, gathering of food, medicines and other goods. We ensure the movement of the above goods with soft modes of transport, taking special care of people with disabilities, and the smooth operation of the urban supply chain in emergency situations. Timetable: September 2021 - March 2022 Responsible and involved agencies: Ministry of Environment and Energy – General Secretariat of Spatial Planning and Urban Environment, Ministry of Citizen Protection – General Secretariat of Civil Protection, Ministry of Health – National Center for Health Operations, KEDE, Municipalities

• We ensure the accessible relaying of information and the announcement of a risk for both disabled and hindered people. Timetable: Until June 2021

Responsible and involved bodies: Ministry of Environment and Energy - General Secretariat of Spatial Planning and Urban Environment, ESAMEA, Fire Department, ELIPYKA, TEE for the information of the engineers.

4. We ensure access to information and the protection of people with disabilities in the event of an earthquake and accompanying phenomena

- We implement training seminars and provide a series of forms, posters and tablet applications for people with disabilities in Greek and English, in conventional and accessible formats, on issues of earthquake protection and emergency planning. Indicative:
 - 25 seminars for Directors of Special Education School Units and teachers responsible for drawing up school emergency plans, Training Center workers, parents and educators of people with disabilities throughout the country.
 - Form and poster for protection in the event of an earthquake using the 'easy to read' method, to support the self-efficacy of people with learning and communication difficulties in the event of an earthquake.
 - We post the informative material of the Organization for Antiseismic Planning and Protection (OASP) in a Digital Library accessible to people with disabilities.
 - 3 videos with earthquake protection instructions in sign language and the possibility of subtitling financing is being investigated.

Timetable: Within 2022: implementation of actions September-July of each year: conducting seminars

Responsible body: Ministry of Infrastructure and Transport Involved body: Organization for Earthquake Planning and Protection (OASP)

5. We guarantee the rehabilitation and temporary housing of disabled people affected by natural disasters

 We aim at 100% response to the temporary housing needs of people with disabilities by granting a rent subsidy - cohabitation. Timeline: Continuous action Responsible body: Ministry of Infrastructure and Transport

Incorporating the disability rights approach as a methodology

The integration of the rights-based approach to disability in policies (disability mainstreaming) is directly linked to the transition from the medical/individual to the social model of approach to disability. More specifically, from the adoption of the concept that disability is influenced to a decisive extent by the wider social environment, the question arises that the perspective of the human rights of persons with disabilities must be integrated into the policies and programs concerning all sectors.

The integration of the rights-based approach to disability in policies, measures, actions, programs, etc. coded in the following questions:

- What are the positive and negative consequences of a policy, measure, action, program, etc., for people with disabilities, people with chronic conditions and their families?
- How should this policy, measure, action, program, etc. be designed to not only not exclude, but also facilitate disabled and chronically ill people to exercise their constitutional and human rights?

What does this process entail?

First, the participation of recognized representative organizations of the disability movement, individuals and groups who have a reasonable interest in the rights of persons with disabilities and chronic diseases, in the planning, implementation, monitoring and evaluation of policies, measures, actions, programs, etc. etc. at local, regional and national level.

Second, the ex-ante assessment of the effects of policies, measures, actions, etc. on the rights of people with disabilities and chronic conditions, as well as the development of quantitative and qualitative indicators and the collection of data and statistics on disability, through which ex post impact measurement and evaluation is possible.

Thirdly, the application of the principles of universal design of services, products, processes, environments and organizational structures, because in this way they can be ensured to be used by everyone to the greatest extent possible, without requiring special adaptations or specialized design (as well as the providing reasonable adjustments).

However, the integration of the rights-based approach to disability in policies, measures, actions, programs, etc. in no case is it a reason for the abolition of specialized and targeted policies, measures, actions, programs, etc. for the benefit of people with disabilities.

Main principles

- Responsibility for the implementation of the rights-based approach to disability concerns all levels of management
- For the implementation of the rights-based approach to disability in practice, there must be political will as well as the commitment of sufficient financial and human resources
- The initial identification of problems in all fields of action must be such that existing differences and inequalities between people with and without disabilities can be identified
- The development of adequate accountability mechanisms and indicators is required to monitor progress in the implementation of the rights-based approach to disability

Incorporating the legal approach as a process:

- requires the broad and equal participation of people with disabilities at all levels of decision-making and at all stages (planning, implementation, monitoring, evaluation)
- does not replace the need for targeted policies and measures, nor does it remove the need for separate departments and services for issues of people with disabilities and chronic conditions
- It requires continuous training of executives in order to adopt and implement it in practice

Design: Key questions

How will you reach people with various disabilities in your area of responsibility?

- Inclusion of people with disabilities begins with the development of effective outreach strategies
- Individuals, families and their agencies should be recognised, educated and encouraged to prepare their own plans
- You need to listen to people, explain their needs to you, network with groups of people, build trust and inspire/support them to develop relevant preparedness plans
- The world of disability and the world of emergency preparedness need to learn each other's language
- To encourage collaboration and the development of emergency response capacity, you must make conscious efforts to communicate in ways and means (formats) that are accessible, hold meetings/events in accessible spaces

How will you ensure that people with disabilities have a voice in preparedness planning?

- The safest way to ensure that your preparedness plans are appropriate for people with disabilities and their families is to involve them in planning, exercises, training, site visits and feedback
- The call for participation can be about anything
- From encouraging people with disabilities to volunteer for a staff training event to including groups of people with disabilities in discussions about choosing a site or planning a new shelter
- People with disabilities, family members, advocacy/advocacy associations and service providers can also help assess the accessibility of facilities, vehicles and communications
- The slogan adopted by disability rights activists is particularly relevant to emergency preparedness: "Nothing for us without us"

What do you need to know to meet the needs of people with disabilities in an emergency?

- Experience teaches that, although planning is critical, it is only part of the equation
- The reality of a disaster often requires flexibility and adaptation beyond what is provided for in even the best emergency plans
- This means that leadership and response teams must be trained and well informed about a variety of disability issues
- Networks with disability groups should be established (and operational) in advance of a real emergency
- One of the benefits of proactive outreach and networking efforts will be positive partnerships with disability groups, groups that can provide training expertise and help meet unexpected resource needs during an emergency.

How will you evacuate them all?

- You should plan, operationally and at the communications level, for both immediate evacuation and "evacuate in place" scenarios
- Detailed and repetitive communication strategies are extremely important, especially for people who have 'communicative' limitations (eg deaf and hard of hearing people, people with certain cognitive disabilities) and for people living independently (with or without assistance)
- Their individual plans must match yours!
- Evacuation/relocation planning must anticipate and accommodate the needs of people who are dependent on medical equipment, assistive devices

for mobility and communication, service animals, or the assistance of family members, friends or directly employed assistants/caregivers

• Your designs must match theirs! (these describe such dependencies)

In an emergency, are the spaces provided for everyone?

- As far as possible, emergency housing and support plans should be based on the "Design for All Principles" to include disabled people on an equal footing with the rest of the population
- In most cases, accommodating people with disabilities requires relatively small, simple modifications to policies and physical environments: provision of a portable ramp, accessible restroom, announcements communicated effectively to the deaf and hard of hearing...

Accessibility and behaviours/ communication Provision for support/supply of basic equipment Provision for housing/support of the individual along with immediate caregivers (family, service animals, etc.) Prevention of phenomena of violence/injustice Reducing the impact, trauma, and likelihood of condemning a person to a long,

of rehabilitation and even institutionalization

Design: Specific objectives

Citizen outreach: Registration and education

Objectives:

- To find the people
- To record where they live, work and frequent/congregate and what their individual needs are
- To encourage self-identification
- Assess/reduce vulnerability
- To inform about the most likely risks in the area and about the related emergency plans (adaptation of basic information to their specific needs, events and information material accessible to all)
- To encourage/support individual/family preparedness planning

Locating the individuals

People with disabilities live, move and work in a wide variety of locations in a region:

- Many live completely independently and participate in typical community activities
- Several are recipients/beneficiaries of specific services
- Many rely on family members or professional/volunteer caregivers
- Some live together in houses, designated housing complexes or other living arrangements
- Some live in conditions of geographic and/or absolute social exclusion

Identifying and training them can present significant challenges.

- Especially for those characterized by reduced communication autonomy related to the disability (e.g., for people who are deaf, blind, with cognitive, developmental disabilities, etc.)
- Especially for those from various minorities (Roma, refugees and immigrants)

Outreach through mass media campaigns, presentations to community organizations, information booths, and direct mailers can all help (as long as the content is tailored to the target group and presented in accessible formats). Targeted campaigns in areas/services/associations with high concentrations of disabled people should be our main tool. The contribution of local or regional disability organizations is valuable - but not sufficient in itself. Targeted outreach strategies to the excluded are essential to ensure broad coverage (for example, door-to-door campaigns).

Informing/Training the individuals

Mass media awareness campaigns, presentations in front of community organizations, information booths and direct mails certainly help, as long as there is content tailored to the target group and presented in accessible formats. Targeted briefings/trainings in areas/services/associations with high concentrations of disabled people should be our key tool.

• And... don't forget the non-residents (resorts, hotels, gateways, etc.)

A useful educational strategy is to develop and distribute personal programming packages specifically tailored to the needs of people with disabilities. These packets can include general self-protection instructions, as well as special preparedness instructions and disability-specific checklists. They must also contain information about:

- accessible escape routes
- with local emergency services
- (if applicable) municipal pre-registration programs

- specific local/regional/national warning systems
- evacuation plans and procedures
- instructions on who to contact in an emergency

Encouraging personal preparedness

Like all citizens, people with disabilities and their families should be encouraged to prepare for both evacuation and shelter-in-place. However, for people with disabilities the importance of preparedness is even more crucial (due to increased vulnerability). Depending on the individual's needs, a preparedness plan for a person with a disability may need to include provisions for an individual support network, customized emergency kit and supplies, a specialized individual plan, etc.

- The individual support network may need reinforcement (from your services or volunteers)
- The individual plan should be consistent with your business plans (and have up-to-date access to it)
- The individual plan should be consistent with existing accessible options for escape, movement and places of reference (informed by you)
- The individual plan should also address the stages of recovery (what you foresee for the individual) after the immediate emergency is over
- Counselling will be needed as well as backup plans to protect against unforeseen contingencies

Encouraging self-identification

- Prepare a pre-registration service for people who need special provisions in the event of an emergency. You will need to keep a register (individual plans) of those who need individual notification and/or assistance to evacuate their homes and workplaces.
- You should inform the population about voluntary pre-registration in the service (but also 112).
- Assurances that information will be kept secure and confidential will likely increase participation.
- However, all those contributing/participating in the immediate aid/rescue should be informed. They should have access to their data and know in advance:
 - o where to look for the person (if not at their main address)
 - what special needs he has for survival and evacuation
 - o who else they will be able to contact on his behalf

Design: Collaboration with the community

Objectives

- Develop inclusive plans for each type of disaster
 - Provisions for any disability and for any need for special management, accessibility, etc.
 - Provisions that do not unnecessarily remove people from their essential equipment, personal carers and any assistance animals
- Record and address existing accessibility gaps in relation to emergency exits, safety points, escape routes, means of transport and spaces
- To plan collaboratively with bodies representing all PWDs and with special service providers
- Identify and enable/engage:
 - Local social services (incl. "Help at Home")
 - Health care service providers
 - Mental health agencies
 - Administrators of special training programs, etc.

For example

- Events, meetings and open consultations (without accessibility barriers)
- Research & studies (with appropriate means & tools)
- Access to reports and reports (with data on disabled people comparative and non-disabled)
- Exercises (with special scenarios)

Communication Strategies: Content & formats for everyone

The right to information is enshrined in article 5A par. 1 of the Constitution. In order for people with disabilities to exercise this right, the available information must be accessible. Additionally, according to Article 9 of the Convention, States Parties must ensure that persons with disabilities have access, on an equal basis with others, to information and communications, including information and communications technologies and systems.

In Greece, with Law 4591/2019 (Government Gazette No. 19 A'/12.02.2019), rules, terms, conditions and requirements are established for the construction, content and operation of organizations' websites and applications for mobile devices of the public sector to ensure that they meet specific accessibility requirements.

• Access to warnings, instructions, announcements, offers of assistance and other public information to people with disabilities requires an awareness of different needs and familiarity with the capabilities and limitations of various communication technologies.

- All material should be provided in alternative formats (hearing, vision and mental impairments)
- All needs related to disability should be covered in all information, training and planning actions
 - Emails, websites and transferable files in alternative accessible digital formats (accessible Word and/or PDF, audio format, video with sign and subtitles, Braille print-ready format, etc.)
 - Messages and spots in the media (plain language, large fonts, in ENG, etc.)
 - Printed material in alternative formats (Braille print, DVD with video in ENG, Easy-Read version, LargePrint version)
 - Events in accessible spaces (ramps, elevators, parking and WC for the disabled, sign language interpretation, qualified presenters, etc.)
 - Announcements, warnings and instructions (with alternative channels and customized content)

Evacuation: Leave no one behind

Under no circumstances should the norm for disabled people be to transfer them to a health care facility (hospital) simply because they have a disability. Disability is not a disease. For some people, such a decision can be disastrous!

Any decisions should be made based on whether there is:

- emergency (injury, shock, etc.) or
- permanent dependence on specific health services (chronic/rare disease)

The safe, efficient evacuation of people with any type of disability should be a central goal of all plans. Planning for the safe evacuation of people with disabilities must consider both the evacuation process and the destination. Issues such as transportation, personal assistance, service animals, and supplies/equipment are important to many people with various disabilities.

Evacuate \rightarrow Transfer \rightarrow Install All:

- of the people
- any assistance or companion animal
- any critical equipment/supplies (wheelchair, medical equipment, communication aids)

The rule should be that if a person says it is important to bring certain people, animals or equipment with them, they should be allowed to do so unless complying with the request is likely to result in imminent harm to the person or others.

Covering emergency needs: Services and infrastructure "open" for all

In which places?

- places of water & food distribution
- places of distribution of essential items & pharmaceutical material
- places for the provision of medical and paramedical staff and with volunteer doctors to provide primary health care
- places for shelter and/or camping

What's needed?

- Provisions for priority
- Provisions for people sensitive to weather conditions (cold, heat, humidity) and people with allergies
- Accessibility inspections & Staff training
 - o Disabilities
 - o Vision problems
 - Hearing problems
 - Perception/communication problems

Accessibility

- Autonomous entrance
- Registration, orientation, guidance offices
- Unhindered and safe movement in the areas
- Sleeping areas/equipment
- Feeding infrastructure
- WC and other sanitary facilities
- First aid stations
- Communication stations
- Emergency Routes/Exits
- Special protected areas (e.g., for people with autism)

<u>Special equipment</u>

- Separators/curtains
- Portable ramps
- Spare wheelchairs

- Spare white sticks
- Backup mobile devices
- Mobility aids
- Special beds & cranes
- Special grab bars/bath seats
- Accessible chemical/biological toilets
- Generators for charging/electrification of special equipment

<u>Other issues</u>

- Alternative service methods and/or means for registration, information services, etc.
- Babysitting services (personal carers will need breaks)
- Personal and/or live help services (may be lost with their own people)
- Prevention for storing sensitive medicines (refrigerator)

Provisions for on-site preparation of personal shelter

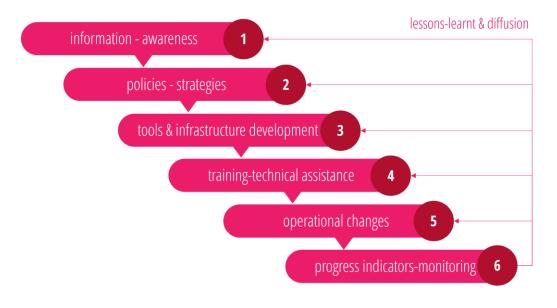
Evacuation will not always be possible or desirable in an emergency. And for people with disabilities, there should be similar provisions and they should prepare to stay in their place.

For extended duration scenarios, plans should include:

- ways of frequent control/monitoring of people (telephone or site visit, depending on the situation)
- ways to provide help and supplies to those in need

In this case, the pre-registration (registry), the individual plan and your contribution to it are decisive!

Design: Specific objectives





For more information

Visit our portal at <u>https://portal.4plus-project.eu</u> and learn more about the civil protection of disabled people and disabled people in general.



NATIONAL CONFEDERATION OF DISABLED PERSONS

Athens (Headquarters)

236, El. Venizelou Av., 16341, llioupolis Phone: 210 9949837 Fax: 210 5238967 Email: esaea@otenet.gr

Ioannina (Branch Office)

11, Arch. Makariou str., 45221 Ioannina Phone: 26510 62283 Fax: 26510 62283 Email: esamea1@otenet.gr

Website: www.esamea.gr Facebook: ESAmeAgr Twitter: ESAMEAgr · Youtube: ESAmeAGr