Interreg - IPA CBC
Greece - Albania
4PLUS

Guide for rescue & first aid teams

Guidelines for dealing with and managing disabled people in emergencies

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

The 4PLUS project is co-funded by the European Union and National Funds of the countries participating in the Interreg IPA Cross-Border Cooperation Programme "Greece-Albania 2014-2020"

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

The page of NCDP in Facebook: https://el-gr.facebook.com/ESAmeAgr

Follow NCDP on Twitter: https://twitter.com/ESAMEAgr

Find the NCDP channel on YouTube: www.youtube.com/user/ESAmeAGr

Athens, 2021

This guide was prepared for the NCDP from the company EUROPRAXIS m.IKE. in the framework of the project "4PLUS: Public awareness, Preparedness, Participation and Coordination for Civil Protection for All". The project is part of the "Interreg IPA II Cross-Border Cooperation Program Greece-Albania 2014-2020" (greece-albania.eu) and is co-financed by the European Union and by national funds of Greece and Albania. The views expressed in the guide do not necessarily reflect the views of the European Union, the participating countries, and the Managing Authority.

Press editing:

EUROPRAXIS μ.ΙΚΕ
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 and established:

- Because civil protection planners over the years have implemented inadequate practices that altogether exclude disabled people and their needs.
- Because emergency preparedness and response systems are designed for the "average" person who can walk, run, drive, see, hear and respond quickly to instructions.
- Because, to this day, the needs for information and support of such groups are not recorded, studied and not adequately addressed by civil protection and crisis management planning centers.
- Because the people of these groups, as it has been recorded, have for the most part not participated in disaster management and risk reduction processes currently applied in their communities, and have been excluded from decision-making and planning of such processes.
- Because the 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.
- Because the majority 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 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 the manpower of emergency response teams has never been trained in corresponding skills of communication and management of people with disabilities. This Guide is addressed to the officers of the mechanisms for dealing with and restoring 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 Disabilities[1] 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.

Πόσα είναι τα άτομα με αναπηρία;

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[2]. 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 barriers (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.).

[2] More details are available at: https://www.paratiritirioanapirias.gr

Behavioral 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 impacts for people with disabilities in situations of danger

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-fire works, 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.

Incorporating the disability rights-based 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.

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, unnecessary period of rehabilitation and even institutionalization

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: (a) emergency (injury, shock, etc.) or (b) 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 → Transfer → Shelter for everybody:

- 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 infrastructures "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, and
- 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 on issues related to mobility, vision, hearing and Perception/communication limitations.

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)

Special equipment

- 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

Other issues

- 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), and
- 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!

Rescue / transportation

In general

To provide assistance to a person with a disability, a rescuer must know / understand what the victim's needs are depending on the injury and/or the nature of the disability. The rescuer must first be able to communicate a reassuring message that outlines the basic actions required to exit the site safely and quickly.

To carry out any action as a rescuer must:

- Determine the (typical & current) capabilities of the disabled victim and all (remaining) ways of working with him/her.
- Be able to understand the needs, wishes, priorities of the disabled person and make decisions accordingly.
- Know how to place your hands on the correct parts of the body to ensure the safe transport of the disabled victim.
- Adopt proper posture to protect yourself (e.g., your waist).
- Avoid techniques that may harm the victim's health.

It is always advisable to try to involve the person in the rescue procedures required to extricate and move him/her, encouraging him/her to provide active cooperation within the limits of his/her (remaining) capabilities. The goal is twofold: It helps the victim's psychology. The rescuer's job becomes easier.

In this way, we encourage the person to push their limits (which they have in their mind), conveying confidence that everything will be fine, so that they:

- cooperate without raising, unintentionally, denial and additional difficulties,
- collaborate/participate so that the physical effort we will need to make is less, that everything is done in a safer way for both of us and in general, that we do not end up with excessive or even fruitless efforts.

In an emergency, people with intellectual disabilities can:

- have problems being induced to respond by inadequately trained rescuers,
- not even being able to recognize you as a rescuer.

In a dangerous situation (fire, smoke, etc.) a person with mental retardation may show rescuers full/partial/or no cooperation. They may have trouble executing complex commands that involve more than one sequence of simple actions. Under conditions they have never experienced, the person can show a reaction of total rejection of reality, which can lead to aggressive behaviors towards themselves or rescuers. In such cases, the rescuer must remain calm. Talk to the person in a reassuring voice. Ask for the help of other people who happen to be in the area. To make a quick decision about the procedure to follow.

The top priority is the integrity of the person, but sometimes a coercive action may be the only solution left to save them (i.e., you may need to think like when saving someone who is drowning in water.

Figure 1. Which of these techniques is not suitable for people with back, spine or spinal cord disorders?

Carrying the person using the Cradle Carry method (one rescuer)

The Cradle Carry method should be used when the person has little or no arm strength. It is safer when the person being carried weighs less than the weight of the carrier.

Figure 2. The Cradle Carry method for carrying by a single person

Carrying the person using the Swing/Chair Carry method (two rescuers)

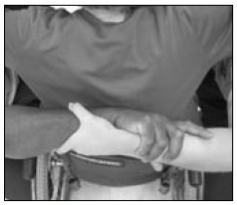
The advantage of the Swing or Chair Carry method is that partners can, with practice and coordination, support a person whose weight is equal to or greater than their own weight. The disadvantage is the increased awkwardness in the vertical path (stair descent) due to the complexity of transporting two people. Also, three people side by side may exceed the actual width of the stairs.

Figure 3. The Chair Carry method for carrying by two people

1

Stand on opposite sides of the individual being rescued.

Take the rescuee's arm on your side and place it around your shoulder.



2

Grasp your carry partner's forearm behind the rescuee, at the small of his or her back.

3

Reach under the rescuee's knees and grasp your carry partner's other wrist.

Note that the person being carried has her forearms resting on the shoulders of the carry partners.

4

Lean in close to the individual and lift at the count of three.

Continue pressing into the individual being carried to provide additional support.

After completion of the lift, shift the rescuee upward for a more comfortable carry.

Figure 4. Steps for excecuting the Chair Carry method

Carrying the person to stairs (two rescuers)

Figure 5. Carrying the person to stairs (two rescuers)

Other basic techniques

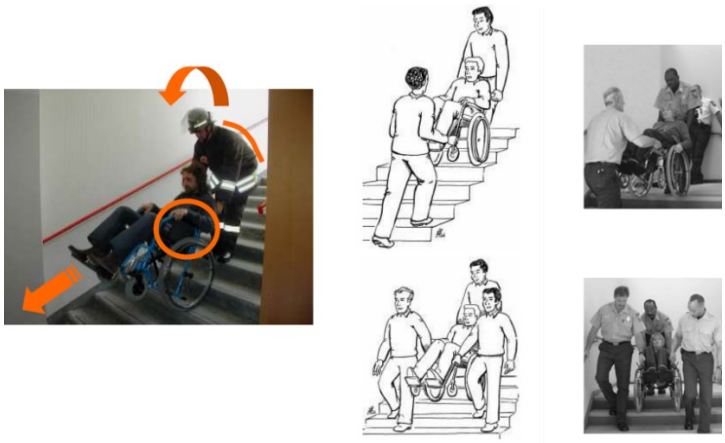


Figure 6. Carrying the person in staircases with the help of a wheelchair (one, two or three rescuers)

Figure 7. Carrying the person in staircases with the help of a special seat for stairwells (one rescuer)

Figure 8. Guiding/helping a person with mobility limitations

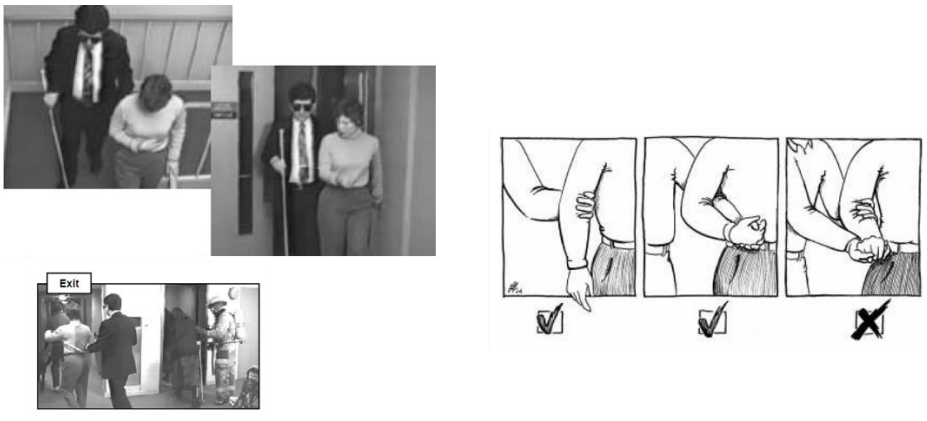


Figure 9. Guiding/helping a blind person

Figure 10. Commuicating with a deaf person

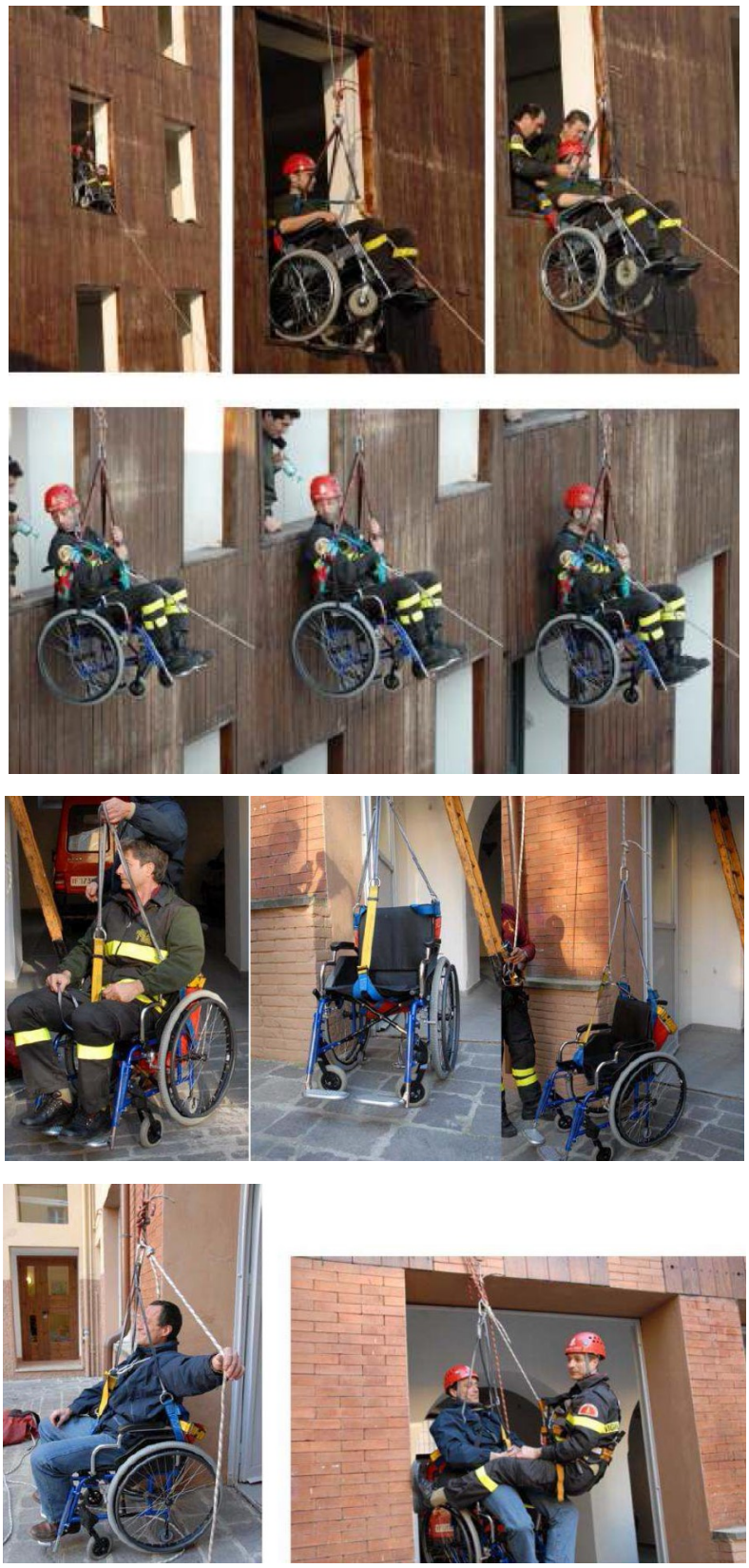


Figure 11. Example of using lifting means for evacuation

Remember

To be able to help, we must first get to know each other...

Figure 12. Organize familiarization and training activities in advance

The most effective way to increase your chances of survival in an emergency is to teach people safety principles and some simple self-help techniques.

Figure 13. Teach people safety principles and some easy self-help techniques

For more information

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

NATIONAL CONFEDERATION
OF PEOPLE WITH DISABILITY

NATIONAL CONFEDERATION OF DISABLED PERSONS

Athens (Headquarters)
236, El. Venizelou Av., 16341, Ilioupolis
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