

INCLUSION OF DISABILITY IN CITY DISASTER MANAGEMENT PLAN (CDMP) OF SHIMLA



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ABBREVIATIONS

ASHA	Accredited Social Health Activist	GSDRC	Governance & Social Development Resource Centre
CBOs	Community Based Organizations	HRVCA	Hazard Risk Vulnerability and Capacity Assessment
CBT	Capacity Building and Training	IAG	Inter-Agency Group
CBDRM	Community Based Disaster Risk Management	IEC	Information, Education and Communication
CCA	Climate Change Adaptation	KL	Knowledge Links
CSO	Civil Society Organizations	NGOs	Non-Governmental Organizations
CDMP	City Disaster Management Plan	NDMP	National Disaster Management Plan of India
DDMA	District Disaster Management Authority	NPDM	National Policy on Disaster Management
DDMP	District Disaster Management Plan	R&R	Rehabilitation and Restoration
DRR	Disaster Risk Reduction	PwDs	Persons with disabilities
DPOs	Disabled Persons' Organizations	SJ&E	Social Justice and Empowerment
DHFW	Department of Health and Family Welfare	SDGs	Sustainable Development Goals
DMC	Disaster Management Cell	SFDRR	Sendai Framework for Disaster Risk Reduction
DMP	Disaster Management Plan	UNDP	United Nations Development Programme
DRR	Disaster Risk Reduction	UNCRPD	The UN Convention on the Rights of Persons with Disabilities
EWS	Early Warning System	USAID	United States Agency for International Development
FGD	Focused Group Discussion	WDCs	Ward Development Committees
GoI	Government of India	WSS	Water Sanitation and Sewerage

CHAPTER 1

PREAMBLE

1.1 Introduction

Shimla city is one of the six cities implementing USAID-GoI-UNDP project - "Developing Resilient Cities through Risk Reduction in the context of Disaster and Climate Change". Under the project, specific activities have been planned to attain key results such as City Disaster Management Plans, Hazard Risk and Vulnerability Analysis (HRVA), training of Government officials and communities to manage climate risks, action plans and specific interventions to strengthen early warning systems based on analytical studies, enhanced public-private partnerships through the pilot projects and climate change adaptation in development programs and knowledge management.

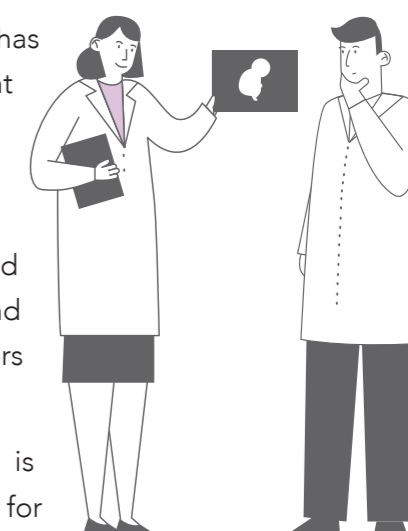
Disability inclusion in the DRR planning process is one of the overriding objectives and integral part of institution and community resilience building process in line with the Sustainable Development Goals (SDGs) and Sendai Framework for Disaster Risk Reduction (SFDRR). Hence, this activity has been undertaken, following the development of City Disaster Management Plan (CDMP) and District Disaster Management Plan (DDMP) of Shimla.

1.2 Rationale and Context

Shimla is exposed to multiple hazards, which pose a real risk to the quality of life of the people in the city. Hazards and the resultant disasters tend to create enormous challenges for vulnerable population, in particular, such as persons with disabilities, who are at a higher risk of exposure and impact. In Shimla city, needs of people with disabilities are being addressed through policies and standards to remove barriers in many sectors of life.

The Shimla Municipal Corporation (SMC) has developed the Shimla Disaster Management Plan and has recently finalized Ward Disaster Management Plans of all the 25 Wards in Shimla municipal area. In this context there was a felt need to address the likelihood of wide-ranging and varied impact of disasters on persons with disabilities and provide practical solutions to address the barriers that confront them during disaster situations.

Hence, this initiative by SMC and UNDP is primarily focused on developing the action plan for



mainstreaming disability issues into the disaster management and planning process. The aim is to build the institutional and community capacity to address the special needs of persons with disabilities in a manner that enhances their access to opportunities and ensures their participation at all levels in the society.

Disability inclusive intervention for disaster related issues has become essential, especially in the current context, due to the increased frequency and intensity of disasters and increasing vulnerabilities of India in general and in Shimla city in particular. The HRVA study of Shimla city indicates this rising trend.

The Sendai Framework for Disaster Risk Reduction adopted by India in 2015, also emphasizes the importance of inclusion and accessibility, and recognizes the need for involvement of persons with disabilities and their organizations in Disaster Risk Reduction (DRR) policies and programs and their implementation.

The 2030 Agenda, of SDGs 2015 also promotes the most important “Leave No One Behind” principle which takes into account the heterogeneity of disability and recognizes the need to reach the unreached. According to SDGs, disability should be included as a cross-cutting theme in DRR policies and therefore the strategies should include the knowledge and suggestions of persons with disabilities.

Government of India is committed to strengthening the disability-inclusive disaster risk reduction by providing adequate technical support for successful implementation and ensuring that disability-inclusive DRR is mandated and implemented from Central to community levels. Effective institutions, structures and systems would be the key to disability inclusion by ensuring effective participation of persons with disabilities and addressing their special and priority needs.

The Adoption of the Dhaka Declaration on Disability and Disaster Risk Management, in December 2015, acknowledges: “The importance of linking disability inclusive Disaster Risk Management (DRM) with the Sustainable Development Goals (SDGs) on the understanding that inclusion builds the resilience of the whole of society, safeguards development gains and minimizes disaster losses”.

According to an UNISDR organized global Survey in 2013, of the 5,717 persons with disabilities belonging to 137 countries surveyed, 72.9 % of the respondents had no preparedness plans at all. Persons with disabilities across the world are reported to have acknowledged that they are rarely consulted about their needs. A survey found that in the event of a sudden disaster, only 20% of persons with disabilities could evacuate immediately without difficulty, while the majority faced some level of difficulty or were not able to evacuate at all. This is obviously a matter of serious concern across regions.

A Right of Persons with Disabilities Act (R.P.W.D.), 2016 was enacted under the Article 253 of Constitution of India, which mandates the participation of persons with disabilities in Disaster Risk Reduction (DRR) process. In the Act, the DRR is articulated in Article 8, which stipulates that persons with disabilities shall have equal protection

and safety in situations of risk, humanitarian emergency and disasters. The RPWD Act refers to the DM Act and emphasizes that District Disaster Management Authorities should maintain details of persons with disabilities in City and inform such persons about any situation of risk, in order to enhance the disaster preparedness.

In view of the above, it is evident that disability inclusive disaster management planning is not only the need of the hour, but also a statutory imperative on the part of the DDMA and it is required to be addressed at all the stages of disasters. The same approach applies in the context of Shimla as well, where persons with disabilities need to be consulted and included for ensuring inclusive disaster management planning on the ground.

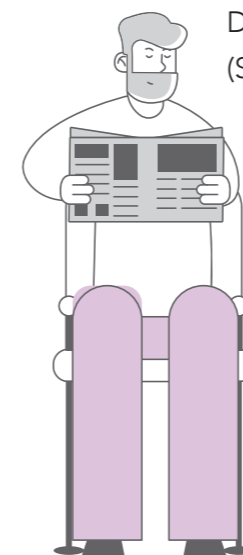
1.3 Addressing Limitations

The Disability Inclusive City Disaster Management Plan is an addendum document, which in view of the vulnerability profile of persons with disabilities of Shimla city, recommends a set of actions for addressing the issues and concerns related to persons with disabilities within planning, capacity building, preparedness and response processes.

However, the preparation of disability inclusive city disaster management plan for the city of Shimla suffers from some inherent limitations. The biggest limitation has been the lack of availability of comprehensive, desegregated and up-to-date data on persons with disabilities in the city of Shimla. COVID-19 restrictions in the Shimla city further added to the constraints of the field work carried out for conducting face to face meetings with all the concerned stakeholders.

Despite these limitations and constraints, a series of meetings and follow up discussions were carried out across the following departments and institutional actors:

the Department of Social Justice and Empowerment (DSJ&E), the Nodal Department for persons with disabilities; Shimla Municipal Corporation (SMC); ICDS office; Women and Child Welfare Office; Health Department; Education Department; Statistics Department; and Census Office of Government of India. These meetings and discussions aimed at eliciting the views and suggestions of different stakeholders on disability inclusive CDMP, DDMP and investment priorities for action for disability inclusive disaster management planning in Shimla. Meetings were also conducted with persons with disabilities, DPOs, NGOs, CDPO and leading organizations of Shimla working for and with persons with disabilities such as UDAAN, UMANG and SAKAAR Society for Disabled, teachers and parents through audio and video conferences for eliciting their views on issues related to persons with disabilities including their concerns and challenges.



CHAPTER 2

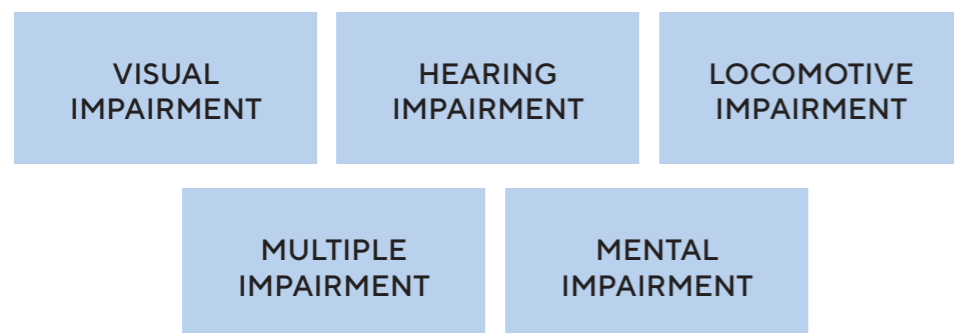
VULNERABILITY STATUS OF SHIMLA CITY IN CONTEXT OF PERSONS WITH DISABILITIES

2.1 Impact of Disasters on Persons with Disabilities

While all persons may be negatively impacted by a disaster related emergency, persons with disabilities, along with other groups such as older persons or injured persons, face specific challenges that put them at greater risk. Given the hazard profile of Shimla and the accompanying threat of climate change in the city, the frequency and intensities of natural disasters are likely to increase and accentuate the vulnerabilities of people in near future. Shimla city has not seen a big disaster yet. And the persons with disabilities have yet to be exposed to any major emergency. However, it is a well-known fact that big disasters such as Odisha Super Cyclone 1999, Gujarat Earthquake 2001, J and K Earthquake 2005, Kerala flood 2018 and worldwide natural disasters have caused widespread damage and loss to the lives and livelihoods of affected people, particularly of persons with disabilities, who have often been more adversely impacted in most of the cases. It is worth noting here that in all these cases, there was no major disaster across those locations before these mega disasters took place. The city of Shimla, which is exposed to multiple hazards, is particularly unfriendly to persons with disabilities, largely because of its uneven terrain and lack of adequate and disabled friendly infrastructure. The persons with disabilities in Shimla City suffer from the following impairments and related vulnerabilities:

2.2 Physical Impact: Loss of Mobility and Increased Dependency

A disability usually has a debilitating impact on the person concerned and often results in loss of mobility and increase in dependency on others for her/his day-to-day needs. A disability characterised by multiple impairments poses even greater difficulty for the person concerned.



There is enough evidence to suggest that the combination of these factors may have an additional impact on the health of persons with disabilities, with possible deterioration or creation of new long-term impairment, if not addressed at the early stages, and may also lead to increased protection concerns for persons with disabilities.

2.2.1 Psychological Impact: Psychological impact is the second most important personal impact of a disaster on persons with disabilities. It not only causes psychological stress, but also diminishes self-confidence and leads to disorientation among people with disability. Loss of income, internal displacement, loss of family members and care givers, who often represent primary support for persons with disabilities further bring severe emotional stress and trauma. While these types of impact are likely to be faced by many other affected people regardless of disability, there is a pressing need to pay specific attention to addressing the likely psychological impact of the crisis on persons with disabilities in Shimla City.

2.2.2 Physical and Sexual Abuse and Harassment: Persons with disabilities are also at high risk of physical, sexual and psychological abuses and harassments during disaster related emergencies. According to a global survey, persons with communication problems, particularly those who have difficulties with memory or concentration, and persons with hearing or sight impairments are particularly vulnerable to such abuses in times of crisis. There are several instances of gender-based violence reported post disasters across many locations, as many persons and children with disabilities are highly vulnerable and experience sexual harassment in unsafe shelters. The absence and/or lack of appropriate medication can increase the risks of onset or progression of disability or/and can lead to severe complications such as stroke, diabetic complications, and increased levels of mortality and morbidity among the affected population. And Shimla City is no exception.

2.3 Risk Profiling of Shimla City

Shimla City, due to its distinctive geological features and location, is exposed to various natural hazards. The City is exposed to the following Natural and Human induced hazards: Natural Hazards: i. Earthquake ii. Landslide, iii. Land Sinking, iv. Hailstorm, v. Severe Storms, including Lightning and High Winds (Thunderstorms), vi. Flash Flood/ Cloud Burst, vii. Heavy Snowfalls. The city is also exposed to human induced hazards including industrial hazards, epidemics, accidents, stampede etc.

While there are many socially and economically vulnerable groups of people, persons with disabilities are one of the most vulnerable groups of the population of the city of Shimla. Persons with disabilities in the city include women, men, girls, boys and old age people etc. with long-term physical, mental, intellectual or sensory impairments which,

in interaction with various other barriers, may hinder their full and effective participation in society on an equal basis with others in general and during emergencies in particular.

The population of persons with disabilities in India, as per census 2011, is 2.68 Cr, which is 2.2% of the population. Of these 56% is male and 44% is female. In the total population, the male and female population is 51% and 49% respectively. In the state of Himachal Pradesh, as per Census 2011, total number of persons with disabilities in Shimla is 3,706. Of these, the male population with disabilities is 2197(59.3%) and the female population with disabilities is 1509 (40.3 %) respectively.

2.4 Vulnerabilities of Persons with Disabilities:

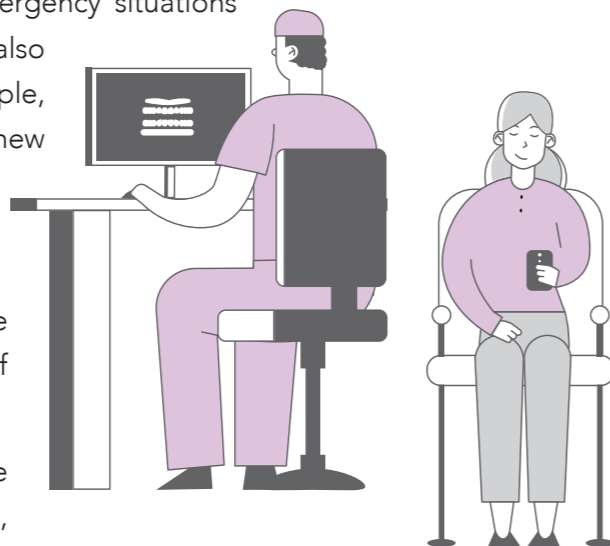
In Shimla City, persons with disabilities face multiple vulnerabilities and barriers. These are primarily physical, mental, and psychological and often lead to persons with disabilities living with low self-esteem and in relative isolation of the larger society. Vulnerabilities of persons with disabilities must be understood in terms of their social and economic discrimination, which is often based on stereotyped roles, which label them as weak, defenseless, and with no ability. While the stigma attached to the word disability is entrenched in social perception and behavior, disasters provide an opportunity to intervene and create a positive change for the better.

Vulnerabilities can be effectively addressed, only when barriers are removed and persons with disabilities are allowed to access their rights and entitlements freely and equally. Moreover, persons with disabilities in Shimla city have little access to real resources and assets. Their right to decision making and specifically the right to use resources are very limited. Further the vulnerabilities among women with disabilities, elderly and children get multiplied, with further increase in barriers.

In the context of emergencies, the field experience of Shimla indicates that persons with disabilities are too often neglected in the contingency planning, assessment, design, and delivery of humanitarian relief. Emergency situations

such as conflicts or natural disasters can also generate an increase in the number of people, who experience disability owing to new injuries, a lack of quality medical care, or the collapse of essential services. Ensuring inclusion of persons with disabilities during emergency response must be considered a core component of effective humanitarian action.

The persons with disabilities are undeniably the most vulnerable groups,



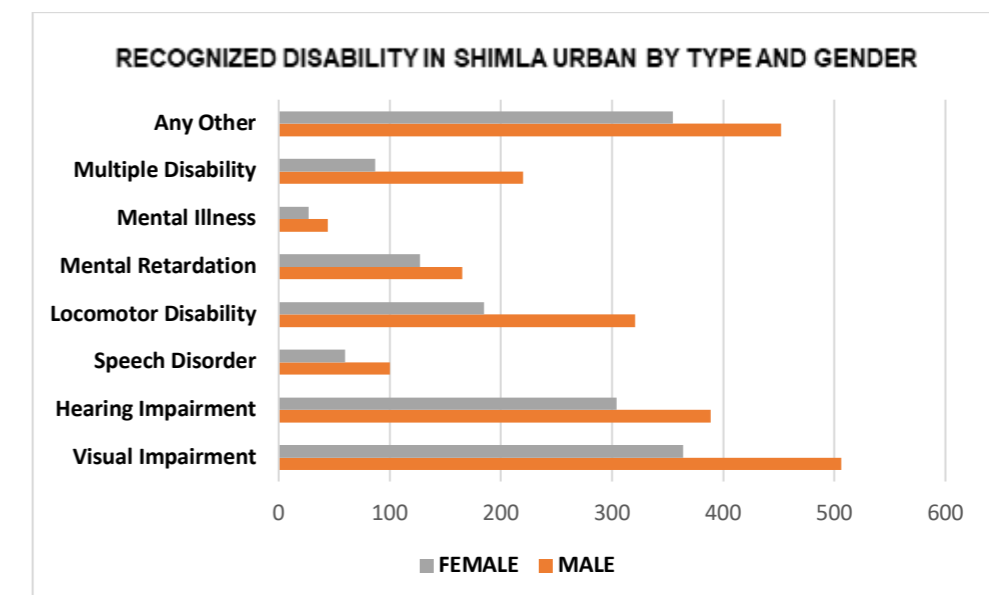
as confirmed during interactions with different stakeholders in Shimla. It has emerged that as a group they are ignored both in formulation of policies and implementation of programs. In order to ensure truly inclusive planning, they are required to be included in all the important decision-making processes and their participation in different committees set up for managing disasters needs to be ensured. Further, the deliberate action from the humanitarian community is required to make sure that the crisis-affected people most at risk have access to basic aid and specific services essential for their survival, protection, and recovery. Along with stakeholder interactions, an analysis of the secondary data available on persons with disabilities in Shimla was also carried out for getting an overview of the vulnerability status of persons with disabilities in Shimla.

The types of disabilities in the Shimla city as per Census of India 2011 along with their gender and age wise distribution for understanding their disaggregated vulnerability status in Shimla city is as follows:.

Recognized Disability in Shimla Urban by Type and Gender

DISABILITY	MALE	FEMALE	TOTAL
Visual Impairment	506	364	870
Hearing Impairment	389	304	693
Speech Disorder	100	60	160
Locomotor Disability	321	185	506
Mental Retardation	165	127	292
Mental Illness	44	27	71
Multiple Disability	220	87	307
Any Other	452	355	807
Total	2197	1509	3706

Source: Census 2011

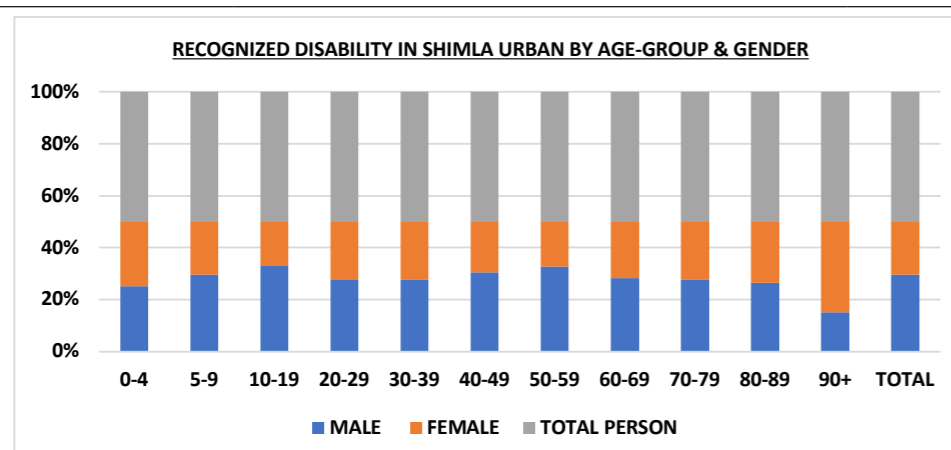


The above graph shows the recognized disability in Shimla urban by type and gender. The total population of persons with disabilities is 3706, out of which, 2197 are male and 1509 are female. The number of visually impaired persons is the highest in Shimla urban which is 506 and 364 amongst the males and females respectively, followed by persons with hearing impairment and persons having locomotive impairment. While persons with mental illness and mental retardation are relatively less in number in the city of Shimla, it is critically important to pay special attention to their needs, which require a totally different approach to protect them and their lives, particularly in case of emergencies. People with multiple disabilities are 307 in numbers. According to the Individuals with Disabilities Education Act's (IDEA), multiple disabilities refer to "concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such special educational needs that they cannot be accommodated in an education program solely for one of the impairments. The term does not include deafness and blindness. With the city having a fairly significant number of persons with disabilities, it is important for the local municipal administration to take mitigation and preparedness measures considering their special needs. The inclusion of these people is critically important.

Age and Gender -wise Persons with Disability – Shimla Urban

AGE- GROUP	MALE	FEMALE	TOTAL
0-4	55	54	109
5-9	138	94	232
10-19	432	222	654
20-29	384	307	691
30-39	302	245	547
40-49	344	219	563
50-59	272	143	415
60-69	125	96	221
70-79	94	76	170
80-89	42	37	79
90+	7	16	23
Total	2197	1509	3706

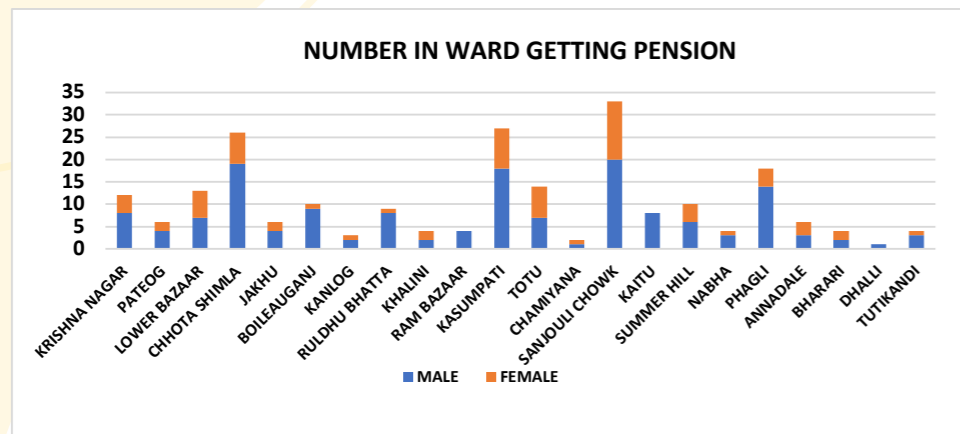
Source: Census 2011



The graph above shows the recognized disability in Shimla Urban by age-group and gender. The total number of persons with disabilities in Shimla urban region is 3706, out of which 2197 is male population and 1509 is female population. The highest number of males and females with disabilities falls in the age group of 10-19 and 20-29 which makes the total number of these people to be 1345. With age, the population of disabled persons is likely to be decreasing due to factors such as low life expectancy or a high mortality rate.

Ward wise number of persons with Disabilities Getting Pension

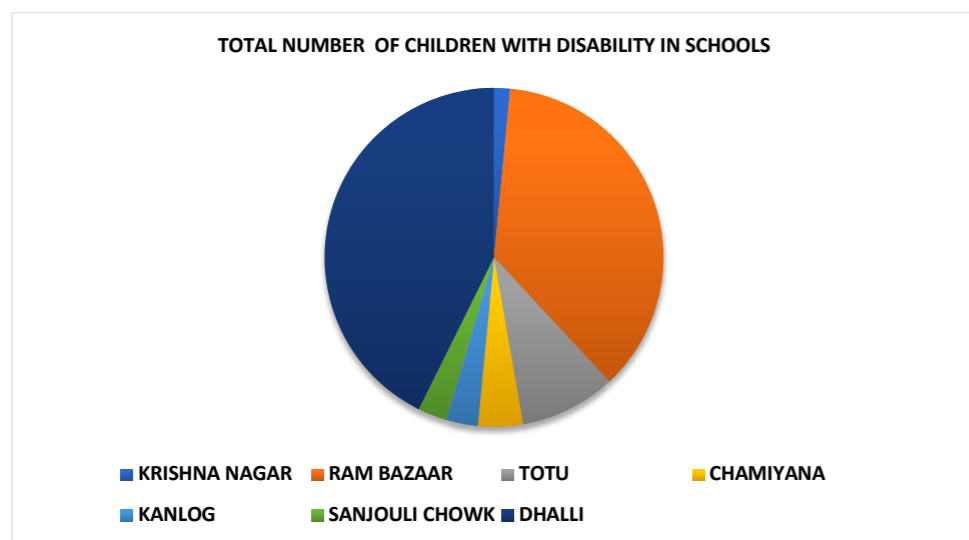
WARD NAME	MALE	FEMALE
KRISHNA NAGAR	8	4
PATEOG	4	2
LOWER BAZAAR	7	6
CHHOTA SHIMLA	19	7
JAKHU	4	2
BOILEAUGANJ	9	1
KANLOG	2	1
RULDHU BHATTA	8	1
KHALINI	2	2
RAM BAZAAR	4	0
KASUMPATI	18	9
TOTU	7	7
CHAMIYANA	1	1
SANJOULI CHOWK	20	13
KAITU	8	0
SUMMER HILL	6	4
NABHA	3	1
PHAGLI	14	4
ANNADALE	3	3
BHARARI	2	2
DHALLI	1	0
TUTIKANDI	3	1



The following graph depicts the number of persons with disabilities availing the pension, in different wards of Shimla. Sanjouli Chowk has the highest number of male and female persons with disabilities, currently availing the pension, followed by Kasumpati, Chhota Shimla and Phagli. Hence, an area based focused planning is required to facilitate the access of persons with disabilities to city infrastructure and services in general and in times of emergency in particular. The female population is comparatively low in the wards.

Number of Children with Disability in Schools

WARD	TOTAL NUMBER CHILDREN WITH DISABILITY
KRISHNA NAGAR	5
RAM BAZAAR	120
TOTU	30
CHAMIYANA	14
KANLOG	10
SANJOULI CHOWK	9
DHALLI	140



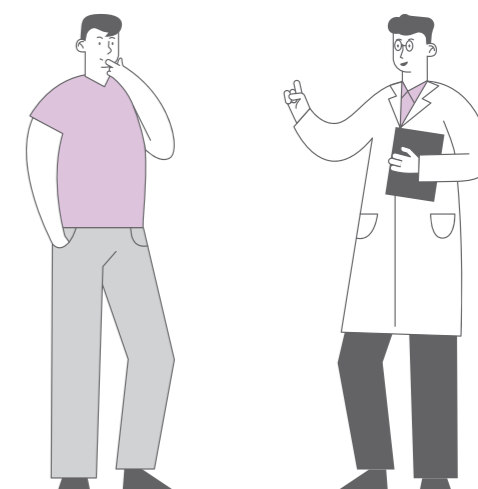
Source: Integrated scheme for school education (isse), directorate of higher education, ssa

This graph depicts the number of children with disability in schools located in wards of Shimla. The school of Dhalli has the highest number of enrolled students with disabilities followed by Ram Bazar, Totu, Chamiyana, Kanlog, Sanjouli Chowk and Krishna Nagar. The schools are of elementary and secondary level. With the help of this data, a focused and inclusive planning can be carried out, considering their special needs during disaster related emergencies in Shimla.

With the city having a fairly sizable number of people with disabilities, it is incumbent for the government to take appropriate mitigation and preparedness measures considering their special needs. The inclusion of these people is of critical importance for disability inclusive disaster management planning and its implementation on the ground.

With the help of this data and more that needs to be collected, an inclusive disaster management plan, targeting the needs of persons with disabilities in the City for mitigation, preparedness, and response, can be developed. However, this also must be acknowledged that this data is almost 9 years old (Census 2011), and the respective age wise categories would need to be considered in the next age group level now, while carrying out the inclusive planning of Shimla City (as no latest data on persons with disabilities is available at the moment).

It is also clear that Disaster Risk Reduction (DRR) efforts need to specifically address the vulnerability of persons with disabilities instead of clubbing them with other vulnerabilities such as poverty. Special attention must be paid to ensure that no person with disabilities is abandoned after a disaster. Local community-based efforts and support systems including a buddy-system whereby each person with disabilities should have one or more persons in the neighborhood, who are responsible to act as buddy to assist, at the time of disasters. Currently there is no formal data of buddies in Shimla.



CHAPTER 3

MAINSTREAMING DISABILITY IN CITY DM PLN: GAPS AND CHALLENGES

The Himachal Pradesh State Policy on Persons with Disabilities 2011, aspires to see the State as an inclusive and enabling society that values highly the lives of persons with disabilities and continually strives to enhance their access to opportunities and their participation at all levels in the society.

It provides a framework for the Government to create an enabling environment to achieve this. It seeks to remove barriers that prevent persons with disabilities from participating fully in society. This policy statement attempts to cover the range of barriers experienced by persons with disabilities including public attitudes, human rights, employment and educational opportunities and provides a framework for developing strategies and action plan for removing those barriers and enabling their participation in the society.

Following the enactment of Rights of Persons with Disability Act in December 2016, the Himachal Pradesh State Policy on Persons with Disabilities of 2011 needs a thorough review and revision. The key provisions of the RPWD 2016 may be integrated in the revised policy. To begin with, there is an urgent need to ensure the mainstreaming of issues and concerns related to persons with disabilities in various programs and interventions at the local level.

3.1 Keys Issues, Gaps and Challenges

It is important that the issues and challenges of disability inclusion are properly understood so that the gaps are clearly identified and effective strategies are developed to address them with regard to all aspects of disaster management planning. There also has to be a focus on institutionalization of good and best practices, as identified and implemented across different contexts and locations.

3.1.1 Data on needs and resource mapping: This is one of the major concerns of disability inclusive planning in Shimla as the first responders are not in possession of complete data which is reliable. Many individuals are left out, as they are invisible due to social stigma and resultant isolation and are hence are not covered by any of the surveys. Institutional capacity for data collection, compilation and access has to be strengthened during mapping of population and their vulnerability and capacity.

3.1.2 Policies, planning and strategies: The State Policy on Persons with Disabilities of Himachal Pradesh was drafted in the year 2011. A revised policy and a detailed state level plan, in line with RPWD Act 2016, needs to be formulated through

engagement of persons with disabilities and local DPOs/NGOs. This would be really useful for district and city level inclusive disaster management planning. In order to have an inclusive planning process, it would be important to do the following:

- Creating awareness of DRR planning processes among persons with disabilities.
- Institutionalization of in-depth consultations with persons with disabilities and DPOs for articulating DRR planning needs and processes.
- A two-track system for mainstreaming disability related issues and concerns as well as providing specialized services to address the special needs of persons with disabilities needs to be devised and activated.

3.1.3 Adoption of universal design principles and access to assistive technology: In Shimla the physical inaccessibility to services is quite common. As informed by persons with disabilities, most of the public services such as colleges, student hostels, hospitals, public transport system are not at all disabled friendly. During disasters, physical inaccessibility of the basic services can put the life and well-being of persons with disabilities in danger even further. Therefore, the following results need to be ensured:

- Accessible accommodation and transport in all phases of disaster to be included as part of preparedness.
- Enhanced focus on the training of workers of universal design and capacity building of first responders and service providers
- Use of material prepared by Disabled People Organizations (DPOs) would assist in overcoming the gap in services in Shimla city e.g. using manuals prepared by the Digitally Accessible Information System (DAISY) (e.g. Evacuation Manual).

3.1.4 Preventing social and attitudinal exclusion: Due to social apathy and stigma, persons with disabilities face social and economic exclusion. They often face discrimination at home, school and work places. Many a times they are taken for granted. Society simply feels quite satisfied with ensuring simple entitlements such as pensions, subsidies or allowances. They do not trust much on their abilities. Due to this attitude, the persons with disabilities are generally not included in the important consultations such as DM planning, emergency coordination meetings, allocation of resources, procurement of specialized equipment etc. It is important to include persons with disabilities at each stage of disaster risk reduction planning process, from preparedness (including the warning systems), safe evacuation, accessible shelters, to relief and reconstruction.

3.1.5 Women and girls with disabilities: Women and girls with disabilities, are being discriminated even during normal times due to widespread social stigma and indifference. Hence, during disasters, they are even more likely to be susceptible

to physical, sexual and emotional abuse when staying in shelters or camps, primarily due to their reduced ability to protect themselves on their own and their excessive dependence on others for their own day-to-day needs. Hence, the following have to be ensured as a matter of priority:

- DM strategies need to take into account protection and security needs of women headed households and girls living in camps and shelters.
- Train professional local builders and architects in Universal Design norms.
- Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc.).
- Ensure sufficient lighting, in shelter areas/camps, so that obstacles can be easily seen by those with low vision.
- Install handrails for stairs, and ramps for buildings.
- Identify family members, neighbors, or/and identified and trained buddies of persons with disabilities and provide space to them in the same shelter.

3.1.6 Children with disabilities: Children with disabilities often get physically, mentally and psychologically abused. They often get deprived of access to health care and education during disasters. Capacity of children to face barriers during emergencies could be low and they may not be in a position to access health, rehabilitation and psycho-social recovery facilities and services on their own, without targeted and timely help. Hence, the key measures to be factored in by the City DM plan from this perspective are as follows:

- School safety programs must design specialized training module, train resource persons, and conduct mock drills on 'search, rescue and evacuation (SRE)' for children with disability.
- Special schools need to conduct regular preparedness and evacuation drills for diversity of children with disabilities.
- Special care givers, hostel-inmates, buddy and parents to be trained on SRE needs to help them support the persons with disabilities effectively during an emergency.

3.1.7 Elderly people with disabilities: Elderly people with disability often have special health needs arising as a result of the combination of their age and disability. Damage to health infrastructure and over-burdened health facilities during emergencies make it all the more difficult for them to access basic health facilities for elders with disabilities. Elderly people might get ignored by the decision makers. Hence, planners need to take the following inclusive measures:

- Elderly people must be consulted or be given decision-making roles while planning for evacuation, and in setting up of shelters post-disasters.
- Food, potable water, health, safe shelter and hygiene and sanitation needs and services must be factored into relief and rehabilitation planning processes.

CHAPTER 4

RECOMMENDED ACTIONS FOR CAPACITY BUILDING AND TRAININGS

Appropriate and adequate capacity at various levels is the key to effective provision of emergency services for persons with disabilities in view of their special needs. This requires targeted and concerted capacity building and training efforts and interventions.

The following are the key recommended actions for Disability Inclusive DM Capacity Building and Training:

- Identify the overall training needs of all the concerned stakeholders including the persons with disabilities, Trainers, Special Educators, identified Buddy Fellows (SAHYOGI), parents, guardians, family members, life partner, concerned Government Departments including Social Justice and Empowerment, Health, Civil Defense and Home Guards, Revenue, ULBs, NGOs, DPOs, Emergency First Responders, Volunteers, identified Ward Representatives etc.
- Prepare a detailed training calendar to conduct regular trainings and refresher training programmes
- Provide training in an accessible manner involving use of user-friendly modes such as Braille, special computer software, audio versions, large print and use of sign language interpreters.
- Production and use of communication tools through a booklet highlighting the specific needs related to different types of disabilities and its effective use as a training and reference manual for disaster/relief personnel.
- Inclusive DM Trainings at the identified facilities and centers which are physically accessible.
- People with auditory disabilities to be trained to become volunteers, so that they can help other persons with hearing impairment.
- Train relief workers to assist with:
 - a) Repairs of assistive devices and determining the need of assistive devices.
 - b) Finding out how many persons with disabilities are eligible to get assistive devices free of cost or at subsidized cost.

CHAPTER 5

RECOMMENDED ACTIONS FOR CAPACITY BUILDING AND TRAININGS

The following recommendations have been made largely on the basis of analysis of the secondary data available, followed by multiple rounds of interactions with representatives of persons with disabilities, DPOs such as SAKAR, UMANG and UDAAN, parents, Ward Representatives of ULB/Ward and senior officials of relevant Government departments including Health, Social Justice & Empowerment etc.

The recommendations are aimed at the Shimla City Municipal Corporation, UN agencies, and Humanitarian NGOs etc. Their objective is to ensure that disaster management planning and programming at the city and district level is inclusive of disability needs and issues taking into account their existing skills and capacities and their deployment for improved disaster management.

The following set of recommendations are proposed, as they may be particularly useful in reaching out to persons with disabilities, eliminating the barriers for preventing them from accessing basic services, and providing targeted support as necessary, so that their rights are protected and they could live a dignified life as others, both before and during emergencies.

Set of Recommended Actions:

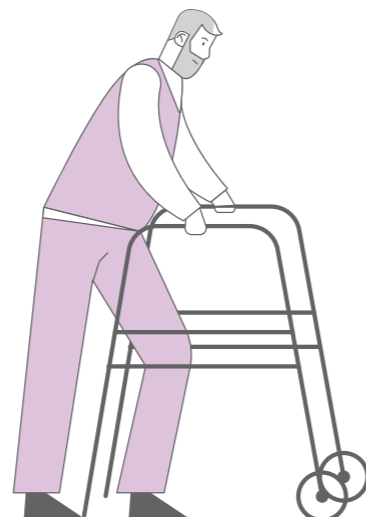
i) Policies and Guidelines:

- Revision of Himachal Pradesh State Policy in the light of the provisions of RPWD 2016, National Disaster Management Plan, 2019 and NDMA Guidelines on Disability Inclusiveness etc.
- Comprehensive Guidelines for CDMP with detailed and specific provisions on inclusion of persons with disabilities in line with the National DM Framework and RPWD Act 2016.

ii) Preparedness and mitigation strategies:

Effective Shimla City preparedness and mitigation strategies for persons with disabilities would require the following measures to be taken by the city DM planners:

- Priormapping of locations of persons with disabilities
- Listing of their specific resource needs including required assistive devices



- Identification and mapping of health care centres/institutions
- Location and mapping of special educators, therapists, and professionals (audiologists, speech therapists and sign language interpreter etc.) and accessible transport.
- Stockpiling of medical and life saving devices such as respirators, critical assistive devices and other medical equipment supplies that would help in reducing the risk of people with disability during disasters.

iii) Inclusive assessment and monitoring

- Identify persons with disabilities in vulnerable areas and inform volunteers of their specific needs.
- Map houses of persons with disabilities and evacuation routes for evacuation in the DM plans.
- Identify and put in place special protection measures for rehabilitation facilities/institutions (e.g. special homes, rehabilitation service centers etc.).
- The sizeable number of persons living in these facilities can be saved when confronted with a life-threatening disaster situation.

iv) Coping strategies and mechanisms

- Building a network in the community that can provide disability friendly information on impending disasters.
- Designing appropriate early warning systems to reach out to persons with disabilities
- Including persons with disabilities in the planning process at all levels.

v) Preventing social and physical barriers

- Train professional local builders and architects in Universal Design norms. Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc.).
- Ensure sufficient lighting, in shelter areas/camps, so obstacles can be easily seen by those with low vision.
- Install handrails for stairs, and ramps for buildings.
- Identify family members, neighbors or/and identified buddies of persons with disabilities and provide space to them in the same shelter.
- Protection measures to be put in place with assistance of families, community and local administration.
- Persons with disabilities friendly low floor buses, traffic crossings and railway platforms.

- Toilet floor should have the non-slip surface.
- Light-weight PVC door shutter should be provided as a sliding door.

vi) Critical and Preventive Health Care

- Train volunteers to recognize and handle trauma. This will enable them to recognize the severity of trauma, limit impairment and assist in shifting the concerned to the right medical facility and on time.
- Provide proper food to persons with disabilities in order to avoid nutritional deficiency.
- Include in the relief package, additional clothes for people with incontinence and uncontrolled bowel movement.
- Provide Vitamin A to children, as necessary.
- Train relief workers to assist with:
 1. Repairs of assistive devices.
 2. Determining the need of assistive devices.
 3. Finding out how many persons with disabilities are eligible to get assistive devices free of cost or at subsidized cost.
- Contact the concerned Government departments (Social Welfare, ALIMCO, DRCs /other) or NGOs for facilitating the provision of assistive devices to the needy.
- Organize screening, fitment and distribution camps.

vii) Food, Shelter, Water and Sanitation

- List persons who should receive compensation and ensure that they receive it.
- Check if persons with disabilities who are below the poverty line are included in the list.
- Cash compensation to persons after a disaster will serve as a temporary assistance to help them avoid a debt trap.
- Include persons with disabilities in insurance schemes.
- Include persons with disabilities in micro-credit/micro-finance schemes.
- Prepare and use guidelines to monitor any discriminatory practices.

viii) Administrative and Civil Processes

- Include persons with disabilities in all Data Bases/ Surveys prepared for DM.
- Prepare specific data bases of persons with disabilities when general databases do not include their needs.

- Sensitize ULB/Ward members on the needs of persons with disabilities in disasters and the rights and dignity of persons with disabilities in DM.
- Ensure that the disability needs are included in the CBDRM process at the Ward level.

ix) Early Warning System

Short term (with existing infrastructure) measures

- Improve coordination between different departments.
- Ensure risk information and dissemination. Host the information at MC or/and other relevant departments as required. Key findings of HRVA done to be disseminated and used in decision making.
- Update risk assessments periodically. Risk is dynamic and hence HRVA studies need to be updated at least once every year.
- Capacity development of the officials needs to be carried out so that they can update the non-spatial information in the online system periodically. For example, information about the population, vulnerable people etc. can be updated without much effort and time investment, thereby keeping the system up to date.
- Collect, collate and analyse the disaster, damage and loss database for small, medium and large scale disasters. This will not only help in understanding the hotspots and spatio- temporal trends, but also the progress made in DRR interventions. Disaster damage and loss data needs to be integrated with the HRVA studies.
- Capacity Development including training on early warning systems, risk assessment, response planning etc.
- Weather forecasting mechanisms and advisories need to be made more user-friendly and contextual.
- Media can be involved for addressing the needs of people with disabilities and other vulnerable groups (e.g. subtitling of information for hearing impairment)
- Public Private Partnership and involving Telecom Service Providers for SMS based warnings.
- Update India Disaster Resources Network and develop GIS based dynamic resource mapping platform. Mobile app to be developed for capturing geo-coded information on resources available with the key departments.

Middle to Long term measures

- Micro mapping of resources for effective preparedness and response. At present non spatial mapping of district level resources is available in IDRN Portal. However, the portal is old, as it was developed during 2003-04. Now with the advances in

Geospatial technology it is possible to geo-code resource information and develop online dynamic resource mapping.

- Build on Risk Knowledge (Disaster Databases and HRVA): Budget needs to be allocated for thorough review and revision of HRVA at least once in 5 years. Also there is a need to develop and maintain historical data of disaster damages and loss for minimum 30 years to carry out a statistically meaningful analysis.
- Increase density of weather stations: State governments with the meteorological agencies need to focus on increasing the network of weather stations. Being a mountain state, the weather conditions in Shimla vary considerably within the same district or even within the city area itself.
- Sensor based systems and IoTs – Focus should be given on Sensor Based low cost systems for collecting real time data.

x) Media

- Sensitize media on the issues of persons with disabilities in general and during disasters in particular and how they could be addressed in a sensitive and responsible fashion. Ensure that it does not use stereotypical images and discriminatory language (such as crippled).
- During early warning, advise media to provide information that can be accessed and understood by persons with disabilities.

xi) Children with Disability

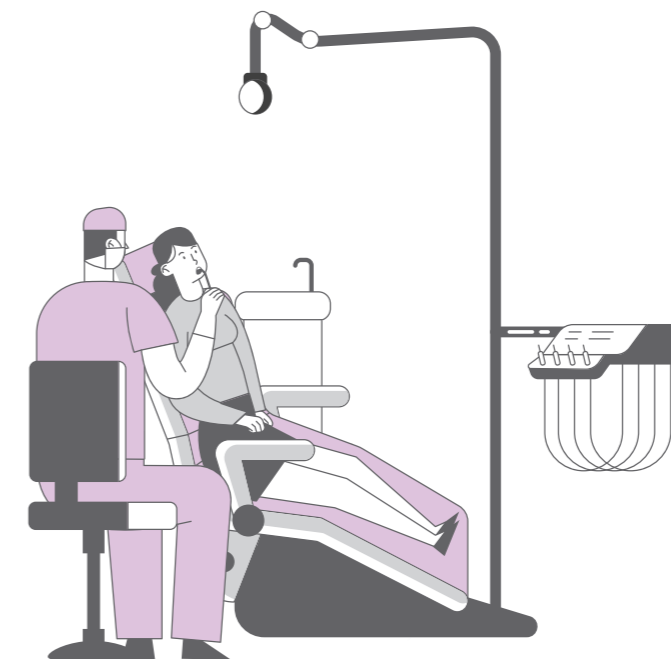
- Include the needs of children with disabilities (existing and newly created)
- Following disasters, make a rapid assessment of children with disabilities who have been dropped out of schools and those who need education in existing inclusive schools.
- Sarva Shiksha Abhiyan of the Government provides an important intervention on inclusive education. Hence, it is critical to ensure that an adequate number of special educators are available at appropriate locations etc.
- Use these schools to introduce the issue of disability in disaster management.
- Facilitate to ensure that Special Educators are available for children with disabilities in camps.
- Encourage inclusion of topics related to disaster management (search and rescue, first aid etc.) in special schools.
- Prepare guidelines to protect children who may be subjected to violence inside and outside the family.
- Provide care to children with disabilities falling under the National Trust guidelines.

- Provide protection to orphans with disabilities.
- Provide counselling to children who face psychological trauma.

xi) Inclusion of Women

Restricted to their homes by inaccessible environments, lack of mobility aids or transportation or restrictions by family and shame caused by cultural biases, women with disabilities are often isolated and unaware either of their rights or options. Gender is an important issue to be addressed in DM and more importantly in addressing special needs of women with disabilities

- Provide sanitary wear for use during menstruation.
- Educate health service personnel in provision of sensitive services and of the needs of girls and women with disabilities.
- Train government and non-governmental organizations in prioritization of issues of women with disabilities in development efforts.



CHAPTER 6

RECOMMENDED ACTIONS FOR INCLUSIVE DISASTER RESPONSE

The need for making disaster response plans truly inclusive of the needs of persons with disabilities is fairly well established. The following are the key recommended actions for effective and inclusive disaster response:

i) Strengthening Search, Rescue and Evacuation (SRE)

- Ensuring adequate and reliable data about the numbers, location and needs of individuals with disabilities, which is a must for effective SRE and relief process.
- Volunteers/replacement volunteers to be trained professionally in the special techniques or procedures in SRE keeping in view the diversity and complexity of disability to be addressed.

ii) Consolidating Relief Mechanism

- Adequate volunteer support services at relief Centres, mass feeding Centres, temporary toilets, portable housing facilities to ensure access to relief goods and services.
- Mobility and assistive devices such as wheelchairs, hearing aids, Braille translators, crutches, prostheses, respirators which get damaged or become inoperable during emergencies, to be kept in proper stock and monitored through electronic tracking system.
- Small vehicles, cycle-rickshaws or para-transport system for easy door-to-door safe, reliable and timely evacuation of persons with disabilities to be made accessible.
- Prior planning for critical care of people with spinal injury or brain injury has to be put in place.

iii) Establishing mechanism for smooth Rehabilitation and Reconstruction (R&R)

- Infrastructures such as shelters, schools, hospital, houses, community Centers, public places etc. need to be included in the universal design and inclusive resources, which are disabled friendly, barrier free and easily accessible.
- Social safeguard systems such as re-entry of persons with disabilities in the job guarantee scheme to assure income generation and economic empowerment.
- Easy access to information about government schemes during recovery phase so that the newly acquired persons with disabilities are not left out of any R & R system.
- For persons with spinal cord and head injuries, long term rehabilitation would

be required; the plans need to factor this aspect into the health and medical rehabilitation.

- Provisions for physiotherapy to improve the ability of a person with physical impairment to move (exercise, positioning, strengthening, etc.).
- Occupational therapy/ADL to help a person with disability learn new ways to complete daily activities (dressing, eating, using implements etc.).
- Identification of vocational training skills and provision of training through VRCHs or DPOs.
- Prepare training manuals for workers who will assist in repairing assistive devices.
- There is a list of various support schemes (e.g. loans), special concessions and reservation (e.g. in bus travel) provided for persons with disabilities. Inform and assist those who are eligible to access the schemes. Functionaries who are assisting in livelihood restoration must have knowledge of these schemes.
- Assist in accession to exclusive support facilities of skill up-gradation training and technical support to begin income-generating activities.
- Make the work place accessible by creating changes such as lowering the height of a work table, changing the design of a machine so that it can be used with one or no hand, use audio signals/ instructions for persons with visual conditions.



ANNEXURES

Annexure 1

A NOTE ON EMERGENCY MANAGEMENT

Emergency Management

Emergency preparedness is a shared responsibility. All the affected people are generally encouraged to be prepared to cope for at least the first 72 hours of an emergency on their own, while emergency workers focus on those in urgent need. While disasters and emergencies affect everyone, their impact on people with disabilities is often compounded by factors such as reliance on electrical power, elevators, accessible transportation and accessible communication, all of which can be compromised in emergency situations.

By taking a few simple steps today, one can become better prepared to face a range of emergencies. These basic steps should help you to take care of yourself and your loved ones during an emergency.

Emergency preparedness involves three basic steps:

1. Knowing the risks
2. Making a plan
3. Getting an emergency kit

PERSONAL SUPPORT NETWORK

A personal support network is a group of at least three people a person with disability knows and trusts and who are willing to help her/him during an emergency.

EMERGENCY KIT CHECKLIST

In an emergency situation, anyone needs some basic supplies including medicines. While everyone is expected to be prepared to be self-sufficient for at least first 72 hours of an emergency, this may not apply to persons with disabilities, who are almost sure to require special assistance right at the outset. Hence, the emergency kit for them has to be easily available and accessible to them at all times and must include basic assistive devices. The kit needs to be checked at least twice a year to ensure that the contents are up to date. The kits must be re-stocked as required.

BASIC EMERGENCY KIT CHECKLIST

- Water – at least two litres of water per person per day. Include small bottles that can be carried easily in case of an evacuation order

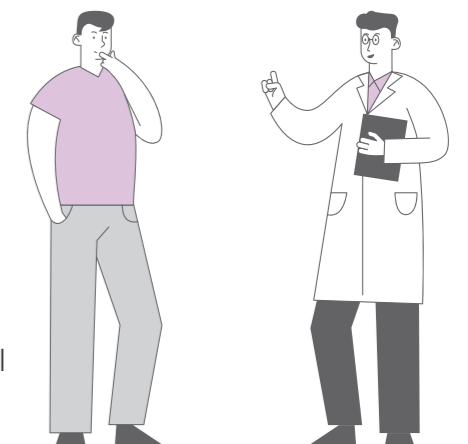
- Food that won't spoil, such as canned food, energy bars and dried foods (replace food and water once a year)
- Manual can-opener
- Wind-up or battery-powered flashlight (and extra batteries)
- Wind-up or battery-powered radio (and extra batteries)
- First aid kit
- Special items such as prescription medications,
- Bracelet or identification
- Extra keys to your car and house
- Cash in smaller values, such as 10s and other change.
- Special items according to your needs (i.e., prescription medication, infant formula, special equipment, pet food and water, etc.)
- A copy of your emergency plan and contact information

Others

- Recommended additional items checklist
- Two additional liters of water per person per day for cooking and cleaning.
- Candles and matches or lighter (place candles in sturdy containers and do not burn unattended).
- Change of clothing and footwear for each household member.
- Sleeping bag or warm blanket for each household member.
- Toiletries, hand sanitizer, utensils, garbage bags for personal sanitation, toilet paper.
- Minimum of a week's supply of prescription medications.
- Household chlorine bleach or water purifying tablets.
- Basic tools (hammer, pliers, wrench, screwdrivers, work gloves, dust mask, pocket knife).
- Small fuel-operated stove and fuel (follow manufacturer's directions and store fuel properly).
- A whistle (in case you need to call for help).
- Duct tape (i.e., to tape up windows, doors, air vents).
- Detailed list of all special needs items, in the event that they need to be replaced.

TIP

- Have a phone at home that does not require electrical power to work (i.e., a corded phone or a TTY).



Emergency Management on the Basis of Types of Disability

Mobility

Mobility limitations may make it difficult for a person to use stairs or to move quickly over long distances. Limitations may include reliance on mobility equipment such as a wheelchair, walker, crutches or a walking cane. People with a heart condition or respiratory difficulties may also have limited mobility.

Personal Emergency Plan

- If one uses a wheelchair or scooter, an emergency evacuation chair must be stored near a stairwell on the same floor where the person with disability works or lives, so that her/his network can readily access it to help her evacuate. The person with the disability should be involved in the selection of the evacuation chair.
- People who require the use of an evacuation chair should designate a primary and backup contact to assist them in the event of an evacuation. Create an evacuation plan in collaboration with the building manager and contact persons, and practice using the chair with them.
- In your personal assessment checklist, identify areas of your body that have reduced sensation so that these areas can be checked for injuries after an emergency, if you cannot do so yourself.
- Check with your local municipal office to find out if emergency shelters in your area are wheelchair accessible.

Recommended Additional Items Checklist

- Tire patch kit
- Can of seal-in-air product (to repair flat tires on your wheelchair or scooter)
- Supply of inner tubes
- Pair of heavy gloves (to protect your hands while wheeling over glass or other sharp debris)
- Latex-free gloves (for anyone providing personal care to you)
- Spare deep-cycle battery for a motorized wheelchair or scooter
- A lightweight, manual wheelchair as a backup to a motorized wheelchair (if feasible)
- Spare catheters (if applicable)
- Your power outage backup plan

Others

- Assisting a person with a mobility disability – what to do
- If possible, use latex-free gloves when providing personal care.
- Try to ensure that the person's wheelchair is transported with the person.

- If this is not possible, employ other evacuation techniques as appropriate, such as use of the evacuation chair, shelter-in-place (if instructed to do so), or lifts and carries by trained personnel.
- Do not push or pull a person's wheelchair without their permission, unless it is a matter of life or death.

Non-Visible Disabilities

Individuals with non-visible disabilities may have difficulty performing some tasks even though their condition is not apparent. Non-visible disabilities can include communication, cognitive, sensory, mental health, learning or intellectual disabilities which may impair an individual's response to an emergency. Conditions can include allergies, epilepsy, diabetes, pulmonary or heart disease, and/or dependency on dialysis, different supplies, etc.

Personal Emergency Plan

- Keep an emergency contact list on your person. This list should note key people that are aware of your special needs.
- Inform your designated support network of where you store your medication.
- Consider wearing a bracelet or identification to help notify emergency responders about your special needs.
- Request that a panic push-button be installed in your work and living areas so that in an emergency you can notify others of your location and that you need special assistance.
- Recommended additional items checklist
- Supply of food items appropriate to your dietary restrictions
- List of instructions that you can easily follow in an emergency
- Personal list and minimum one-week supply of all needed medications, medical supplies and special equipment (i.e., ventilator for asthma, nitro lingual spray for a heart condition, an epinephrine pen against allergic reactions or anaphylactic shock, etc.)
- Detailed list of all prescription medications
- Identification

Others

Example: People with diabetes

- Extra supply of insulin or oral agent
- Extra supply of syringes, needles and insulin pens (if used)
- Small container for storing used syringes and/or needles (if applicable)
- Blood glucose testing kit, spare batteries and record book

- Supply of blood glucose and urine ketone testing strips Fast acting insulin for high blood glucose (if applicable) Fast acting sugar for low blood glucose
- Extra food to cover delayed meals
- Ice packs and thermal bag to store insulin (if applicable)
- Assisting a person with a non-visible disability – what to do
- Allow the person to describe the help they need.
- Find effective ways to communicate, such as drawn or written instructions, using landmarks instead of general terms like “go left” or “turn right”.
- Maintain eye contact when speaking to the person.
- Repeat instructions (if needed).
- If a person needs to take medication, ask if he/she needs help taking it. (Never offer medicine not prescribed by a physician.)

Hearing

- The way that emergency warnings are issued in an emergency is critical to the understanding of instructions and the subsequent response and safety of those with hearing loss.
- Your emergency plan
- Communicate your hearing loss by moving your lips without making a sound, pointing to your ear, using a gesture, or if applicable, pointing to your hearing aid.
- Keep a pencil and paper handy for written communication.
- Obtain a pager that is connected to an emergency paging system at your workplace and/or your residence.
- Install a smoke detection system that includes flashing strobe lights or vibrators to get your attention if the alarms sound.
- Test smoke alarms monthly by pushing the test button.
- Replace batteries every six months or whenever there is a low battery signal.
- Recommended additional items checklist
- Writing pads and pencils for communication
- Flashlight, whistle or personal alarm
- Pre-printed phrases you would use during an emergency, such as “I use American Sign Language” or “If you make announcements, I will need to have them written simply or signed”.
- Assistive equipment according to your needs (i.e., hearing aid, personal amplifier, etc.)
- Portable visual notification devices to know if someone is knocking on the door, ringing the doorbell, or calling on the telephone
- Extra batteries for assistive devices
- A CommuniCard that explains your hearing loss and identifies how first responders can communicate with you during an emergency

Others

- Assisting a person with a hearing impairment – what to do
- Get the person’s attention via a visual cue or a gentle touch on their arm. Do not approach the person from behind.
- Face the person, make eye contact when speaking to them as they may rely on lip reading and communicate in close proximity.
- Speak clearly and naturally. Do not shout or speak unnaturally slowly.
- Try to rephrase, rather than repeating yourself.
- Use gestures to help illustrate your meaning.
- If there is time, it may be helpful to write a message.
- Hearing aids amplify sounds and can create a physical shock to the user, so do not make loud noises.
- Note that some people may be deaf or/and blind.

Vision

A person who is blind or has reduced vision may have difficulty reading signs or moving through unfamiliar environments during an emergency. They may feel lost and/or dependent on others for guidance.

Personal Emergency Plan

- Have a longer white cane available to readily manoeuvre around obstacles (there may be debris on the floor or furniture may have shifted).
- Identify all emergency supplies in advance with fluorescent tape, large print or Braille text, such as gas, water and electric shutoff valves.
- Familiarize yourself in advance with all escape routes and locations of emergency doors/exits on each floor of any building where you work, live and visit.
- Recommended additional items checklist
- Extra white cane, preferably longer in length
- Talking or Braille clock
- Large print timepiece with extra batteries
- Extra vision aids such as an electronic travel aid, monocular, binocular or magnifier
- Extra pair of prescription glasses (if applicable)
- Any reading devices / assistive technology to access information or portable CCTV devices

Others

- Assisting a person with a vision disability – what to do
- For people who are deaf-blind, draw an “X” on their back with your finger to let

them know you can help them.

- To communicate with someone who is deaf-blind, trace letters in their hand with your finger.
- To guide a person, keep half a step ahead, offer them your arm and walk at their pace.
- Do not shout at a person who is blind or has reduced vision. Speak clearly and provide specific directions.
- Provide advance warning of upcoming stairs, major obstacles or changes in direction.
- Watch for obstacles that the person could walk into.
- Never grab a person with vision loss, unless it is a matter of life or death.
- Do not assume that the person cannot see you.
- Avoid the term “over there”; describe positions such as, “to your right / left / straight ahead / behind you”, or by using the clock face positions (i.e., the exit is at 12 o’clock).
- If the person has a service animal on duty, ask them where you should walk to avoid distracting the animal. Do not separate the service animal from its owner.

Seniors with a Disability/ Special Needs

Seniors, especially those with special needs, should be informed of what to do in an emergency. Contact your municipality to find out about programs and services in your area that will help you during an emergency and assist you in returning to your daily routine.

Personal Emergency Plan

- Create an emergency contact list identifying your personal support network, including physicians, case worker, and a contact from a seniors group, neighbours and your building superintendent.
- Keep a copy of this list in your emergency kit and on your person.
- Familiarize yourself with all escape routes, emergency equipment and the location of emergency doors / exits in your home.
- If you have a pet, bring it with you in an evacuation and have an emergency plan for your pet. Determine in advance who can take care of your animal during an emergency.
- Request that a panic push-button be installed in your work and/or living area so that in the event of an emergency you can notify others of your location and that you need special assistance.

Recommended additional items checklist

- Non-perishable food appropriate to your dietary restrictions

- Assistive devices needed such as canes, walkers, lightweight manual wheelchair, hearing aids, breathing apparatus, blood glucose monitoring device
- Extra prescription eyewear and footwear (if required)
- Extra supply of medications and vitamin supplements
- A list of all your needed medical supplies and special equipment
- Copies of all medication prescriptions
- Extra dentures (if required) and cleaner
- Latex-free gloves (for anyone providing personal care to you)

Others

Assisting a senior with a disability / special needs – what to do

- Check on neighbors to find out if there are seniors who would need your help during an emergency.
- Always speak calmly and provide assurance that you are there to help. Avoid shouting or speaking unnaturally slowly.
- Let the person tell you how you can help.
- Know the location of emergency buttons (many seniors’ buildings have emergency buttons located in bedrooms and washrooms).
- Follow instructions posted on special needs equipment and/or assistive devices.
- High Rise Safety
- Residents of high rise buildings should make themselves aware of:
 - Building superintendent’s name and phone number
 - Members of the Building Safety Committee
 - The contact names and coordinates of floor monitors Who conducts evacuation drills, and how often Location of fire extinguishers, automated external defibrillator units and oxygen tank
 - Location of emergency evacuation device(s)

Personal Emergency Plan

- Advise your building superintendent of your requirements during an emergency.
- Know your building’s evacuation plan and escape routes.
- Know the location of emergency buttons in the building and exits that are wheelchair accessible (if applicable).
- If applicable, request that an emergency evacuation chair be installed close to the stairwell on the floor where you work or live. If you cannot have an evacuation chair, have a backup plan for evacuating without one.
- If you will need help during an emergency, obtain large printed signs from the building manager that you can place in your window/door, indicating that you need assistance.

- Assisting a person with special needs in a high rise building – what to do
- Check on neighbors and/or co-workers with special needs to find out if they need your help.
- Offer to carry the person's emergency kit along with any special equipment.
- Avoid attempts to lift, support or assist the movement of someone down stairways unless you are familiar with safe techniques.
- Do not use elevators in event of fire or smoke, or if the emergency is likely to lead to a power outage.

Checklist and Personal Assessment

During an emergency, this checklist will enable emergency responders to better assist you.

I am able to:

- Hear
- See
- Walk without help
- Walk with help
- Prepare my meals
- Feed myself
- Dress myself
- Sit without help
- Sit with help
- Wash/bath without help
- Wash/bath with help
- Sanitary needs without help
- Sanitary needs with help
- I will need specific help with (explain):

- Important personal information
- List your prescription number, name and purpose of each medication (i.e., #34567/ insulin/diabetes)
- Prescription#: _____

Medication: _____

Purpose: _____

• Doctor(s): _____

Phone(s): _____

Special Equipment used : _____

Special sanitary aids: _____

Allergies: _____

Oth11er special needs: _____

Special diet: _____

• Health card #: _____

Private medical: _____

Policy #: _____

Neighbourhood contact: _____

Out-of-town emergency contact: _____

School contact: _____

Household pet care: _____

Veterinarian phone: _____

• Local emergency management contact (for your area):

• Personal support network contact list (family members, attendants, neighbours, etc.)

• Name: _____

Relation: _____

Address: _____

Phone(home): _____

Phone (business): _____

• Name: _____

Relation: _____

Address: _____

Phone(home): _____

Phone (business): _____

