EUROPEAN AND MEDITERRANEAN MAJOR HAZARDS AGREEMENT (EUR-OPA)

Guidelines

for Assisting People with Disabilities during Emergencies, Crises and Disasters

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Preamble

In the words of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), Article 11: Situations of risk and humanitarian emergencies:-

> "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

In preparing for, reacting to and recovering from emergencies, crises and disasters, every effort should be made to ensure that people with disabilities are not discriminated against. The aim should be to ensure that the treatment and services they receive are as effective a form of support as that given to the able-bodied population. The Council of Europe Disability Action Plan 2006-2015 stresses the importance of "mainstreaming ... moving away from policies which support segregation."

Leaders and decision makers in public administration, businesses and civil society who have responsibility for services that affect people with disabilities should accept that they may be more at risk than the general public, and may be more vulnerable to hazards, the consequences of a disaster, and unfair treatment during the event or its aftermath.

To ensure that people with disabilities receive adequate care is a matter of equity, fairness and justice, as well as an important affirmation of the values of civility. As the proportion of people with disabilities in society may be anywhere between 9 and 20 per cent, the problem is not one that can be ignored, nor should it be.

Whereas emergency preparedness for the non-disabled is usually provided to groups, it is necessary to consider the particular needs of people with disabilities more in detail. This is likely to be a resource-intensive process, and hence the provision of services should involve a wide variety of participants: official emergency managers and responders, volunteer groups in both emergency response and the care of people with disabilities, local and national social services, and others. On the other hand, including the needs of people with disabilities in traditional rescue-schemes will improve the quality of those schemes and will thus benefit many kinds of stakeholder.

Disability is not limited to restrictions on personal mobility such as those of people in wheelchairs. Instead it covers a very wide range of physical, sensorial, mental and emotional conditions, including the effects of old age or illness, and forms of dependency on medical drugs or equipment. With respect to the general population, people with disabilities may be less able to perceive hazards and risks, or less mobile, or dependent upon assistance in order to be able to react to crisis situations.

Assisting people with disabilities during public emergencies requires planning, foresight and concerted action *before* disaster strikes, so that programmes and procedures are in placed when the situation becomes critical. Improvisation is the enemy of good procedure and hence it needs to be reduced to a minimum by application of consultation and planning processes that predispose resources for use when they are needed.

This set of guidelines is intended to ensure that national governments, and their counterparts at regional and local level, civil society organisations and relevant offices in both the public and private sector obtain a clear idea of how to proceed with the provision of disaster risk reduction for people with disabilities. It begins with a set of working definitions and then considers the requirements of good preparedness during all the phases of crisis management: mitigation and planning (disaster risk reduction),

alert, emergency action, and recovery. The care of people with disabilities needs to be considered with respect to all of these phases.

Definitions

In both academic and professional publications relation to emergencies, crises and disasters there is a wide variety of definitions of key terms, and some of them conflict with one another. However, definitions are necessary as a means of establishing the nature of the phenomena and processes that are under consideration. Putting aside differences of opinion on meanings, this section provides some simple working definitions of terms. When documents of international interest are being translated into national languages, there is always a risk of misunderstanding, and it is therefore important to make sure that translations do not distort the message to be transmitted.

Disability
A physical, sensorial or mental condition that impairs a person's ability to perceive or react to events around himself or herself and, in interaction with various barriers, may hinder the person's full and effective participation in society on an equal basis with others. Disabilities may be permanent or temporary, but these guidelines refer specifically to those that are permanent or affect a person in the long term.

Hazard
A condition that threatens the safety and well-being of people. In origin it may be natural (e.g. earthquakes, floods), technological (e.g. transportation crashes, toxic releases), social (e.g. crowd crushes, demonstrations) or intentional (e.g. terrorism, politically-inspired violence).

Vulnerability (in the present context)
A person's susceptibility to harm as a result of external adverse events such as natural disasters, public emergencies, technological incidents or political violence.

Risk (in the present context)
The product of hazard and vulnerability leading to a probability of harm, expressed as physical or psychological injury, damage, destruction or interruption of productive and essential activities.

Crisis (in the present context)
A major incident that interrupts normal activities for a significant number of people and causes, or threatens to cause, harm to themselves or their property.

Disaster
A major destructive event that involves a large number of people and causes widespread damage and probably significant physical injury, possibly with a number, more or less large, of fatalities. Attempts to quantify the threshold at which an incident becomes a disaster have not generally been successful, but disasters have a profound effect on society and communities and tend to be larger, or more serious, than incidents.

Disaster risk reduction
The process of preparing for, reducing the risk of and planning to face disaster when it happens.

Resilience
For individuals, groups of people and society as a whole, the state (and process) of being robust in the face of disaster risks. This means being able to reduce the impact of

disaster, manage its effects with efficiency and recover rapidly from it, hopefully to a state of greater resistance than existed before (the "bounce forward" strategy).

Civil protection (sometimes known as civil defence or civil security)
The provision of services to the general population that enable them to face the risk of, survive and reduce the damaging effects of disasters and crises.

Successful Implementation

Disasters and their impacts can vary considerably from one place to another around the world and emergency response systems are strongly influenced by their political and cultural backgrounds. However, the conceptual approach to disaster risk management can be summarised in terms of a set of common factors.

1. **Political commitment.**
Governments must make clear decisions and include in their political agenda the commitment to make a serious effort to develop effective disaster risk management for people with disabilities. As part of the more general endeavour to ensure the safety of their constituent populations, they must consistently pay attention to such people's needs.

2. **Co-ordination and continuity.**
In order to guarantee the effective development, application and monitoring of emergency systems for people with disabilities, one particular body of governmental administration must be responsible for co-ordination and the continuity of initiatives. In close cooperation with all relevant stakeholders, it will be the task of the co-ordinating body to make sure that all relevant information is collected and centralised.

3. **Networking.**
At least one network should exist that allows stakeholders to meet and exchange information about the challenges to be met if risks are to be identified and solutions are to be found. These networks should always be open to new members and should take full account of evolutionary changes in technology, habits and expectations.

4. **Strategic planning.**
A master plan should be set up and constantly updated. The organisation of training activities and the evaluation of emergency exercises should be part of a constant process of adaptation of the master plan.

5. **Knowledge management.**
A coherent programme of knowledge management should be used to ensure the transfer of acquired know-how to those who can benefit from it. This knowledge would facilitate the organisation of training activities and allow emergency schemes constantly to be improved. Specific added value will be provided by the involvement of people with disabilities and their organisations.

6. **Identification and optimisation of resources.**
The evaluation of a master plan and constant updating of its capacities, and the general level of knowledge, should allow stakeholders to estimate needs regarding financial, organisational and human resources. At the same time, the best possible use of existing or new resources may allow the action plan to be improved.

7. **Communication.**
In order to ensure that everyone is kept informed about the state of preparedness, a good communication policy is needed. Energetic dissemination of information will ensure that more and more relevant stakeholders are contacted and involved in the preparedness process.

Phases of transition

Obviously the level of implementation for emergency strategies is very different at international level. In order to identify the level of preparedness, different phases can be identified, namely: awareness, inception, development and consolidation. These phases are summarised in the following table.

Phases of transition				
	Awareness	**Inception**	**Development**	**Consolidation**
Political commitment	Motivating the government to become active	Deciding to start the process of implementation	Creating an official mandate and attributing tasks	Including the measure systematically in budget provisions
Co-ordination	Deciding who should take responsibility for the task	Nominations and job description	Organising actions and reporting.	Establishing the co-ordinating body in official structures
Networking	Identifying potential partners	Inviting internal and external partners and defining roles, structures and working methods.	Establishing working methods.	Maintaining the structure and acquiring expertise.
Strategic planning	Looking for possible models	Defining goals, aims and actions	Developing a master plan with agreed and fixed strategies, actions, timescale and resources.	Organising an on-going assessment of quality and success levels.
Knowledge management	Rising levels of interest and appearance of questions	Situation analysis (legal framework, documentation, etc.). Identifying needs for education or external expertise.	Setting up a common knowledge base (for education, training, information, conferences, etc.)	Managing newly acquired knowledge on an on-going basis.
Resources	Looking for existing resources (voluntary roles)	Clarifying the allocation of resources.	Allocating resources according to a master plan and opportunities.	Assigning stable resources
Communication	Interest appears (through key experiences, press releases,	Communicating and announcing intentions. Seeking external	Communication and feedback of steps achieved.	On-going monitoring of quality and success

	etc.).	exchange and communication.		(customer relationship management).

Creating Action Plans

Assuming that the political commitment is confirmed, the coordinating body has been identified and is operational, and the network has been set up, the elements of an action plan can now be defined. They include a preventative phase that emphasises the concept of disaster risk reduction, an operational phase that describes the emergency action and the follow-up phase after disasters, when rehabilitation must be organized.

Prevention: Disaster Risk Reduction

Before disaster strikes, there should be a general process of mitigation, risk reduction, preparedness and planning. During the interval between disasters, it should be recognised and firmly established that in emergency situations, people with disabilities have a fundamental right to as good a level of protection as the rest of the population.

When it comes to identifying the practical problems to be anticipated, the counter-disaster organisations of government and public administration should insist on involving civil protection voluntary organisations and organisations of people with disabilities, or that represent and assist such people, in a multilateral dialogue that is intended to promote planning and action.

The overall goal of this phase is to ensure that people with disabilities are as resilient against disaster as the rest of the population, and that this level of resilience is satisfactory for all parties.

Governments, public administrations and preparedness organisations should ensure that the rights and needs of people with disabilities form an integral part of the emergency planning process. This involves the following:-

- Knowing about people with disabilities by compiling records of addresses and needs for assistance, and where they are likely to be located. This may require using census data (with appropriate reference to legal requirements for privacy) or in the absence of registration systems for people with disabilities, conducting a survey of the local area. Hence, all beneficiaries with special needs during an emergency should be identified, quantified and registered with the civil protection authorities.

- Common and specific hazards and risks should be considered in terms of how they affect people with disabilities, not merely how they impinge upon the general population.

- Special needs are associated with care homes for the elderly, psychiatric hospitals and rehabilitation centres, as well as other special institutions that cater for people with severe disabilities who are unable to live in the community. These institutions represent concentrations of vulnerable people who may require special assistance during an emergency and should not be missed when designing preventative activities.

- The needs of people with disabilities in an emergency must be estimated and resources found to cater for them. This process must recognise the individuality of particular needs resulting from disability and not overgeneralise them. It must be recognised that the needs of people with disabilities will be highly varied according to the types of disabilities involved, the living arrangements and the care and support services utilised by the individuals concerned.

- Preventative emergency planning for people with disabilities should consider whether and how individuals are able to summon assistance, whether and to what extent rescuers are trained to deal with them, whether there are barriers to processes such as evacuation, and whether such processes are adequately endowed with resources, and whether appropriate temporary accommodation can be provided to people with disabilities if long-term evacuation is required.

- Finally, planning should include measures to monitor, evaluate, and deal with discrimination against people with disabilities if it occurs during emergency, disaster or crisis situations.

The approach to and respect for people with disabilities should be incorporated, as principles and as prescriptions for action, into training programmes for people who deal with disaster as planners, managers, decision makers or responders. Education for the contact with people with disabilities should extend to all phases of disaster: mitigation, alert, emergency action and recovery.

Protection: Emergency Action

This phase refers to an emergency or crisis situation in which responses such as rescue, evacuation and care are required.

Those rescuers who are required to lift and transport physically people with disabilities, and the frail elderly, should be trained and equipped to carry out such actions in the proper, professional manner with minimal risk to the giver or receiver of assistance. All equipment and technical devices should be well maintained in order to be fully operational in case of an emergency.

Emergency responders and other carers must be required to maintain a correct, professional and non-discriminatory attitude to people with disabilities at all times.

On the basis of detailed knowledge of the people with disabilities who are likely to be present in the local area, detailed studies should be made of how each individual will perceive danger or receive an alert. In order to ensure that it is effective, the process of sending out an alarm should be studied in relation to the cognitive and sensorial capacities of each person to be alerted, or the needs of his or her carers.

Evacuation

Evacuation is one of the principal means of avoiding harm to people during threatening or crisis situations. It can be divided broadly into the pre-impact (preventative) kind and that which is practised during or after the impact (for rescue or the maintenance of public safety).

When evacuation is needed, civil protection authorities should have pre-existing procedures to ensure no one is left behind.

Arrangements should be made to ensure that people with disabilities are able to follow evacuation orders when these are given out by the authorities. This involves ensuring that departure, the journey and the arrival at destination can be conducted efficiently and in safety without undue delays or impediments—and under the same criteria of efficiency and safety as are applied to the general population. There should be no physical barriers to these three phases of movement: this involves checking for the presence of steps, that corridors are wide enough to permit passage, that manpower and transport are available and are suitably equipped, and that arrangements are in place for accommodating each type of disability.

Bedridden people who are unable to move themselves should be raised, dressed (if necessary) and transported by carers or responders who are trained in how to carry out this kind of work and who will use the proper procedures.

If people with disabilities are taken to rest centres, these should be planned and equipped so that they are accessible and able to accommodate such people as far as possible without additional hardship. The person with a disability should have access to any equipment that is essential to the normal maintenance of his or her health and safety, including, where necessary, medications and life-support machinery.

Rehabilitation

This phase refers to the aftermath of a disaster, crisis or emergency in which the emphasis is placed on restoring conditions to normal and recovering from damage and disruption. This may be a slow process that lasts years and requires a lengthy period of living with temporary arrangements.

Governments and public administrators should seek to ensure that people with disabilities are not discriminated against in the planning, design or assignment of temporary post-disaster shelter, which must be accessible and functional according to their needs. Moreover, people with disabilities should not be discriminated against in the provision of post-disaster employment opportunities, or in the assignment of permanently rebuilt housing.

As in the emergency phase, every effort should be made to accommodate working animals, such as guide dogs for the blind.

People with disabilities should not suffer higher levels of post-disaster risk than do the general population.

The presence of discrimination in any of the ways outlined here should be monitored regularly and, if it occurs, measures should be taken promptly to stop it and discipline or re-educate any staff who are guilty of exhibiting discriminatory attitudes or behaviours, or making decisions that cause discrimination.

Summary of Key Requirements

Regarding emergencies, disasters and crisis situations:

1. People with disabilities should receive support that is as good as that enjoyed by the general population.

2. The support should be tailored to the whole range of potential individual needs, and it should be recognised that, as a wide variety of disabilities is involved, needs will vary considerably from one person to another.

3. Planning for the care of people with disabilities should involve political authorities, public administrators, civil protection authorities and civil society organisations.

4. Emergency plans should consider persons with disabilities individually rather than as groups or categories.

5. The locations and emergency needs of people with disabilities should be known and assessed before disaster strikes.

6. Special emergency planning provisions should be made for care homes, psychiatric hospitals and other centres where people with disabilities are likely to be concentrated.

7. Education programmes for all who are involved in planning for, managing, responding to or recovering from disasters should include information on how to improve provisions for people with disabilities.

8. Alert processes should be configured in a way that automatically includes the needs and capacities of persons with disabilities (the Design for All principle).
9. Evacuation, emergency transportation, sheltering and rehabilitation processes should not discriminate against people with disabilities but should ensure that their needs are catered for.

10. Emergency responders should maintain a correct, professional and non-discriminatory attitude to people with disabilities.

11. Emergency responders who are required to lift and transport people with physical impairments should receive appropriate training and have appropriate equipment for these tasks.

12. In pre- or post-disaster evacuation, procedures should be in place to ensure that no one is left behind.

13. Rest centres and temporary dormitories should be equipped to accommodate people with disabilities who are expected to use them.

14. People with disabilities should not suffer discrimination in the assignment of temporary, post-disaster accommodation, which should be accessible to them and designed to meet their essential needs.

15. Procedures should be put in place to ensure that people with disabilities are not discriminate against during planning, warning, alert, evacuation, emergency response, respite, transitional shelter or recovery from disaster. Cases of discrimination should be dealt with promptly and fairly.