



NACCHO Webinar

National Association of County & City Health Officials

Learning Community Webinar

“Emergency Evacuation Planning Guide for People with Disabilities”

Presenter: Dr. Allan Fraser

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PROCEEDINGS

>> **Sarah:** Good afternoon to our participants. The presentation will begin shortly. You are in a muted listen-only mode. Your lines will remain muted throughout the presentation. You will be unmuted for question-and-answer session after the presentation. Thank you for your patience. We will begin in about two minutes.

Good afternoon. It is now after 2:00, so we will get started. I want to welcome everyone to today's webinar, "Get Real Using the National Fire Protection Agency's Emergency Planning Guide for People with Disabilities," brought to you by, the National Foundation of County and City Health Officials, Health and Disability Projects Learning Community.

My name is Sarah Yates. I'm the program analyst for the Health and Disability Project at NACCHO. I want to remind you that you're in a muted listen-only portion for this part of the presentation. You will be unmuted for the question-and-answer session. For those using the CART service and others who want to send in questions, use the chat side of your webinar screen.

I would like to introduce our speaker, Mr. Allan Fraser. Mr. Fraser joined the National Fire Protection Association,

NFPA, in 2000, in a Senior Building Code Specialist in the Building and Maintenance Department. His projects include NFPA Building and Construction Safety Code, Building Energy Code and Recommended Practice for Protection of Buildings from Exterior Fire Exposures. He also staffed the NFPA President Disability Access Review and Advisability Committee and is Secretary to the Architect, Engineers and Building Officials section.

Mr. Fraser is the author of NFPA's Emergency Planning Guide for People with Disabilities. And the creator and coordinator of e-Access, a quarterly newsletter on fire and safety information for people with disabilities.

During his 27-year career, he has become an expert in code inspection and facilitation. He has been on state and regional technical committees and has taught seminars and continuing education programs and he holds state and national certification.

On behalf of the NACCHO Health and Learning Community, I would like to thank you and welcome you for joining us today.

Mr. Fraser, it's up to you.

>> **Allan Fraser:** All right, Sarah, if you would be so kind

to give me the screen. I will put up -- here we go. Is that coming through, Sarah?

>> Right.

>> Good afternoon, everyone. I am thrilled to be doing this webinar for you folks. I want to thank NACCHO for inviting me to do it. I have to make a confession, doing webinars, for me, is extremely difficult. I love being able to see my audience and see reactions and know where to go, what to emphasize, and what to highlight. And with a webinar, you really can't do that. So I apologize if it's not exactly hitting the mark, but I will give it my best shot and I would be more than happy to hang around and answer questions for as long as I can.

In March of 2010, FEMA Administrator Craig Fugate said, "We don't plan for easy; we plan for real." And in virtually every community across the states, as much as 50% of the population needs assistance to prepare for emergencies and disasters. Among them, 20% of Americans have disabilities and may have access and functional needs that will affect their ability to read and understand preparedness information and to hear warnings and utilize transportation during an evacuation, to maintain their

independence in a shelter, to find accessible housing if theirs has been destroyed, to access services to enable them to return to work and deal with a myriad of other challenges.

Despite this, real progress towards preparedness is being made in communities committed to emergency planning that is inclusive of participation and requirements of people with access and functional needs.

I was very fortunate to have been one of 250 people coach from across the country to attend the getting real training conference last September in Baltimore, Maryland. It was intended for members of the disability and emergency management communities, three-day interactive training conference, brought the disability and emergency management community leaders together from across the country to build a national capacity for inclusive emergency management practices. And the conference honored September as National Preparedness Month by training stakeholders in inclusive practices. This trained those for post-responsibility to engage and to educate others on how to effectively collaborate in emergency preparedness and disaster response and recovery.

The gentleman on the screen is Warren McDaniels. He was the

immediate past chair of NFPA's Board of Directors. And I like to read a little piece of his 2007 address to NFPA, which I think is important.

Quote, "I only had the honor and privilege of meeting this gentleman on two occasions, but he is a man I will never forget. Warren McDaniels was chair of the National Fire Protection Association when he passed away in 2008. He was born and lived most of his life in New Orleans. He joined the New Orleans fire service in 1969, and served for nearly 40 years in numerous positions and ultimately rising to become the superintendent of the New Orleans department in 1993. He retired from the fire service in 2001. When Hurricane Katrina barreled through the gulf region with intense fury in 2005, he saw the fire service and emergency response through a very different lens. Rather than providing service, he needed service. He knew it from the other side now. His health had deteriorated since his retirement and as a result of hypertension and diabetes, he had lost both legs. When Katrina struck, he was just getting used to what it meant for him and his family, dialysis scheduling, getting around, learning to use his new prosthesis. With great

trepidation, he and his family evacuated their home and drove 140 miles north parking at a friend's home. That evening as they looked at the evening coverage of the raining hurricane they knew everything they had was gone.

I first met Chief McDaniels at our annual meeting in Boston in 2007, and he gave this speech and he had an immense presence and he was very soft-spoken. He had read the Emergency Evacuation Guide that I had written and he told me that it was a priority for him and to let him know if I needed anything to move forward. It was truly a humbling experience for me. The final test of a hero is he leaves behind in other men the conviction and will to carry on.

I met Bill Scott for the first meeting of the Disability Access Review and Advisory Committee in the fall of 2004. And I had no idea that this soft-spoken, affable man with a huge smile would have such an impact on me personally and professionally. In the seven short years since I met Bill I had the great good fortune to work with him, not only at ADARAC meetings, but as we traveled around the country together presenting seminars for Martin Luther King planning for people with disabilities.

Bill passed away March 29, 2011, at the age of 66 from pancreatic cancer. Bill passed the final test of a leader with flying colors because he left behind him the conviction and the will to carry on. His advocacy for disability in me and in many others. I will continue to use bill's brilliant and insightful statement. He has always delivered to his audiences.

"All people, everyone, regardless of their circumstances, have some obligation to be prepared to take action during an emergency and to assume some responsibility for their own safety."

My goal today is to help us look at the world through a different set of eyes. This is a brilliant cartoon by a professor at University of Vermont and it really sums up what we need -- the mindset that we need to adopt very cleanly. The guy in the wheelchair on the left says, sir, can you please shovel the ramp? The custodian replies all of the other kids are waiting to use the stairs. When I clear them off, I will clear it off for you. To which the young man says, "If you shovel the ramp, we can all get in." Clearing a path for people with special needs and functional needs clears the path for everyone.

Why did NFPA write this guide? The fact is, older existing buildings generally are not "accessible" to anyone with any sort of a disability. And many new buildings unfortunately aren't fully accessible because architects, engineers, contractors and building officials don't really understand the regulations that apply to them. And as Bill says, we have some responsibility for ourselves.

The renowned business guru Peter Drucker says that no organization can depend on genius. The supply is always scarce and unreliable. It is the test of an organization to make ordinary human beings better than they seem capable of and to bring out whatever strengths are there in its members and to use each person's strengths to help all others perform. The purpose of an organization is to enable common people to do uncommon things.

The young man pictured on the right on this slide is Mike Seaborn. I met Mike Seaborn through a very strange set of circumstances. He had sent an email to our meetings department and they had no idea what he was writing about. And for some reason they decided to send it to me and I'm thrilled that they

did. Mike Seaborn suffered a traumatic brain injury in a car crash in 1998. His car flipped. The only bones that were broken were his left cheek bone and his skull was fractured. However, his frontal lobe hit the front of his skull, smashed into the back with a twist, but he considers himself lucky to be alive. He was in a coma for five and a half weeks. And when he woke from that he went to St. Mary's Rehabilitation Hospital in Kingston, Canada. He had to learn to eat, walk, talk clearly and try not to forget so much. He said he was glad his brother was a volunteer firefighter because that's where he met Tony Bronson, to the left, who was chief of the local fire department.

The chief asked me to join the fire department to help wash trucks he said. I joined with great enthusiasm, being who I am though, I wanted more and since I couldn't fight fires I decided to help through escape intervention. This is more important to people with disabilities because it's more important for those people to access information and navigate buildings. Mike did his presentation on fire prevention safety for disabled people in hills four corners association. He also did a presentation for the Hastings county Fire Marshal and mutual fire aid department

of Hastings county. The presentations of the fire marshal and the chief was liked so much that they promoted Mike to fire prevention assistant at Ramora and Lake Fire Department. Mike has written a whole set of recommendations, suggested safety tips for folks because he is really concerned that others like himself need more help in preparing. Mike is brilliant. In his statement of what he needs. And what we all need.

Due to our limitations, you have to be aware of your abilities and your disabilities. You need to work with your occupational therapist to promote effective strategies to promote fire safety. And lastly, "to be most effective, the strategies should be individualized to match your abilities."

That's a brilliant statement coming from a young man with traumatic brain injury, can't remember a lot unless he has written it down in his little notebook. But how often do we see headlines? This is one from January of 2005 in Westminster Maryland. Carroll County Maryland High School had an emergency evacuation and everyone got out except two students which were confined to wheelchairs. They were abandoned in the stairwell on the second floor. Baltimore TV said there was a policy at

Westminster High School for what to do with two students in wheelchairs in case of emergency. The boss said because their classrooms were on the second floor, the teachers are supposed to lead them to a second floor stairway and leave them there and wait for the fire crews to come to rescue them while everyone else evacuates.

Jeremy Freeze was 16 years old and had cerebral palsy. And his parents said what happened to their son at Westminster High could have killed him. There was a fire at Westminster High School prior to the Christmas break. I was alerted to the fact that Jeremy was left in the stairwell as the other children were evacuated. If children are being evacuated from that school, I want my child to be with them, Tom says.

Jeremy wasn't alone waiting in the stairwell as it filled with smoke. Robin Miller's son, Bryan, the only other child in the school to use a wheelchair, he was with him. Robin said, I got a call from a teacher the day there was a fire and they said Bryan was hysterical because all of the other children were evacuated and he was left in the stairwell with Jeremy. Robin, Cassie and Tom all said they think the common sense solution and

simple solution is to move their kids to classes on the first floor. They said they were told the second floor is best because it's closest to the lunchroom and therefore more convenient. Robin said, well, I guess he won't be late to lunch but he will burn if there's a fire. Obviously a little bit bitter.

I met with the superintendent and the principal brought him down at 4:00 p.m. to meet with me and he assured me we would hear something tomorrow. You can't just pick these kids and say let's leave them behind and come back and get back to them just because they're hard to get out. There has to be a better plan. Craig Fugate, FEMA administrator recognizes that, that we to plan for real, not for easy.

>> This is from "The Boston Globe" article in November 2006. When 86-year-old John Resuti looked out of his window last evening he was struck with the memories of another trauma he lived through, the tornado of 1953. I had the same feelings inside, the elderly man from the New England land home from the deaf signed, placing one hand on the stomach. We looked out and the ceiling was coming down. The windows were broken and there was a lot of confusion. The cops kept saying come on, you have

to get out. But we couldn't understand them.

It's been a week since the explosion and the chemical plant damaged 75 houses and businesses in the area, but many of these deaf residents whose lived in a facility less than 200 yards away remained haunted by the experience. Most were lonely alerted to the disaster when they were hit by flying shards of glass. Others were jolted from their beds when they felt the building quake and all were confused and blinded by the lights and the shrieking of fire alarms, a sound so piercing it pained even those with some minimal hearing.

While none of the residents were seriously injured, there were a group of deaf seniors, some with challenges such as blindness, dementia and ill health. The hope was established 105 years ago and Helen Keller, the renowned blind-deaf speaker for the disabled [inaudible] -- the building was named for her. The common room had 60 deaf senior residents it was badly damaged. The residents were forced to live out of boxes in a vacant nursing home unit nearby. While they were sleeping last week, the ceilings on all three levels buckled and partially collapsed, almost all of the windows and glass doors imploded and debris

from light fixtures to pieces of comment came down.

As residents met with insurance agents to learn how to rebuild, the staff was scrambling to figure out how to pay for repairs while the residents tried to regain a sense of normalcy. They underwent a big crises. It's a miracle they are even alive but right now they don't have much, very little clothing, there are no bureaus in the room so they're putting what they do have on for clothes in small boxes. They're not used to live living like that.

And another story that comes in 2006 from New Hampshire, his house was engulfed in flames and Curt Catelbalm already saved one woman yesterday and he went back in the inferno to save two more. He perished in the quick-moving blaze. A three-alarm fire which incinerated the white house in less than two hours devastated a family that 24 decades had provide add home for dozens of disabled people. For more than 20 years they took in adults through arrangements with service agencies. Her husband assisted her for decades. They had been caring for three disabled adults through a state-run adult foster care program when the fire broke out at 5:00 a.m.

The caregiver had assisted one of the victims down the stairs. He went back to assist the other two members of the household and became a victim himself. A whole had been inspected as part of the contract they had. A smoke detector was found to be working at the time, he said. And the beeping of the smoke detector could actually be heard during the 9/11 call to the fire department.

A study done by Dr. Laura McCoor and a number of other folks who produced an article in the American journal of rehabilitation in 2011, the objectives of that study were to determine the percentage of full time wheelchair users with spinal cord injuries that felt they could evacuate from various locations and the percentage that have a plan for evacuation.

The study results are expended to help clinics and emergency individuals understand the needs of evacuation preparedness. The setting was six spinal cord injury systems, part of the national database funded through the Department of Education, national institute on disability and rehabilitation research.

Participants were 487 people with spinal cord injuries who use a wheelchair more than 40 hours a week. Main outcome

measures stated that the personal of wheelchair users that felt they could safely evacuate had a plan. The results found that the highest percentage of participants felt they would be able to safely evacuate and had a plan for work evacuation. The lowest section of participants reported that I could evacuate their city or town in the event of a national emergency. A large difference exists between the percentage of participants who felt they could evacuate and those who had a plan to do so.

The conclusions they reached were: A large discrepancy exists between the perception that one can evacuate and actually having a plan. The perception that one can evacuate without a plan or the use of assistive technology is an area of concern that must be addressed by educators. Education must emphasize the need to have a defined evacuation plan in the utilization of assistive technology.

Disability is about the little fourth grader who broke her leg falling off of a playground slide. Also it's about the construction worker who is nearly deaf from running a jackhammer. And the person who is born with no arms. Disability is about a 30-year-old asthma sufferer and a 60-year-old office worker

recuperating from bypass surgery. Disability is not about two groups of people, people with disabilities and people without disabilities. But, rather, disability is about each and every one of us.

At some point in our lives, when we don't fit the norm. And if we think about what we would want when we become disabled, rather than what we want if we disabled, it would truly be progress for all of thus. Disability is about all of this. This photograph was taken in 1999 in Newton, Massachusetts. The gentleman in the center here is the mayor. Ted Mann the gentleman to his right was chair of the Massachusetts disability commission for many, many years.

The gentleman to the far right, you can see using increases is Jason Rosenberg, the second city attorney. He had polio as a child and used crutches a great deal. Now there's another face in there that this works really well when we're in the same room. That's me. When I was young and had hair and a few other things. Were at at christening of the elevator, and you will note in my hand is a cane. About two months earlier, two young department heads and I had been playing basketball at a nearby school. The

city attorney and I collided and came down in the heat. We wound up in the hospital on opposite sides. And he had torn his Achilles tendon. He was in a cast from his ankle to his hip. I destroyed what was left of my knees and had surgery on both of them.

At the time they didn't use the scope, so it was a longer recovery process. Dan got the message of what accessibility means when he tried to go to the bathroom. And unless there had been grab bars in that toilet bathroom, he couldn't have used the toilet because the weight of the cast through him forward. I got a message a few weeks later, prior to this event, when I returned to work with a soft cast on my right knee, get to the second floor office and at 5:00, I went downstairs.

I was 28 years old and pretty healthy. I couldn't do it. I couldn't go down the stairs on crutches. Physically, I didn't have the balance to do it and mentally, I was scared to death to go down, because I knew I didn't have good balance. Well, fortunately, the elevator that you see in the background, I was responsible for having that put in city hall and it was probably two or three weeks before this. So I was able to get in that

elevator and go home. But I released that disability was from that day forward.

American statistics back in 2000 had a population of just under 300 million people. About 48.9 million people, or one in five, had one or more disabilities. 32 million were over the age of 65. 3.3 million over the age of 85. And projected to grow to over 6 million by 2010 and that has in fact happened. Because baby boomers are pushing that upper limit like crazy. 35 million of those are classified with a severe disability. 4.7 million of those are children between the age of 6-14 who have a disability. The American statistics tell us that 70% of us will have a temporary or permanent disability that makes stair climbing impossible at some point in our lives. 8,000 people have a spinal cord injury each year and return home to homes that are inaccessible for them to use. 3.5 million have serious hearing disabilities. That was as of 2003.

Those numbers have risen. 18.6 million people have vision disabilities. 31.3 million have heart disease and reduced or limited mobility. I'm one of those. I had heart surgery two years ago and had two stents put in. I tell audiences I'm

actually collecting disabilities. I told you about my knees, I have had the heart surgery. I have certain allergies which drive me crazy. I'm losing my sight. I have four kids and I'm losing my hair! We're all going to be there. Now this doesn't work so well from your homes. But it might. Try closing your eyes for a minute. Think about how you would get out and how you would tell me to get you out using only words. Now what if I tell you, sorry, that's where the fire is? What's your alternative way out?

Confucius, wise old gentleman that he was, said that "If we read it, we forget it. If we see it, we will remember it. But if we do it, we will understand it." So NFPA has come up with a little diddy to try to remember evacuation, what we need to know, particularly in the case of people with disabilities. I think everybody probably remembers their high school map of the 3-4-5 triangle is a right triangle. Well, we have a 3-4-5 right triangle of evacuation. There are three parts to a building evacuation system. There are four elements of information that we need to know during an evacuation. And there are five categories, major categories of disabilities.

Three parts of a building system are circulation path. And I say circulation path, not the egress path, because an egress path implies code with code. We changed the terminology to talk about the circulation path.

The second part is the occupant notification system. The third part are directions to and through the circulation paths.

Four items of information that we need to know is: What is the emergency?

Where is the way out?

Can I, as an individual, use it? I don't care if the guy next to me can use it. I need to know if I can use it.

And what assistance could I possibly need to get out? Five categories I'm sure we're all familiar with are mobility, visual, hearing and cognitive. How do I get notified that I need to get out. Some people get visual notification, fire alarms with stripes, there's a visual notification. Audible. We certainly know what a -- maybe somebody pushes you in the back, gets your attention, or there may be another way to do it. In the emergency evacuation guide, what we're doing is posing a bunch of questions. It's not intended to give answers because the answers

have to be built using the individual with the disability and assistant, whether it co-worker or friend or relative somebody else, and a first responder is ideal to help put these together. So the person with a disability needs to go down, on their emergency notification devices, fire alarms et cetera, are they appropriate for this person, yes, no, maybe, don't know.

Does this person know the location of each emergency device or system and understand its meaning or function. That becomes an issue if anyone has ever dealt with folks diagnosed in the autism spectrum. Loud noises scare people. With autism they can't necessarily function. In fact many of them, depending on the severity will just do a meltdown. It will just panic them and roll them into a wall. So we have these series of questions. Is there a way for a person with a hearing or speech impairment to report an emergency? Is there a unique signal sound or head to indicate an emergency?

Right after this guide came out, NFPA staff went to a facility northwest of Chicago, called Friedman place. It was a relatively new building and it housed about 72 folks, all of who were blind, most is secondary disabilities from diabetes to

ushers and autism. And we went in to see how our program worked.

Boy, did I get a shock? I thought this was going to provide all of the answers. I found the evacuation planning guide is an excellent tool for developing a plan for each individual. I also found that it created one heck of a lot of work. As administrator Fugate says, we are planning for real so expect a lot of work.

So we had six folks that we sat down with and talked and they said our emergency notification devices and et cetera, were they appropriate for this person? Four of the five said yes.

One said no. But note the comment. The first person said only for fire. That's the only alarm we have. And that's not.

Another person said oh, yeah, invoice devices but if the TV is loud I can't hear the alarm. That tells me the person is not only blind but probably hard of hearing. The questions didn't get common answers out of this facility, which started to raise real flags. We get down to the third from the bottom line, and is there a way for each person with a speech or hearing impairment to report an emergency?

Two said it was not applicable to them and three said yes

and two indicated responses. One said I have a pendant and another said that the universal notice of drawing a cross on the person's back with a finger. Meaning to exit. I had never heard that. In four or five years since we did this, I have looked and have not seen that from anyone. I don't know where they got it. I think it's a great idea. But it's not universal. Then we talk about way finding. Look at the picture. On the left I see exit signs and if I look closely I follow those.

The first exit sign has an arrow that points left. So do I go to the first exit sign and take a left to get out or do I go to the first, second and the third and there's an exit at the end? Good question. I'm not sure. So we asked her folks, is there a usable way out? And the individual said, yeah, absolutely. And the comment that was captured bid the reporter from our staff said, this individual practices evacuation in the stairwells. In the south stairs. That should start to raise some flags, folks. She's practicing one stairwell. Now this building happens to be have two stairwells. All buildings have at least two when they're multistory. So what happens if the fire blacks her access to the south stair. Is that individual

going to be able to find the north stair? Good question.

Go down to the third line and it says where is the established outside meeting place? And the comment was, well, our old meeting place now has a building on it. That's the only meeting place they knew. But the comment was we need to establish a new location. You belong start to see my point about I thought this was going to solve all of the problems. It's beginning. It asks the questions that will show the glitches and the gaps in the plan, what needs to be addressed. Individual also said they're usable circulation path clearly marked? And they said oh, yeah, I can see the red but I can't read, and I need refresh my memory once a month but practicing and feeling the walls. They didn't have regular drills so if this individual is practicing, they're doing it on their own. They can see the red light but can't see the arrow pointed in the direction they should be going in.

Now this I saw a number of years ago. And at first it's extremely amusing and when I put it up on the screens I'm sure you're all chuckling. But it's but it's kind of comical, and beyond that, having been a formal sitting position. Because what

we're talking about now is a lie. I believe it's criminal. If you have somebody that is on crutches, in a wheelchair, whatever reason, and they hobble a hundred feet down to get to the commit signs and gets there and finds out that is not in fact a way out, what do they do? A fire may be coming down the hold behind them. A funny picture but a serious problem. So weigh finding specifics. We have a whole set of questions on the emergency preparation guide. We have people ask and answer and really seriously think about it. So, again, some comments from people, the door can be easily unlatched. That's common sense. But look at the person's comment: Not if I'm using a wheelchair with my legs extended. He or she can't reach the doorknob or the crash bar. Or whatever -- that's a problem. Is the exit marked with a clearly visible sign, in any forms, visual, tactile, brace.

>> This --

Do you remember I told you all of the 72 residents here are blind. It seems like I would be very simple. But it's not. Then we need to talk about assistance, who is going to assist, what are they going to do, where are they going to do it, when are they going to do it, and how are they going to do it? Those

are all typical questions you want to ask. Well, the technique that we use has to go beyond seeing. When you see, you perceive something with your eyes. When you observe, you become aware of what is going on, especially through careful and directed attention. That's what the questions do. They focus you in. Oh, gee people are blind but there's no blind signage to find. Or we have a problem.

We have an exit sign next to a door that says it's not an exit. So assistance specifics, can the person evacuate himself or herself with aid of a device, what is the specific device, where is it located, do you need assistance, does the assistant need training -- all of these things, it's not rocket science but it is a checklist of questions that have to be answered and they have to be answered for each individual so they are empowered to tell the assistants what they need to do. Getting back to the situation, what does the assistant need to do? One said to orient and to lead the way, because they're blind. They need a cane or an arm assist from staff. Do the assistants need in training. Training yep. It's telling us that more work needs to be done to figure out how to train folks. Will there be -- where

will the assistant meet you? When you require assistance? Look at the responses.

In her room. In the stairwell. At her room door. It sounds kind of logical but what if they're not in their room. What if they're in the cafeteria or the library when the alarm goes off? How does the assistant know where to meet them? Will the person when will the person requiring the assistance contact the assistant? Up to the alarm, that's a normal response. The bottom one says how many assistants are needed. Entree folks said I only need -- the person that said that also said they don't need assistance so there's confusion that we need to look into. How will the assistant be contacted.

There's our example of a pendant. If this individual has a pendant it seems like all residents would have a pendant and if they do, why didn't they mention it? Next person is going to contact the assistant with a two-way phone. Third says by using the emergency pull cord in her room which begs the question, if you're not in the room how do you notify the extent. This gets more interesting as we go down the line.

And what type of assistance do you need? Well, the one on

the left is myself and working with Bill Scott that I talked about in 2006, practicing with a stair decent device. Bill was great. He told me nothing, and me being stupid didn't ask him anything. I assumed I was going to pick him up and move him over. Didn't work. Why didn't it work? Once I get his trunk off the chair he can't help me with the one good arm he has. He is dead weight. And his knee or leg could catch on the brake. He could cut himself and be injured and I could injure him doing that and he would never know it because he wouldn't steal it. Bill happens to have great upper body strength so I didn't injure him but he said, you could dislocate my shoulders that way. You will see in the picture to the side that he crossed his arms and had me grab his risks from under needs.

Mark Schofield, our assistant director, grabs his legs. Again, we didn't ask for more information. When we picked Bill up, I looked down and mark's face had gone pure white with horror. It was a look like he had killed Bill. And Bill started shaking. Suddenly I realized, he was laughing. What had happened was bills legs spasmed and locked straight out. He knew it was going to happen but we didn't ask and he didn't tell us.

We wanted to make a point. So we put a little pressure on the tendons behind the knees so they would unlock and hold them down.

We learn a very valuable lesson each and every person with a disability because we all react differently and we need to know how to get that individual down. So the guy talks about who is going to be the assistant? How many do you need? If you need two folks at work, like mark and I to help get you down, Bill probably should train six people because I'm sick, Mark is on vacation, somebody else is traveling, yadda, yadda, yadda.

You need a backup plan and you need to know how to get a hold of them. What if they're not at their desk, do they have a cell phone? Do they have an email? Again there aren't any clear cut answers but plans have to be developed on a person by person basis. Then now we final let get to move Bill in. Please don't ever use the process on the right. That is from appear old FEMA evacuation plan. But if you will look at the problems, there were many.

First, stairwells generally are not that wide. If they are you're trying to move several rows of people down them. Secondly, the individual in the wheel chair is probably not

secured in that chair. So for any reason, the gentleman carrying her in the front dip it down, she could be thrown out of their chair and injured severely, possibly even killed. Thirdly, think about this, we put Bill into an evacuation chair mark and I have only at risk for the short time that we're transferring him to that chair. The three firefighters on the other hand are at risk, actually all four are at risk from the time they start down those stairs all the way to the bottom.

The gentlemen on the back is likely to hurt his back. If one of the other of these gentlemen trip and fall, the woman and possibly other attendants are going to be hurt. It looks like a great idea. And the firefighters, God bless them, run into public buildings when everybody else is running out but they can't do the impossible.

So now let's look at this compilation again. Occupant notification. How does an occupant get notified about a fire? They all said we have a ringing gong. Cool. What about an earthquake? One individual said, well, you would call the rooms and knock on each of the doors and make announcements with a bull horn.

Nice idea. Probably not real effective. This building by the way, even a though it was designed as a health care facility doesn't have a public address system in it. A lady thought a bull horn to make announcements. We have a bunch of natural events here but we only have one notification system.

Now let's look at this one. And we put together -- oh, the emergency notification device is appropriate. We have already said they got them for fire but we don't always hear them. That's a problem. And finally, type of assistance. Where will the assistant meet the person requiring assistance? In a room. In the stairwell. At her room door. How are they going to know where that person is? What if they're not in a room. That's when disasters strike. They don't always strike at 10:00 at night when everybody is at home, in bed, and knows where they are. The reasonable conclusion is that everyone with a disability is going to need some sort of assistance in being evacuated in the event of an emergency.

Now let's look at some numbers that will help prove my point. You folks being city and county health officials think of the people that you have in your town. My boss said at one time

when we were writing this, why are you concerned about hospitals in we don't evacuate hospitals in suddenly his Phis went white. He said oh, my gosh, Katrina. Yeah, we do evacuate hospitals. Not often. But when we have to do it, the logistics are incredibly difficult.

So profile 63 residents living there. 62 are visually impaired, 18 with some site, 45 with none. 12 of those 62 are hearing impaired. Three are define blind. Several have mobility issue. Three are speech impaired. People often say why is that problem an evacuation? How do you notify the outside world that you're stuck there? You open a little door and pick up the phone and you tell somebody. You can't speak. You can't use that telephone.

If you can't speak, you have other disabilities, you can't tell a first responder or an assistant how to help you. The time of the emergency is no time to be training someone. They had 18 seniors, 18 residents with one impairment. 38 with two. Six with three. One who has four. 41 are congenitally blind and 22 who are adventitiously blind. Now that's an important issue because if you have ever dealt with folks between the two groups.

Those who are born blind have a much higher -- much more highly developed sense of navigation than those who became blind later in life because they had the advantage of accessing information, way-finding through their eyes. Now they have to completely learn a new system. Those who were born blind learned from the beginning. So we started to look at the staff. The day staff in the home was pretty good. They had 24 people.

We're talking about all employees that were in the building. Because they're all potentially assistants to help folks get out. Remember, the idea is, if we can get people with disabilities one step closer, two steps close, two floors closer, to evacuating the building before the first responders arrive, the higher the likelihood we will get everybody out. We go to the evening shift and the drops down to 6. And the overnight shift we have three. Get where I'm going?

Do the math. There's 60 residents and 24 staff. That's two and a half residents per staff person to help. That's a pretty good ratio. If it takes -- this is a five-story building. If it takes you five minutes to go down, five minutes to come back up to get the next person. That's 10 minutes. For evacuation.

Just an example. 25 to 35 minutes to evacuate the entire building. If we go to the overnight shift, 60 residents, three staff people, that's 20 residents that they need to evacuate, that's 10 minutes were evacuate is 200 minutes or three and a half hours to evacuate the building. Probably not a good thing. Now, that assumes that you don't have first responders coming. But there's a business adage that says you can't emergency what you don't measure. You can't wait for the emergency to figure out whether this stuff is going to work or not. So decisions need to be based on information.

We need to look at how many people are going to need assistance. What is an acceptable amount of time to evacuate a building. Is this with or without assistance for first responders? How long does it take first responders to arrive to the building? How many first responders are going to show up? And how should their priorities be directed with respect to their jobs, fighting a fire, evacuating people, doing triage, what are the priorities. If we look at it ahead of time, we have a far greater chance of succeeding. Now, remember, we're talking about a single building evacuation, because most issues are single

building evacuations. This is a fire that might be an attack, there might be, I don't know, whatever sells going on in the building.

So a fire department can afford, or first responders can afford to send maybe a couple of trucks. What happens when that event starts to blossom and get out bigger? Now you get five or six building? Uh-ho. What do we do? First responders are not the answer. Retired general Honore was -- general Honore was the general that went into New Orleans after the state had miserably failed to evacuate people.

And hearing him talk about that, it's a little chilling, because I had the ability to command 3.3 million soldiers if I had wanted to pull them in there, I could have. But we were talking about evacuating 10 to 15 million people. We didn't have enough manpower for all of us to do it. Back to Bill Scott. Everyone, regardless of their circumstances, has some responsibility for their own safety. General Honore talks about growing up north of New Orleans, as a kid, one of seven brothers had a hurricane come through, and he was the youngest of the seven. When the wind died down, it was raining hard and his dad

sent he and his brothers out to get a cross bucksaw and two mules.

It was important that his father said to clear the road because folks needed to clear the road to check on crops and food. So he sent the boys with a handsaw and two mules. Now, they had tractors but the father wouldn't send the tractor because it was going to mess up the muddy road. The mule would be able to haul chunks off without destroying a place.

He said now our national response is, if you get a tree down in front of you, stay in your house. Wait for the tree crews to come from Tennessee to clear it. He said, do you see how silly that is? If we and help ourselves, then those who really need the help will get it sooner and faster. What about service appear malice?

Can you imagine a first responder coming in to a building with folks thank the are all blind. I don't know how many had dogs but you watch in and see four, five, six Shepherds, first responder is going to panic. How are they going to respond? What do you do with the animal? Can you separate them? That's the best way to assist the individual if the animal becomes

disoriented? It's not about answers.

It's about the questions. Talk to the person with the service animal. How should we treat them? How will they react? How do we do this? A person with a disability is your first best resource for this information. In summary, we talked about and we have reviewed operational planning tools, response elements necessary to develop a well thought out the plan for activating a building. We're taking other appropriate action in the event of an emergency. All people regardless of their circumstances have to take some responsibility. This slide happens to be of our punishing lot. This is the designated meeting area for operations we have another one down for financial, another one for publishing. Another one down for building services.

These are just daily reminders as you walk out to the parking lot, if you had to evacuate this is where I need to go. It helps to know that everyone is out of the building and accounted for. Once you built your plan, you go back and look for gaps. Look at this. This is an area of refuge in our stairway. Three doors to that area of refuge. How do you know which door is the exit door that leads to the stairwell? I

usually take this slide off but I will leave it on. Everybody says oh, the exit sign! Cool. Oh, the red door? Cool. That's great if you can see.

What if you're blind? What if that room is starting to fill with smoke and it's down below that exit sign and you can't see it? How do you know which door is the door out? Some people will get the fact the door on the right, the red door has a crash bar on it. Excellent. Very few people, unless they're actually trained, understand the other two doors aren't the exit doors because they opened into the area of refuge. Doors and buildings, if properly designed, all swing in the direction of exit. So when you open the door it should be going away from you. Note the door on the right. The red door.

You push the crash bar and it swings away from you down the stairs. What else is a gap? In our building we have evacuation stairs. They happen to look like this and be at the top of the stair. But unless you had been trained on it or some other way come in contact with it, you wouldn't know it's there. We now have signs on all of our stairway levels that say evacuation stair device located on the top level. We filled in the gap.

Once you design your plan, practice it. Go through it. Find out what doesn't work and I guarantee you, you will find a bunch that doesn't work. Find the solutions to those and then practice it again.

Emergency preparedness planning guide for people with disabilities was written to help people go through this. If you don't know, the guide is available on our website, www.NFPA.org/disabilities. It will take you to that page. The guide is available for a predownload. Download as many copies as you want or you need. The guide will help you plan. It will give you something to practice by and you will have to practice with people with disabilities. Don't leave them in the stair towers like those kids. You need to review and to make sure that things stay constant. Buildings have construction value. They move things around. Make sure everything still works.

Take these steps and you will survive. And it's not a bad bonding experience in buildings, particularly with people with disabilities. It's a chance to get together to do some things and to do very positive things.

>> Again here is the website. There you can sign up for E

access, fire and life safety for people with disabilities. The next issue goes out Friday morning to a circulation of about 57,000 people. We started that two years ago and the first issue went out to 367 people. With that, Sarah if you want to take questions I will be happy to talk to folks.

>> Well, thank you very much for your presentation. Again, I want to thank you from all of us at the NACCHO Health and Learning Community. Our program is supported by the National Center on Developmental Disabilities and the Centers for Disease Control and Prevention.

We will now begin our question-and-answer session. I'm going to give our participants just a minute to think about what questions they would like to ask. You have two options for asking questions. You can send them through the chat function on the webinar, or in a moment, I'm going to unmute the phones and then you can raise your hand, also in the webinar, and if you see there was a little thing that says -- next to your name you can raise your hand and I will call on you. When I unmute the phone, if you are interested in leaving your lines muted, just press star 6. So I'm going to take a second to unmute the phones and

you guys can think of questions.

Thank you to Allan Fraser for this fabulous presentation and we will be around for questions as long as he can.

>> Erika asked if there would be a transcript available of this event. The transcript will be available in our learning community Share Point site. If you're interested in joining our learning community, you can email me. My address is on the screen now. It's Syates@NACCHO.org.

>> We have a question from D. Martinez about backup assistance. I don't know if you wanted to follow up more on that. I know that question was answered in the presentation to some degree but I don't know if you wanted to do further follow up on that question?

>> Sure. What I would say is absolutely you want backups and backups to backups. As many folks as you can get involved and are willing to help and assist you, the better the person with a disability's chances are of evacuating the building because you never know how many folks may be traveling, on vacation, sick, change employment, and it's important, it's important to do it and to practice it on a regular basis. We

have a question from Pat Draper. Go ahead, Pat? If you're muted, press star 7.

>> Can you hear me now?

>> I can. Very good.

>> I'm sorry. Yes. My question is, in our community, we have been trying to come up with sort of a plan for notifying people door to door who are blind or deaf-blind. Part of our plan is to do door to door notification and there's a concern about exploitation, about people being harmed because somebody comes and says, well, they're a fire official or other first responder but they're really not. So I wonder -- I'm wondering if there's been any work that you're aware of to resolve that issue at all, is that something that we just have to work with as we ask questions?

>> What I would suggest that you do, if you have any data on where folks with disabilities are in a community, I would take the evacuation guide out to the fire station in that location, particularly the fire prevention officer. Show them the guide. This is a wonderful opportunity for fire prevention, to bring those folks in to the fire house, into a school, into a community

building and sit down and establish a relationship with them.

Say we would like to help you plan in the event of an emergency so we understand what we need to do to help you to get out. By bringing them to the fire station, by bringing them to a school or church, if you can get an NGO involved, it's a great community-building exercise that has very positive outcomes. Going door to door, you're right. It won't work. People will be very concerned about it. And probably won't answer the door, and it don't help a whole lot.

>> And related to that, I have heard of -- asking some of people in my community if they have heard of that in camps, summer camps or deaf camp or deaf blind camp, if children know that the X on the back means it's time to evacuate?

>> They're saving money. They're just doing anything to deny, postpone, shuffle off --

>> Okay. Thank you. Pat, do you have any other questions.

>> No. Thank you very much.

>> Thank you.

>> We have a question from Roger asking if there's any work being done to create a standard for moving people with

disabilities from high-rise buildings.

>> There is a standard under development right now by the rehabilitation society of North America. And the standard is for stair descent devices, because there are no standards for them now. That pertains only to people with mobility issues obviously. The problem is, that.

>> Yes, please.

>> One side doesn't fit all.

>> Yes. Not peanut butter and cheese.

>> And writing an operational standard for people --

>> There's somebody on the line having a conversation. If you could mute your phone by pressing star 6 we will be able to hear the presenter. Thank you. Go ahead.

>> No problem. So the standard for moving people with disabilities, when you look at the word "standard" people with disabilities, there's no standard. When it comes to that person with a disability, one size fits one. There are some general guidelines but that's one of the reasons Craig Fugate said, "We're not planning for easy; we're planning for real." It's a lot of work.

>> Thank you. Are there any other questions? Any other questions on the phone?

(No response.)

>> Last chance for questions. You don't need to raise your hand. Just unmute your phone with Star 7 and just ask your question. I will give you just another minute.

>> Hello. This is Phillis from Delaware. And I wonder whether Allan has any resources that he would recommend for first responders, tips in terms of assisting people with disabilities in the event of an evacuation.

>> Unfortunately, no. No easy answer. Again, my best recommendation is that you download the guide, you go speak to the first responders in your community. Fire prevention or emergency evac teams, whatever they are, and say you as first responders need to go out and establish a relationship with those with disabilities in your community. I have given day long seminars on this. This is a much shorter version, but to state fire academies, to universities, because it's very much a one one one, hands on. There's no quick and easy way to do it.

>> Okay. Thank you very much.

>> Thank you.

>> We have a question from Dawn Skaggs. She says your guide allows individuals to identify their needs. Do you have a method more individuals to communicate their information to first responders in an evacuation emergency?

>> Dawn, that's a million-dollar question. Thank you.

Again, by getting first responders involved in helping individuals to design their vex plans and giving them a copy of it, there's some knowledge up front that there are issues. Right now I know of one gentleman that is in the process of building a digital system for people to -- and it's a privatized system. We will never give it to the government, but it allows people with disabilities to put in information in varying levels so that first responders, for example, if they know they have to evacuate a ZIP Code there will be "X" number of people have diabetes or have insulin or "X" number of people have whatever need so it's generic data that they can prepare for shelters.

But to actually give first responders information to use on the fly in an emergency, no good or easy way to do that because you don't know where your 93 going to be. Because if it's 2:00

in the morning you will probably be in bed but you may not be because you don't want first responders looking for you and you're not there. And you don't know what first responder crew will be on.

You may have an ambulance crew that gets pulled to the Northside of the city and somebody from a neighboring community is now responding to that. So by having the person with the disability intimate with their own emergency plan, whatever first responder shows up, the person with the disability is now empowered to tell the first responder what they need. They have been through this. Look, you need to do this, this, and this for me.

We have done some training with volunteers here within our own building. We brought in wheelchair users to do an evacuation. And every one of them, after we went through this process and they have been transferred in the chairs and been up and down the stairs say wow these are great and now we know what to tell a first responder. This is how I need to be transferred.

Somebody may have high sensitivity. So they need to slide a blanket under them and can't pick them up with their hands, it's

too small of a pressure point. It's simply a lot of work and we have the mistaken notion that firefighters know everything and they're going to save everybody. They can't possibly. It has to be done ahead of time and it's just down and dirty, one person at a time.

>> Thank you. Are there any other questions? If you are not interested in asking questions you can press star 6 to mute your phone and cut down on background noise.

>> I have a question. Trying to find the booklet that you talked about, on NFDA.org/disability. It says page not found.

>> Okay. I may not have spoken clearly and I apologize. It's N, as in Nancy, F as in frank, Paul as in Paul, A as in apple, dot org, slash, disabilities.

>> That is the National Association of Funeral directors.

>> "N" as in "Nancy."

>> I got you.

>> How do I turn -- how do I mute it again?

>> Star 6.

>> Thank you.

>> Dee Martinez says the center of disability in New Mexico

have tip sheets from first responders, to share more information via email about how to access that and I will send out that information. Does anyone else have any questions? You can send them by chat or press star 7 and ask them now.

>> Well, again, if anyone else has any questions, you can send them to me. My email address is on the screen and I can forward them to our presenter today. Again, thank you very much for your time. This was a wonderful presentation. The PowerPoint presentation will be available to our learning community members on our Share Point site. For information on joining the learning community, email me, again Syates@NACCHO.org.

All participants will be directed to an evaluation at the end of the session. Please help us to provide quality training by filling out the evaluation. Do you have anything else that you would like to say, Allen, before we end?

>> No. But I would also add that if they want to contact me, my email is AFraser@NFPA.org and I would be happy to respond and give you any information that I have and I thank you very much. I appreciate the opportunity to speak to you folks.

Thank you again, everyone. Have a great afternoon.

[Teleconference Adjourned at 2:30pm ET]