Evacuation

Suggestions for Emergency Evacuations of Disabled Persons:
Persons with disabilities are not necessarily helpless, and can serve as resources for their individual conditions and needs. Therefore, when offering assistance, ask the person how you can best help.

1.) Walk evacuation routes with blind and/or visually impaired persons until they feel familiar. During an emergency, have them take your elbow and then guide them from the building. Maintain a dialogue describing the nearest exit and obstacles in their path.

2.) Ensure that a deaf or hearing impaired person has a visual alarm system in the dormitory room and has been instructed in its use. Have written notes ready, if appropriate, which explains the existence and nature of the emergency.

3.) Instructors are notified of individual students requiring special evacuation procedures. Identify one or two students in the class who will assist the wheelchair user while the other seeks assistance from emergency personnel. No student is obligated to remain when personal safety is a concern.

Wheelchair Users:
Tell the person the nature of the emergency. Most wheelchair users, if on the ground floor, will be able to exit safely without assistance. DO NOT USE ELEVATORS FOR EVACUATION IN CASE OF FIRE OR EARTHQUAKE. If above the ground floor, ask the person if she/he wants to be lifted from the chair and carried out or moved in the chair as a unit. Preferences vary as to:

1.) ability to be physically removed from the wheelchair;
2.) the number of people necessary to assist;
3.) points on the wheelchair where the rescue person should hold onto for lifting;
4.) whether the seat cushion or pad should be brought along with them if removed from the chair;
5.) ability to extend or move their extremities when lifting due to pain, catheter, leg bags, spasticity; braces, respirators, etc;
6.) how to proceed with after-care if removed from the wheelchair, which may require paramedic involvement;
7.) best position for being carried: forward or backward, up or down a flight of stairs.

Below is a list of approved procedures for evacuation of wheelchair users above ground level floors.

a.) Tell them of the emergency.
b.) If a power chair is involved, remove the batteries before attempting to push or lift the unit. Make sure the footrest is locked and the motor is off.
c.) Two-person carry is better than one person; a three-person carry is best.
d.) Three-person carry utilizing one person at the head to guide or steer the chair and two persons at the base (foot) to control speed of descent is the recommended manner for evacuation.
e.) Before movement or transportation begins, ask the person if a seatbelt is available to secure him or her to the chair.
f.) Take wheelchair users out last. In the event of a wheelchair blocking a stairwell or evacuation route, police/fire rescue attempts will be made easier by the least amount of floor traffic in that stairwell.
g.) Generally, more equipment or weight requires more persons to help in the evacuation. Get a fellow employee to help you with the movement and transportation of persons who are disabled.
Persons Otherwise Not Ambulatory:
Persons using braces, crutches, canes or walkers should be treated as injured for evacuation procedures. Lifting options include the following:

1. two-man lock arm position;
2. transferring person to a sturdy office-type chair, preferable with arms;
3. if carrying a person more than three flights, a relay team arrangement.

Following is a list of the most common fears persons with disabilities have in an evacuation.

1. Fear of leaving the wheelchair behind as it is very expensive ($2000+) to replace. It takes a long time to obtain a replacement because many chairs are adapted to individual needs.
2. Fear of not being lifted properly.
3. Fear that other people may not be responsive to instructions of lifting and carrying.
4. Fear of being dropped while being carried.
5. Fear of being the last priority for evacuation.
6. Fear of not being informed of evacuation procedures.

Remember, the most important point is to USE COMMON SENSE. Assess the situation thoroughly and decide on possible options. Decisions depend on time available, number of persons available and individual tolerance or preference of the person being moved.
DISABLED OCCUPANT EVACUATION PLAN

Directions for Completing Form:
Persons with impairments which may prevent rapid and safe evacuation from campus residences are required to complete a DISABLED OCCUPANT EVACUATION PLAN. The person with a disability should complete the Plan in cooperation with campus Directors of Disability Services and Public Safety.

Instructions for form completion:

1. Effective Date: complete date of beginning occupancy

2. Termination Date: Complete final date of occupancy

3. Personal Identification: Complete occupant name, campus residence, room number, and telephone number. Complete home address and telephone number.

4. Evacuation Assistants: Identify one or more individuals familiar with your location and special needs. For resident students, this may be a roommate or Resident Assistant. For guests, this may be an acquaintance or designated individuals within the building. Assistants are responsible for being certain the disabled person is alerted to the emergency and that they have safely moved out of the building or to a designated area of refuge. The assistant should then immediately notify a safety officer and/or resident director of the student=s location or successful evacuation.

5. Other Assistant: List other persons who may need to be alerted as alternates. This may be the Resident Director or other designated person.

6. On page 2, complete the Evacuation Plan cooperatively with Messiah personnel.
   - Alarm procedure: Specify any requirements for alerting other than sirens already in place. Flashing lights or bed shakers require advance notice for installation.
   - Protection Procedure: Identify appropriate life-safety protocol (remain in place; evacuate to area of refuge; partial evacuation; communication procedures for full evacuation responsibilities; medication, locations & use).
   - Evacuation Procedure: Specify route and locations of refuge areas, persons to be notified, assistant to remain with or exit to alert emergency personnel of location and special procedures.
   - Special Needs: Identify any special limitations for assisted evacuation (carrying procedures, procedures to avoid, transport in wheelchair; transport in wheelchair after battery pack is removed; prone position only, etc.)
   - Class or conference schedule: Attach a current class or conference schedule for emergency personnel information and use.

7. Approval: Evacuation plans require approval by the Director of Disability Services.

8. Distribution: Complete copies to be distributed to Occupant, Evacuation Assistant(s), Office of Safety, Disability Services, College Counsel, Resident Life, Resident Director, Engle Center,

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Emergency Dispatch, Upper Allen Fire Department.
Office of Disability Services

Disabled Occupant Evacuation Plan

Effective Date: _______________  Termination Date: _______________

APPLICANT:

Name: ___________________________________________________________________________________

Last          First          MI

Residence Building: ________________ Room ________________ Telephone: ________________

Home Address: ___________________________________________________________________________

Home Telephone: (_____)___________________  Disability: ________________

Evacuation Assistant: ____________________________ Telephone: __________________________

Signature: ________________________________ Location: _________________________________

Evacuation Assistant: ____________________________ Telephone: __________________________

Signature: ________________________________ Location: _________________________________

Other Assistant: ____________________________ Telephone: __________________________

Signature: ________________________________ Location: _________________________________

See reverse for alarm, protection, and evacuation procedures and special needs.

Approved By:

Director of Disability Services: ____________________________ Date: _______________

Distribution:

<table>
<thead>
<tr>
<th>Occupant</th>
<th>Dept of Safety</th>
<th>College Counsel</th>
<th>Campus Events</th>
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<tbody>
<tr>
<td>Evacuation Assistant</td>
<td>Disability Services</td>
<td>Resident Director</td>
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<tr>
<td>Evacuation Assistant</td>
<td>Assoc. Dean for Res. Life</td>
<td>Facilities</td>
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<tr>
<td>Upper Allen Fire Dept.</td>
<td>Engle Center</td>
<td>Emergency Dispatch</td>
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DISABLED OCCUPANT EVACUATION PLAN, page two

Alarm Procedure:
  9 Audible Alarm
  9 Visual Alarm: ____________________________________________________________
  9 Bed Shaker/Vibrator
  9 Other: _________________________________________________________________

Protection Procedure: [If individual is unable to self-evacuate]
  9 Remain in place
  9 Evacuate to area of refuge: _________________________________________________
    Alternate refuge ____________________________________________________________
  9 Partial evacuation: _______________________________________________________
  9 Communication procedures: _________________________________________________

Evacuation Procedure:
  Route to refuge area: _________________________________________________________
    _______________________________________________________________________
  Signaling procedure: _________________________________________________________
  Notify following evacuation: _________________________________________________
  Assistant
    9 Remain with person if requested, and location is safe.
    9 Exit and report location to safety officer or emergency personnel.

Special Needs:
  9 Use wheelchair for carrying if needed
    9 Remove batteries - motorized chair
  9 Carry/procedures _________________________________________________________
  9 Medication location/procedures ____________________________________________
  9 Special equipment _______________________________________________________
  9 Assist animal     Type ___________________     Name _______________________
    Concerns _______________________________________________________________

Please attach a Class or Conference Schedule.

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