Imagine that your only means of communication is through the use of a computer that “talks” for you and suddenly you have to evacuate to a safe place. No one picks up your specialized computer for you. You arrive at your destination, probably a shelter, without the ability to speak for yourself. Or, what if you are a wheelchair user and the chair is left behind, even though you can’t sit up without it?

On August 29, 2005 hundreds of wheelchairs and other devices were reluctantly left at Louisiana airports, bus station and other staging areas following Hurricane Katrina. Furthermore, two of the primary reasons people did not evacuate were either being a person with a disability or a family member of someone with a disability. About one third of those who did not leave their homes during this disaster were people with a disability. A lesson learned from Hurricane Katrina and other disasters in recent years is that the special needs of people with disabilities must be integrated into all aspects of emergency management.

The Colorado Assistive Technology Coalition advocates that emergency management plans include procedures for assuring that essential assistive technology stays with the people who need it whenever possible and/or having an inventory of essential items in accessible shelters.

Additionally, emergency planning must address identification of people with special needs prior to a disaster. The negative impact of the displacement that happens during and after a rescue can be greater for people with special needs due to disrupted continuum of care, the delay in recovering assistive technology, transportation issues, and dependency on care providers. Unfortunately, in a disaster, the likelihood of individuals being separated from their primary caretakers increases. Volunteers may be needed to assist people with their personal care. Durable Medical Equipment (DME) for bathing, personal care, breathing, eating, mobility, seating, sleeping, etc. must be available. Assistive technology may be needed for communication, eating, vision, hearing, breathing, etc. Minimally, a shelter should have: manual wheelchairs of different sizes, transport chairs of different sizes, shower chairs and bath benches, walkers and canes. Additionally, a variety of tools/aids for daily living, a communication board, and a patient lift should be available. And finally, a list of resources to assist people with disabilities should be maintained and updated.

Knowing where people with disabilities might be located is essential for the rescue team. Agencies and organizations that represent the diverse array of special needs populations can assist in getting access to information about people with disabilities and where they reside. Moreover, the people with the disabilities should have a process to self-identify. A variety of methods can be employed, including registration with emergency management teams, identification bracelets, emergency-to-go-bags, or booklets with specific emergency information. Most first responders have limited understanding of the needs of people with significant disabilities and they may not have specialized equipment, such as an accessible vehicle or an alternative communication system, to support the evacuation of people who rely on assistive technology. If the people with special needs were identified ahead of time, an appropriate rescue plan could be implemented.
As stated in the recent Issue Brief I from the Colorado Statewide Independent Living Council, there are three areas in emergency preparation that are repeatedly identified as most important to people with functional limitations: notification (alert, warning, and communication), evacuation (transportation), and sheltering (accessibility and procedures). The Colorado Assistive Technology Coalition agrees with how critical these three areas are and wants to emphasize the importance of assistive technology in each of these areas. For notification, a variety of communication methods must be employed to be sure those who are visually, hearing, or cognitively impaired receive the information. Transportation must be accessible to those who are in wheelchairs, or using other adaptive devices. Finally, shelters must be accessible with ramps and equipped with tools for daily living including communication, dressing, eating, and personal care.

To assure that emergency management in Colorado is effective, it is essential to have people who understand assistive technology on the planning teams. To contact the Colorado Assistive Technology Coalition for more information, call or email Lorrie Harkness at Assistive Technology Partners: 303 315-1280 or lorrie.harkness@ucdenver.edu.

The Colorado Assistive Technology Coalition is comprised of people from organizations/agencies that serve people with disabilities and older people as well as people with disabilities that use assistive technology. Members serve as the Advisory Council for the Assistive Technology Program of Colorado, a federally funded program with a purpose to raise awareness and increase access to assistive technology for all Coloradans.

Colorado Assistive Technology Coalition Members:
American Council for the Blind – Colorado Chapter
Assistive Technology Partners
Carmel Community Living Corporation
Colorado Developmental Disabilities Council
Department of Education
   Exceptional Students Leadership Unit
   Talking Book Library
Department of Health: Health Care Program for Children
Department of Human Services
   Aging and Adult Services
   Division of Vocational Rehabilitation
   Early Childhood Connections
   Independent Living Centers
Family Voices of Colorado
Greeley Center for Independent Living
Health Care Policy & Finance
Office of Workforce Development
The Legal Center for People with Disabilities and Older People
University of Northern Colorado
US Department of Human Services – Aging Services

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