

## Basic response to persons with disabilities in evacuation centers

# If you encounter someone who is

physically impaired

visually impaired

hearing impaired

intellectually impaired

psychologically impaired

internally impaired



- People with disabilities are not “pitiful” or unable to make decisions for themselves. Treat people in a manner appropriate for their age.
- Even with general information available to them, persons with disabilities in disaster situations have difficulties understanding the dangers that confront them and judging how to respond. They tend to find it hard to take appropriate action.
- Some disabilities are not obvious at first glance. If you encounter someone acting in a manner that might be considered strange, face him/her and ask, “Is everything alright?” Help the person in a way that responds to his/her wishes and pace.
- Women with disabilities are in general less likely to receive information. It is even harder for them to make their voices heard, making it difficult for them to express their needs.
- People who require assistance or use artificial respirators, particularly women, tend to consider their lives to be of less priority than others. Data shows that even in a non-disaster situation, women are less likely than men to choose to use an artificial respirator, even if essential to survival.
- Be careful to provide female support in assisting women, in particular regarding changing clothing, using the toilet, and bathing.

## **(1) Support desired by all people with disabilities:**

### **Make facilities as barrier-free as possible and display signs that are easy to see and read**

1. Adjustments are needed to make facilities easy to move around (e.g. remove steps, secure wide hallways, remove obstructions).
2. Hallways must be over 90-cm wide to allow wheelchairs to pass (in a straight line).
3. Make signs for information desks, places where supplies are distributed and toilets easy to see by using big signboards, colored tape, etc.
4. Establish a secondary evacuation center to accommodate people who find communal living difficult.
5. As much as possible, see to it that someone who understands the disabled person's situation is with him/her.
6. Seeing-eye dogs, hearing-ear dogs and service dogs are essential for the movement and lives of their masters, and must thus be evacuated with their masters and live with them in evacuation centers, being provided with food and water as needed.
7. Use nametags to distinguish/identify people with disabilities and the people helping them (e.g. caregivers) to allow for effective assistance amidst the chaos. Do not, however, make it compulsory in the case of people who do not want to be identifiable.
8. Among the facility's communication devices, provide televisions with closed captioning and telephones with a facsimile function.
9. Provide handrails in the toilets.
10. Stock up on adult paper diapers and incontinence pads in different sizes.
11. Prepare packaged rice porridge as emergency food, as well as thickeners and straws.
12. Provide simple medical equipment (including ventilators and cylinders).
13. Ensure privacy for women in the evacuation center, particularly the toilet and changing areas. Measures are needed to ensure their safety.
14. Sexual violence may take place in evacuation centers, and women with disabilities in particular find escaping from such violence difficult. Take measures to prevent sexual violence, and in the case of such incidents occurring, provide a consultation/support system for victims.

## **(2) Support needed specific to disability type**

1. Visual impairment ... caregiver (e.g. helper), cane
2. Hearing impairment ... sign language interpreter, transcriber, hand flag (yellow), hearing aid, writing materials
3. Psychological impairment ... a person very familiar with the disabled person, caregiver (e.g. helper), secondary evacuation center, drinking water
4. Intellectual impairment ... caregiver (e.g. helper), secondary evacuation center
5. Physical impairment ... caregiver (e.g. helper), wheelchair, walker, cane, wheelchair toilet, portable toilet, curtain, and bed (the latter two particularly needed in providing toilet assistance)
6. Elderly (dementia/bedridden)... caregiver (e.g. helper), walker, call bell, cane, portable toilet, curtain, and bed (the latter two particularly needed in providing toilet assistance)
7. Heart disease/Asthma etc. ... humidifier, mask, AED (automated external defibrillator), anti-inflammatory throat medicine
8. Dialysis/Colostomy etc. ... secondary evacuation center, information about where dialysis is available, transport to facility  
See Japanese Association of Dialysis Physicians Disaster Information Network for facilities available:  
<http://bit.ly/hodIEu>
9. Type 1 diabetes etc. ... insulin, cannula for pump, syringe, insulin pen, injection needles, blood glucose monitoring device, measurement chips, puncture device, glucose, sugar, alcohol swabs  
See "Tonyobyō ga yoku wakaru DM TOWN (DM TOWN – Learn about Diabetes)" <http://bit.ly/e5pOTJ>
10. Pregnancy ... Nurse or midwife, sterilized linens



11. Infants ... nursery staff, air purifier, humidifier, nursing bottles, powdered milk, baby food, baby diapers, baby walkers
12. A system must urgently be put in place to send for caregivers where none are available.

### Information specific to disability type



**Although the points below are made based on disability type, the level of assistance required by those among each group may differ according to situation or condition at the time. Like non-disabled people, everyone is different due to factors such as character, language, nationality, sexuality and religion. Bear this in mind at all times.**

#### (1) Physically impaired

- \* Many use wheelchairs to move around, so understand how their movements are limited.
- \* In the case of electricity being cut off, elevators will not work, electric wheelchairs cannot be charged, and artificial respirators will not operate properly, such that the lives of the physically disabled will be more affected than those of people less reliant on such machines. Thus, the greater the impact of electricity being stalled is, the greater the sense of unease they feel.
- \* For those who need assistance in daily life, they may be unable to secure a helper as the latter may require transportation, making the disabled person very anxious.
- \* When helping the person move around, whether by wheelchair or walking, be careful with uneven surfaces and slopes.
- \* When helping the person walk, you can hold hands, put your arm around the person's waist, or hang onto his/her belt. Ask the person directly what he/she prefers.

#### (2) Visually impaired

- \* Because they cannot receive information visually, reading/writing and walking in unfamiliar places can be difficult for the visually impaired, and their lives may be put at risk. Care is needed to ensure they are not left behind when evacuating or moving around.
- \* People who are visually impaired can move around safely by holding the arm of the person helping them and having verbal explanations provided when going up or down steps, etc.
- \* If words are not sufficient to explain where you are, placing the person's hand on the goal.
- \* Understand that even if a person does not appear to be visually disabled, he/she may have weak eyesight, with altered color vision, tunnel vision or difficulty seeing in bright or dark places, for example.

#### (3) Hearing/speaking impaired

##### ★ Hearing impaired

- \* First, understand that they cannot receive information by sound. Even if a broadcast is made, the message will not be conveyed to them. Thus, audio information must be conveyed by written word, notice boards etc.
- \* Make a point to show them the information in written form, and ensure the message is properly conveyed.
- \* Communication can take place by sign language or in writing. Be fully aware that it is hard to convey things clearly through a lip reading and takes a lot of effort. Do not rely on lip reading communication and use sign language or writing instead. If one or neither person is able to use sign language, communicate in writing.
- \* When communicating in writing, write short and simple things, and do not write long sentences with a lot of information.



##### ★ The elderly with hearing difficulties

- \* Do not try to convey a lot of information at once and speak or communicate in writing, slowly and clearly, and one word at a time.

## ☆ Speaking impaired

\* If it is difficult for you to pick up on what the speaking-impaired person says, do not reply in a half-hearted way, and if you do not understand something, say so very clearly. It is not a negative thing that you are unable to understand what is being said.



## (4) Intellectually impaired

\* Understand that some people are not good at language, memorization or abstract thought, or are unable to respond well to social frameworks or processes.

\* People with autism find it hard to relate to others and show strong interest in certain things. If you find it hard to talk to them, you can make yourself better understood by speaking slowly, using gestures or drawing pictures, and showing the actual thing you are talking about.

## (5) Psychologically impaired

\* Properly understand disabilities that are not physically apparent.

\* Some people suffer from sleep disorders or are restless at night, leading to them sleeping during the day as their days and nights are reversed. Some need many breaks to rest as they tire easily.

\* Understand that they have strict restrictions regarding their daily life and social activities, such as food intake and personal relations.

\* They take medication regularly – make sure these supplies are swiftly secured. Some people need to drink a lot of water due to side effects. The person's condition may worsen if there is a lack of medicine, so it is important to secure a place for him/her to rest and find a person he/she trusts to talk to and feel at ease.

## (6) Serious or chronic disease

\* Some people may appear healthy at first glance, but have ups and downs in their condition, or physical strength limitations, so respond to the person's condition or pace regarding various matters.

\* They take medication regularly – make sure these supplies are secured.

\* It may be necessary for example, as a daily medical practice, to take insulin continuously or without fail, so ensure people know about multi-purpose spaces in the facility that they can use (secondary evacuation center), and if such facility does not exist, establish one.

Join us! Support us! We are working with the Fukushima/Miyagi/Iwate Support Center for Disabled People Affected by the Disaster and Japan Disability Forum (among others).

## Support Center for Disabled Peoples affected by the Tohoku-Kanto (East Japan) Earthquake

**Blog:** <http://shinsai-syougaisya.blogspot.com/>

**Credit card donations:** [http://www.dpi-japan.org/bokin\\_k/dpien.html?1](http://www.dpi-japan.org/bokin_k/dpien.html?1)

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Blog (Emergency news regarding the Tohoku Earthquake): <http://yumekaze21.blog39.fc2.com/>

All these things should be respected at all times, and not just in evacuation centers. Use these points in rebuilding efforts. We will improve upon this text now and then, so do send comments or opinions. Thank you!

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