

# **Emergency Procedures for the Disabled**

Students with Mobility Limitations, Visually Impaired Students,  
Hearing Impaired Students, Diabetic Students, Epileptic Students

## **Building Evacuation Procedures for the Disabled**

The Disability Services office calls to the attention of all disabled students the fact that no one else can look out for their well-being as well as they can themselves. Therefore, students with disabilities have been told that they are responsible for studying and remembering the important parts of each building they are in, including stairways, exits, phone locations, and elevator procedures.

Students have been instructed to assume responsibility for asking several persons in their classes to assist them if emergency evacuation becomes necessary. Faculty members who have students in their classes who might have problems leaving the building during emergencies should discuss procedures ahead of time.

## **Students with Mobility Limitations**

One of the biggest concerns in building evacuation is for students with mobility limitations: most elevators will not operate (should not be used) during a fire alarm. The general procedure has been that if there is no immediate danger (obvious smoke or fire), a student with mobility limitations should either stay in place or be moved to a fire-rated stairwell until emergency personnel determine the nature of the situation. Officials may then decide that no evacuation is necessary, they may remove the student using the elevator with an override key, or they may carry the disabled student out of the building using special techniques and evacuation chairs.

Someone should be designated to remain with a student while the faculty member meets emergency personnel and tells them where the student is. It is extremely important that the student not be moved unnecessarily and improperly, possibly causing further physical injury.

Naturally, if there is imminent danger and evacuation cannot be delayed, the disabled student should be carried or helped from the building in the best and fastest manner. The disabled student is the best authority as to how to be moved out of the building. A person may be carried using a two person locked arm position or may sit in a sturdy chair, preferably one with arms. The best procedure is to let professional emergency personnel assist in the evacuation of these students.

## **Additional Evacuation Considerations**

- Wheelchairs have many movable or weak parts that were not constructed to withstand the distress of lifting (e.g., the seat bar, foot plates, wheels, movable arm rests).
- Some students in wheelchairs may have electric artificial respirators attached. These persons should be given priority assistance if smoke and fumes are present, since their ability to breathe will be seriously jeopardized.
- Some students have no strength in the upper trunk or neck.
- If the wheelchair is left behind, remove it from the stairwell and leave it where it does not block others.
- Remove the batteries from a power wheelchair before attempting to transport it. Make sure that the foot rests are locked and the motor is off.
- If a seat belt is available, secure the student in the chair.
- If you are carrying a student more than three flights, a relay team may be needed.

## **Visually Impaired Students**

Most visually impaired persons will be familiar with the immediate area they are in. In the event of an emergency, tell the student specifically how and where to exit. Have the student take your elbow and escort him or her (this is the preferred method when acting as a "sighted guide"). As you walk, tell the person where you are and advise him or her of any obstacles. When you have reached safety, orient the person to where he or she is and ask if any further assistance is needed.

## **Hearing Impaired Students**

Persons with impaired hearing may not perceive audio emergency alarms, an alternative warning technique is required. Two methods of warning are the following:

- Write a note telling what the emergency is and the nearest evacuation route. (Example: "Fire- go out rear door to right and down. Now!")
- Turn the light switch on and off to gain attention, then indicate through gestures or in writing what is happening and what to do.

It may be prudent to escort the hearing impaired student as you leave the building.

## **Diabetic Students: Diabetic Reactions**

### **Insulin reaction/shock:**

Results from too rapid a drop in blood sugar levels when a diabetic has eaten too little or exercised too much.

Symptoms:

Comes on rapidly and includes extreme hunger, nervousness, perspiration, skin pale and moist, thirsty, rapid pulse and increasing confusion progressing to unconsciousness.

- If unconscious, get help immediately. This is a medical emergency. Call 911.  
If conscious, give orange juice, candy, soft drink or sugar. Check breathing.
- Do not leave alone. Do not give fluids if unconscious.

**Diabetic Coma (rare):**

Results from insufficient insulin. Develops more slowly than insulin shock but is more serious.

Symptoms:

Includes deep breathing, flushed, dry skin, and sweet odor on breath.

- Call 911.
- Do not leave alone. Do not give fluids.

***NOTE: Always look for an identifying bracelet which may reveal a person's condition.***

**Epileptic Students: First Aid for Seizures**

- Remain calm. Students will assume the same emotional reaction as the faculty or staff member. The seizure is painless to the person who is experiencing it.
- Do not try to restrain the person. There is nothing you can do to stop the seizure once it has begun; it must run its course.
- Clear the area around the person so that he or she does not injure him- or herself on hard or sharp objects. Try not to interfere with movements in any way.
- Do not force anything between the teeth. If the person's mouth is already open, you might place a soft object like a handkerchief between the side teeth.
- It is not generally necessary to call a doctor unless the attack is followed almost immediately by another major seizure, or the seizure lasts more than about ten minutes.
- When the seizure is over, let the person rest if he or she needs to.
- Turn the incident into a learning experience for the class. Explain that the condition is not contagious and that it is nothing to be afraid of.