Tips for Assisting People with Access and Functional Needs During Emergencies

Rev. 9/2024

Call 911 in any situation when you feel a person needs immediate medical attention.

This document is formatted for screen readers.

This is not an exhaustive document. Topics are covered broadly.

The State of Tennessee, through partnerships with many local, regional, and state agencies, has developed the following recommendations for interacting with individuals who have access and functional needs in an emergency. These recommendations also apply to any setting when interacting individuals impacted by an emergency who might need support to cope with stress caused by the event.

Even though over 30 percent of Tennesseans have an access or functional need, most of us do not interact with individuals who have access or functional needs on a regular basis. The information in this document can also be used in non-emergency situations in which the reader would like recommendations for interacting with individuals with access and functional needs.

This information should be reviewed prior to an emergency and can be referenced at the time of an emergency.

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Stress, Trauma, and Trauma-Informed Care

Daily life is full of stressful experiences. Most of the time, we have a support system, or we have learned the skills to help us tolerate stress. However, when individuals experience stress that is severe, long-lasting, or repeated—such as from natural disasters or a shooting—the ability to cope can become extremely difficult and can lead to trauma. This negatively impacts health and wellbeing in the long-term.

When trauma has occurred, the brain can get stuck in stress response mode, even when there is no danger present. The brain can't move on past the need to fight, flee, or freeze, bringing challenges to daily living.

When a child experiences trauma and doesn't have access to supportive relationships or help, this can lead to toxic stress. Toxic stress interferes with healthy brain development, makes it harder for children to learn the skills for managing stress, and increases the risk for behavioral and overall health problems. People with a history of toxic stress may misuse substances or smoke, creating additional long-term health and mental health challenges.

Those who have experienced trauma or toxic stress may struggle during situations that trigger the stress response. They may have trouble controlling emotions, following instructions, or staying calm in the face of stress.

Trauma-informed care recognizes the impact of trauma on health and development. It asks individuals to look for the signs and symptoms of trauma and respond by integrating trauma-awareness into practice.

To support individuals through trauma-informed care, focus on these principles.

- **Cultivate safety.** Help to develop a sense of physical and psychological safety.
- **Build trust.** Have the individual interact with one or two contacts who can help establish trust.
- **Offer peer support.** Let them know they are not alone.
- **Focus on collaboration.** Work with them to develop a plan to navigate their emotions while in distress.
- **Give empowerment.** Provide choices and opportunities to listen to what they need.
- **Acknowledge cultural, historical, and gender issues.** Understand the potential power dynamics in the interaction. Make the person feel comfortable and in control.

People with

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a developmental disability caused by differences in the brain. People with ASD often have problems with **social communication and interaction** and **restricted or repetitive behaviors or interests.** People with ASD may also have **different ways of learning, moving, or paying attention.** Autism is known as a "spectrum" disorder because there is a wide variation in the type and severity of symptoms people experience. Sometimes, people with ASD may have co-occurring disabilities.

Communication and Interaction

- Speak calmly. Use direct, concrete phrases with no more than one or two steps or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond. This may take as long as 10 to 15 seconds. Be patient.
- Some individuals may be nonverbal or will communicate in alternative ways, such as with a communication board, communication device, or apps on their mobile device.
- The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate. It is not meant to irritate you or be disrespectful.

- The person may try to give you their mobile device. Many individuals with autism have their emergency information saved on their device and have been taught to share the information with emergency personnel.
- Avoid using phrases that have more than one meaning such as “spread eagle”, “knock it off”, or “cut it out”. Avoid jargon and lingo.
- Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder. Realize this may not be present or difficult to check due to the individual’s limited ability to tolerate sensory input.
- Visually check for a tracking or emergency alert device that may aid in communicating with caregivers.
- Some people with autism do not show indications of pain. Check for injuries.
- If the person begins behaving in such a way that they are harming themselves or others, only trained individuals or emergency personnel should gain physical control of the individual.

Social Interaction

- Approach the person in a calm manner. Try not to appear threatening.
- The person may not understand typical social rules. They may be dressed oddly, invade your space, prefer to be farther away from you than normal, or may not make eye contact. Do not point out or change these behaviors unless it is necessary.

- The person may also look at you at an odd angle, laugh, or giggle inappropriately, or may not seem to take the situation seriously. Do not interpret these behaviors as deceitful or disrespectful.
- People with autism spectrum disorders may display behaviors that are misinterpreted as drug abuse, psychosis, defiance, or belligerence. Such behavior may be because of the person's lack of social understanding. Don't assume!

Sensory and Behavioral

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with them.
- Avoid touching the person. It is preferable to gesture or slowly guide the person.
- Give consistent praise and encouragement.
- If the person is showing obsessive or repetitive behaviors or is fixated on a topic or object, avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- Make sure the person is away from potential hazards or dangers (busy streets, etc.) since they may not have a fear of danger. Realize the individual may try to run back to toward the hazard or may wander.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside.
- The individual may have accompanying seizure disorders or mobility impairment. See those sections for additional guidance.

People Who are

Blind or Visually Impaired

There is a difference between visual impairment and blindness. Some people who are legally blind have some sight, while others are totally blind.

Communication and Interaction

- Announce your presence and then enter the area. Identify yourself and why you are there.
- Speak naturally and directly to the individual.
- Do not shout.
- Do not be afraid to use words like “see”, “look”, or “blind”.
- Ask how you may assist and let the person explain how you may help.
- Do not grab, pull, push, or attempt to guide an individual without first asking.
- If the person asks for your help with guidance, keep the following in mind.
    - Allow the person to grasp your elbow lightly.
    - The individual may walk slightly behind you to gauge your body’s reaction to obstacles.
    - Walk at a normal pace. If you must hurry, explain this to the person before you begin to move. Check to ensure your pace is adequate.
    - Be sure to mention obstacles such as stairs, doorways, narrow passages, ramps, etc., before you come to them.

    - Explain the environment and what is around the individual (e.g., “There is broken glass to your left”, “There is an ambulance about 100 yards from us”, “We do not have electricity right now”, etc.)
- Be specific about the direction the person should move. For example, say “Turn left” instead of “Turn this way”. Also consider using “clock-time” directions, such as “Turn to three o’clock and the chair will be in front of you”.
- If leading several individuals with visual impairments, ask them to guide the person behind them. Speak loudly when giving instructions and noting obstacles. The person in the back may not be able to hear you. Allow adequate room for several people to make turns.
- Remember to read aloud all written communication including signs, documents, etc.
- When you have reached safety, orient the person to the location (e.g., ask what they would like to know, explain the size of the room, number of people, identify a point of contact, etc.)
- If the person has a service animal, service animals must be evacuated with the person. (See tips for *People with Service Animals* for more information.)

People with

Brain Injuries

Brain injuries are sometimes called a “hidden disability”. You may not be able to tell that a person has a brain injury during your initial contact with them. Most people who have brain injuries will be able to tell you that this is their disability. People who have brain injuries may experience memory lapses, anxiety, agitation, become excited, or have trouble concentrating.

Communication and Interaction

- If you can, move with the person to a quiet and uncluttered location without distractions to talk with them.
- Approach the person in a calm manner and explain your role in a non-threatening way.
- Use direct, simple, concrete phrases. Avoid long, complicated sentences.
- Allow extra time for the person to respond.
- Some people with brain injuries may need to have information repeated more than once.
- If they are not able to report events in a sequence, ask them step-by-step questions. For example: “What was the first thing that happened?”, and then “Can you tell me what happened next?”.
- Some people with brain injuries may not be able to tell you the medications they are taking. If not, ask them to provide as much information as possible, such as the shape and color of the medication.

- Ask them if they have memory aids. Many people with brain injuries will recognize the phrases “I-map” (Individualized Medical Assistance Portfolio) or “Retrain My Brain” tool kit. These usually have medications and other information about the person written in them.
- Some brain injury symptoms can mimic behaviors associated with drug or alcohol abuse, such as balance problems, slurred speech, paranoia, or even belligerence if the person becomes agitated. Don’t assume!
- If possible, turn off sirens and lights if you’re transporting someone with a brain injury. These can provoke a seizure and heighten anxiety.

Children

First, a child's brain is still developing. Unpredictable and frightening emergency situations can cause toxic stress for children.

Many children will respond erratically and unpredictably to a crisis and may not fully understand the extent of the emergency. Children in acute distress might have unpredictable symptoms, including the following:

- Shaking
- Becoming nonverbal
- Yelling or crying uncontrollably
- Acting numb
- Returning to outgrown behaviors, such as toileting accidents or tantrums

No matter the child's behavior, accept the behavior and do not shush, scold, or reprimand them for their reaction. Remind them that you are there to help them to be safe and feel safe. Reassure them that their reaction is normal.

Communication and Interaction

- Keep children together with family and friends. If this is not possible, reassure the child they will be reunited with their caregiver as soon as possible and that care about their safety.
- Minimize the number of adults who interact with the child to a limited group of 1 to 2 people who can communicate with the child and help them feel safe.
- Maintain a calm and soothing voice.

- Pre-verbal children may not understand what is being said, but they do understand the tone that is being used.
- When communicating, put questions and explanations in simple, age-appropriate terms the child can understand. Repeat questions and answers if necessary. Patience is key! Repeat sentences back to children and mirror their terminology for people, places, and events.
- Allow children to keep a security object, like a toy or stuffed animal, or provide one if possible. Engage the child by asking questions about their hobbies, favorite sports, shows, animals, or art.
- Children may hide when they perceive a situation to be frightening. Pre-ambulatory children and those too young to understand the situation are often unable to self-rescue and may not follow commands.
- Many children have special healthcare needs, including daily medications or assistance devices (wheelchairs, crutches, hearing aids, etc.). Determine if special assistance is needed.
- Understand that children, like adults, are reluctant to leave behind items that give them a sense of control or independence.

People with
Cognitive or Intellectual Disabilities

If possible, maintain 1 to 2 people as points of contact. Show your identification badge (if you have one), identify yourself, smile, and remain calm. This will help convey you are there to help.

Communication and Interaction

- Speak slowly when talking with the person.
    - "My name is _____. I'm here to help you."
    - "I am a (name your job). I am here because (explain the situation)."
    - "I look different than my picture on my badge because (for example, if you are wearing protective equipment)."
    - Reassure the individual often. For example: "It's okay to be afraid.", "We're safe."
    - Encourage them often. For example: "Thanks for moving fast. You are doing great."
    - Provide frequent updates on what's happening and what will happen next. Provide concrete timelines as much as possible. Refer to what you predicted will happen. For example: "Just like I said before, we're getting into my car now. We'll go to _____ now."
- When possible, narrate what you are doing, even if it seems obvious to you. For example: "We're walking toward these cars to get away from the fire."
- Repeat explanations. Some people may ask the same question repeatedly even though it has been answered. Be patient and repeat your answer. Allow extra time for the person to process what you are saying and to respond.

- Ask exploratory questions using plain language beyond yes/no answers. Ask them to elaborate in their own words. Check that they understand of the question.
- Respect the dignity of the person as an equal and speak to them as an adult.
- Use short sentences and simple, concrete words.
- Provide accurate, honest information.
- When possible, use pictures and objects to illustrate your words. Point to any protective equipment as you speak about it.
- Ask the person to repeat what they heard. This will help you understand the person's abilities and how to modify your communication.

Sensory and Behavioral

- Look for the following.
    - Identification bracelet with special health information.
    - Essential equipment and supplies (e.g., oxygen, batteries)
    - Communication devices (e.g., head pointers, ABC boards, speech devices)
    - Medication
    - Mobility aids (e.g., walkers, canes)
    - Service animals
    - Special health instructions (i.e., allergies)
    - Contact information
- Identify signs of stress and confusion which may include the person saying they are stressed, looking confused, withdrawing, rubbing their hands together, rocking back and forth, or other behaviors.

- Identify signs of escalation. Do not talk around or over the person or talk about the “problem” or what happened in front of the person if it re-escalates the crisis.
- Recognize any conditions that people might misinterpret (i.e., someone might mistake Cerebral Palsy for drunkenness).
- Some people find sensory input such as handholding or touching distracting or painful. Stop if this is the case.
- If possible, reduce distractions. For example, lower the volume on your radio and use flashing lights on vehicle only when necessary.
- Explain any written or spoken material in everyday language. This includes signs, public announcements, forms, etc.
- Once in a safe location, provide quiet time to rest once in a safe location.
- Share information you’ve learned about the person with other workers who will assist.
- Some individuals may have a paid caregiver. Listen to both the person and the caregiver. Do not assume a paid caregiver has the most information.
- If the person begins behaving in such a way that they are harming themselves or others, only trained individuals or emergency personnel should gain physical control of the individual.

People Who are

Deaf or Hard of Hearing

Hearing loss can vary in individuals from mild to profound. Do not assume since they may or may not do the following.

- Communicate fluently with spoken English or another language, even if they cannot hear you.
- Use lipreading as a tool for understanding.
- Use hearing aids or cochlear implants.
- Use American Sign Language, or ASL, or other signed communication methods.

Communication and Interaction

- **Get Attention.** If possible, flick the lights when entering an area or room to signal your presence.
- **Use Visual Cues.** Use facial expressions and hand gestures as visual cues. For example, point to your name tag or badge, point to the exit, or mime/gesture actions to convey your message.
- **Establish Communication.** Once a communication method is established, explain your purpose for being there and ask how you can help, or explain what will happen next.
- **Hearing Aids.** Remember that hearing aids amplify sound but do not guarantee clarity of speech. Hearing aids increase volume, not necessarily understanding.
- **Cochlear Implants.** Like hearing aids, cochlear implants do not ensure that the person can hear you or comprehend everything being said.

- **Speak Clearly.** Articulate your words slowly and clearly without exaggerating mouth movements. Avoid blocking your mouth your hands or objects while speaking.
- **Check Understanding.** Confirm that your message has been understood. Be prepared to repeat or rephrase, if necessary.
- **Written Communication.** For some individuals, simple written communication can be effective. Offer pencil and paper, or phone/tablet, write with clear sentences, and allow time for reading. If this method is not effective, discontinue it.
- **Understanding ASL.** ASL is a distinct language with its own grammar and syntax, separate from English.
- **Be Patient.** Individuals may need extra time to grasp the urgency of your message.
- **Signal Location.** Provide a flashlight to help signal their location if they become separated from a group. This will facilitate communication in low-light situations.
- **Assistive Devices.** If available, provide assistive devices, like vibrating alerts or other technology designed for Deaf and Hard of Hearing individuals to enhance communication or alert them to important information.
- **Interpreter Services.** If individuals use ASL or other signed communication, arrange for a sign language interpreter as soon as possible. Be sure to explain any instructions or next steps clearly.
- **Maintain Eye Contact.** When an interpreter is present, focus your attention on the individual rather than the interpreter.

People with

Mental Illness

Onset of symptoms may be due trauma or the stress of the situation or event. You may not be able to tell if a person has a diagnosed mental illness. Mental illness impacts 20 to 25 percent of the population. Trauma can lead to a mental health crisis for these individuals. Symptoms may not be evident at first in an emergency and may only present if the situation changes, such as you beginning to evacuate the individual. If a person begins to exhibit unusual behavior, ask if they have experienced any mental health issues of which you need to be aware. Even if asked, they may or may not tell you.

Communication and Interaction

- In an emergency, the person may become confused. Speak slowly and in a normal, calm speaking tone.
- Restate what you hear. Validate that you have heard the individual, and do not discount the individual's perspective.
- If the person becomes agitated, help them find a quiet space away from the confusion.
- If individuals become overly agitated, worried, or anxious, it may be impossible for them to concentrate or understand.
- Keep your communication simple, clear, and brief.
- If they are confused, do not give multiple commands. Ask or state one thing at a time.
- Be empathetic. Show that you have heard them and care about what they have told you. Be reassuring.

- If the person is delusional, do not argue with them or try to talk them out of it. Tell them you are there to help them.
- Ask if they have medication, and be sure they take it with them if they have to evacuation or change locations.
- Try to avoid interrupting a person who might be disoriented or rambling. Explain that you must move quickly.
- Do not talk down to, yell, or shout at the person.
- Have a forward-leaning body position. This indicates interest and concern.
- Allow for personal space.

People with
Mobility Disabilities

- Explain the situation. Ask if they have any limitations or problems that may impact safe evacuation, transit, or sheltering.
- Do not make assumptions about the person's abilities. Always ask the person how you can help before providing help.
- If the situation requires quick or urgent relocation, explain this to the person before proceeding with assistance.
- Other questions you may find helpful:
    - "Is there some way I can assist you?"
    - "Are you able to stand or walk without the help of a mobility device like a cane, walker or wheelchair?"
    - "You might have to (stand, walk, sit, etc.) for quite a while on your own. Will that be ok?"
    - "May I help you (out of bed, down the stairs, etc.)?"
    - "Do you need help walking? How exactly can I help?"
    - "Do you have full use of your hands and arms?"
- When carrying the person, avoid putting pressure on his or her arms, legs, or chest. This may result in spasms, pain, and may interfere with their breathing.
- Evacuate mobility devices with the person unless it would be unsafe.

Crutches, Canes, and Similar Devices

- A person using a mobility device may be able to negotiate stairs independently. Do not interfere with the person's movement unless asked to do so or the nature of the emergency is such that speed is a primary concern. If this is the case, tell the person what you need to do and explain why before you begin to assist.
- If the stairs are crowded, you may be able to assist by positioning yourself to keep others away from the individual. This will allow them space and time to get down the stairs more easily.

Evacuating Wheelchair Users

- If the conversation will take more than a few minutes, sit or kneel to speak to the person at eye level.
- Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.

Carrying Techniques for Manual Wheelchairs

Manual wheelchair users are aware of how their equipment works. Before lifting, ask if there are detachable parts that can be temporarily detached to reduce weight. Ask about chair weight. Ask how to position yourself. Explain how you plan to lift the chair. The individual may give you expert input and save time.

Carry the person in his/her chair, if possible.

- **One-Person Assist**
  - Grasp the pushing grips/handles, if available.
  - Stand one step above and behind the wheelchair.
  - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
  - Keep your center of gravity low.
  - Descend the wheelchair facing frontward.
  - Let the back wheels gradually lower to the next step.
- **Two-Person Assist**
  - Position the second rescuer in front of the wheelchair and face the wheelchair.
  - Stand one, two or three steps down (depending on the heights of the other rescuer).
  - Grasp the frame of the wheelchair.
  - Push into the wheelchair.
  - Descend the stairs backwards with wheelchair facing frontward.

Motorized Wheelchairs

- Lifting a motorized wheelchair and user up or down stairs requires two to four people. Motorized wheelchairs may weigh over 100 pounds unoccupied and may be longer than manual wheelchairs.
- People in motorized wheelchairs know their equipment. Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourself, where you should hold the chair, and what, if any, angle to tip the chair backward.
- Turn the wheelchair's power off before lifting it.

- Most people who use motorized wheelchairs have limited arm and hand motion.
- Ask if they have any specific requirements for being transported up or down the stairs.

Pregnant Women and Newborns

Pregnant Women

- Usually, pregnancy is not an emergency. In fact, if the pregnant woman is otherwise healthy, it's likely that she can be included in any plans for evacuation or sheltering for the general population.
- However, if the woman has had a Cesarean section (C-section) at any time in the past, or if she has any of the following problems now or in the previous three hours, she is at higher risk.
    - Steady bleeding, similar to her period, from the vagina
    - Convulsion or an unusually strong headache that will not go away with over-the-counter pain relievers
    - Constant strong pain in the belly or back with hardness in her pregnant belly
    - Strong pains and hardening belly that comes and goes every couple of minutes
    - A due date three weeks away or more
- If she has had any of these conditions, she should be taken to a hospital (if hospital access is available) or other health care facility for an assessment. If taking her to a facility is not possible, she should be helped to a comfortable position and not be left alone.
- If she has not had any of these conditions, a hospital might not the best place for pregnant women, women in labor, or new mothers with newborns due to danger from infections or other exposures. Remember, a normal birth is not an illness.

- A woman who has one or more of the symptoms below may be in labor and about to give birth. Do not move her. It is better to have a birth where you are than on the way to somewhere else.
    - She makes grunting sounds every one to three minutes.
    - She says, “Yes”, if you ask, “Is the baby pushing down?” or she says, “The baby’s coming.”
    - You see bulging around the vagina when she grunts or bears down.
- Give pregnant women and new mothers lots of fluids to drink. Water or juice is best.
- Be as calming as possible. Expectant mothers may be especially anxious in emergency situations. Reassure them you will do everything you can for them.
- Try not to separate expectant or newly delivered women and their family, even if transporting.
- If you must transport a pregnant woman, regardless of whether she is in labor or not, consider the following.
    - Transport her lying on her left side, not flat on her back. This allows better blood flow to her heart.
    - Ask her if she has a copy of her pregnancy/prenatal records. If she does, make sure they go with her.

Caring for a Newborn

- Dry and rub the baby gently to keep the baby warm and to stimulate breathing.
- Place the naked baby on mother's skin between her breasts and cover both mother and baby.
- Cutting the umbilical cord is not an emergency. The cord should only be cut when you have sterile tools (scissor, knife blade, etc.). It's better to wait rather than cut the cord with a non-sterile blade.
- The placenta (afterbirth) will usually follow the baby on its own in about a half an hour or less. Afterward, it can be put in a plastic bag, wrapped with the baby, or left behind, depending on the circumstances.
- Massage the mother's lower belly every 15 minutes after the placenta is delivered. This makes the uterus contract and decreases the chance of bleeding.
- Monitor bleeding from the vagina. Some bleeding is normal, like a heavy period. It should slow down to a trickle within 5 or 10 minutes. If it doesn't, the woman needs medical care.
- Encourage the new mother to put baby to breast. The baby's hands should be free to help find the breast. Point baby's nose toward the mother's nipple and the baby's stomach toward the mother's stomach.
- If you need to transport a mother and her newly born baby, consider the following.
    - Keep the mother and newborn together by placing the baby in the mother's arms or on her belly.
    - Take diapers, baby clothes, and formula and bottles (if the baby is bottle-feeding) if they are available.

People with

Seizure Disorders

- Some types of seizures have warning symptoms while others do not.
- Warning symptoms may include visual or auditory hallucinations, or the person might say there is a burning smell.
- If the person senses an upcoming seizure, suggest they lie down and provide help if asked.
- Stay calm. Talk with the person in a soft voice and rub the person's arm or back gently.
- If possible, look at a watch or a clock to time the duration of the seizure.
- After the seizure is over, give this information to the person. If the seizure lasts more than five minutes or the person does not resume consciousness, call 911.
- Attempt to turn the individual on their side, preferably on their left side. This will allow saliva or other substances to drain from the mouth and keep the airway open.
- Move any nearby objects that could lead to injury if the person hits the object. See if the person can be moved if they are near hard objects too heavy to move. You may place a pillow, towel, coat, or other soft object underneath the person's head to protect it.
- Loosen clothing around the neck when the seizure is over. Remove glasses if the person wears them.
- If breathing stops, call 911 and start CPR. You must be certified to perform CPR.

- Do not restrain the person. The seizure will end naturally.
- Do not try to force the mouth open with a hard device or with your fingers. A person cannot swallow their tongue. Efforts to hold the tongue down can injure the person’s teeth or jaw.

People with

Service Animals

The American Disabilities Act has established the following rules.

"Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. This definition does not affect or limit the broader definition of "assistance animal" under the Fair Housing Act or the broader definition of "service animal" under the Air Carrier Access Act. Some State and local laws also define service animal more broadly than the ADA does. Information about such laws can be obtained from the relevant State attorney general's office. In addition to the provisions about service dogs, the Department's ADA regulations have a separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities. Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds."

Communication and Interaction

- Service animals assist individuals with physical, sensory, psychiatric, intellectual, or other disabilities.
- Service animals are individually trained to assist an individual with a disability in a specific way.
- People with hidden disabilities such as diabetes or psychiatric disabilities may have a service animal.
- Do not ask questions if it is obvious the animal is a service animal.
- If it is not obvious that the animal is a service animal, you may only ask the following two questions.
    - Is the animal a service animal for a disability?
    - What work or task has the animal been trained to perform?
- Service animals are not registered, and documentation, certification, or other proof is not required.
- If the person reports it is a service animal, treat it as such.
- Do not ask the individual about their disability. A person is not required to give you proof of disability and that they require a service animal. You should accept the individual's statement and treat the animal as a service animal.
- Plan to evacuate the animal with the owner. Do not separate them.
- Remember that a service animal is not a pet.
- Animals who provide emotional support are also not service animals.
- Do not touch or give the animal food or treats without the owner's permission.

- If you are asked to take the animal while assisting the individual, do not hold the animal's harness. Use the leash instead.
- A service animal must be housebroken and under the control of its owner. If an animal is out of control and cannot be brought back under control or is not housebroken, you can ask the owner to remove it from the site.
- Remember that emergency situations are stressful for animals too. Attempt to make arrangements to send the animal to a safe place where it can be reunited later with its owner.
- Service animals must be harnessed, leashed, or tethered unless those devices interfere with the animal's work or the person's disability prevents using these devices.
- Service animals are not required to be muzzled or to wear items indicating they are service animals.
- Individuals must be able to care for their service animals. In some instances, however, reasonable modifications may be necessary due to the person's disability. For example, a person who is blind may need assistance locating a debris-free relief area for their dog.

People with

Severe Allergic Reactions

- Severe allergic reactions can be caused by food, chemicals, environmental conditions, or other factors.
- Ask the person if they have sensitivities or have had reactions in the past. Be specific.
- Look for medical identification the person might be wearing, such as a bracelet or pendant.
- Whenever possible, take the person's own medical supplies and equipment with them, including oxygen mask and tubing, medications, food, water, bedding, clothing, and soap. The person may be sensitive to other brands or types of these items.
- If the person has or is wearing a mask or respirator to reduce environmental sensitivities, ensure it is properly placed and/or assist the person with properly applying the mask or respirator.
- Keep in mind that items such as perfumes can aggravate allergies.

Senior Citizens

- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency.
- Repeat questions and answers if necessary. Be patient!
- Take time to listen carefully and to explain. This may take less time than dealing with a confused person who is less willing to cooperate.
- Older people may fear being removed from their homes – be sympathetic and understanding and explain that this relocation is temporary.
- Check for medical identification bracelets.
- Before moving an elderly person, assess their ability to see, hear, and move independently. Ask if they use any mobility devices.
- If the person has hearing loss, they may appear disoriented and confused when in fact they cannot hear you.
- Determine if the person has a hearing aid. If they do, try to determine if it is available and working. (See tips for *People Who are Deaf or Hard of Hearing* for more information.)
- If the person has a vision loss, identify yourself and explain why you are there.
- Ask the person how you may assist with guiding them to safety. Offer for the person to hold your arm if needed. (See tips for *People Who are Blind or Visually Impaired* for more information.)
- If possible, gather all medications and medical aids (walkers, canes, oxygen, glasses, hearing aids, etc.) before evacuating.

- Seniors may have caregivers or care partners if they have dementia or another chronic disease. Ask the senior if they have a family member or friend who helps them go to doctor appointments or assists around the house.
- Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.
- If the person has dementia, the individual may be confused or scared. Identify yourself and explain why you are there.
- Speak slowly, using short sentences in a calm voice. Ask yes/no questions. Maintain eye contact. Repeat information or questions as needed. Reassure them they are safe.
- Seniors maybe very reluctant to be separated from their pets. Know the plan for evacuating pets and prepare your response.

Acknowledgements

This document was developed by representatives from the following agencies.

- Tennessee Department of Health
- Tennessee Department of Human Services
- Tennessee Department of Mental Health and Substance Abuse Services
- Partnership for Families, Children and Adults
- Statewide Independent Living Council of Tennessee

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Resources

Tennessee Statewide Crisis Line
855-CRISIS-1 (855-274-7471)
The Tennessee Statewide Crisis Line is available 24 hours a day, 7 days a week for anyone experiencing a mental health crisis. All calls are routed to a trained crisis counselor in your area, who will provide you support and guidance and work to connect you with appropriate community support.

Tennessee Disability Pathfinder
Email: tnpathfinder@vumc.org
Phone: 1-800-640-4636
Web: https://www.tnpathfinder.org/
TN Disability Pathfinder is Tennessee's comprehensive resource for disability services. If you or a family member need disability service, contact TN Disability Pathfinder.

Tennessee Council on Developmental Disabilities
Email: tnddc@tn.gov
Phone: (615) 532-6615
Web: https://www.tn.gov/cdd.html
The Tennessee Council on Developmental Disabilities exists to improve services and supports to make life better for people with developmental disabilities and their families.