Strengthening Emergency Communication Strategies Between Responders And People Who Are Disproportionally Impacted

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Learning objectives

1. Identify/discuss the impact of converging communication challenges on people with access and functional needs during emergencies/disaster scenarios.

2. Report first responder perspectives re: communication issues.

3. Discuss roles for community professionals/organizations/agencies in preparing clients for emergencies.

4. Share resources for increasing community resilience by preparing first responders and people with communication issues for emergency/disaster scenarios.
Disaster Scenarios - Unpredictable
Emergencies. Happen every day
## TYPES OF COMMUNICATION SUPPORTS REQUIRED IN DISASTER/EMERGENCY SCENARIOS

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<td>ALERTS &amp; UPDATES</td>
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<td>INTERACTIONS between first responders and people impacted</td>
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<td>PREPARING PEOPLE WITH COMMUNICATION ISSUES: Maintaining health, independence, safety, transportation (C-MIST)</td>
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Alerts and Updates
(often purview of communication officers at EOC)

METHODS TO USE
• TV
• Phones (landline)
• Reverse 9-1-1-
• Sirens
• Direct observation
• Texts, email, twitter
• Internet news

WHAT TO DO
• Announce it
• Describe it
• Caption it
• Picture it
• Email it
• Rely it share it tweet it text it post it
• Interpret it

Not focus today
• REPEAT it!
### TYPES OF COMMUNICATION SUPPORTS REQUIRED IN DISASTER/EMERGENCY SCENARIOS

- **ALERTS & UPDATES**
- **INTERACTIONS** between first responders and people impacted
- **PREPARING PEOPLE WITH COMMUNICATION ISSUES**: Maintaining health, independence, safety, transportation (C-MIST)
COMMUNICATION BARRIERS DURING EMERGENCY RESPONSE

• What is Communication?
  Effective communication is the “joint establishment of meaning” using a variety of strategies, including the simultaneous use of multiple channels or modes (speech, gestures, manual signs, facial expressions, electronic and non-electronic technologies)
Example #1

- 1997 – South Dakota flood
Pam’s communication boards
<table>
<thead>
<tr>
<th>Board Pam made for roommate</th>
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<tbody>
<tr>
<td>lime/my</td>
</tr>
<tr>
<td>home</td>
</tr>
<tr>
<td>want</td>
</tr>
<tr>
<td>don't</td>
</tr>
<tr>
<td>toilet</td>
</tr>
<tr>
<td>good</td>
</tr>
<tr>
<td>yes</td>
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</table>
C-MIST Paradigm

Who has Access and Functional Needs?

INDEPENDENCE

COMMUNICATION

TRANSPORTATION

SAFETY AND SUPPORT

HEALTH

June Isaacson Kailes, 2014
Who has Access and Functional Needs?

C-MIST Paradigm

- People with hearing, speech, vision, cognitive challenges
- The very young
- People with limited understanding of language(s) spoken by first responders...
- People under severe stress and those who are confused
- People who do not have access to the tools/supports they need
- People with mobility limitations
- People who lack access to transportation
- People who are ill, have chronic health conditions, require daily medications or treatments, are injured
Converging Communication Issues

Communication disabilities

- PAM’s converging communication issues
- Situational/contextual factors
- Cultural/religious/sexual differences
- Limited language proficiency
- Limited health literacy

☑
Example #2
Converging Communication Issues

Communication disabilities

PAM’s converging communication issues

Situational/contextual factors

Cultural/religious/sexual differences

Limited language proficiency

Limited health literacy

MARIA’s converging communication issues
Perspectives from First Responders

• How important is effective communication in your job?
• What communication issues do you typically face?
• What kind of information do you need from the people who are impacted?
• What training have you had in supporting effective communication?
• What strategies do you depend upon? Which other strategies might be helpful?
First Responder Interviews: Communication Barriers during Emergency Response

Brian Dempsey, Chief
Seaside Fire Department, CA

Jason Sullens, Engineer
Seaside Fire Department, CA

Dave Potter, Emergency Operations Coordinator
Monterey, CA

Captain Tammy Hagler
EMT, Retired, AK, TN, LA

Roger Reed, Captain,
Monterey Fire Department, CA

Jason Black, Captain
Seaside Fire Department, CA
How important is effective communication in your job?

• “Communication is a critical part of the job and solving communication challenges is paramount.” Our job is all about communication.” (All)

• “During an emergency or disaster scenario, people can be “at their worst”. If there are communication problems, we need to quickly solve them.” (Reed).

• “Communication is key. You have to be able to communicate with your patient.” (Hagler)
• “We get about 10 calls a day and 70% are medical.” (Dempsey)

• “In a medical emergency we need to bring calmness to chaos and gather information.” (Black)

• “Family members want to help….so ongoing communication with family is also very important.” (Sutter)

• “Communication is a huge part of my job as EO coordinator and includes communication with the community.” (Potter).
What communication issues do you face? What strategies do you rely on?

• Our #1 issues are language barriers.” (All)

– Arkansas, Tennessee and Louisiana EMTs used Language line all the time (Hagler)
– Chicago suburb (Dempsey)
  • Spanish primary, but Mandarin, Vietnamese, other Asian languages
– Language line option used
What communication issues do you face? What strategies do you rely on?

– Monterey/Seaside/Pacific Grove
  26+ languages (Reed, Potter, Sullens, Black, Dempsey).
  • Some first responders speak Spanish (our primary 2\textsuperscript{nd} language).
  • We have “cheat sheets”
  • Most often we rely on family members
  • Children often act as interpreters
  • Use Language Line (rarely)
  • In a disaster can access the Defense Language Institute and other local resources
What other communication issues do you face?

- Dementia
- Stroke, Parkinson
- Autism
- Hearing, speech, vision, cognition
- Behavioral issues
  - Diabetes
  - Mental illness
  - Head trauma
  - Drugs/alcohol

**Limited English Proficiency**

**Communication abilities are temporarily (or recently) compromised**

**Self-identify as having a communication disability**

**May (or may not) be aware they have difficulty communicating**

Lots of people at risk for communication during an emergency/disaster

NOTE: Destination should address needs:
Emergency Room? Social services? Referral to clinic/program
Example
Your most challenging experience?

Woman: Deaf/blind/no speech, lost significant amount of blood.
EMTs: no way to communicate with her
Son (also blind and hearing impaired):
Strategy: EMTs wrote questions.
Son used magnifier to read and then interpret for mother.
Result: Transferred with good outcome (accompanied by son and magnifier)

(Cpt. Hagler)
What information do you need from people impacted by event?

• Name, age, complaint, medical issues, allergies
• What provoked event
• Pain level, whether condition is improving/deteriorating \( \rightarrow \) triage (Reed)

• We need to identify problem, get accurate information, prioritize solutions \( \rightarrow \) triage (Black & Sullens)

We have to quickly gather info with limited resources (All)
Strategies: The Basics

• Show respect
• Observe / evaluate situation
• Consider body language/ position/ gestures
• Be aware of own behavior/ impact on interaction (size, position, authority, facial expression, emotional state)
• Identify person who is familiar with person’s communication
• Consider/address family concern and efforts to help

(Black, Dempsey, Hagler, Potter, Reed, Sutters)
What strategies do you use?

- Try to remain professional and calm.
- Get down to person’s level
- Be sensitive to cultural differences
- Determine language and find interpreter
- Reach out to family/friends to help us
- Be aware of how to help children help us (often the ones who do)
- Use police dispatch
- Ask if person can write
- Use gestures (slowly and mindfully)

(Black, Dempsey, Hagler, Potter, Reed, Sutters)
What strategies do you use?

• **Communication support person**
  - Familiar adult
  - Familiar child

• **Interpreter** (if language barrier or person uses sign language)
  – Onsite
    - Responder as interpreter
    - Family/friend (support person)
  – Language line/apps
    - Professional interpreters
What strategies do you use?

• Tools
  – Paper pencil
  – Gestures
  – “Yes/no” questions (a challenge)
  – Communication displays
  – Pain scales
  – Apps
What training did you have?

– We’re learning on the job
– Not really much training
– Training is really important...
– Tools can’t make a difference, but you don’t use them unless you know how
Examples

• Yes / No
• Pain
• Communication displays
• Communication apps
“The challenge is HOW to ask yes / no questions. You need to do so with caution.”
(Reed, Dempsey)

1. Show me how you say “yes” (pause). Show me how you say “no” (pause).

2. Repeat person’s action to confirm... “Okay, you’ll tell me “Yes” like this” ....etc.

3. How would you tell me “I don’t know” or you want to say “something else?”
   Once you establish clear signals, you can begin to ask questions.
   Ask questions one at a time. For example, Say “Are you in pain?” (pause for a response). Then ask “Do you feel sick?” (pause).
   Do not say, “Are you in pain or feeling sick?”
4. Give person time to respond. While you wait, listen carefully and watch closely.

5. Once you have established Yes/No, you might ask, “Is there someone here who can help you communicate?” “Can you write?” “Will you understand if I write to you?”
Identifying location, type, and level of pain
Pain Scale

• “I really like this. The patient can point”  
  (Reed, Black, Sullens)
• “These pain scales are often used in emergency rooms. Better with graphics.”  
  (Dempsey).
• Need to identify changes over time  
  (Reed)
Exchanging information: Communication Displays
Communication displays

“These are excellent. They could help prompt me.” Tools like this are absolutely important.” (Black)

“Pictograms are great. But, getting them to the end user is hard.” (Reed)

“Multiple tools need to be available. They are a great help for direct communication. My job to get these to my team.” (Dempsey)

“We need to have all the tools BUT we also need to know HOW to use them effectively.” (Sullens)
A Lack of Consensus
“App” Categories
Disasters and Emergencies

• Educational: Getting Ready

• Medical history/In Case of Emergency (ICE)

• Instructions

• Alerts, locators and panic buttons (“SOS”)

• Communication
Communication apps

• “I know they’re out there, but we don’t use them.” (Black)

• In my job as emergency operations coordinator, we are looking increasingly to social media and apps to support our efforts throughout the incident. (Potter)

* Most available apps support communication BETWEEN responders and/or triage facilities.

** FEMA specs for APP development state “key importance of communication” BUT never mention “communication” with people impacted by event.
Communication apps

www.patientprovidercommunication.org/pdf/23.pdf
TRAINING:
Learn HOW to use tools and strategies

• “Nothing prepared us.” (Black)
• “Trial and error.” (Reed)
• “Training necessary. Problems slow down our ability to provide service.” (Sutters)
• “We were constantly training. EMS training included communication. Set curriculum.” (Hagler)
• “Training ongoing. Curriculum dictated by State.” (Dempsey)
Tips for first responders

- People with
  - Autism
  - Blind/visually impaired
  - Brain injuries
  - Childbearing women and newborns
  - Cognitive disabilities
  - Deaf/hard of hearing
  - Mobility impairments
  - Multiple chemical sensitivities
  - Mental illness
  - Seizure disorders
  - Service animals

- Seniors
TRAINING: Learn HOW to use strategies and work with support persons....

**THE BASICS**
- Respect
- Professionalism

**TECHNOLOGY**
- Language lines
- Communication displays
- Paper pencil
  - Text
  - Drawing
- Apps

**SUPPORT PERSONS**
- Professional interpreters
- Non-professional interpreters/communication intermediaries
- Communicating with a child
- Community support people
  - Mental health agency
  - Health providers
  - Educators
  - Etc.
## Types of communication supports required in disaster/emergency scenarios

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PREPARING CLIENTS FOR EMERGENCIES: Role of community professionals/schools/organizations/agencies, etc.

- Building Community Resilience from the Bottoms Up

- Addressing emergency preparedness as part of one’s everyday practice
Learning by doing may be too little, too late, and lead to negative outcomes
What community professionals can do

Ask key questions and provide simple tools

• Dr. offices, clinics, etc.
  – Are you carrying medical information with you (in case)? Is it up-to-date?

• Teachers and therapists
  – What assistive technologies will you need in an emergency? Will you be able to access them if you have to evacuate? Shelter in place?
  – Who are your human supports? How will you stay in contact with them?
  – Do you carry something with you to explain your communication and other needs?
Preparing to prosper after unfortunate events

• Medical Information
  – Medical passport
  – Who?
    • Doctor/Clinic personnel/ nurse/physician assistant, etc.

• Communication information
  – How do you communicate
  – How do you want people to communicate with you
  – What technologies/human supports do you need
  – Who?
    • Individual & family
    • Teachers and health providers, SLPs, PAs, OT/PT, etc.
    • Faith – based organizations, etc.
Preparing to prosper after unfortunate events (cont.)

• Preparation to shelter-in-place or evacuate
  – Go Bags: home, work, car
  – Support team
  – Transportation plan
  – Communication plan
  – Access to communication plan

– Who?
  • Individual and family
  • Teachers and health providers, SLPs, PAs, OT/PT, etc.
  • Faith – based organizations
  • First responders: professional and volunteer organizations
  • Community Emergency Operations Center personnel
Medical Information

What is it?

Important information about YOU
- Medical conditions
- Blood type
- Prescriptions
- Care issues
- Contacts

Communication Passport

Accident and Emergency

Nursing and medical staff please look at my passport before you do any interventions with me.

- Things you must know about me
- These things are important to me
- My likes and dislikes

[Images and graphics related to medical information and passports]
• I have a hearing impairment.
• I have a visual impairment.
• My speech is distorted. The following might help you understand me.
• I am writing to communicate
• I use an eye gaze frame to spell
• I have attention and understanding difficulties.
• etc.

www.iamheard.co.za
Preparing for medical encounters

Widgit Software, free downloadable
Shelter supports

http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-prep/additional-access-needs/show-me.html
“If I had eight minutes to chop down a tree, I’d spend the first six sharpening my axe.”

Abraham Lincoln
Lessons Learned: Pam

• **Wears waterproof fanny pack when she goes out**
  - Medical information, insurance cards, paper communication boards, accommodation requirements, emergency contacts, doctor’s names/phone numbers, problems with swallowing/food preparation, cell phone and charger, inhalers and pain meds

• **Keeps Go-Bag in closet near exit**
  - 2 changes of clothes, copies of emergency communication displays, meds, medical supplies, water, food, dog food
Lessons Learned: Pam

- Has alerted her local police/fire department
- Has network of friends/family who know how to contact each other as well as Pam
- Has signed up for alerts, monitors weather watches and warning online.
- Makes an effort to be in her wheelchair in case she needs to evacuate
### People with Communication Access Needs

*Blackstone SW & Kailes, JI, 2015*

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<th>Does not apply</th>
<th>Needs work</th>
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1. Do you have a support team? Does everyone know what to do?

2. Do you have a “medical passport”? Do you carry it with you at all times?

3. Do you have an evacuation plan in case you need to leave home or work? Do you know: (a) Where you will go? (b) How you will get there? (c) Who will transport you/come with you? (d) What you will take with you? (e) What your rights are in a shelter?

4. Is your “Go Bag” packed? Does it have what YOU will need including some cash?

5. Do you have written instructions about communicating with you? Do you have a way to call for help? Do you carry a display with personalized emergency vocabulary?

6. Are you prepared to remain at home/work during an emergency? Do you have water, food, medication for 7 days for you, pets, family? Do you have radio/flashlights with extra batteries.
Take Aways

• Emergencies happen everyday, everywhere, and to everyone ... often health-related

• People are disadvantaged when they are unable to communicate effectively with first responders/ emergency personnel

• Many people have communication challenges

• Community workers (physicians, clinicians, teachers, pastors, healthcare workers, etc.) are in the BEST position to make a difference for these individuals because they
  – KNOW them and their families
  – have resources and access to knowledge
  – care about their clients and want them to be safe
Emergencies. Happen every day
Converging Communication Issues

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PAM’s converging communication issues

Situational/contextual factors

Cultural/religious/sexual differences

Limited language proficiency

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MARIA’s converging communication issues
Many people at risk for communication access during emergency/disaster

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### COMMUNICATION SUPPORTS REQUIRED

- **ALERTS & UPDATES**

- **INTERACTIONS** between first responders and people impacted

- **PREPARING PEOPLE WITH COMMUNICATION ISSUES**: Maintaining health, independence, safety, transportation (C-MIST)
Resources


- Patient Provider Communication website www.patientprovidercommunication.org

Resources

- Emergency Communication 4 ALL

- Tips for First Responders. 5th edition
  http://cdd.unm.edu/dhpd/pdfs/FifthEditionTipssheet.pdf
References


References


Communication is NOT, I talk you listen or you talk I listen....Communication is the “JOINT” establishment of meaning
Thank you
Happy to stay in touch!

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