

Tips

5th Edition

for First Responders

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Additional copies of these tips sheets are available for purchase.
For information about prices, go to
[https://unmhealth.org/services/development-disabilities/
programs/other-disability-resources/first-responder-tips.html](https://unmhealth.org/services/development-disabilities/programs/other-disability-resources/first-responder-tips.html)

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Seniors

Always ask the person how you can best assist them.

- ◆ 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! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- ◆ Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- ◆ Older people may fear being removed from their homes – be sympathetic and understanding and explain that this relocation is temporary.
- ◆ Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- ◆ Seniors with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?
See the tip sheet 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. Let the person hold your arm and then guide them to safety. See the tip sheet on **People Who Are Blind or Visually Impaired** for more information.
- ◆ If possible, gather all medications before evacuating. 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, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calm voice. Ask “yes” or “no” questions: repeat them if necessary. Maintain eye contact.

People with Service Animals

Traditionally, the term “service animal” referred to seeing-eye dogs. However, today there are many other types of service animals.

- ◆ Remember – a service animal is not a pet.
- ◆ Do not touch or give the animal food or treats without the permission of the owner.
- ◆ When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- ◆ Plan to evacuate the animal with the owner. Do not separate them!
- ◆ Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.

- ◆ A person is not required to give you proof of a disability that requires a service animal. You should accept the claim and treat the animal as a service animal. If you have doubts, wait until you arrive at your destination and address the issue with the supervisor in charge.
- ◆ The animal need not be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability – please be understanding and treat the animal as a service animal.
- ◆ A service animal must be in a harness or on a leash, but need not be muzzled.

People with Mobility Impairments

- ◆ Always ask the person how you can help before beginning any assistance. Even though it may be important to evacuate quickly, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- ◆ Ask if they have limitations or problems that may affect their safety.
- ◆ Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. Ask!
- ◆ Here are some other questions you may find helpful.
 - “Are you able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair?”
 - “You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance.”
 - “Do you have full use of your arms?”
- ◆ When carrying the person, avoid putting pressure on his or her arms, legs or chest. This may result in spasms, pain, and may even interfere with their ability to breathe.

- ◆ Avoid the “fireman’s carry.” Use the one or two person carry techniques.

Crutches, Canes or Other Mobility Devices

- ◆ A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person’s movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you’ll need to do and why.
- ◆ Ask if you can help by offering to carry the extra crutch.
- ◆ If the stairs are crowded, act as a buffer and run interference for the person.

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.
- ◆ Before you assume you need to help, or what that help should be, ask the person what help they need.

Carrying Techniques for Non-Motorized Wheelchairs

- ◆ The in-chair carry is the most desirable technique to use, if possible.
 - ◆ **One-person assist**
 - Grasp the pushing grips, 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 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 height of the other rescuer).
 - Grasp the frame of the wheelchair.
 - Push into the wheelchair.
 - Descend the stairs backwards.

Motorized Wheelchairs

- ◆ Motorized wheelchairs may weigh over 100 pounds unoccupied, and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- ◆ People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, 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 special requirements for being transported up or down the stairs.

People With Autism

Communication

- ◆ 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.
- ◆ 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, and is not meant to irritate you or be disrespectful.
- ◆ Avoid using phrases that have more than one meaning such as “spread eagle” “knock it off” or “cut it out”.
- ◆ Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- ◆ Some people with autism don't show indications of pain - check for injuries.

Social

- ◆ Approach the person in a calm manner. Try not to appear threatening.
- ◆ The person may not understand typical social rules, so may be dressed oddly, invade your space, prefer to be farther away from you than typical, or not make eye contact. It's best not to try and point out or change these behaviors unless it's absolutely necessary.

- ◆ The person may also look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Do not interpret these behaviors as deceit or disrespect.
- ◆ Because of the lack of social understanding, persons with autism spectrum disorders may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence. Don't assume!

Sensory and Behavior

- ◆ 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. If possible, it's preferable to gesture or slowly guide the person.
- ◆ If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- ◆ Make sure that the person is away from potential hazards or dangers (busy streets, etc.) since they may not have a fear of danger.
- ◆ 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.

People Who are Deaf or Hard of Hearing

- ◆ There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear some sounds with hearing aids.
- ◆ Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- ◆ If possible, flick the lights when entering an area or room to get their attention.
- ◆ Establish eye contact with the individual, not with the interpreter, if one is present.
- ◆ Use facial expressions and hand gestures as visual cues.
- ◆ Check to see if you have been understood; repeat and rephrase if necessary.
- ◆ Offer pencil and paper. Write slowly and let the individual read as you write.
- ◆ Written communication may be especially important if you are unable to understand the person's speech.

- ◆ Speak slowly and clearly, but do not over-enunciate.
- ◆ Do not block your mouth with your hands or an object when speaking.
- ◆ Do not allow others to interrupt you while conveying emergency information.
- ◆ Be patient – the person may have difficulty understanding the urgency of your message.
- ◆ Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. This will facilitate lip-reading or signing in the dark.
- ◆ Written communication will work for many people who are deaf. Keep instructions simple, in the present tense and use basic vocabulary. American Sign Language (ASL) is its own language and not a manual form of English. It has its own syntax and grammar. Native ASL users may read and write English as a second language.

People who are 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.
- ◆ Announce your presence and then enter the area.
- ◆ Speak naturally and directly to the individual.
- ◆ Do not shout.
- ◆ Don't be afraid to use words like “see,” “look,” or “blind.”
- ◆ State the nature of the emergency and offer the person your arm. As you walk, advise them of any obstacles.
- ◆ Offer assistance but let the person explain what help is needed.
- ◆ Do not grab or attempt to guide them without first asking them.
- ◆ Let the person grasp your arm or shoulder lightly for guidance.

- ◆ They may choose to walk slightly behind you to gauge your body's reactions to obstacles.
- ◆ Be sure to mention stairs, doorways, narrow passages, ramps, etc. before you come to them.
- ◆ When guiding someone to a seat, place the person's hand on the back of the chair.
- ◆ If leading several individuals with visual impairments, ask them to guide the person behind them.
- ◆ Remember that you'll need to communicate any written information orally.
- ◆ When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- ◆ If the person has a service animal, don't pet it unless the person says it is okay to do so. Service animals must be evacuated with the person.
Refer to the tip sheet on People with Service Animals for more information.

People with Cognitive Disabilities

◆ Say:

- My name is.... I'm here to help you, not hurt 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*)

◆ Show:

- Your picture identification badge (*as you say the above*).
- That you are calm and competent.

◆ Give:

- Extra time for the person to process what you are saying and to respond.
- Respect for the dignity of the person as an equal and as an adult (*example: speak directly to the person*).
- If needed, offer an arm to the person to hold as they walk, or an elbow for balance.
- If possible, quiet time to rest (*as possible, to lower stress and fatigue*).

◆ **Use:**

- Short sentences.
- Simple, concrete words.
- Accurate, honest information.
- Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.

◆ **Predict:**

- What will happen (*simply and concretely*)?
- When events will happen (*tie to common events in addition to numbers and time, for example, "By lunch time..." "By the time the sun goes down..."*).
- How long this will last – when things will return to normal (*if you know*).
- When the person can contact or rejoin loved ones (*for example: calls to family, re-uniting pets*)

◆ Ask for/Look for:

- An identification bracelet with special health information.
- Essential equipment and supplies (*for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]*)
- Medication
- Mobility aids (*for example, assistance or service animal*)
- Special health instructions (*for example: allergies*).
- Special communication information (*for example, is the person using sign language?*)
- Contact information.
- Signs of stress and/or confusion (*for example, the person might say he or she is stressed, look confused, withdraw or start rubbing their hands together*).
- Conditions that people might misinterpret (*for example, someone might mistake Cerebral Palsy for drunkenness*).

◆ Repeat:

- Reassurances (*for example, “You may feel afraid. That’s ok. We’re safe now.”*)

- Encouragement (for example, “Thanks for moving fast. You are doing great. Other people can look at you and know what to do”).
- Frequent updates on what’s happening and what will happen next. 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”.

◆ **Reduce:**

- Distractions. For example: lower volume of radio, use flashing lights on vehicle only when necessary.

◆ **Explain:**

- Any written material (*including signs*) in everyday language.
- Public address system announcements in simple language.

◆ **Share:**

- The information you’ve learned about the person with other workers who’ll be assisting the person.

People With Multiple Chemical Sensitivities

- ◆ Reassure the person that you understand he or she is chemically sensitive and will work with him or her. Be sure to ask what the person is sensitive to, including his or her history of reactions to various drugs you may have to administer.
- ◆ Flag the person's chart or other written information that he or she is chemically sensitive.
- ◆ Whenever possible, take the person's own medical supplies and equipment with them, including oxygen mask and tubing, medications, food and water; bedding, clothing, and soap - he or she may be sensitive to these items if issued at a shelter or hospital.
- ◆ If you do administer drugs:
 - Administer low doses with caution.
 - Use IV fluid bottled in glass without dextrose if possible - many people react to corn-based dextrose.
 - Capsules are generally better than tablets - they have fewer binders, fillers and dyes.

- If administering anesthesia, use short-acting regional rather than general anesthesia whenever possible and try to avoid the use of halogenated gas anesthetics.
- ◆ If the person is taken to an emergency shelter or a hospital, help protect him or her from air pollution. Some suggestions:
 - Avoid placing the person in rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet, or other recent remodeling.
 - Place a sign on the door stating that the person inside has chemical sensitivities.
 - Assign caregivers who are not wearing perfume or fabric softener on clothes and who are not smokers.
 - Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.
 - Keep the door to the person's room closed, if possible.
 - Reduce time the person spends in other parts of the shelter or hospital.

People Who Are Mentally Ill

- ◆ You may not be able to tell if a person is mentally ill until you have begun the evacuation procedure.
- ◆ If a person begins to exhibit unusual behavior, ask if they have any mental health issues of which you need to be aware. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- ◆ In an emergency, the person may become confused. Speak slowly and in a normal, calm speaking tone.
- ◆ If the person becomes agitated, help them find a quiet corner away from the confusion.
- ◆ Keep your communication simple, clear and brief.
- ◆ If they are confused, don't 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, don't argue with them or try to “talk them out of it”. Just let them know you are there to help them.
- ◆ Ask if there is any medication they should take with them.

- ◆ Try to avoid interrupting a person who might be disoriented or rambling – just let them know that you have to move quickly.
- ◆ Don't talk down to them, yell or shout.
- ◆ Have a forward leaning body position – this shows interest and concern.

Childbearing Women and Newborns

Tips for Childbearing 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 “like a period” from the vagina
 - Convulsion or a really bad (unusual) headache that will not go away with Tylenol
 - Constant strong belly or back pain with hardness in her pregnant belly
 - Strong pains and hardening belly that comes and goes every couple of minutes and a “due date” three weeks away or more
 - ◆ If she has had any of these problems, 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 find a comfortable position and not be left alone.

- ◆ If she has not had these problems, the hospital is often not the best place to take 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.
 - Making 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 out around the vagina when she grunts or bears down.

- ◆ Give pregnant women and new moms 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 moms and their family, even if transporting.

- ◆ If you must transport a pregnant woman, regardless of whether she is in labor or not:
 - Transport her lying on her side, not flat on her back
 - Ask her if she has a copy of her pregnancy/prenatal records; if she does, make sure they are brought with her.

Tips for Just After a Baby has Been Born

- ◆ Dry and rub the baby gently to keep baby warm and to stimulate breathing.
- ◆ Place the naked baby on mother's skin between her breasts and cover both mom and baby.
- ◆ Cutting the 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.
- ◆ Usually, the placenta (afterbirth) will follow the baby on its own in about a half an hour or less. After it comes, it can be put in a plastic bag, wrapped with the baby or left behind, depending on the circumstances.

- ◆ Monitor bleeding from the vagina. Some bleeding is normal - like a heavy period. It should slow down to a trickle within 5 to 10 minutes. If it doesn't, the woman needs medical care.
- ◆ Encourage mom to put baby to breast. The baby's hands should be free to help find the breast. Point baby's nose toward mom's nipple and the baby's tummy toward mom's.
- ◆ If you need to transport a mother and her newly born baby:
 - Keep the mom and newborn together: baby in mom's arms or on her belly
 - Take diapers, baby clothes and formula and bottles (if mom is bottle feeding the baby) 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 notices 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 softly, 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 her/his side; preferably the left side to allow saliva or other substances to drain from the mouth and keep the airway open.
- ◆ Move any nearby objects away from the person that could lead to injury if the person hits the object, or 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 neck when jerking is over, remove glasses if the person wears them.
- ◆ If breathing stops, call 911 and start CPR. Please note that 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 any hard implement or fingers. A person cannot swallow their tongue. Efforts to hold the tongue down can injure the teeth or jaw.

People with Brain Injuries

- ◆ Brain injury is sometimes called the “hidden disability” as you may not be able to tell that a person has a brain injury during your initial contact with them. Most people with brain injuries will be able to tell you that this is their disability.
- ◆ Some people with brain injuries have memory lapses, become excited or have trouble concentrating, especially in places with lots of distractions. If you can, move with the person to a quiet location to talk with them.
- ◆ Approach the person in a calm manner, explaining your role in a non-threatening way.
- ◆ Use direct, concrete phrases. Avoid long, complicated sentences where possible, and allow extra time for the person to respond.
- ◆ Some people with brain injuries may need to have information repeated more than once.
- ◆ They may not be able to report events in a sequence. If you need to know what happened, ask them step-by-step questions. Ask “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 names of medications they're taking. Ask them to describe the shape and color of the medication instead.
- ◆ You can also 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 down in them.
- ◆ Some symptoms of brain injury 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, as these can provoke a seizure.