

## APPENDIX: ADDITIONAL PLANNING RESOURCES

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## GLOSSARY

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### **Coping capacity**

The means by which people or organizations use available resources and abilities to face adverse consequences that could lead to a disaster. In general, this involves managing resources, both in normal times as well as during crises or adverse conditions. The strengthening of coping capacities usually builds resilience to withstand the effects of natural and human-induced hazards.

### **Critical infrastructure**

Essential underlying systems and facilities upon which our standard of life relies.

### **Disaster**

Essentially a social phenomenon that results when a hazard intersects with a vulnerable community in a way that exceeds or overwhelms the community's ability to cope and may cause serious harm to the safety, health, welfare, property or environment of people; may be triggered by a naturally occurring phenomenon which has its origins within the geophysical or biological environment or by human action or error, whether malicious or unintentional, including technological failures, accidents and terrorist acts. Naturally occurring or induced epidemics can also become disasters.

### **Disaster risk reduction**

The conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

### **Early warning**

The provision of timely and effective information, through identified institutions, that allows individuals exposed to a hazard to take action to avoid or reduce their risk and prepare for effective response.

### **Emergency**

A present or imminent event that requires prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment.

**Emergency management**

The management of emergencies concerning all-hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.

**Empowerment**

Empowerment is about people - both women and men - taking control over their Lives: setting their own agenda, gaining skills, increasing self-confidence, solving Problems, and developing self-reliance. It is both a process and an outcome.

**Gender**

Refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational-gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationships between women and men, girls and boys.

**Gender-based analysis**

An analytical tool that uses sex and gender as an organizing principle or a way of conceptualizing information- as a way of looking at the world. It helps to bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their access to, and interaction with, the health care system.

**Gender bias**

The root of gender inequalities and falls into three broad problem types<sup>3</sup>: over-generalization- adopting the perspective or experience of one sex and applying it to both sexes; gender insensitivity - ignoring sex and gender as important variables; and double standards -assessing the same or essentially the same situation, trait or behaviour differently on the basis of sex.

**Gender blind**

Ignores different gender roles, responsibilities and capabilities. It is based on information derived from men's activities and/or assumes those affected by the policy have the same needs and interests.

**Gender equality**

Women and men, girls and boys enjoy the same status in society. Gender equality means that they all equally realize their full human rights and potential to contribute to national, political, economic, social, personal and cultural development, and to benefit equally from them, regardless of their gender.

**Gender equity**

The process of being fair to women and men, girls and boys. To ensure fairness, measures must often be taken to compensate for historical and social disadvantages that prevent women and men, girls and boys from otherwise operating on a level playing field.

Treating everyone identically can perpetuate rather than remedy inequality. The guiding principle of gender equity is to create equal outcomes for women and men, girls and boys.

**Gender equality**

Women and men have equal rights and should have the same entitlements and opportunities. Equality is rights-based.

**Gender equity**

Resources are fairly distributed, taking into account different needs.

**Gender mainstreaming**

The process of bringing a gender perspective into the mainstream activities of government at the policy, programme and project levels.

**Gender neutral**

Not specifically aimed at either men or women and is assumed to affect both sexes equally. However it may actually be gender blind.

**Gender redistributive**

Seeks to change the distribution of power and resources in the interest of gender equality.

**Gender relations**

Social relations based on gender that are embedded in societal institutions such as the family, schools, workplaces and governments. They shape social systems and organizations, including the health system, and are supported by values, rules, resource allocation and routine activities.

**Gender specific**

Recognizes gender difference and targets either men or women within existing roles and responsibilities

**Hazard**

A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Hazards can include latent conditions that may represent future threats and can have different origins: natural (geological, hydrometeorological and biological) or induced by human processes (environmental degradation and technological

hazards). Hazards can be single, sequential or combined in their origin and effects. Each hazard is characterized by its location, intensity, frequency and probability.

### **High-risk populations**

People whose situational and physical characteristics increase their susceptibility to harm due to disasters.

### **Mitigation**

Structural and non-structural measures undertaken to limit the adverse impact of natural hazards, environmental degradation and technological hazards.

### **Partner**

Any individual, group, or organization that might be affected by, or perceive itself to be affected by an emergency.

### **Practical gender needs**

Arise from the different material conditions of women and men, due to the roles ascribed to them by society. They reflect women's position in society, but do not include challenging it.

### **Prevention**

Activities to provide outright avoidance of the adverse impact of hazards and means to minimize related environmental, technological and biological disasters. Depending on social and technical feasibility and cost/benefit considerations, investing in preventive measures is justified in areas frequently affected by disasters. In the context of public awareness and education, related to disaster risk reduction changing attitudes and behaviour contribute to promoting a "culture of prevention".

### **Preparedness**

Activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

### **Risk**

The probability of harmful consequences, or expected losses (deaths, injuries, property, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerable conditions. Conventionally risk is expressed by the notation  $Risk = Hazards \times Vulnerability$ . Some disciplines also include the concept of exposure to refer particularly to the physical aspects of vulnerability.

**Risk management**

The use of policies, practices and resources to analyze, assess and control risks to health, safety, environment and the economy.

**Sex**

Refers to the biological differences between females and males. The health sector has focused largely on reproductive differences, particularly maternity, but physical distinctions between females and males shape a much broader range of health issues. The health sector is slowly recognizing the extent of anatomical and physiological differences and incorporating them into science and treatment. Reliance on male standards is being questioned, for example in recognizing and treating heart disease and in understanding the different effects of anaesthetics on women and men, girls and boys.

**Sex-disaggregated data**

Data that are collected and presented separately on men and women.

**Strategic gender needs**

Relate to women's empowerment and to what is required to challenge the gender balance of power and control to achieve gender equality.

**Resilience**

The capacity of a system, community or society to adapt to disturbances resulting from hazards by persevering, recuperating or changing to reach and maintain an acceptable level of functioning.

**Vulnerability**

The propensity to suffer some degree of loss (e.g., injury, death, and damages) from a hazardous event. Whether considering a community, an individual, an economy or a structure, vulnerability depends upon coping capacity relative to the hazard impact.

**Sources:** A Emergency Management Framework for Canada: [www.publicsafety.gc.ca](http://www.publicsafety.gc.ca); ISDR glossary: <http://www.unisdr.org/eng/library/lib-terminology-eng.htm> ; Health Canada: [http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique\\_e.html#1](http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique_e.html#1) Commonwealth Secretariat: [http://www.thecommonwealth.org/gtinformation/164311/164493/164495/gender\\_terms/](http://www.thecommonwealth.org/gtinformation/164311/164493/164495/gender_terms/); UNESCO: [portal.unesco.org/en/files/11483/10649049699definitions.doc/definitions.doc](http://portal.unesco.org/en/files/11483/10649049699definitions.doc/definitions.doc)

## **PRACTICAL ISSUES FACING WOMEN AFTER DISASTERS**

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### **HOUSING**

- Evacuation voluntary?
- Affordable housing for low-income women?
- Clean-up, repair, and rebuilding help targeting women heading households?
- Access to housing loans?
- Input into reconstruction policies?

### **TRANSPORTATION**

- Access to public transportation in temporary accommodations?
- Access to family transportation?
- Key services on public transportation routes?

### **INCOME AND EMPLOYMENT**

- Accessible child care available for employed mothers? Family child care providers supported?
- Child care for women workers in response roles? Family/work concerns of volunteers addressed?
- Family-friendly work policies allowing leave and support during clean-up and rebuilding?
- Home-based jobs disrupted or destroyed? Women-owned businesses at risk?
- Access to nontraditional work and training during reconstruction?
- Equity in credit and loans during rebuilding, relocation, and recovery?
- Continuity of income support through nonprofits, crisis agencies, government programs?
- Long-term economic impacts monitored by gender?
- Legal services available in disputes over relief money?

### **DEPENDENT CARE**

- Child care available to help women prepare, access relief resources, relocate, and rebuild?
- Respite care for long-term caregivers during recovery?
- Continuity of health care services to women caring for ill or disabled dependents?

### **PHYSICAL AND MENTAL HEALTH**

- Appropriate health care services in temporary accommodation?
- Mental health workers trained in gender violence issues?
- Reproductive health services available in temporary accommodation?
- Counseling, support groups, and respite care for women victim/survivors and women responders?
- Long-term recovery assistance anticipated?

## **VIOLENCE**

Increased physical, emotional, or sexual violence?

Access to safe evacuation space? Priority attention to women and children in shelters?

Continuity of services to women at risk? Increased services loads anticipated?

## **ACCESS TO RELIEF RESOURCES**

Provision for women with children coming to relief and recovery sites?

Assistance to complex households with multiple household heads?

Transportation, work release, and child care available?

Physically accessible sites with culturally diverse materials?

Long-term recovery services to caregivers available?

## **FULL PARTICIPATION IN DISASTER DECISION-MAKING**

Women's specific needs identified? Relief monies monitored for gender impacts?

Community meetings scheduled to facilitate women's participation? Child care provided?

Most vulnerable women sought out and included on recovery projects?

Women's voices heard in all aspects of disaster recovery and mitigation initiatives?

**July, 2006. Feedback to Elaine Enarson [eenarson@earthlink.net]**



## **WOMEN'S SERVICES IN DISASTER CONTEXTS: DIRECT AND INDIRECT IMPACTS**

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"What we give them is all that they have," a domestic violence worker in an active seismic zone said of the losses suffered from a simple fire in the shelter.

For women in crisis, transition houses and counselling programs offer lifeline services and potentially life-saving safe space. Other women's services provide vital support and resources to women challenged by the conditions of everyday life, among them:

- immigrant women's services and Native women's groups
- community women's centers and senior centers
- advocates for homeless women, domestic workers, migrants
- disabled women's groups
- support groups for single mothers, widows, HIV-positive women and others
- government bureaus and departments
- women's coalitions, political groups
- child care/dependent care networks
- crisis lines and other community mental health services

What happens to women's shelters and coalition agencies—to their staff, facilities, volunteers, equipment, supplies, board, clients, finances, and funding agencies—in the aftermath of a major ice storm, earthquake, tornado or flood? While the emergency needs of those in child care facilities, schools, nursing homes, hospitals and similar institutions have been identified, the needs of women's services and their clients have not.

Because the demand for social and human services increases during disaster recovery and women are particularly hard-hit, your organizations play a key role in long-term community recovery—yet must respond with reduced resources, including:

- on-site emergency sheltering and response (who planned?)
- disrupted communications (where is everybody?)
- damaged or destroyed office equipment, furniture, vehicles, tools, supplies, files, computer disks (how to replace?)
- damaged or destroyed facility; evacuation and relocation (how? where?)
- reduced staff, volunteer time, board time, available overtime (who?)
- increased staff turn-over, absenteeism, conflict, stress (how to help?)
- disrupted grant deadlines, fund-raisers (now what?)
- disrupted community and interagency networks (what's happening?)
- invisibility in recovery process; competition for scarce funds (why women?)

## **GENDER ISSUES FOR BOYS AND MEN IN DISASTERS**

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Women's experiences in disasters are strongly affected by the needs and capacities of family members and intimate partners. Caring for men who are struggling in a disaster is important, and an important part of outreach to women, too, as their own recovery is often contingent on that of others.

- \* Awareness raising in men's groups to increase risk perception
- \* Emergency communications that target men and boys and recognize gender norms
- \* Access to nontraditional occupations and roles in emergency management
- \* Community-based strategies for educating boys, teens and adult men about the human impacts of disaster
- \* Support services for men in caregiving roles, e.g. single fathers, disabled spouses
- \* Organizational practices sensitive to men's family responsibilities, e.g. in dual-career responder couples, dependent caregivers
- \* Pre-disaster mental health initiatives targeting at-risk first-responders
- \* Post-disaster mental health initiatives targeting impacted boys and men
- \* Workplace-based programs identifying at-risk men severely impacted by disaster
- \* Gender-sensitive disaster outreach to especially vulnerable boys and men including:
  - o Widowers and senior men living alone
  - o single fathers and men with major family responsibilities
  - o orphaned boys and adolescent men
  - o male 'first responders' and men in hazardous response and recovery occupations
  - o homeless men, migrant workers
  - o men in agricultural communities under stress
  - o un-and under-employed men
  - o socially isolated and marginalized men
  - o men living with disabilities and chronic health issues, e.g. substance abuse

## **POST-DISASTER HOUSING AND RELOCATION ISSUES: WOMEN LIVING WITH VIOLENCE AND DISASTER**

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- **Housing conditions and needs of those living with violence change over time in the wake of a disasters**
  - Emergency, short-term sheltering, e.g. “tent city” of trailers, motel rooms
  - Temporary accommodation, e.g. apartments outside the impacted area, habitable parts of a damaged residence, relatives
  - Long-term “temporary” accommodation, e.g. apartment leases, transitional rental homes, long-term governmental housing/trailers
  - Replacement housing in new or original community
  
- **“Temporary” housing provided by government often fails women**
  - Lack of anonymity/protection from abuser seeking her out
  - Reduced law enforcement response
  - Lack of gender-aware mental health counseling especially about gender violence
  - Lack of outreach to high-stress, marginalized women in temporary accommodation, judgmental attitudes
  - Little or no on-site child care, or support of women providing care
  - Not located on public transportation line
  - Not located near female-intensive employment sites
  - Lack of recreational places/activities for teens
  - Lack of women-friendly community space for networking, support
  - Lack of continuing and affordable reproductive health care
  - Lack of effective assistance locating alternate housing
  - Race and class based opposition from surrounding community
  
- **New challenges for disaster displaced women at risk of violence**
  - Staying invisible
  - Pressure to take in abusive former partners
  - Pressure to move back in with abusive partners
  - Coping with newly abusive sons
  - Post-traumatic stress, reopening the past
  - New stressors, new health issues
  - Finding new support systems
  - Building trust relationship with new advocates
  - New family law, law enforcement and judiciary practices
  - Qualifying for social services and finding health care
  - School work (enrolling children, seeking school based help for them)

- Family work (finding health professionals, starting over without records)
- Homemaking in a new community, new residence
- Getting reconnected
  - Finding you and your program
  - Phones and transportation
  - Community groups, faith-based groups
  - Local resources for displaced persons
- Replacing lost income
  - Tapping personal networks for financial help, if any
  - Finding work, returning to previous employer, home-based work
- Education and training
  - Transferring credits, starting all over
  - Keeping kids in school
- Decision-making
  - Risk applying for help and being found again?
  - Stay or return?
  - Rebuild (how, where, when) How to stay safe?
  - What's best for the kids, for my partner, for me?
- Disaster work
  - "Paperwork flood" to access resources
  - Disaster committees, meetings
  - Community organizing around disaster relief and reconstruction

## ADDRESSING VIOLENCE IN DISASTER CONTEXTS

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Women living with past trauma, the threat of violence, domestic and/or sexual assault have unique needs during disasters, including:

- \* physical security during emergency if in shelter or on-site
- \* safe and secure evacuation space for women in shelter or needing privacy
- \* access to appropriate medical care
- \* affordable, safe housing in the post-disaster housing market
- \* continuity in counseling relationship
- \* assistance securing disaster relief funds and goods

Because disasters can force women back into dangerous relationships, increase financial and housing stress, and re-traumatize recovering women, disaster victims who are also subject to violence often have greater needs for:

- \* counseling or support groups
- \* children's services
- \* mental and/or physical health care
- \* transportation assistance
- \* legal assistance
- \* employment assistance
- \* financial assistance

Paradoxically, while the need for assistance and protection may well increase for some victim/survivors of violence after disasters, the resources of antiviolence services are likely to be reduced due to:

- \* direct effects on the facility, e.g. damage and closure, lack of business/service continuity
- \* indirect effects, e.g. loss of power, partner agencies closed
- \* staffing issues (absenteeism, personal disaster recovery, post-disaster job stress)
- \* lack of awareness or information at the community level about existing resources
- \* inadequate funding resources for reconstruction/relocation
- \* diversion of traditional funding sources/ diminished local fund-raising capacity
- \* new pressures, e.g. responding to affected sister agencies, or the media

## VIOLENCE AGAINST WOMEN IN DISASTERS

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Domestic violence is a social fact contributing to the vulnerability of women to disaster. Women in violent relationships are a vulnerable population less visibly at risk than poor women, refugees, single mothers, widows, senior or disabled women. Indeed, violence against women in intimate relations crosses these and other social lines, impacting an estimated one in four women in the US and Canada and as many as 60 percent in parts of Africa, Latin America and Asia .<sup>1</sup>

Violence against women is unlikely not to be present after as well as before disaster, but does it increase? Barriers to reporting increase in the event of widespread damage, but some indicators suggest that it does, *though the data are very limited*:

- Sexual and domestic violence are often identified as issues for women refugees in temporary camps. <sup>2</sup>
- Some field reports of social impacts include abuse, as in this account of an Australian flood: "Human relations were laid bare and the strengths and weaknesses in relationships came more sharply into focus. Thus, socially isolated women became more isolated, domestic violence increased, and the core of relationships with family, friends and spouses were exposed." <sup>3</sup> Increased violence was also noted in field reports from the Philippines after the Mt. Pinatubo eruption .<sup>4</sup>
- The national Canadian press reported domestic violence increasing during the massive 1998 ice storm in Quebec and Ontario. A Montreal Urban Community Police Chief reported that one in four calls he had received the past week came from women about abuse. Crisis calls were not up at the local shelter but the hot line had been closed by the storm for two days. <sup>5</sup>
- The director of a Santa Cruz battered women's shelter reported requests for temporary restraining orders rose 50% after the Loma Prieta quake. Observing that housing shortages were restricting women's ability to leave violent relationships, she urged that "when the community considers replacement housing issues, battered women

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<sup>1</sup> United Nations Social Statistics and Indicators. *The World's Women: 1995 Trends*. New York: United Nations.

<sup>2</sup> League of Red Cross and Red Crescent Societies. 1991. *Working With Women in Emergency Relief and Rehabilitation Programmes*. Field Studies Paper #2. Geneva Switzerland

<sup>3</sup> Dobson, Narelle. 1994. "From Under the Mud-Pack: Women and the Charleville Floods." *Australian Journal of Emergency Management* 9 (2): 11-13.

<sup>4</sup> Delica, Zenaida. 1998. "Women and Children During Disaster: Vulnerabilities and Capacities," *The Gendered Terrain of Disaster*, edited by Elaine Enarson and Betty Hearn Morrow. Westport, CT: Greenwood.

<sup>5</sup> *Globe and Mail* January 14, 1998: A6.

should not be overlooked.”<sup>6</sup> Five months after the earthquake, a United Way survey of over 300 service providers ranked “protective services for women, children, and elderly” sixth among 41 community services most unavailable to residents.<sup>7</sup> Reported sexual assault also rose by 300%.<sup>8</sup>

- A quarter (25%) of all community leaders responding to an open-ended question about the effects of the Exxon Valdez oil spill on family problems cited “increase in domestic violence” first, in contrast to increased child neglect (4%) and elder abuse (4%). Asked if spouse abuse increased after the spill, 64% agreed; they also reported increased child physical abuse (39%), child sexual abuse (31%), elder abuse (11%), and rape (21%).<sup>9</sup>
- Following the Missouri floods of 1993, the average state turn-away rate at shelters rose 111% over the preceding year. An existing federal grant was modified to increase funding to 35 flood-affected programs in an innovative disaster recovery grant targeting both substance abuse and domestic violence. The final report notes that these programs eventually sheltered 400% more flood-impacted women and children than anticipated.<sup>10</sup>
- After Hurricane Andrew in Miami, spousal abuse calls to the local community helpline increased by 50%<sup>11</sup> and over one-third of 1400 surveyed residents reported that someone in their home had lost verbal or physical control in the two months since the hurricane.<sup>12</sup>
- A survey of US and Canadian domestic violence programs reported increased service demand as long as six months to a year later in the 13 most severely impacted programs. In Grand Forks, ND, requests for temporary protection orders rose by 18% over the preceding year and counseling with on-going clients rose 59% (July 1996-July 1997).<sup>13</sup>

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<sup>6</sup> United Way of Santa Cruz County 1990. *A Post-Earthquake Community Needs Assessment for Santa Cruz County*. Aptos, California: United Way of Santa Cruz County: 201. See also Wilson, Jennifer, Brenda Phillips and David Neal. 1998. “Domestic Violence After Disaster,” in Enarson and Morrow, op.cit.

<sup>7</sup> Ibid, 25.

<sup>8</sup> Commission for the Prevention of Violence Against Women. 1989. *Violence Against Women in the Aftermath of the October 17, 1989 Earthquake: A Report to the Mayor and City Council of the City of Santa Cruz*. Santa Cruz CA.

<sup>9</sup> Araj, Sharon. 1992. “The Exxon-Valdez Oil Spill: Social, Economic, and Psychological Impacts on Homer.” Unpublished final report to the community of Homer. Anchorage, Alaska: University of Alaska, Department of Sociology.

<sup>10</sup> Godina, Victoria and Colleen Coble. 1995. *The Missouri Model: The Efficacy of Funding Domestic Violence Programs as Long-Term Disaster Recovery*. Final Evaluation Report, December 1995. Jefferson City, Missouri: The Missouri Coalition Against Domestic Violence.

<sup>11</sup> Laudisio, Gigi. 1993. “Disaster Aftermath: Redefining Response—Hurricane Andrew’s Impact on I & R.” *Alliance of Information and Referral Systems* 15: 13-32.

<sup>12</sup> Centers for Disease Control. 1992. *Post-Hurricane Andrew Assessment of Health Care Needs and Access to Health Care in Dade County, Florida*. EPI-AID 93-09. Miami: Florida Department of Health and Rehabilitative Services.

<sup>13</sup> Enarson, Elaine. 1997. *Responding to Domestic Violence and Disaster: Guidelines for Women’s Services and Disaster Practitioners*. Available from BC Institute Against Family Violence. 409 Granville, Ste. 551, Vancouver BC, Canada V6C 1T2.

- Police reports of domestic violence in the 7 months after Mt. St. Helens erupted increased by 46% over the same period the year earlier.<sup>14</sup>
- After Hurricane Mitch, 27% of female survivors (and 21% of male survivors) in Nicaragua told researchers that woman battering had “increased in the wake of the hurricane in the families of the community.” Among community leaders (68% of whom were men), 30% interviewed reported increased battery as did 42% of the mayors (46 men and 2 women) who were interviewed.<sup>15</sup>
- Conflicting data are reported by journalists contacting selected shelters about the possible impacts of September 11, 2001. In some communities very far from Ground Zero physically, shelters reported receiving increased calls for help, while in other cases shelters reported reduced case loads as families reunited. National Public Radio reported that increased calls for help were made to the Loveland, Colorado crisis center in the weeks immediately following.<sup>16</sup>
- Both domestic violence and sexual assault were widely reported to increase in the aftermath of the 2004 Indian Ocean tsunami. Examples from Sri Lanka cited by researchers include women battered because they resist their husbands’ sale of their jewelry or disputed their use of tsunami relief funds and mothers blamed by fathers for the deaths of their children. One NGO reported a three-fold increase in cases brought to them following the tsunami.<sup>17</sup>
- Four New Orleans shelters and 2 nonresidential programs were closed by Hurricane Katrina in 2005 and advocates reporting “women are being battered by their partners in the emergency shelters.” In the first four months after the US Gulf Coast hurricanes, 38 rape cases were reported to women’s services that initiated documentation projects to capture sexual assaults of disaster-displaced women.<sup>18</sup>

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<sup>14</sup> Adams, Paul and Gerald Adams. 1984. “Mount Saint Helen’s Ashfall: Evidence for a Disaster Streee Reaction.” *American Psychologist* 39: 252-60.

<sup>15</sup> CIETinternational ([www.ccer-nic.org/doc/htm](http://www.ccer-nic.org/doc/htm)). 1999. “Social Audit for Emergency and Reconstruction, Phase 1—April. Study conducted by the Coordinadora Civil para la Emergencia y la Reconstrucción (CCER), Managua, Nicaragua.

<sup>16</sup> See “Shelters have empty beds: abused women stay home,” *New York Times*, 10/21/01.

<sup>17</sup> Chapter 4, Sarah Fischer, 2005, “Gender Based Violence in Sri Lanka in the Aftermath of the 2004 Tsunami Crisis,” on-line through the GDN: <http://www.gdonline.org/resources/fisher-post-tsunami-gbv-srilanka.doc>

<sup>18</sup> Reported by Lin Chew and Kavita Ramdas in the Global Fund For Women report “Caught in the Storm: The Impact of Natural Disasters on Women,” December 2005: <http://www.globalfundforwomen.org/work/programs/natural-disasters.html>




## DISASTER OR EMERGENCY PREPAREDNESS PLAN FOR WOMEN

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Source: Women'shealth.gov, US Dept of Health and Human Services:  
<http://www.womenshealth.gov/Tools/disaster.cfm>

When disaster strikes, you may not have much time to act. Prepare now for a sudden emergency. By taking simple steps to prepare your family, you can help protect them. You will also be able to cope better if a disaster does occur.

### There are three basic steps for disaster or emergency preparedness:

1. **Know** what natural or other disasters could occur in your area and how to prepare for them. Know what your local evacuation routes are so that you are ready to leave the area quickly. The Federal Emergency Management Agency has a lot of [information on disaster preparedness](#). For information on pandemic flu and avian influenza, see <http://www.pandemicflu.gov>.
2. **Make an emergency plan** and give family members a copy of it. Talk to your family members about disasters or emergencies that could happen in your area. Explain how to respond to each of them. In a disaster, it might be dangerous or difficult to go home. So, just in case, pick another place for loved ones to meet. Make sure you designate an "emergency check-in" contact. Teach your children the phone number for this contact. This is important in case you get separated during a disaster! This  [ready made emergency preparedness list](#) (PDF file, 137 Kb) will help you create your plan.

**Pack** emergency supplies in your home to meet your needs for three days. Always keep copies of all of your important papers together in one place. That way you can "grab and go" during an evacuation. Keep all necessary supplies in a specific place. Make sure you plan for any family members with disabilities or special needs. If you have a pet, make sure you include them in your plans. If you evacuate, **do not leave your pet behind**. Pets are unlikely to survive on their own. So plan to take them along. Some shelters don't allow pets. Keep a list of pet-friendly hotels or boarding facilities.

### EVACUATION DISASTER KIT

The Federal Emergency Management Agency and the American Red Cross recommend keeping all important family papers in a safety deposit box or other safe location. This includes items such as birth and marriage certificates, social security cards, wills, deeds, and financial and insurance information. Make copies so you'll have the information at hand.

**Identification for all members of your family:**

- Copies of birth certificates
- Copies of social security cards (or numbers written on paper if you can't find the cards)
- Driver's license
- Photo identification or passports
- Welfare identification
- Green card
- Copies of pet vaccination records
- Picture of your pet

**Copies of important personal papers:**

- Marriage certificate or divorce papers and custody orders
- Health insurance papers and medical cards
- Medical records for all family members
- Children's school records
- Investment papers, records, and account numbers
- Work permits, immigration papers
- Rental agreement, lease or house deed
- Car title, registration, and insurance information

**Funds:**

- Cash or traveler's checks in small -- \$10 or \$20 – amounts that can be cashed easily
- Credit, debit, and ATM cards
- Checkbook and bankbook (with deposit slips)

**Keys:**

- House
- Car
- Safety deposit box or post office box

**A way to communicate:**

- Phone calling card or cell phone (if possible, always have an extra, charged cell phone battery)
- Emergency check-in number for all family members in case you get separated
- List of important phone numbers

### **Medications and supplies:**

- All medicines you and your children are taking, as well as a copy of the prescriptions (if possible)
- Extra eye glasses or contact lenses and supplies
- Tampons or sanitary pads

### **Things to help you cope – if you have extra room:**

- Pictures and small keepsakes
- Children's small toys or books

## **SURVIVAL ITEMS**

Below are items that are a must in any disaster kit. Your health, safety, and even survival, may depend on them. Keep these items together in one safe place that you can easily get to if you must evacuate.

### **Water**

- Keep at least a three-day supply of water stored in plastic containers per person. Each person and pet needs one gallon of water each day. Four family members =  $4 \times 3 = 12$  gallons of stored water.

### **Food**

- Store at least a three-day supply of non-perishable food such as: canned meat, beans and vegetables, peanut butter or other high energy food, canned fruit and juices, unsalted crackers, etc. Be sure to include a non-electric can opener.
- Canned pet food
- Utensils and other supplies for eating

### **First Aid Kit**

- Sterile dressing to stop bleeding
- Sports wrap for sprains or other injuries
- Safety pins to close sports wrap
- Adhesive bandages in different sizes
- Scissors and tweezers
- Over-the-counter pain medication
- Antibiotic ointment
- Burn ointment
- Eye-wash solution

- Thermometer
- Cough suppressant
- Antihistamine
- Anti-diarrhea medication
- First-aid manual

### **Infant Care**

- Baby formula if child is not breastfed
- If you are evacuating with a baby or toddler, don't waste precious space by trying to carry a stroller. Shirts, towels, small blankets and sheets can be used to carry a baby. The Mamatoto Project has a quick video of [how to make safe baby carriers out of household items or clothing](#).

### **Household Supplies**

- Large, sealing plastic bags (for waterproofing important papers)
- Battery-powered flashlight and radio w/extra batteries
- Matches in a water-proof container
- Sleeping bag or warm blanket for each member of your family
- A complete change of clothes that includes long pants and shirts

You may need to survive on your own after a disaster. This means having enough water and food to last three days. Emergency workers will most likely be in the area after a disaster. However, they can't get to everyone right away. Even if you don't have to evacuate, you may need to "shelter in place." This means you stay in your house and don't go out. Services such as power, water, and heat or air conditioning may not be working. That's why a disaster kit is so important. You can use it on the go or in your home.

### **BREASTFEEDING DURING AN EMERGENCY**

When an emergency occurs, breastfeeding can save lives:

- Breastfeeding protects babies from the risks of a contaminated water supply.
- It provides protection against respiratory illnesses and diarrhea. These diseases can be fatal in populations displaced by disaster.

The basics of breastfeeding during an emergency are mostly the same as in normal times. Continuing to breastfeed whenever the baby seems hungry maintains a mother's milk supply. It also provides comfort. The release of hormones while a mother is breastfeeding is calming to both mother and baby. Learn more from La Leche League, including [how you can breastfeed in an emergency even if you have been giving your baby formula](#).

## **FOOD AND WATER SAFETY DURING AN EMERGENCY**

Food may not be safe to eat during and after an emergency. Water may not be safe to drink, clean with, or bathe in, after some disasters. Hurricanes and floods can cause contamination with bacteria, sewage, agricultural or industrial waste, chemicals, and other dangerous substances. The Centers for Disease Control and Prevention (CDC) has more [information about keeping your food and water safe](#).

Content last updated November 24, 2008.

### **Related information**

[Emergency Planning Tips If You're Pregnant or Have Young Children](#)

## EMERGENCY PLANNING TIPS IF YOU'RE PREGNANT OR HAVE YOUNG CHILDREN

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Source: Centers for Disease Control and Prevention:  
<http://www.cdc.gov/Features/Emergencies/Pregnancy-Infants.html>



**If you are pregnant or someone with infants or young children, find out how to plan for an emergency or disaster.**

Emergencies such as natural disasters can be a scary and stressful time, especially for pregnant women or women with infants or children. Though you may feel it is impossible to be ready for unexpected events, being prepared can help you avoid stress and put you in a better position to handle emergencies.

Below you'll find information to help you [prepare for an emergency or disaster](#) including what to do:

- if you are [asked to evacuate](#);
- if you have to [stay in a shelter or place other than your home](#);
- [during and just after a disaster](#); or
- if you are [recovering from a disaster](#)

You'll also find a list of [preparedness/disaster resources](#).

## Preparing for an Emergency or Disaster

### Preparing for Emergency Birth

Many childbirth education classes cover emergency birth procedures, with special attention to local resources.

- Work with your health care provider to learn the signs of early labor or other indications that may require assistance
- Take a class on infant and child life support, offered by the American Red Cross or the American Heart Association
- Have a kit of emergency supplies in your home; such as, clean towels, sheets, clean scissors, sterile gloves, sanitary pads, diapers, and instructions for infant-rescue breathing
- Learn more about preparing for an emergency birth from the [American College of Nurse-Midwives\\*](#)
  
- Find out what your local community action plan is, and what they recommend you do in an emergency situation. Every disaster is different and may require you to respond differently. (i.e., Do I evacuate? How should I evacuate? What is the nearest evacuation route? What if they tell me to stay at home or "shelter-in-place?")
- Talk to your health care provider about—
  - What you should do in any emergency.
  - Where you will get prenatal care.
  - Where you will deliver your baby if your hospital is closed.
- Make a back-up plan for getting to the hospital or health care center.
- Make an emergency plan
  - Plan the steps you should take during an emergency. Ask your local American Red Cross for information on what they suggest every family prepare to do. Then develop your own plan, writing down the steps on paper.
  - Talk about potential disasters and emergencies and how to respond to each using your family plan. Choose a meeting place, other than your home, for family to gather in case you can't go home.
  - Give this emergency plan to all your family members. Have a family talk and give them a copy. Leave a copy in a prominent place in case other adults (e.g., babysitters) are in your home during an emergency.
  - Choose someone outside your home who can be an "emergency check-in" person in case someone cannot reach you or your family. Keep this person's telephone number and address with your plan and first aid kit. Give this number to friends and family members, including any children.

- Keep emergency supplies in your home to meet your family needs for at least three days. This includes the following:
  - **Water.** Each person needs 1 gallon of water each day.
  - **Food.** Store canned foods such as soups, beans, vegetables, fruit and juices, peanut butter, etc. Keep a non-electric can opener ready. If you have pets, stock up on dry or canned pet food.
  - **Personal-care.** Store soap, toothpaste, contact lens solution, feminine hygiene products, nursing pads, clothes, etc.
  - **Baby care.** The CDC and the American Academy of Pediatrics recommend breastfeeding for optimal infant nutrition. Breastfeeding remains the best infant feeding option in a natural disaster situation. Even when experiencing diarrhea, food-borne illness, or extreme stress, breastfeeding mothers continue to produce ample milk for their babies. Also store baby supplies such as diapers, wipes, baby food, bottles, etc.
  - **First aid kit** that is custom-made for your family and the risks that you might encounter.
  - **Other supplies.** Make sure you have large plastic bags that seal for waterproofing important papers, a battery-powered flashlight and radio with extra batteries or a wind-up radio, and a first-aid kit.

If you cannot afford some of these items, ask for assistance from local emergency preparedness programs.



- Gather important documents and information
  - Make copies of important records you need to prove your identity and that of family members.
  - Know what financial papers or items you will need and how to keep them safe (e.g., cash, ATM/EBT card, traveler's checks, long distance telephone cards, credit cards, checks).
  - Keep important contact information, toll-free numbers, and Web sites together so you can learn about the status of the disaster, know where to get assistance, identify maternal and infant health resources, hospitals, etc.
  - Put "ICE" (In Case of Emergency) before important numbers on portable and cell phones. This helps emergency workers find the right person to contact in case of emergencies.



- Take every emergency or weather warning (e.g., tornado horn or severe weather alert) seriously. Use these alerts to test your family's emergency evacuation plan, equipment, and supplies (e.g., expiration dates, etc.).

## **Evacuating**

- Be prepared to go quickly and have your emergency supplies and other important items ready to go — you may not have much time. Take as much as you can with you.
- Take important documents with you. This includes the following:
  - Identification for you and your children; such as, birth certificates, social security cards, and immigration papers.
  - Family medical records, including prenatal records and immunization records.
  - Health insurance identification cards for you and anyone who depends on you for care.
  - A copy of a school record for each child (to prove your child's enrollment in a specific grade.)
- Bring funds in the form of cash, ATM/EBT cards, traveler's checks, credit cards, or checkbooks.
- Bring your cell phone and charger and the "emergency check-in" number for family members to call.
- Bring keys to anything that is left behind—your home, car, bank box, post office box.
- Bring prenatal vitamins and medicines with you. This includes prescription and over-the-counter medicines you may need for yourself, family, and children.
- If you are not pregnant, but using contraceptives, ask for several months' supply from a healthcare provider.

## **Staying in a Shelter or Place Other Than Your Home**

- Tell the staff at the shelter or temporary housing you are pregnant or if you think you might be pregnant.
- Continue your prenatal care—even with a different provider.
- Tell the health care providers about any special needs or health problems that you have, as well as any medicines you might be taking (both over-the-counter and prescription).
- Do not take any medicines without consultation with a health care provider first.
- Tell the staff at the shelter if you have young children or elderly family that have special needs or may require more attention.

## During and Just After a Disaster

- Drink plenty of water and rest often.
- Make sure your baby gets plenty of breast milk or formula.
- Seek prenatal care even if it is not with your usual provider.
- Make sure health care providers know about any special needs or health problems that you have, as well as any medicines you might be taking (both over-the-counter and prescription).
- If checking into a shelter or temporary housing, tell the staff you are pregnant or if you think you might be pregnant. Tell the staff if you know of any special needs or health problems you or your family have.
- If you have your prenatal vitamins or other medicines with you, take them as directed. If your young infant needs prescription or over-the-counter medicine, and you have them, give them as directed.
- If you don't have your prescription medicines with you, ask staff at the shelter for assistance in getting them.
- If you are pregnant or might be pregnant, be especially careful to avoid infections or toxins that may be in the environment. You can lessen the chance of getting an infection by washing your hands often and encouraging others to cover their coughs.
- Preparing for and recovering from a disaster can be stressful. You may be taking care of loved ones, but it is especially important for pregnant women to find healthy ways to reduce the stress they feel. If you are feeling stressed or sad because of the disaster, talk to others and share your thoughts and feelings... know you are not alone.
- If you have any signs of [preterm labor](#), call your health care provider or 911 or go to the hospital immediately.



## Recovering After a Disaster

Have you been displaced by a disaster? Do you need to locate friends or family displaced by a disaster? These resources can help you communicate with loved ones:

- [National Emergency Family Registry and Locator System](#) FEMA, or call 1-800-588-9822
- [Providing Safe and Well Information\\*](#), American Red Cross

The effects of a disaster can range from minor to devastating. Before, during, or after the event people might be forced to leave their homes. It can be a scary and stressful time,

especially for pregnant women. A person's response to a [traumatic event](#) may vary. Women, who are often the caretakers of the family, are at risk for depression, due to grief over lost family members, friends, and material possessions. Pregnant women are even more vulnerable.

Women are encouraged to seek mental health services, and access other services set up to help them through agencies; such as, Federal Emergency Management Association (FEMA), WIC, Red Cross, March of Dimes, etc. Local organizations, including churches and shelters, in communities can often help provide basic needs (i.e., shelter, food, water, diapers). Pregnant women are urged to talk with a health care provider, if available, about any pregnancy questions or concerns.

Women and health professionals who need additional information about the effects of exposures related to a disaster on pregnancy or breastfeeding can call the **Organization of Teratology Information Specialists at 1-866-626-OTIS or 1-866-626-6847.**

## **Preparedness/Disaster Online Resources**

### **General Preparedness Information**

- [Emergency Preparedness and Response Information](#) (CDC)
- [Hurricane Response and Recovery](#) (FEMA)
- [Ready.gov](#) (U.S. Department of Homeland Security)
- [Are You Ready?](#) (FEMA)
- [American Red Cross](#)\*

### **Preparedness Information for Pregnant Women**

- [Pregnancy and Disaster Information from the March of Dimes](#)\*
- [Hurricane-Related Pregnancy Information from the Organization of Teratology Information Specialists](#)\*
- [National Women's Health information Center](#)
- [La Leche League](#)\*
- [Giving Birth in Place \(American College of Nurse Midwives\)](#)\*
- [Family Preparedness Guide \(Florida Department of Health\)](#)

### **Specific Concerns for Pregnant Women During Natural Disasters**

- [Environmental Exposures](#)
- [Infections](#)
- [Immunizations](#)
- [Stress and Coping](#)

## Information for Health Professionals

- [Caring for Pregnant/Birthing Women and their Newborns after a Disaster \(University of Minnesota\)\\*](#)
- [Critical Needs for Caring for Pregnant Women for Non-Obstetric Healthcare Providers](#)

## Other

- [Medical Reserve Corps \(MRC\)](#)
- [National Emergency Family Registry and Locator System](#), FEMA

## SIX PRINCIPLES FOR GENDER-SENSITIVE RELIEF & RECONSTRUCTION

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1. **THINK BIG.** Gender equality and risk reduction principles must guide all aspects of disaster mitigation, response and reconstruction. The “window of opportunity” for change and political organization closes very quickly. Plan now to:

- respond in ways that empower women and local communities
- rebuild in ways that address the root causes of vulnerability, including gender and social inequalities
- create meaningful opportunities for women’s participation and leadership
- fully engage local women in hazard mitigation and vulnerability assessment projects
- ensure that women benefit from economic recovery and income support programs, e.g. access, fair wages, nontraditional skills training, child care/social support
- give priority to social services, children’s support systems, women’s centers, women’s “corners” in camps and other safe spaces
- take practical steps to empower women, among others:
  - consult fully with women in design and operation of emergency shelter
  - deed newly constructed houses in both names
  - include women in housing design as well as construction
  - promote land rights for women
  - provide income-generation projects that build nontraditional skills
  - fund women’s groups to monitor disaster recovery projects

2. **GET THE FACTS.** Gender analysis is not optional or divisive but imperative to direct aid and plan for full and equitable recovery. Nothing in disaster work is “gender neutral.” Plan now to:

- collect and solicit gender-specific data
- train and employ women in community-based assessment and follow-up research
- tap women’s knowledge of environmental resources and community complexity
- identify and assess sex-specific needs, e.g. for home-based women workers, men’s mental health, displaced and migrating women vs. men
- track the (explicit/implicit) gender budgeting of relief and response funds
- track the distribution of goods, services, opportunities to women and men
- assess the short- and long-term impacts on women/men of all disaster initiatives
- monitor change over time and in different contexts

3. **WORK WITH GRASSROOTS WOMEN.** Women’s community organizations have insight, information, experience, networks, and resources vital to increasing disaster resilience. Work with and develop the capacities of existing women’s groups such as:

- women's groups experienced in disasters
- women and development NGOs; women's environmental action groups
- advocacy groups with a focus on girls and women, e.g. peace activists
- women's neighborhood groups
- faith-based and service organizations
- professional women, e.g. educators, scientists, emergency managers

**4. RESIST STEREOTYPES.** Base all Initiatives on knowledge of difference and specific cultural, economic, political, and sexual contexts, not on false generalities:

- women survivors are vital first responders and rebuilders, not passive victims
- mothers, grandmothers and other women are vital to children's survival and recovery but women's needs may differ from children's
- not all women are mothers or live with men
- women-led households are not necessarily the poorest or most vulnerable
- women are not economic dependents but producers, community workers, earners
- gender norms put boys and men at risk too, e.g. mental health, risk-taking, accident
- targeting women for services is not always effective or desirable but can produce backlash or violence
- marginalized women (e.g. undocumented, HIV/AIDS, low caste, indigenous, sex workers) have unique perspectives and capacities
- no "one-size" fits all: culturally specific needs and desires must be respected, e.g. women's traditional religious practices, clothing, personal hygiene, privacy norms

**5. TAKE A HUMAN RIGHTS APPROACH.** Democratic and participatory initiatives serve women and girls them best. Women and men alike must be assured of the conditions of life needed to enjoy their fundamental human rights, as well as simply survive. Girls and women in crisis are at increased risk of:

- sexual harassment and rape
- abuse by intimate partners, e.g. in the months and year following a major disaster
- exploitation by traffickers, e.g. into domestic, agricultural and sex work
- erosion or loss of existing land rights
- early/forced marriage
- forced migration
- reduced or lost access to reproductive health care services
- male control over economic recovery resources

**6. RESPECT AND DEVELOP THE CAPACITIES OF WOMEN.** Avoid overburdening women with already heavy work loads and family responsibilities likely to increase.

- identify and support women's contributions to informal early warning systems, school and home preparedness, community solidarity, socioemotional recovery, extended family care
- materially compensate the time, energy and skill of grassroots women who are able and willing to partner with disaster organizations
- provide child care, transportation and other support as needed to enable women's full and equal participation in planning a more disaster resilient future

E. Enarson for the Gender And Disaster Network January 2005: <http://www.gdnonline.org>

## PROVINCIAL EMERGENCY MANAGEMENT ORGANIZATIONS

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Source: Public Safety Canada: <http://www.publicsafety.gc.ca/prg/em/ges-emer-eng.aspx>

Provincial and territorial emergency management organizations (EMOs) are a good source of information about how to prepare for emergencies in your region. EMO's activities include planning and research, training, response operations and the administration and delivery of disaster financial assistance programs. EMOs are most familiar with the natural hazards and other risks of your region. Learn more from the EMO in your province or territory:

- [Alberta](#)
- [British Columbia](#)
- [Manitoba](#)
- [New Brunswick](#)
- [Newfoundland and Labrador](#)
- [Northwest Territories](#)
- [Nova Scotia](#)
- [Nunavut](#)
- [Ontario](#)
- [Prince Edward Island](#)
- [Québec](#)
- [Saskatchewan](#)
- [Yukon](#)



## FREQUENCY AND SEVERITY WORK SHEET: NATURAL HAZARDS

Source: PERI, Risk Identification and Analysis: A Guide for Small Public Entities:  
[https://www.riskinstitute.org/peri/images/file/RiskID\\_Full.pdf](https://www.riskinstitute.org/peri/images/file/RiskID_Full.pdf)

**Risk Source: Natural hazards**

**Frequency and severity worksheet**

Impact	Description of possible losses	Frequency and severity estimates	Comments and potential strategies
Financial resources			
Material resources			
Human resources			
Service delivery			
Public perception of entity			
Liability to third parties			
Environment			
Community			

## NATURAL HAZARDS

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Source: PERI, Risk Identification and Analysis: A Guide for Small Public Entities:  
[https://www.riskinstitute.org/peri/images/file/RiskID\\_Full.pdf](https://www.riskinstitute.org/peri/images/file/RiskID_Full.pdf)

### **Some Risk Sources:**

- Winter Storm
- Earthquake
- Landslide, Mudslide
- Sinkholes
- Erosion
- Windstorms
- Hurricanes
- Tornadoes
- Thunderstorms and Lightning
- Wildfire
- Flood
- Tsunami
- Volcanic eruptions
- Drought
- Heat

### **Possible Losses or Adverse Results:**

- Damage to public and private buildings and infrastructure
- Disruption of transportation
- Disruption of utilities (gas, electricity, water, sewers)
- Disruption of communications
- Disruption of food supply
- Disruption of entity revenues
- Disruption of entity services and disaster response activities
- Dislocation of families
- Disruption of emergency medical care
- Environmental contamination
- Opportunistic criminal activity
- Injury of citizens and employees
- Fires and explosions
- Release of hazardous materials into environment
- Loss of/inability to mobilize public workforce
- Loss of/inability to access public equipment
- Loss of computer based information

## **Possible Strategies:**

- Assess and determine vulnerability to natural hazard events
- Adopt written emergency action plan, have it available on short notice, and practice it regularly
- Assign disaster responsibilities to specific employees in advance
- Enter into mutual aid agreements with other entities for potentially disrupted or overwhelmed services
- Pre-arrange financing for disaster response activities
- Pre-arrange with vendors for emergency equipment, supplies, and additional workers
- Adopt and publicize evacuation plans
- Adopt plan for coordinating state and federal disaster relief
- Include natural hazard vulnerability and mitigation techniques in initial development and post-disaster redevelopment decisions
- Prepare contingency plans for shelter of displaced citizens
- Adopt building code requiring disaster resistant construction

## NONSTRUCTURAL MITIGATION INSTRUCTIONS

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Source: Institute for Catastrophic Loss Reduction and Institute for Business and Home Safety, Protecting Our Kids from Disasters: Nonstructural Mitigation for Childcare Centres: <http://www.ibhs.org/docs/childcare.pdf>

### **Table of Contents:**

Project Leader's Checklist

Nonstructural Safety Checklist

Publicizing Your Event

- Sample Media Advisory
- Sample News Release

Project Wrap-Up Form

Retrofit Instructions

Leave-Behind Materials:

- Being Prepared Before a Disaster Strikes (for the child care center)
- Protecting Your Home... (for parents)

## WHAT TO EXPECT IN AN EMERGENCY

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Source: Get Prepared.ca: <http://www.getprepared.ca/knw/wh/wh-eng.aspx>

Who does what in an emergency? When it comes to emergency preparedness and emergency management, we all have a role to play.

**Individuals and families** Individuals take steps ahead of time to prepare themselves and their families for emergencies. You should be prepared to take care of yourself and your family for a minimum of 72 hours during an emergency. You should also understand the basic principles of first aid and safety. Every disaster is a local disaster. Different levels of organizations respond progressively as an emergency escalates and their resources are needed. The first ones to respond are closest to the emergency.

**First Responders** – i.e. fire, police, paramedics Local fire, police, paramedic, and search and rescue teams are normally the first to respond to an emergency. They are responsible for managing most local emergencies as part of the municipal emergency plan. Find out more about the emergency plan in your area by [contacting your emergency management organization \(EMO\)](#).

**Non-government organizations** There are several non-profit, non-government organizations (NGOs) that play very important roles in emergency management, including disaster prevention/mitigation, preparedness, response and recovery. Some examples include the [Canadian Red Cross](#), [St. John Ambulance](#) and [The Salvation Army](#). They work in partnership with governments to help Canadians deal with emergencies, from providing first aid training to disaster relief. Learn more about these [NGO partners](#).

**Provincial and territorial governments** Every province and territory has an emergency management organization (EMO), which manages large-scale emergencies and provides assistance to municipal or community response teams as required. EMOs fulfill an important role in support of first responders and municipalities. [Learn more about your EMO](#).

**Federal government** Federal departments and agencies support provincial or territorial EMOs as requested. They also manage emergencies that involve areas of federal jurisdiction, such as nuclear safety, national defence and border security. [Learn more about federal emergency management](#).

## WHAT TO DO AFTER AN EMERGENCY

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These are general instructions that apply to many emergencies but not every situation is the same. These tips can also apply during an emergency. Also, please read the sections on [specific disasters](#). Source: GetPrepared.CA: <http://www.getprepared.ca/knw/drn/aft-eng.aspx>

- \* Try to stay calm.
- \* Check yourself and others for injuries. Give first aid to people who are injured or trapped. Take care of life-threatening situations first. Get help if necessary.
- \* Check on neighbours, especially the elderly or people with disabilities.
- \* Confine or secure pets.
- \* Use the battery-operated radio from your emergency kit to listen for information and instructions.
- \* Do not use the telephone except to report a life-threatening injury. Please leave the lines free for official use.
- \* If possible, put on sturdy shoes and protective clothing to help prevent injury from debris, especially broken glass.
- \* If you are inside, check the building for structural damage. If you suspect it is unsafe, leave and do not re-enter.
- \* Do not turn on light switches or light matches until you are sure that there aren't any gas leaks or flammable liquids spilled. Use a flashlight to check utilities.
- \* Do not shut off utilities unless they are damaged, leaking (a gas leak smells like rotten eggs) or if there is a fire. If you turn the gas off, don't turn it on again. That must be done by a qualified technician.
- \* If tap water is available, fill a bathtub and other containers in case the supply gets cut off.
- \* If there is no running water, remember that you may have water available in a hot water tank, toilet reservoir or in ice cube trays.
- \* Water supplies may be contaminated so [purify your water](#).
- \* Do not flush toilets if you suspect that sewer lines are broken.
- \* If you are in a high-rise building, do not use the elevator in case of power outage. If you are in an elevator, push every floor button and get out as soon as possible.
- \* Pick up your children from school or the pre-determined collection point.
- \* Stay away from damaged areas unless you are asked to help or are qualified to give assistance.
- \* Do not go near loose or dangling power lines. Downed power lines can cause fires and carry sufficient power to cause harm. Report them and any broken sewer and water mains to the authorities.
- \* If the power has been off for several hours, check the food in the refrigerator and freezer in case it has spoiled.

## WINDOW SIGN FOR DISPLAY IN A DISASTER

Source: City of Winnipeg: <http://www.winnipeg.ca/emergweb/pdfs/signForHelp.pdf>



FOR USE IN A DISASTER SUCH AS SEVERE STORM, FLOOD

# HELP

IN CASE OF DISASTER, DISPLAY SIGN THIS SIDE OUT IN FRONT WINDOW OF HOUSE OR VEHICLE IF YOU DO REQUIRE ASSISTANCE.

### SHELTER-IN-PLACE

Shelter-in-Place is the practice of going or remaining indoors during the release of an airborne hazardous material, as opposed to evacuating the area.

Unless the chemical is flammable, such as propane, emergency responders recommend that you go and stay indoors (shelter-in-place).

Shelter-in-place is a safe response to an airborne hazardous material release of three (3) hours or less. Buildings can protect you by slowing the amount of air getting inside. It is important to stay indoors until told otherwise by officials.

#### What To Do To Shelter-in-Place:

1. Go indoors and stay there.
2. Close all windows and doors.
3. Turn off anything that moves air into or out of your home. This includes things like your furnace, air conditioner, hot water tank, fireplace, ventilation fans, and clothes dryer.
4. Listen to the local media for updates.
5. For added protection you may also seal cracks around windows and doors with wide tape and a rolled up damp towel at the floor space.



FOR USE IN A DISASTER SUCH AS SEVERE STORM, FLOOD

# OK

IN CASE OF DISASTER, DISPLAY SIGN THIS SIDE OUT IN FRONT WINDOW OF HOUSE OR VEHICLE IF YOU DO NOT REQUIRE ASSISTANCE.

### Evacuation

In some emergency situations it may become necessary to leave your home or business and move to a safer location.

#### What To Do When You Must Evacuate:

Vacate your home when advised – ignoring a warning may jeopardize your safety and safety of others.

Put on clothing appropriate for the anticipated weather.

If instructed to do so, shut off your water, gas and electricity.

Ensure you take all medications required to sustain your health. Other personal items will depend on time and transportation.

Listen to the radio (battery operated) for Reception Centre Locations and designated Travel Routes.

Take your emergency supply kit and lock your home.

NOTIFY YOUR FAMILY CONTACT REGARDING YOUR SITUATION. Do not use the phone again unless it is a life-threatening emergency.

Make arrangements for pets or ask officials for assistance.

Register at the Reception Center so that you can be contacted and reunited with your family.

## INDIVIDUAL PREPAREDNESS

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Source: Neighborhood Emergency Preparedness Program Guide, Vancouver BC, February 1999:  
<http://www.rdn.bc.ca/cms/wpattachments/wpID1274atID1388.pdf>

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- First Aid Supplies
- Emergency Kits for the Car and Workplace

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- Floods
- Fire
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- Power Outage

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- Evacuating the Neighbourhood
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#### **Making Plans to Reunite With the Family**

#### **Special Personal Preparedness Tips**

- Tips for Seniors
- Tips for People with Disabilities
- Tips for People Who Live in Apartments or Condominiums
- Tips for Pet Owners
- Tips for Coping With Emotions After a Disaster



## RESOURCES FOR CHILDREN: PREPAREDNESS

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Source: CANADIAN RED CROSS Disaster Management Division

<http://www.redcross.ca/article.asp?id=009886&tid=025>

### Teaching Materials

The **Expect the Unexpected™** program provides a variety of teaching and communication aids for teachers or educators, students and their parents, including facilitator's guides, transparencies, activity booklets, briefing notes for parents, videos, posters and participation certificates for students.

It features lesson plans and activities focused on prevention that are consistent with the objectives of certain educational programs of the provincial and territorial departments of education. Among them : Social Studies, Science and Technology, Health and Physical Education curriculums.



Some of its concepts and activities have been adapted from American Red Cross “Masters of Disaster” program. This broad range of materials puts students in concrete and dynamic learning situations that encourage them to actively participate, individually and in teams.

The program consists of three modules, each intended for a specific group of students. Thus, the module “It can happen, be ready” is intended for 7-8 year old students. The module “Facing the unexpected, be prepared” is intended for 10-11 year old students. The module “Be ready, be safe” is intended for 12-13 year old students. Each teach young people how to act safely in case of unexpected events and help them deal with emergencies.

Teachers and educators are encouraged to reproduce this document for distribution to their students in the classroom. This document, or parts there of, must not be reproduced for any other purpose without the written permission of The Canadian Red Cross Society.

For more information on disaster preparedness intended for youth please visit:

[www.msp.gouv.qc.ca/jeunesse/index\\_en.html](http://www.msp.gouv.qc.ca/jeunesse/index_en.html).

## YOUR EMERGENCY COORDINATION CENTRE

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Source: *It Can Happen to Your Agency!* <http://www.endingviolence.org/node/382>

The most effective method of responding to an emergency situation is to have an emergency coordination centre (ECC). This is where board members and key personnel will meet to gather information, make decisions regarding response, and assign resources and support. It is the central location for all emergency response and recovery coordination.

In all disasters, these are the questions you will need to answer immediately:

- Where are the personnel and clients who may have been on your premises?
- Where are the people that may have been working away from your premises?
- Are there injuries?
- What impact (damage, death, injuries,) has the disaster had on your agency?
- What effects has the impact had (evacuation, relocation, replacement staff)?
- What resources and support are available?
- How soon will it be before full recovery is achieved?

An ECC is essential, as it will provide a single point of contact for everyone involved.

### **Purpose**

- To identify the requirements for an ECC for emergency response and resumption.
- To ensure that an appropriate ECC is established.

### **Steps**

- Staff the ECC
- Decide on a Location for the ECC
- Equip the ECC

### **Staff the ECC**

One of the biggest problems in setting up an ECC is deciding who should staff it during an emergency. Agencies often assign too many people to the ECC, which seriously impacts the ability of the centre to function effectively. Staffing should be based on critical services. You have already identified critical activities in an emergency, including roles and responsibilities. It is imperative that ECC staff members have real authority to carry out the response and recovery activities.

- If an ECC staff person needs approval for decisions, that indicates the wrong person is in the ECC.

- Every ECC member should also have a designated backup, who also has authority to make decisions.

Some examples of decisions that need to be made could include: evacuating residents in a transition house; ensuring women and their abusers are not co-located in a community reception centre; and providing crisis counselling when phone service is impaired.

### **Decide on a Location for the ECC**

If your agency has a large space, the ECC can be designated, i.e. permanently established. If not, a predefined location such as a large conference room is also suitable. The size of the ECC depends on the number of people it must accommodate. The ECC will undergo many changes during the first few activations; exercises to test its functioning will help define the best layout.

Establish an alternate location in case agency premises are inaccessible. If your agency operates out of several locations, one may provide a suitable backup. The alternate location could also be arranged by an agreement (mutual aid) with a sister organization.

### **Equip the ECC**

The following equipment is standard for an ECC:

- white boards
- flip charts
- telephones – make sure your phones are not locked to prevent long distance calls
- contact lists for personnel
- contact lists for high risk/vulnerable clients
- contact lists for emergency response agencies
- contact lists for vendors and suppliers, including the landlord
- contact list for the media
- contact lists for your mutual aid partners
- contact list for your provincial association
- radio
- TV
- activated cellular phone
- office supplies
- fax machine
- copier
- computer

- pre-developed ECC documentation (see appendix 2, pages 73 - 86 for examples)
- a copy of your emergency plan for reference
- emergency supplies for ECC people

Determine other specific equipment that might be essential for your agency. Specifically, refer to the information collected in Tasks 4, 5, and 6 to assist in identifying your requirements.

## A GUIDE FOR THE EVACUATION OF MOBILITY-IMPAIRED PERSONS

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Source: Public Safety Canada:

[http://www.hrsdc.gc.ca/eng/labour/fire\\_protection/policies\\_standards/guidelines/guide/mobility\\_immediate/page02.shtml](http://www.hrsdc.gc.ca/eng/labour/fire_protection/policies_standards/guidelines/guide/mobility_immediate/page02.shtml)

For more information from the perspective of persons with disabilities:

[http://www.ilrc.mb.ca/projects/demnet/planning\\_guides/index.html](http://www.ilrc.mb.ca/projects/demnet/planning_guides/index.html). The materials were developed by a new Disaster and Emergency Management Network (DEMNet) developed by persons living with disabilities in Manitoba:

<http://www.ilrc.mb.ca/projects/demnet/index.html>

### **1. General**

Persons with a mobility-impairment are in many cases limited in their ability to evacuate by means of stairwells. It is primarily to this type of disability that the following procedures apply.

The procedures to be taken for the evacuation of a mobility-impaired person must be discussed fully with the individual. The mobility-impaired person is usually the best judge of his/her abilities; and can provide valuable assistance in developing an evacuation plan. Persons having a sensory impairment (blindness, deafness, etc.) or a minor physical impairment can, with the assistance of their monitor(s), usually evacuate as quickly and safely as other building occupants. If this is the case, they may be permitted to carry out regular evacuation procedures. However, these persons require at least one monitor to alert them of the alarm, if necessary, and to assist them to evacuate.

For fire safety planning purposes, mobility-impairment is a physical or medical disability which, even with the aid of monitors, would prevent that person from descending the stairs in an evacuation situation at a rate of speed consistent with the normal flow of other building occupants, or which would cause such person physical harm if they attempted to descend the stairs.

Whenever possible, a specific stairwell should be pre-designated for the evacuation of mobility-impaired persons, and the Fire Department so informed. This is not to preclude the use of the stairway for the evacuation of other building occupants.

### **2. Monitors**

At least two monitors are to be assigned to each mobility-impaired person, with additional monitors being provided for special cases to ensure quick and efficient transportation to an area of safety, should this action be necessary. Additional monitors should also be

available to replace primary monitors in the event of sick leave, holidays or other temporary absences.

As noted in Section 1 above, persons having a sensory impairment or minor physical impairment may only require one monitor. It is recommended that occupants qualified in first aid be given special consideration as monitors for mobility-impaired persons.

Monitors are best chosen by approaching the mobility-impaired person and his/her office friends and associates. Monitors are thus persons that the mobility-impaired person knows and trusts and they in turn have a sincere interest in and concern for the mobility impaired person. The monitors should also work the same hours as the mobility-impaired person concerned.

### ***3. Building Register***

Every building shall maintain a register containing the location and number of mobility-impaired persons in the building with a description of the individual disabilities.

Recording the names of these persons is not mandatory, but strongly suggested. This register is to be located, in the case of a high-rise facility, within the central control facility and in other buildings to be located in a central area, which is readily available to the Chief Fire Emergency Warden and/or responding fire units. It is also recommended by the Fire Department that this list be updated, if possible, on a day-to-day basis to permit the Fire Department to immediately ascertain if these people are at work when they respond to a call.

### ***4. Evacuation Exercises (Fire Drills)***

In building fire evacuation exercises, the monitors and mobility-impaired persons are to carry out the actions they would normally carry out in an emergency (i.e., respond to the pre-arranged location on the floor area adjacent to a stairwell door). In a drill situation, it is not necessary for mobility-impaired persons to evacuate the building completely. This action in fact could be potentially dangerous for these persons and their monitors, as well as for the other occupants of the building. However, monitors should be encouraged to carry out training sessions apart from fire drills by physically moving the mobility-impaired person down the stairwell for one or two floors, followed by a discussion period. Such exercises serve to bolster the confidence of the mobility-impaired persons and monitors alike, point out any problems not considered in pre-planning and encourage innovative thinking towards more effective methods of transporting the mobility-impaired person, based on the configuration of the individual building.

There may be situations where a mobility-impaired person may suffer considerable discomfort evacuating down 10 or 20 floors, but may be quite able and willing to evacuate

down 3 or 4 floors in an evacuation exercise. This option should not be disregarded as it may encourage greater participation and cooperation.

### ***5. Reporting of Disabilities***

In the past, Fire Emergency Organizations have been frustrated with individuals claiming minor disabilities in order to avoid participating in fire emergency evacuation exercises. This problem can be avoided by ensuring that all building occupants are aware that persons with disabilities are to report to the Chief Fire Emergency Warden or their own Floor Fire Emergency Warden giving the nature and extent of the disability. By applying this information to the definition contained in Section 1, mutual agreement can be reached as to the ability to evacuate, the required monitors assigned, and if applicable, the necessary information recorded in the building register. It should be pointed out that those persons failing to take this action place themselves in jeopardy in a true fire emergency situation. A sample information bulletin that can be passed onto employees for the purpose of self-identification is attached as Appendix A.

### ***6. Temporarily Mobility-Impaired***

Chief Fire Emergency Wardens and Floor Fire Emergency Wardens must be constantly alert for "temporarily mobility-impaired" persons (i.e. people recovering from fractured limbs, recent surgery, etc.). These persons are to be considered as mobility-impaired and will be assigned monitors, and if required, listed on the building register until such time as they have recovered to a point where they no longer require assistance.

### ***7. Visitors, "Undeclared" Mobility-Impaired Persons Etc.***

Members of the Fire Emergency Organization must be prepared to make on-the-spot decisions and arrangements to recruit assistance for the evacuation of other mobility-impaired person who may be in their areas.

### ***8. Residential and Assembly Occupancies***

Dormitories, barracks, theatres, libraries, museums etc. will normally require special procedures to provide for the safe evacuation of mobility-impaired persons.

In residential occupancies, this may simply involve a "buddy" system in which the mobility-impaired person's neighbours provide assistance. However this is to be pre-arranged by the administration of the facility with the assistance of the mobility-impaired person.

Assembly occupancies, due to the volume of visitors and the possibility of having relatively large numbers of mobility-impaired persons at irregular hours, will require

more individualized procedures. This may involve the use of monitors recruited from the staff of the building. However, this is usually a limited number of individuals. People accompanying mobility-impaired persons may also perform the role of monitor. The unaccompanied mobility-impaired person may also opt to join other visitors who would be willing to act as monitors. In instances when none of these arrangements can be made, the mobility-impaired person should be informed of the emergency procedures in effect and asked to wait until a monitor can be provided. A folder or other type of handout provided by the facility would probably be useful for these situations, and could provide adequate and consistent information to explain the procedures in effect.

### ***9. Rescue Teams***

Rescue procedures have been developed in a number of high-rise complexes utilizing teams made up of special members of the Fire Emergency Organization. Although the concept behind the development of these teams is appreciated, the following points must be considered:

1. Some elevators in the building are provided with fire fighter service or direct service control, which provides a means by which electrical control failure of an elevator is greatly reduced. This does not render the elevator "fire proof", "heat proof", or "smoke proof"; and persons using this elevator without proper protective equipment place their lives in extreme jeopardy.
2. Persons using the fire emergency service on an elevator completely negate the reason for which it was installed; that of providing a means for the Fire Department to provide efficient rescue procedures and to quickly and safely approach the fire area.

It must be emphasized that during an emergency, elevators, including those on fire fighter service, are not to be used by building occupants without the approval of the responding Fire Department. Should the Fire Emergency Organization wish to develop special procedures or teams to evacuate mobility-impaired persons, the proposed plan must be jointly discussed with the local Fire Department and Fire Protection Services. Before such a plan is implemented, the joint approval of both these agencies must be obtained.

### ***10. Evacuation***

1. Upon initiation of a fire alarm, the monitors will respond with the mobility-impaired person to a pre-arranged location on the floor area, adjacent to a stairwell, but not blocking evacuation traffic;
2. The Floor Fire Emergency Warden will ensure that the floor is cleared as per normal evacuation procedures and the initial flow of the evacuees has diminished. The monitors and the Floor Fire Emergency Warden will then proceed to evacuate the mobility-impaired persons down the stairwell to the exterior of the building. In



a multi-storey building, this can be done in short stages by entering floor areas for rest periods. The Floor Fire Emergency Warden should check these floors to ensure that they are safe before entering;

3. In all situations, the Floor Fire Emergency Warden will ensure that a deputy is assigned to report to the Chief Fire Emergency Officer immediately upon evacuation that the floor is clear and the number of mobility-impaired persons, monitors, etc. evacuating at a slower rate and what stairwell they are utilizing, so that assistance may be dispatched if available;
4. If for any reason the evacuation of a mobility-impaired person must be suspended and the people involved take refuge on a floor area other than their own, the Floor Fire Emergency Warden must make every effort to alert the Chief Fire Emergency Warden of their location. This can be done by advising other evacuees as they proceed down the stairs, by keeping a watch for would-be rescuers, searchers or fire fighters proceeding up the stairs, by using the telephone or by waving or shouting from a window to alert bystanders and/or arriving fire companies;
5. The Floor Fire Emergency Warden must immediately advise the Chief Fire Emergency Warden when the evacuation of mobility-impaired persons has been completed.

It should be noted that telephone communications remain intact in many fire situations and an attempt should always be made to utilize this means of communication to either contact the central control facility or the Fire Department.

### ***11. Mobility-Impairment Within the Fire Safety Plan***

When implementing procedures for persons with a mobility-impairment, the following sections, including the Appendix, should be added to your Fire Safety Plan and specific details should be included when prompted by italicized words in brackets such as (*specify location*).

#### **Mobility-Impaired Persons**

For fire safety planning purposes, mobility-impairment is a physical or medical disability which, even with the aid of monitors, would prevent that person from descending the stairs in an evacuation situation at a rate of speed consistent with the normal flow of other building occupants, or which would cause such person physical harm if they attempted to descend the stairs.

In accordance with the Treasury Board *Standard for Fire Safety Planning and Fire Emergency Organization*, occupants who require assistance in evacuating during an alarm are responsible for:

- Advising their Floor Fire Emergency Warden so that a pre-plan can be established;
- Assisting the Floor Fire Emergency Warden in appointing monitors;
- Telling their monitors how much help they may need; and
- Practicing the evacuation procedures.

### **Evacuation - Duties In Case Of Alarm**

When the alarm sounds:

- Mobility-impaired persons go with their monitors directly to the predetermined stairwell on their floor, which is located (*specify location*). In the event that this location is inaccessible, another location is (*specify location*);
- Contact the central control facility at (*specify number*) or the local fire department at (*specify number*) to specify the location and the number of mobility-impaired persons;
- Once the main flow of evacuees has passed, the mobility-impaired should leave the building with their monitors, in short stages if necessary;
- Return to the building only when authorized by the Municipal Fire Chief or by the Chief Fire Emergency Warden.

### **Monitors for Mobility-Impaired Persons**

The Fire Emergency Organization, in consultation with the mobility-impaired person, provides these monitors. Monitors should meet the following criteria:

- They should be physically capable of performing the task as assigned;
- They should have no mobility-impairment of their own (e.g., a heart condition, epilepsy, asthma);
- They should work the same hours as the mobility-impaired person to which they are assigned; and
- They should work either in the same area or close enough so that they can respond quickly.

**Note:** With few exceptions, e.g., visual impairment, a mobility-impaired person requires a minimum of two monitors.

### **Duties - In Case of an Alarm**

Monitors should:

- Attend immediately to the mobility-impaired person; and

- Follow the procedures in Subsection 3.7.1, above.

## *Appendix*

The following is a suggested Mobility-Impairment Information Bulletin, which should be circulated for permanent reference to each building occupant.

### **Information Bulletin**

Definition: Mobility-impairment is a physical or medical disability which, even with the aid of monitors, would prevent that person from descending the stairs in an evacuation situation at a rate of speed consistent with the normal flow of other building occupants; or which would cause such person physical harm if they attempted to descend the stairs.

Type of Mobility-Impairments:

1. Temporary Mobility-Impairment - people recovering from fractured limbs, recent surgery or sports injuries, etc;
2. Permanent Mobility-Impairment - i.e., any person in a wheelchair, who has a visual impairment, heart condition, epilepsy, etc.

The problem of safety for the mobility-impaired has always existed, but has only recently received attention. The evacuation procedures developed by Fire Protection Services for mobility-impaired persons are the direct result of much research, discussion with the mobility-impaired and on-site evaluations during many fire evacuation exercises. It was found that the safest area for mobility-impaired persons to work is the ground floor. This, however, is not always practical; therefore, mobility-impaired persons must identify themselves to the Fire Emergency Organization as soon as possible so that they can take steps to provide for their safety.

The intent of these special procedures is to help ensure a greater degree of safety for all mobility-impaired persons in the event of an emergency, without reducing the protection of others. The participation of the mobility-impaired is critical to the success of these procedures. Help your Fire Emergency Organization help you. All mobility-impaired persons are encouraged to get involved by contacting their Chief Fire Emergency Warden by telephone at (*specify telephone number*), by email at (*specify email address*), or by completing the attached form.

A representative of the Fire Emergency Organization will contact you at a mutually agreed upon time, at which time a plan of action will be devised. Be assured that all information given to a representative of the Fire Emergency Organization will be kept confidential. Act now!

**FORM (template)**

**Date:**

**To:** Chief Fire Emergency Warden

**From:**

**RE: Mobility-impaired Persons - Request for Monitor Aid**

Sir/Madam:

I have a temporary/permanent mobility-impairment. I would like to meet with a representative of the Fire Emergency Organization to discuss a pre-planned course of action in the event of a building evacuation.

**Dept.:**

**Floor:**

**Work Location:**

**Phone No.:**

## KEY FACTS ON PANDEMIC INFLUENZA

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Source: Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/influenza/pikf-eng.php>

Considerable attention has been given recently to the prospect of an influenza pandemic sweeping the globe and causing serious illness and death. The following questions and answers will help give you a better understanding of what an influenza pandemic is and how Canada's preparing to respond to an outbreak.

### **What is influenza ("the flu")?**

Seasonal influenza, or "the flu," is a common infection of the airways and lungs that can spread easily among humans. There are two types of influenza viruses that cause outbreaks each year: Influenza A and B. Animals can also be infected with influenza A.

### **How is it spread?**

The influenza virus spreads through droplets that have been coughed or sneezed by someone who has the flu. You can get the flu if droplets land on the surface of your eye. You can also get the flu by shaking hands with an infected person or by touching contaminated surfaces, and then touching your own eyes, nose or mouth.

### **What are the symptoms of flu?**

Influenza usually starts with the sudden onset of a headache, sore throat and muscle aches. The onset is often abrupt enough that people can remember precisely when it started. Most people recover from the flu in about a week.

### **What is the difference between a cold and influenza?**

A cold is a mild infection of the upper respiratory passages caused by a variety of viruses. A cold may last for a week and symptoms include a runny nose, stuffy nose, cough and sore throat. A cold is caused by a rhinovirus, which is much different than an influenza virus. A person with a cold will not usually have a headache, fever or muscle aches. Symptoms such as nausea, vomiting and diarrhea do not usually accompany a cold.

### **How serious is the flu?**

Most people recover from the flu in about a week. However, influenza may be associated with serious complications such as pneumonia, especially in infants, the elderly and those with underlying medical conditions. On average, the flu and its complications send about 20,000 Canadians to hospital every year, and an average 4,000 Canadians die.

### **What is the best way to avoid getting the flu?**

The best way protection against influenza is getting the flu shot every year and practising basic hygiene, especially frequent hand washing or hand hygiene with alcohol hand rubs. When you get the flu shot, your body's immune system develops protection (antibodies)

against the strains of the virus in the vaccine. The antibodies help prevent infection or reduce the severity of the illness. Different flu viruses can affect people every year, so the vaccine needs to be updated annually. This is why it is important to be immunized each fall.

**Other ways to reduce the risk of catching or spreading the flu include:**

- **Washing Up** – Washing hands regularly with warm, soapy water for at least 20 seconds, or using alcohol hand rubs especially before and after eating, after using the bathroom, after coughing or sneezing, and after touching surfaces that may have been contaminated by other people.
- **Covering Up** – Using a tissue or raising your arm up to your face to cough or sneeze into your sleeve is the best way to avoid spreading the virus. It keeps infected droplets out of the air and off surfaces that will be touched by others, and stops you from contaminating your hands with the virus.
- **Cleaning Up** – If you've coughed or sneezed into a tissue, throw it away as soon as possible. You should also frequently clean and then disinfect household surfaces, such as door handles and light switches, that may have been contaminated.

Encourage all members of your household, especially children, to follow these practices. And, if you do get the flu, stay at home and rest until you are feeling better.

**What is avian influenza (“bird flu”)?**

Wild birds are natural carriers of influenza A viruses. Usually these “bird flu” viruses cause the wild birds little or no harm. Domestic poultry (like chickens and turkeys) and animals, including pigs, can also get these viruses from wild birds and pass them on to other poultry and animals.

**What is the bird flu virus that has made some domestic birds and humans sick?**

In recent years, there has been growing concern about a particular strain of avian influenza virus – an H5N1 virus – that has spread through birds from Southeast Asia through Asia to parts of Europe and Africa. This strain has caused illness in some wild birds, but it has resulted in a high rate of death in domestic poultry. Millions of birds have been killed in an effort to prevent the spread of the virus.

Like other bird flu viruses, the H5N1 virus is not easily transmitted to humans. A limited number of people have contracted the virus through close contact with sick or dead birds. The death rate in these human cases has been high. But there is still no evidence that it can spread easily from person to person.

**What is a pandemic?**

A pandemic is the worldwide outbreak of a specific disease to which people have little or no immunity.

**What is an influenza pandemic?**

If an influenza virus changes and becomes a new strain against which people have little or no immunity AND this new strain is easily spread from person to person, many people around the world could become ill and possibly die. This is referred to as an influenza pandemic. Influenza pandemics have occurred about three times per century.

**What causes an influenza A virus to change?**

One way a new strain can emerge is if a person is sick with a human flu virus and then also becomes infected with a bird flu virus. The two different viruses could then mix together, creating a new subtype of influenza A virus. Because it's a new virus, people would have little to no immunity to it. Another way a bird flu virus can change is if it undergoes a number of mutations which could result in a new virus that can infect people and be transmitted among humans.

**Is there currently a pandemic strain of the bird flu virus in Canada?**

No. There is no influenza pandemic at this time anywhere in the world.

**Is there a vaccine available for protection against pandemic influenza?**

Canada is one of the few countries in the world prepared to have a vaccine manufacturer develop and supply a pandemic influenza vaccine as soon as a new strain is identified. Under a 10-year contract signed in 2001 between the Government of Canada and ID Biomedical (now GlaxoSmithKline Biologicals), the company will be able to produce enough vaccine for all Canadians in the event of an influenza pandemic.

Vaccines are the first line of defense against a pandemic, but it could take at least six months to produce the vaccine for a new virus. This complex process cannot begin until the pandemic begins and the new virus has been identified. This means that a vaccine will probably not be available when the first wave of the pandemic strikes Canada.

There is a global effort to develop prototype pandemic vaccines, including H5N1 vaccines, as part of pandemic preparedness.

**Will the annual flu shot provide protection from pandemic influenza?**

No. The annual flu shot only covers the strains of human influenza that are expected to be in circulation during that year's flu season. While getting a flu shot each year is the most effective way to avoid getting seasonal flu, it will not provide protection from any new influenza strain that emerges to create a pandemic.

**What is the difference between a vaccine and an antiviral?**

When you get a vaccine against an influenza virus (usually in the form of an injection or “shot”), it introduces a virus to your body that is either dead or in a weakened state and is harmless. Your body quickly produces antibodies against the vaccine virus. These antibodies provide you with immunity against the virus for about four to six months. If you are exposed to the influenza virus during that time, the antibodies you have created will either prevent you from getting sick or will help reduce the severity of your illness. Unlike vaccines, antivirals do not stop you from getting sick by providing immunity. An antiviral is a medicine that you take by swallowing a pill or liquid, or by breathing it in. The medicine works by either destroying the virus or interfering with its ability to grow and reproduce. It can be given to patients when they are sick to reduce symptoms, to shorten the length of illness and to minimize serious complications.

**Does Canada have enough antivirals stockpiled to treat Canadians in the event of a pandemic?**

Federal, provincial and territorial governments have established a national stockpile of antivirals for use in the event of an influenza pandemic. Additional supplies are being acquired, including antiviral solution for young children and other people who cannot swallow capsules. Governments intend to increase the stockpile to 55 million doses—enough to treat the estimated number of Canadians who will require medical attention during a pandemic.

**What is the expected impact of an influenza pandemic in Canada?**

Just as we do not know when the next pandemic will strike, we cannot predict how severe it will be. That will depend on the influenza strain that emerges, how easily it spreads, which groups of people are affected, and how effectively we respond. Assuming a moderately severe pandemic, and in the absence of a pandemic vaccine and antivirals, it is estimated that between 15 and 35 percent of Canadians could become ill, 34,000 to 138,000 individuals may need to be hospitalized; and between 11,000 and 58,000 deaths could occur.

**What can I do to prepare myself and my family in the event of an influenza pandemic?**

Staying informed and understanding the potential challenges you may face in your community in the event of a flu pandemic can help you to prepare for a variety of scenarios. Fact sheets and check lists for individuals and families, communities and businesses are available on the Public Health Agency of Canada website at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

**What is the Canadian Pandemic Influenza Plan?**

[The Canadian Pandemic Influenza Plan for the Health Sector](#) was created by federal, provincial and territorial officials, and more than 200 experts, to explain how Canada will prepare for and respond to a pandemic influenza outbreak. The Plan was created for government



departments of health, emergency workers, public health officials and health care workers. It includes an emergency response plan, along with guidelines and checklists. An updated version of the Plan was released in December, 2006. The Plan is available on-line at [www.pandemicplan.gc.ca](http://www.pandemicplan.gc.ca)

For more information on pandemic influenza, visit [www.influenza.gc.ca](http://www.influenza.gc.ca)

## POWER OUTAGES: WHAT TO DO?

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Source: Public Safety Canada, getprepared.ca: <http://www.getprepared.gc.ca/fl/power-outages-what-to-do-eng.pdf>

Most power outages will be over almost as soon as they begin, but some can last much longer – up to days or even weeks. Power outages are often caused by freezing rain, sleet storms and/or high winds which damage power lines and equipment. Cold snaps or heat waves can also overload the electric power system.

During a power outage, you may be left without heating/air conditioning, lighting, hot water, or even running water. If you only have a cordless phone, you will also be left without phone service. If you do not have a battery-powered or crank radio, you may have no way of monitoring news broadcasts. In other words, you could be facing major challenges.

You can greatly lessen the impact of a power outage by taking the time to prepare in advance. You and your family should be prepared to cope on your own during a power outage for at least 72 hours.

### **Preparing your home**

- You can install a non-electric standby stove or heater. Choose heating units that are not dependent on an electric motor, electric fan, or some other electric device to function. It is important to adequately vent the stove or heater with the type of chimney flue specified for it. Never connect two heating units to the same chimney flue at the same time.
- If you have a wood-burning fireplace, have the chimney cleaned every fall in preparation for use and to eliminate creosote build-up which could ignite and cause a chimney fire.
- If the standby heating unit will use the normal house oil or gas supply, have it connected with shut-off valves by a certified tradesperson.
- Before considering the use of an emergency generator during a power outage, check with furnace, appliance and lighting fixture dealers or manufacturers regarding power requirements and proper operating procedures.

### **People with disabilities or others requiring assistance**

Consider how you may be affected in a power outage, including:

- Your evacuation route – without elevator service (if applicable).
- Planning for a backup power supply for essential medical equipment.

- Keeping a flashlight and a cell phone handy to signal for help.
- Establishing a self-help network to assist and check on you during an emergency.
- Enrolling in a medical alert program that will signal for help if you are immobilized.
- Keeping a list of facilities that provide life-sustaining equipment or treatment.
- Keeping a list of medical conditions and treatment.
- If you live in an apartment, advise the property management that you may need assistance staying in your apartment or that you must be evacuated if there is a power outage. This will allow the property manager to plan and make the necessary arrangements on your behalf.

## **During a power outage**

- First, check whether the power outage is limited to your home. If your neighbours' power is still on, check your own circuit breaker panel or fuse box. If the problem is not a breaker or a fuse, check the service wires leading to the house. If they are obviously damaged or on the ground, stay at least 10 meters back and notify your electric supply authority. Keep the number along with other emergency numbers near your telephone.
- If your neighbours' power is also out, notify your electric supply authority.
- Turn off all tools, appliances and electronic equipment, and turn the thermostat(s) for the home heating system down to minimum to prevent damage from a power surge when power is restored. Also, power can be restored more easily when there is not a heavy load on the electrical system.
- Turn off all lights, except one inside and one outside, so that both you and hydro crews outside know that power has been restored.
- Don't open your freezer or fridge unless it is absolutely necessary. A full freezer will keep food frozen for 24 to 36 hours if the door remains closed.
- Never use charcoal or gas barbecues, camping heating equipment, or home generators indoors. They give off carbon monoxide. Because you can't smell or see it, carbon monoxide can cause health problems and is life-threatening.
- Use proper candle holders. Never leave lit candles unattended and keep out of reach of children. Always extinguish candles before going to bed.
- Listen to your battery-powered or wind-up radio for information on the outage and advice from authorities.

## **Tips:**

- Make sure your home has a working carbon monoxide detector. If it is hard-wired to the house's electrical supply, ensure it has a battery-powered back-up.
- Protect sensitive electrical appliances such as TVs, computer, and DVD players with a surge-protecting powerbar.

## **Use of home generators**

Home generators are handy for backup electricity in case of an outage, but must only be used in accordance with the manufacturer's guidelines. A back-up generator may only be connected to your home's electrical system through an approved transfer panel and switch that has been installed by a qualified electrician. Never plug a generator into a wall outlet as serious injury can result when the current produced by the home generator is fed back into the electrical lines, and transformed to a higher voltage. This can endanger the lives of utility employees working to restore the power.

To operate a generator safely:

- Follow the manufacturer's instructions.
- Ensure that the generator operates outdoors in well-ventilated conditions, well away from doors or windows, to prevent exhaust gases from entering the house.
- Connect lights and appliances directly to the generator. If extension cords must be used, ensure they are properly rated, CSA-approved cords.

## **If you have to evacuate**

Evacuation is more likely during winter months, when plummeting temperatures can make a house inhabitable. Although a house can be damaged by low temperatures, the major threat is to the plumbing system. If a standby heating system is used, check to see that no part of the plumbing system can freeze.

If the house must be evacuated, protect it by taking the following precautions:

- Turn off the main breaker or switch of the circuit-breaker panel or power-supply box.
- Turn off the water main where it enters the house. Protect the valve, inlet pipe, and meter or pump with blankets or insulation material.
- Drain the water from your plumbing system. Starting at the top of the house, open all taps, and flush toilets several times. Go to the basement and open the drain valve. Drain your hot water tank by attaching a hose to the tank drain valve and running it to the basement floor drain.
- Note: If you drain a gas-fired water tank, the pilot light should be turned out – call the local gas supplier to re-light it.
- Unhook washing machine hoses and drain.
- Do not worry about small amounts of water trapped in horizontal pipes. Add a small amount of glycol or antifreeze to water left in the toilet bowl, and the sink and bathtub traps.
- If your house is protected from groundwater by a sump pump, clear valuables from the basement floor in case of flooding.

## After the power returns

- Do not enter a flooded basement unless you are sure the power is disconnected.
- Do not use flooded appliances, electrical outlets, switch boxes or fuse-breaker panels until they have been checked and cleaned by a qualified electrician.
- Replace the furnace flue (if removed) and turn off the fuel to the standby heating unit.
- Switch on the main electric switch (before, check to ensure appliances, electric heaters, TVs, microwaves computers, etc. were unplugged to prevent damage from a power surge).
- Give the electrical system a chance to stabilize before reconnecting tools and appliances. Turn the heating-system thermostats up first, followed in a couple of minutes by reconnection of the fridge and freezer. Wait 10 to 15 minutes before reconnecting all other tools and appliances.
- Close the drain valve in the basement.
- Turn on the water supply. Close lowest valves/taps first and allow air to escape from upper taps.
- Make sure that the hot water heater is filled before turning on the power to it.
- Check food supplies in refrigerators, freezers and cupboards for signs of spoilage. If a freezer door has been kept closed, food should stay frozen 24 to 36 hours, depending on the temperature. When food begins to defrost (usually after two days), it should be cooked; otherwise it should be thrown out.
- As a general precaution, keep a bag of ice cubes in the freezer. If you return home after a period of absence and the ice has melted and refrozen, there is a good chance that the food is spoiled. When in doubt, throw it out!
- Reset your clocks, automatic timers, and alarms.
- Restock your emergency kit so the supplies will be there when needed again.

## HELPING HANDBOOK FOR DISASTER RECOVERY

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You know your clients or service users best and will come to know very soon what their post-disaster needs are. One thing can be predicted: They will need information from credible sources--and that means you. This is a handbook that can be developed (and kept current) by staff, interns, volunteers, a board committee, or under contract if grant funds are available to you. This model was developed with a legal slant by Pro Bono attorneys in the US following Hurricane Katrina. Legal issues are significant for women in the wake of disasters: the time to help is now.

Source: American Bar Association Standing Committee on Pro Bono and Public Service:  
<http://www.mofo.com/about/Katrina.pdf>

### Table of contents (adapted)

#### Government assistance

- Relief available
- Eligibility
- How to apply
- Deadlines
- How long does it take?

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- Renters' questions and temporary housing
- Homeowner's information for removal and renovation

#### Personal finances

- Lost records
- Replacing ID
- Paying bills

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- Salary and leave
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- Layoffs and closing the business

## **Lawyer referrals**



## CANADIAN RED CROSS DISASTER MANAGEMENT

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### What is registration and inquiry? How does it help?

Like most disasters, the forest fires in northern Manitoba in May 2008 forced hundreds of



**Forest fire threatens northern communities in Manitoba**

people from their homes with little or no warning. People in places such as Sherridon had to quickly grab whatever personal belongings they could and were whisked away to safety in other communities where fire was not a threat. In the process, many people did not know the status of loved ones and friends left behind. Did they make it safely out the community?

Thanks to the Canadian Red Cross service Registration and Inquiry (R&I), many people got their answer. R&I allows evacuees to register their personal information with Red Cross. When family and friends contact Red Cross following a disaster, the Society is able to confirm the status of the people they are searching for – as long as they register with the Red Cross.

The Red Cross – Manitoba Region – has agreements with many municipalities and other communities across the province to provide R&I when requested. During the Sherridon evacuation, the Red Cross provided Registration and operated a toll-free line to accept inquiries and changes of addresses during the emergency.

The Red Cross has hundreds of trained Disaster Management volunteers that can be quickly mobilized to help people when they're at their most vulnerable. In fact, in many disaster scenarios over the years in Manitoba, the first people evacuees see following a disaster are compassionate and helpful Red Cross volunteers providing R&I.

In addition to Disaster Management volunteers in Manitoba, the Red Cross can quickly recruit and transport other Red Cross volunteers from all over Canada. Over the past few years, the Red Cross has standardized its Disaster Management training for volunteers. This upgrade in training has streamlined the process for volunteers allowing them to arrive quickly where needed and deploying them into the field immediately.

To further assist Manitobans during times of disaster, the Canadian Red Cross has bolstered its supplies of prepositioned goods – such as sleeping cots. In Manitoba, the Red Cross has 1,000 cots in storage in Winnipeg and most recently made a shipment of cots to Thompson to allow for faster distribution to northern Manitoba communities when

necessary. Having these cots in key locations allows Red Cross to quickly distribute them to communities where many people are left homeless because of a disaster. They provide comfortable, temporary sleeping arrangements and are easily transportable and assembled.

For more information on R&I, call **982-7330** in Winnipeg and toll-free in Manitoba **1-866-685-4250** or email us at [infomanitoba@redcross.ca](mailto:infomanitoba@redcross.ca). Source:  
<http://www.redcross.ca/article.asp?id=27981&tid=085>

**TRAINING OPPORTUNITIES: PUBLIC HEALTH AGENCY OF CANADA,  
OFFICE OF EMERGENCY PREPAREDNESS**

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SOURCE: <http://www.phac-aspc.gc.ca/cepr-cmiu/oeppt-dmupf/index-eng.php>

- [Chemical, Biological, Radiological and Nuclear Resource](#)
- [Material Safety Data Sheets](#)
- [Travel Medicine Program](#)
- [National Microbiology Laboratory](#)
- [CEPR Portal](#)

The **Office of Emergency Preparedness** is responsible for the Centre's overall strategic and management planning. It manages emergency preparedness and emergency response plans and keeps them up to date. It develops and runs exercises to train emergency workers so they are ready to put those plans into action. This office is also responsible for developing and delivering training courses that teach health workers how to respond to emergency situations.

- [Responding to Stressful Events](#)
- Planning
- **Training**
  - [Laboratory biosafety Online Training Course](#)
  - [Tier 1 Lab Bioterrorism Recognition Online Training Course](#)
  - [Surge, Sort, Support: Disaster Behavioural Health Online Training](#)
  - [Emergency Health Services Basic Online Training Course](#)
  - [Emergency Social Services Basic Online Training Course](#)
- Exercises
- [Helping Teens Cope](#)
- [Helping Children Cope](#)
- [Taking Care of Ourselves, Our Families and Our Communities](#)
- [Self-Care for Caregivers](#)

*Other Links*

- [Centre for Emergency Preparedness and Response](#)
  - [Office of Emergency Response Services](#)
  - [Office of Public Health Security](#)
  - [Office of Laboratory Security](#)
  - [Chemical, Biological, Radiological and Nuclear Resource](#)
  - [Office of Management and Administrative Services](#)

## EMERGENCY SOCIAL SERVICES ON-LINE TRAINING COURSE

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Source: Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/cepr-cmiu/tr-fo/ess-eng.php>

### **Background**

The **Emergency Social Services** Basic course was created by the [Public Health Agency of Canada's \(PHAC\)](#), [Centre for Emergency Preparedness and Response \(CEPR\)](#) in collaboration with the Council of Emergency Social Services Directors.

The content of the course was developed by a working group involving the Council of Health Emergency Management Directors, the Council of Emergency Social Services Directors, the Council of Chief Medical Officers of Health, non-governmental organizations (NGOs), and various federal, provincial and territorial government departments.

### **Participants**

Recommended for people who support their communities through Emergency Social Services (ESS).

### **Course Objective**

The course provides individuals with an introduction to emergencies and the essential role that ESS programs play in the response and recovery of a community during times of disaster. The individual will learn:

- Basic Emergency Management principles as they relate to ESS;
- ESS and its place in the Emergency Management Cycle;
- 6 Primary Emergency Social Services and how ESS may be delivered;
- Roles and responsibilities of those who might be involved in planning for and delivering emergency social services; and
- Possible impacts of a chemical, biological, radiological, nuclear (CBRN) or highly infectious disease outbreak on the ESS.


### **Prerequisites**

None

### **Format**

E-learning, self-study, Internet-based

## Course Availability

[Register online](#) 

### Note

Upon completion of this course, participants will be able to print a Certificate of Completion for their records.

## CANADIAN EMERGENCY MANAGEMENT COLLEGE: EMERGENCY MANAGEMENT TRAINING PROGRAM

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Source: Public Safety Canada: <http://www.publicsafety.gc.ca/prg/em/cemc/04pgc-eng.aspx>

The Emergency Management Training Program provides specialized training for senior emergency management personnel and practitioners (including police, fire, ambulance and other emergency personnel). The training focuses on the management of multi-service responses to emergencies through Emergency Operations Centre and Incident Site Management courses.

- [Basic Emergency Management:](#)  
This course provides an introduction to the basic concepts of emergency management with core elements common to all provinces and territories across Canada. It is designed for officials from all levels of government, emergency measures/management coordinators, and/or planners, emergency responders, volunteers, private sector representatives, etc.
- [Emergency Operations Centre Management:](#)  
For senior level emergency management practitioners with decision-making responsibility within an emergency operations centre team.
- [Incident Site Management:](#)  
For senior level emergency management practitioners with key decision-making responsibility within a multi-service response emergency site team.
- [Course dates:](#)

### *Basic Emergency Management*

The Basic Emergency Management course, or its equivalent, is offered by most provincial/territorial [emergency management organizations](#) (EMOs). This is an entry level course and, along with its provincial/territorial equivalents, is considered a prerequisite for courses conducted at the College.

#### **Participants**

Recommended for all emergency management personnel

#### **Course objective**

To provide the participant with a broad base from which to carry out emergency planning and operations

#### **Prerequisites**

None

#### **Format**

- Offered in the provinces and territories through a range of delivery mechanisms that factor in information specific to the jurisdiction, or
- CD-ROM version of the course available through the EMOs

### **Course availability**

To receive information on their course schedule or to obtain a copy of the CD-ROM version, please contact your [provincial/territorial EMO](#).

### ***Emergency Operations Centre Management***

This training course prepares emergency management practitioners to carry out their roles as members of an Emergency Operations Centre (EOC) team. The EOC Management course trains participants to effectively manage and coordinate the overall operations within their communities, while also providing the necessary support to the site management team during a multi-service response to an emergency.

### **Participants**

Recommended for senior level emergency management practitioners who have a decision-making role in the EOC. Course offerings are available for large ("Collegetown") and small ("Grandville") communities. Applicants must confirm that their community size/resource level is consistent with the course offering and demonstrate their emergency role as it relates to the course objective.

### **Course objective**

To enable the participant to work as a member of the emergency operations centre team that manages the emergency response for a municipality

### **Prerequisites**

- [Basic Emergency Management](#) course or provincial/territorial equivalent, and
- Participant must have a decision-making role in an Emergency Operations Centre that requires the training provided by this course

### **Format**

Classroom training and application of course concepts in simulated emergency situations

### **[Course availability](#)**

For more information about registering for CEMC courses, please see [Enrolment](#) or contact the [Registrar](#).

### ***Incident Site Management***

This course prepares emergency management practitioners to carry out their roles as members of an emergency site team. In an emergency situation, new relationships must be established quickly between community organizations, outside agencies, volunteers and

other entities from various levels of government who might not normally work together. This advanced level course covers the principles of a coordinated multi-service and multi-jurisdictional response at an emergency site.

**Participants**

Recommended for senior level emergency management practitioners who have a key decision-making role as a member of the emergency site team. Applicants must demonstrate their emergency role as it relates to the course objective.

**Course objective**

To enable the participant to work as a member of the emergency site team that manages a multi-service/jurisdictional response at an emergency site

**Prerequisites**

- [Basic Emergency Management](#) course or provincial/territorial equivalent, and
- Participants must have a decision-making role on an Incident Site Management team that requires the training provided by this course

**Format**

Classroom training and application of course concepts in complex simulated emergency situations

**[Course availability](#)**

For courses offered jointly by the College and provincial/territorial



## **ADDITIONAL EMERGENCY PLANNING RESOURCES [Selected]**

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### **Government of Canada**

- \* GetPrepared.ca  
[http://getprepared.ca/index\\_e.asp](http://getprepared.ca/index_e.asp)
- \* SafeCanada.ca  
[http://www.safecanada.ca/menu\\_e.asp](http://www.safecanada.ca/menu_e.asp)

### **Health Canada**

- \* Emergencies and disasters  
<http://www.hc-sc.gc.ca/ed-ud/natur/index-eng.php>
- \* Public Health Agency, Centre for Emergency Preparedness and Response  
<http://www.phac-aspc.gc.ca/cepr-cmiu/index-eng.php>
- \* Pandemic Flu Preparedness  
<http://www.hc-sc.gc.ca/ed-ud/prepar/flu-pandem/index-eng.php>
- \* Pandemic Flu FAQ  
[http://www.phac-aspc.gc.ca/influenza/pandemic\\_qa-eng.php](http://www.phac-aspc.gc.ca/influenza/pandemic_qa-eng.php)

### **Public Safety Canada**

- \* Emergency Management  
<http://www.publicsafety.gc.ca/prg/em/index-eng.aspx>

### **Canadian Emergency Management College**

<http://www.publicsafety.gc.ca/prg/em/cemc/index-eng.aspx>

### **Manitoba EMO**

- \* MB Emergency Plan  
<http://www.gov.mb.ca/emo/provincial/mep.html>
- \* Emergency Preparedness for Everyone Calendar 2009, a cooperative effort between the City of Brandon and City of Winnipeg Emergency Preparedness Programs

<http://winnipeg.ca/emergweb/pdfs/Calendar2009Winnipeg.pdf>

**Manitoba Health**

Office of Disaster Management

- \* Preparing for Pandemic Influenza in Manitoba

<http://www.gov.mb.ca/health/publichealth/cmoh/pandemic.html>

**City of Winnipeg Emergency Preparedness Program**

- \* EmergWeb: <http://www.winnipeg.ca/emergweb/>

## ADDITIONAL BUSINESS CONTINUITY GUIDES [Selected]

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**Business Resumption Planning: A Development Guide**, Manitoba EMO

<http://www.gov.mb.ca/emo/home/brp.pdf>

**A Guide to Business Continuity Planning**, Public Safety Canada

<http://www.publicsafety.gc.ca/prg/em/gds/bcp-eng.aspx>

**Disaster Recovery Information Exchange**

<http://www.drie.org/> .

**Disaster Recovery Journal**, Sample free on-line business recovery plan templates

[http://www.drj.com/index.php?option=com\\_content&task=view&id=259&Itemid=298](http://www.drj.com/index.php?option=com_content&task=view&id=259&Itemid=298)

**Guide to Business Continuity Planning**, Government of Canada

[http://www.gov.mb.ca/emo/home/bcont\\_e.pdf](http://www.gov.mb.ca/emo/home/bcont_e.pdf)

**Preparing for Pandemic Influenza: Preparedness Guide for Business**, Manitoba Health Office of Disaster Management

[http://www.gov.mb.ca/health/publichealth/cmoh/docs/pandemic\\_business.pdf](http://www.gov.mb.ca/health/publichealth/cmoh/docs/pandemic_business.pdf)

**Communications, Protection, Readiness [CPR]**, NPower's Nonprofit Guide to Business Continuity and Disaster Recovery

<http://www.npowerseattle.org/documents/npowers%20nonprofit%20guide%20to%20business%20continuity%20and%20disaster%20recovery.pdf>

**Is Child Care Ready? A Disaster Planning Guide for Child Care Resource & Referral Agencies**, National Association of Child Care Resource & Referral Agencies

[http://www.naccrra.org/disaster/docs/Disaster\\_Guide\\_MECH.pdf](http://www.naccrra.org/disaster/docs/Disaster_Guide_MECH.pdf)

**Open for Business**, Institute for Catastrophic Loss Reduction

[http://www.iclr.org/programs/open\\_for\\_business.htm](http://www.iclr.org/programs/open_for_business.htm)

**Canadian Centre for Emergency Preparedness links on Business Continuity:**

<http://www.ccep.ca/ccep05.shtml>

## ADDITIONAL PRACTICAL RESOURCES [Selected]

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Note: There are many useful guides for preparing, responding to and recovering from disasters at the personal level. Here are some that you may want to review and possibly order or print out as part of your awareness work with staff and clients.

*You will find the PDFs in Supplementary Resources.*

- \* Be Prepared, Not Scared: Emergency preparedness starts with you. [Safeguard.ca](http://Safeguard.ca)
- \* Manitoba Partners in Help
- \* Responding to Stressful Events, Public Health Agency of Canada
  - o Helping Children Cope
  - o Helping Teens Cope
  - o Taking Care of Ourselves, Our Families and Our Communities
  - o Self Care for Caregivers
- \* Pandemic Influenza: Preparedness Guidelines for Manitoba Business, Manitoba Health
- \* Preparing for Pandemic Influenza in Manitoba: A Guide for the Public from the Office of the Chief Medical Officer, Manitoba Health
- \* What Businesses Need To Know About Pandemic Flu Planning: Business Continuity Planning Guide for Influenza Pandemic, Business Development Bank of Canada 2007
- \* Open for Business: A Disaster Planning Tool Kit for the Small to Mid-Sized Owner, Institute for Business and Home Safety
- \* Risk Identification and Analysis: A Guide for Small Public Entities, Public Entity Risk Institute: [https://www.riskinstitute.org/peri/images/file/RiskID\\_Full.pdf](https://www.riskinstitute.org/peri/images/file/RiskID_Full.pdf)
- \* A Guide to Business Continuity Planning, Government of Canada, OCIPEP
- \* Emergency Preparedness for Persons with Special Needs, MB EMO
- \* Self Help Advice: Preparing for the Unexpected, Public Safety Canada
- \* Protecting Our Kids from Disasters: Nonstructural Mitigation for Childcare Centres, ICLR
- \* 72 Hours: Is Your Family Prepared? [GetPrepared.CA](http://GetPrepared.CA)

