**Form to document** **effective strategies, tools and actions implemented by the Emergency and Security Services or similar Agencies in the region to achieve** **higher levels of inclusion and accessibility for people with disabilities**

**Introduction**

The fourth recommendation in the recommendation document from the First Meeting of the Subsidiary Technical Group on Emergency and Security Systems (STG-ESS), virtually held on May 6 and 7, 2021, encourages all the Systems and similar Agencies to prepare protocols for handling emergencies involving persons with, training and preparing operators and dispatchers effectively, and incorporating appropriate communications technologies for responding to these types of emergencies.

Within the framework of that recommendation and as a complementary activity of the Second Discussion organized by the Integrated Security Service ECU 911 of Ecuador (ISS ECU 911), current Chair of the STG-ESS, with the technical and logistical support of the Department of Public Security of the OAS (DPS/OAS), we invite all Emergency and Security Systems or Agencies to complete this form.

The aim of this form is to document and systematize operational, administrative, and technological strategies, tools and actions implemented by Emergency and Security Systems or similar Agencies, to improve the inclusion and accessibility of people with disabilities, both as users of emergency services as well as from a human resource perspective.

**Guidelines**

The form consists of 31 questions, organized into five sections. Some are close-ended questions, for which you must select between the alternative YES or NO, and others are semi open-ended questions, that require brief explanations on the topic in question.

The content of the form will be used to create a consolidated document with the systematization of the strategies, tools and actions adopted by the Emergency and Security Systems or similar Agencies in the region, to achieve higher levels of inclusion and accessibility of people with disabilities. The document will be disseminated between OAS’ Member States and ESS-Community members.

Thank you very much for participating in this hemispheric exercise led by the ISS ECU-911, with the support of the Department of Public Security.

We kindly request the completed form be returned to Karen Bozicovich at [kbozicovich@oas.org](mailto:kbozicovich@oas.org), no later than **Friday, October 01, 2021**.

|  |  |
| --- | --- |
| |  | | --- | | **I. INSTITUTIONAL** |   Name of the Emergency and Security System (or similar Agency): Click to add the name of the System/Agency |
| Country: Choose an item. |
| Name of person completing the form: Click to add Name |
| Email of person completing the form: Click to add Email |
| Date form was completed: Click to add Date  (Day/Month/2021) |
| **II. ACCESSIBILITY TO EMERGENCY CARE** |

1. Besides the emergency phone number, did the Emergency and Security System (or similar Agency) establish any another a**lternative channel or means of communication** so that people with disabilities could report an emergency?

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| --- | --- |
| Yes | No  🡪 If your answer is ‘No’, go to [question 2](#Pregunta2). |

* 1. If your answer to the previous question was ‘Yes’, list the other/alternative channel/s or means of communication established:

Channel/alternative mean 1: Click to add channel/mean

Channel/alternative mean 2: Click to add channel/mean

Channel/alternative mean 3: Click to add channel/mean

* 1. List the **main problems, challenges or specific obstacles** that were faced to activate those alternative channel/s or mean/s of communication:

Problem/Challenge/Obstacle 1: Click to add the problem/challenge/obstacle overcome

Problem/Challenge/Obstacle 2: Click to add the problem/challenge/obstacle overcome

Problem/Challenge/Obstacle 3: Click to add the problem/challenge/obstacle overcome

* 1. Mention the **main results** achieved from the use of those other alternative channels or means of communication for people with disabilities to be able to reach and interact with the Emergency and Security System (or similar Agency) to report emergencies:

Result 1: Click to add achieved result

Result 2: Click to add achieved result

Result 3: Click to add achieved result

1. Does the Emergency and Security System (or similar Agency) have a **list of people with disabilities** in their database, specifying type of disability?

|  |  |  |
| --- | --- | --- |
| Yes | No |  |

1. Does the Emergency and Security System (or similar Agency) have a **geo-referenced register/directory** of people with disabilities?

|  |  |  |
| --- | --- | --- |
| Yes | No |  |

1. Did the Emergency and Security System (or similar Agency) implement any **early warning mechanism alerts**, specifically aimed at people with disabilities?

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| --- | --- |
| Yes | No  🡪 If your answer is ‘No’, go to [question 5](#Pregunta5). |

* 1. If your answer to the previous question was ‘Yes’, mention the type of mechanism implemented:

Early warning alert mechanism: Click to briefly describe the mechanism

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| **III. PROTOCOLS FOR EMERGENCY RESPONSE AND ASSISTANCE** |

1. Has the Emergency and Security System (or similar Agency) created any protocol/s/ and/or procedures for emergency call handling from people with disabilities?

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| --- | --- |
| Yes | No  🡪 If your answer is ‘No’, go to  [question 7](#Pregunta7). |

* 1. If your answer to the previous question was ‘Yes’, indicate if the protocols and/or procedures are public.

|  |  |  |
| --- | --- | --- |
| Yes | No | 🡪 If your answer is ‘No’, go to  [question 7](#Pregunta7). |

* + 1. If your answer to the previous question was ‘Yes’, indicate the name of each of them, and provide a link to them. [If they are not available in digital format, send them as files attached to the completed form.]:

1. Name of protocol and/or procedure 1: Click to add the name

Link 1: Click to add the link

1. Name of protocol and/or procedure 2: Click to add the name

Link 2: Click to add the link

1. Name of protocol and/or procedure 3: Click to add the name

Link 3: Click to add the link

1. Do the protocols and/or procedures for emergency response and assistance incorporate or consider any type of **classification of disabilities**?

|  |  |
| --- | --- |
| Yes | No  🡪 If your answer is ‘No’, go to  [question 7](#Pregunta7). |

* 1. If your answer to the previous question was ‘Yes’, indicate if it is a classification developed by the institution or if it was adopted from another institution (whether national or international) or instrument (whether national or international).

|  |  |  |
| --- | --- | --- |
| Developed by the institution |  |  |
| Adopted from another institution or instrument |  | 🡪 If adopted, indicate the name of the institution and/or instrument:  Click to add name |

* 1. When receiving a call for service, does the information system provide the possibility of recording the caller’s type of disability, based on the classification used by the Emergency and Security System (or similar Agency)

|  |  |
| --- | --- |
| Yes | No |

1. Is the Emergency and Security System (or similar Agency) assisted by specialized organizations to support (by phone or in person) emergency response and assistance to people with disabilities?

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| --- | --- |
| Yes | No  🡪 If your answer is ‘No’, go to  [question 8](#Pregunta8). |

* 1. If your answer to the previous question was ‘Yes’, indicate at least three specialized organizations with which the System or Agency collaborates in the emergency response and assistance to people with disabilities:

1. Specialized Organization 1: Click to add the name of the Organization
2. Specialized Organization 2: Click to add the name of the Organization
3. Specialized Organization 3: Click to add the name of the Organization

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| **IV. PERSONNEL, INCLUSION AND TRAINING** |

1. Percentage of personnel working in the **operational area**, trained and prepared for emergencies involving people with disabilities:

None

1%:

2%:

3%:

4%:

5% or more:

1. Percentage of **personnel with disabilities** working in the **operational area**, trained and prepared for emergencies involving people with disabilities:

None  🡪 Go to  [question 11](#Pregunta11)

1%:

2%:

3%:

4%:

5% or more:

1. Indicate what **types of disabilities** the **emergency personnel (with and without disabilities)** have been trained to respond in **emergencies**:

Disability 1: Click to add the type of disability

Disability 2: Click to add the type of disability

Disability 3: Click to add the type of disability

Disability 4: Click to add the type of disability

Disability 5: Click to add the type of disability

1. Percentage of **personnel with some type of disability** working in the **administrative area:**

None

1%:

2%:

3%:

4%:

5% or more:

1. Does the Emergency and Security System (or similar Agency) provide training for **operational personnel** in emergency response and assistance involving **people with disabilities**?

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| --- | --- |
| Yes | No  🡪 Go to  [question 14](#Pregunta14). |

* 1. If your answer to the previous question was ‘Yes’, indicate the names of at least **three trainings** received by the **operational personnel** related to emergency response involving **people with disabilities**:

Training 1: Click to add the name of the training

Training 2: Click to add the name of the training

Training 3: Click to add the name of the training

* + 1. **How often** is Training 1 provided?

Quarterly:

Every four months:

Every five months:

Semiannual:

Annual:

Ad hoc:

* + 1. **How often** is Training 2 provided?

Quarterly:

Every four months:

Every five months:

Semiannual:

Annual:

Ad hoc:

* + 1. **How often** is Training 3 provided?

Quarterly:

Every four months:

Every five months:

Semiannual:

Annual:

Ad hoc:

1. Does the Emergency and Security System (or similar Agency) have agreements, or the support of **specialized organizations to train the operational personnel**?

|  |  |  |
| --- | --- | --- |
| Yes | No | 🡪 Go to  [question 14](#Pregunta14). |

* 1. If your previous answer was ‘Yes’, indicate at least three of the **organizations with which you collaborate to train operational personnel:**

1. Organization 1: Click to add the name of the Organization
2. Organization 2: Click to add the name of the Organization
3. Organization 3: Click to add the name of the Organization

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| **V. WORKPLACE ACCESSIBILITY** |

1. Regarding the physical structure of the facility, did the Emergency and Security System (or similar Agency) adapt the working areas (either operational or administrative) and the common areas/services (cafeterias, dining halls, resting areas, restrooms/changing rooms, parking accesses, etc.) to make them more accessible for people with disabilities?

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Operational working areas: | Yes | No |  |
| 1. Administrative working areas: | Yes | No |  |
| 1. Common spaces/services: | Yes | No |  |

**[If your answer to 14.a, 14.b, and 14.c was “No”,** [**END OF FORM**](#End)**.]**

* 1. If your answer to **question 14.a** was ‘Yes’, indicate at least three adjustments made to the **operational area** to improve the accessibility of people with disabilities:

Adjustment 1 to operational area: Click to add first adjustment to operational area

Adjustment 2 to operational area: Click to add second adjustment to operational area

Adjustment 3 to operational area: Click to add third adjustment to operational area

* 1. If your answer to **question 14.b** was ‘Yes’, indicate at least three adjustments made to the **administrative area** to improve the accessibility of people with disabilities:

Adjustment 1 to administrative area: Click to add first adjustment to administrative area

Adjustment 2 to administrative area: Click to add second adjustment to administrative area

Adjustment 3 to administrative area: Click to add third adjustment to administrative area

* 1. If your answer to **question 14.c** was ‘Yes’, indicate at least three adjustments made to the common areas/services (cafeterias, dining halls, resting areas, restrooms/changing rooms, parking accesses, etc.) to improve the accessibility of people with disabilities:

Adjustment 1 to common spaces/services area: Click to add first adjustment to common spaces/services area

Adjustment 2 to common spaces/services area: Click to add second adjustment to common spaces/services area

Adjustment 3 to common spaces/services area: Click to add third adjustment to common spaces/services area

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| If you have question on how to complete this form, or on how to return the form once completed, please contact Karen Bozicovich at [kbozicovich@oas.org](mailto:kbozicovich@oas.org)  **>>Remember: the date to submit the completed Form is Friday, October 1st <<** |