

## MEDIA RELEASE

## Disaster planning needs input from rehabilitation physicians

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New research shows that disaster planning in New Zealand is short-sighted and lacks accountability for the needs of people with disabilities.

Professor Fary Khan, Secretary and Lead Task Force for the Committee for Disaster Relief for the International Society of Physical and Rehabilitation Medicine (ISPRM) which liaises with the World Health Organisation, said that in order to address these issues rehabilitation physicians need to play a role in disaster response planning.

Speaking today at the Australasian Faculty of Rehabilitation Medicine/New Zealand Rehabilitation Association Combined Meeting in Wellington, Professor Khan said there is no streamlined approach to rehabilitation in disaster settings which has led to increasing mortality rates.

"Timely and accurate rehabilitation can greatly improve recovery outcomes including mobility, functionality and quality of life.

"Typically disaster responses focus on immediate rescue and restoration of vital signs, and making sure individuals are medically stable - and rehabilitation is an afterthought.

"As far as I know, no foreign emergency health team incorporates both an acute and rehabilitation component.

"It's short sighted not to include rehabilitation in disaster planning.

"People with existing disabilities, in particular, suffer in disaster situations" said Professor Khan.

Locally, a recent study by the Burwood Academy of Independent Living has revealed that New Zealand's National Disaster Planning measures do not adequately account for the needs of people with disabilities, leaving them 'unprepared' and 'at risk'.

At today's meeting Mr Jason Nicholls, a Master of Health Sciences at the University of Otago, said that prior to the 2010-2011 Canterbury earthquakes non-disability organisations didn't fully understand the needs of people with disabilities and didn't always see the importance of including them in disaster planning.

"Our study found that less than 30 per cent of wheelchair users surveyed were equipped with adequate knowledge of what to do in the event of a natural disaster, such as an earthquake.

"As a result, wheelchair users were potentially ill-equipped, and in some cases wheelchair users were unable to exit their homes or move about in their communities due to damaged infrastructure, fallen debris and liquefaction.

"For others back-up plans weren't in place for the loss of vital equipment, such as hoists in power outages, and some emergency shelters were inaccessible.

Mr Nicholls said there are about 10,500 people in wheelchairs in New Zealand, with the study highlighting the need for proper representation of their needs in the disaster planning process.

"It's my hope that from this point on, organisations and emergency services will engage with people with disabilities in disaster planning.

"There's still a long way to go before we have fully inclusive disaster plans in place," said Mr Nicholls.

## ENDS

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