Planning Checklist for Rapid Emergency Response for Organizations Serving People with Disabilities By

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CONTENTS

- Objectives
 - Elements: Brief Overview
 - How to Use
 - Evaluation Key
- Continuity of Operations / Ensuring Service Continuation
 - Emergency Staffing
 - Coordination and Decision-Making
 - Emergency Plan Usability
 - o Data
 - Mutual Aid
 - Supplies
 - Training and Drills
 - Training
 - o Drills and Exercises
 - Alerts and Warning / Communication of Emergency Messages
 - Pre-emergency
 - Immediate post-emergency
 - Updating Emergency Plans
 - Exercising and training
- Client Focused Emergency Actions Assist people served in preparing for emergencies
 - Intake / registration
 - Development of personal emergency plans
 - Life-safety checks
- Community Partnerships, Connecting and Networking
 - Focused meetings
 - Participate in emergency planning opportunities
- Outside Service Contracts, Agreements and Memorandums of Understandings

"Knowing is not enough; we must apply.
Willing is not enough; we must do."

Goethe

Guidance for Organizations Serving People with Disabilities

This guidance and checklist is for all organizations that focus on supporting the health, safety, and independence of people with disabilities and others with access and functional needs. This includes non-governmental organizations and government agencies such as: The Veterans Administration, local disability service providers, disability-specific organizations (muscular dystrophy, cerebral palsy, multiple sclerosis, blind, deaf, hard of hearing, autism, mental health, developmental disability, etc.), Easter Seals, community clinics, Federally Qualified Health Centers, equipment vendors, and home health agencies. Rapid emergency response is in direct alignment with the core services and values of disability focused organizations that engage in systems advocacy that protects peoples' civil rights and right to self-determination.

Objectives

The objectives of this checklist are to help organizations:

- Recognize that whether anticipated or not, history confirms that many organizations will be involved before, during and after emergencies because the people you regularly support, will need assistance more than ever. You will be impacted and bombarded with immediate, life-saving and life-sustaining needs of people that you serve as well as their needs in the often under-estimated and long-lasting recovery phase of the event. These people trust and depend on you and your deeper understanding of the lived disability experience.
- Be proactive in addressing the inevitable degrading or failure of critical individuals' personal support systems during disasters. This includes loss of equipment (communication and mobility devices, ventilators, oxygen), supplies, technologies, personal assistants and customized environments that typically work in non-emergency times.

- Plan for unpacking and standing up a rapid response to emergencies to avoid wasted time trying to plan and organize during a response where every minute counts.
- Recognize that service community providers can be on the front lines of protecting, addressing and maintaining the critical health, safety and independence of the people you support. The speed in which you activate your emergency response has a direct correlation to life sustaining outcomes for many who can be disproportionately impacted.
- Rapidly respond to help mitigate the disturbing trend in disasters of the transfer of people with disabilities who lived in the community to institutional settings because of planning failures including lack of health care options, post-shelter housing options and difficulties people have in accessing and navigating the complex maze of disaster recovery assistance.
- Avoid the common magical thinking that government will take care of it! In large scale disasters. You are the help even after help arrives! In large scale disasters the needs of survivors far outweigh the collective resources and capabilities of government at all levels. What is key is how organizations engage and leverage their resources to contribute to the effectiveness of response. Emergency services need help with the specific and often complex needs of the people you serve. Emergency personnel have little to no training in disability-related assistance. Even well-intentioned emergency service personnel will not be able to adequately address these needs.
- Counteract the common cycle of outrage post an emergency, which consist of a short lasting burst of passionate advocacy and the renewed vigilance to prepare for the next time. Unfortunately, all of this tends to melt away as time passes, other priorities become more compelling, and the inevitable and pervasive fog of complacency and denial settles back into place.
- Access actionable questions and resources that include templates to help build and sustain a plan.

Many organizations are in areas where there is a strong "perception of threat" and operate from the "not if, but when" risk of real and reoccurring disasters. These organizations reside in and serve people in high hazard threats and disaster probability areas. Other organization are in areas where large emergencies occur less often. Never the less preparation for these events is important.

How to Use this Checklist

Use this checklist over time as a reference and planning document, and a guide. Use it to evaluate critical elements of your emergency response and recovery, identify areas needing attention, set priorities and continue to assess progress.

This is not meant to be a one and done checklist. Consider taking one area at a time, starting with the area you feel is most important, or you have done the most work on, or you feel needs the most work. If you are a large organization, consider assigning different areas to different lead staff. Emergency planning is an ongoing learning and continual improvement process.

NOTE: This checklist posted on June 2018 is work in progress. It is designed to evolve based on new learning, continuous feedback, and as new methods and tools become available. You are encouraged to refine its content and provide the author (jik@pacbell.net) with feedback. What works, doesn't work, or needs work?

Elements: Brief Overview

Critical elements require that your organization plan for and provide:

- Continuity of Operations / Ensuring Service Continuation Can your organization continue to provide services? Are staff familiar with (drilled and practiced) emergency procedures with different scenarios? Can communication among staff and clients be maintained during and after the emergency? Are plans in place for emergency staffing and supplies, coordination and decisionmaking, access to data, mutual aid, communication of emergency messages, and updating emergency plans?
- Client Focused Emergency Actions What steps is your organization taking to assist the people you serve in preparing and sustaining their emergency plans?

Are plans in place to provide life-safety checks to a pre-identified segment of the people you serve?

- Community Partnerships, Connecting and Networking Does your organization participate in meetings, workshops, and community gatherings that focus on emergency planning?
- Outside Service Contracts, Agreements and Memorandums of Understandings – Have you determined what services your organization will offer for a fee or free to local and state government and establish agreement for fee-based services?

Evaluation Key

Answer using the viewpoint of large scale emergency. A large event typically affects a large area, many people and overwhelms local, state, and federal response agencies. Their combined resources are often insufficient to meet the needs of the affected public.

YES
□ completely addressed
PARTIAL
 □ informally addressed □ under development □ being updated
NO
□ not addressed
? = UNSURE
□ need to find out

COMMENTS & FOLLOW UP NEEDED

Eleme	nt	YES	PARTIAL	NO	?	COMMENTS & FOLLOW UP NEEDED
Continuity of	Operations Plans /					
Ensuring Ser	vice Continuation					
[1]						
1. Hazard ident plans of threa hazards that (earthquakes outages, stor tornados, hazincident, exp						
county or reg offices and s	advice and assistance of jional and local planning hall not conflict with ommunity disaster plans					
Emergency Sta	ffing					
contact number information (cell phone, to emergency of than every 6						
	ow to report their status rgency using multiple					
of staff who of emergencies	eate a realistic projection can work during . Staff who are not bound ly needs, etc.					
	and Decision-Making					
	emergency team					
the work						
secu	•					
(gas Ideni line-	sponsible for utilities electric, and water) ifies team back-ups (for of succession)					
of succes	,					
	staff responsibilities are to job descriptions					

Element	YES	PART IAL	ON	?	COMMENTS & FOLLOW UP NEEDED
Emergency Plan Usability					
Contains a quick at-a-glance summary of how to activate the emergency plan [2]					
Contains easy to follow checklists and job aides in place of paragraphs and notebook volumes.					
Data					
10. Identifies emergency team					
11. Identifies operations - who does the work					
12. Identifies emergency team					
Identifies operations - who does the work					
13. Multiple locations are identified (including work from home), and sites are included at variable distances away: 1-5 miles, 20 miles, neighboring city					
14. Agreements are in-place with vendors for equipment needed: computers, phones, office furniture)					
Mutual Aid					
15. Cooperative agreements with "like- service organizations are in place					
16. Updated no less than annually					
17. Sites included at variable distances away: 1-5 miles, 20 miles, neighboring city,					
18. Agreements detail sharing of resources such as:					
18.1. food, water, sheltering					
18.2. office space					
18.3. accessible transportation					
18.4. other					
Supplies					
19. Staff encouraged to have with them essential medications					

		_			COMMENTS &
Element	ΥES	PART AL	N _C	٠.	FOLLOW UP
	S	- -	U		NEEDED
20. Emergency first aid kits, food,					
supplies, and generators are stored					
and refreshed using vendor					
agreements					
21. Updated no less than annually					
Training and Drills					
Training [4]					
22. Break elements down so some time is					
spent discussing a few of the plan's					
elements at regular staff meetings					
23. Dedicate an annual staff meeting to					
reviewing the full emergency plan and					
staff roles					
24. Critical emergency plan content is					
integrated into onboarding (new					
employee orientation)					
25. Prepare just-in-time training for use as					
emergency unfolds, i.e. how to					
activate plan and use checklists, etc. [3]					
26. Offer yearly personal preparedness					
training that encourages staff to					
prepare at home. This can help some					
staff feel better prepared to report to					
work, knowing their families are safe					
and have successfully activated their					
plan					
Drills and Exercises [4]					
27. Exercise plans using tabletop					
exercises, operations-based					
exercises, and functional exercises.					
28. Participate in local and state disaster					
drills and test exercises when asked					
to do so by the local or state disaster					
or emergency services [Also see:					
Continuity of Operations / Ensuring Service Continuation - Updating					
Emergency Plans and Community					
Partnerships, Connecting and					
Networking]					
29. Conduct fire and internal disaster					
drills at least quarterly					

Element	YES	PAR'	NO	->	COMMENTS & FOLLOW UP
	S	· ~	J		NEEDED
Alerts and Warning / Communication					
of emergency messages					
Reach out to individuals who may be less					
likely to receive, understand, or trust					
standard government messages using:					
30. Prewritten messages prepared for					
most common events, storms, floods, power outages etc. (pre-tested for					
understandability and use of plain					
language) ready to be customized					
and finalized for relevancy to the					
event					
31. Messages tailored to needs of specific					
populations using easy to understand					
language to reach more people					
32. Use pictures in addition to or instead					
of text or voice					
33. integrated any needed disability-					
related content Use methods such as:					
33.1. Websites accessible and reliable					
33.2. E-mail lists					
33.3. Phone trees					
33.4. Texts					
33.5. Next Door app					
33.6. Other					
34. Plans for distributing messages when					
these standard communication tools					
are not available? [no power] i.e.:					
runners					
<u>Pre-emergency</u>					
35. Proactive reminders to review and					
have ready emergency plans, refill					
prescriptions early, etc.					
36. Other					
Immediately post emergency					

					0014151500
Element	YES	PAR IAL	N O	٠,	COMMENTS & FOLLOW UP
	S	L R	0		NEEDED
37. How to reach out for assistance to					NEEDED
community based organizations,					
transportation providers, health plans,					
care coordinators, nurse hot lines,					
telehealth services, etc.					
38. How and where to go for help when					
primary pharmacy, dialysis centers or					
chemo and other infusion therapy					
sites are not available					
Updating Emergency Plans					
(commitment to the continuous					
strengthening of their emergency plans					
39. Incorporate lessons to apply by					
revising plans and procedures after					
analysis: what worked, didn't work,					
and needs work from tabletop					
exercises, operations-based					
exercises, and functional exercises.					
40. Plan updated annually					
+0.1 lan apacted annially					

		_ च			COMMENTS &
Element	YES	PART IAL	ON	.2	FOLLOW UP NEEDED
Client Focused Emergency					NLLDLD
Actions - Assist people served in					
preparing for emergencies					
Intake / registration					
41. Questions are included to identify					
those who would be the most					
disproportionally impacted and likely					
to need assistance because they:					
41.1. Are geographically isolated					
41.2. Lack support networks					
(relatives, friends, and neighbors)					
41.3. Are unable to get, use,					
understand or act on emergency					
alerts and notification systems					
41.4. Have no access to transportation					
41.5. Have multiple complex needs					
41.6. Are dependent on power for					
essential life sustaining					
equipment and for mobility and					
communication					
41.7. Need food, water, oxygen,					
medications, power, equipment,					
and supplies					
41.8. Are least able or unable or to get					
to food, water and supply					
distribution sites 42. Offer to include these identified					
individuals on a "check-in list" so that					
if possible staff will try to check in with					
them before, during or after an					
emergency					
Offer to assist with development of					
personal emergency plans to					
include:					
43. Focus on an individuals' functional					
needs (hearing, vision, mobility,					
speech, and cognition (thinking,					
understanding, learning,					
remembering)). [5][6]					
44. Labeling all equipment and listing					
serial numbers and payor for wallets					
and grab and go kits.					

Element	YES	PAR'	NO	?	COMMENTS & FOLLOW UP
	S	_ \ \			NEEDED
45. Focus on no-cost and low-cost					
preparedness in addition to costly					
activities.					
45.1.Identifying ways to power life					
sustaining, mobility and					
communication equipment					
45.2.Identifying support teams and					
discussing plans with personal					
attendants/ family and significant others					
45.3.Identifying evacuation plans					
45.4.Collecting emergency health					
information and emergency					
documents					
Life-safety Checks					
46. Reach out to those pre-identified					
people [See Client Focused					
Emergency Actions - Assist people					
served in preparing for					
emergencies - Intake / registration]					
to check on their health, safety and to					
assist with needs such as:					
46.1. Evacuation, accessible					
transportation, personal					
assistance, getting health care,					
return to homes or temporary					
housing					
46.2. Delivery of food, water, generators or items damaged,					
lost, of left behind: equipment,					
supplies, mobility devices					
(wheelchairs, canes, crutches,					
walkers, shower chairs, raised					
toilet seats) and assistive					
technology					
46.3. Accessing and navigating the					
complex maze of disaster					
recovery assistance					
46.4. Getting or funding nontraditional					
services such as air conditioner,					
mold removal, reconstruction of					
ramps, accessible showers, etc.					

46.5. Preventing and diverting			
inappropriate admissions to			
inappropriate auriissions to			
medical facilities and			
institutionalization			
46.6. Assisting those who end up in			
40.0. Assisting those who end up in			
institutions to move back into the			
homes and/or communities of			
their choice			
their eriolee			

Element	YES	PART IAL	NO	?	COMMENTS & FOLLOW UP NEEDED
Community Partnerships,					
Connecting and Networking					
47. Establish and maintain working relationships with nearest police and fire station so they are aware of your organization and the people served					
48. Establish and maintain active connections with community partners (including those who have not worked together in the past) in planning, exercises, drills, response, and recovery activities					
49. If no group exists, flip the old paradigm of waiting to be invited or asking permission to join the emergency management response table. Proactively invite emergency services and others to your table to participate in whole community inclusive planning, response and recovery. When these emergency response invitations are not accepted, everybody loses.					
Partners should be inclusive of:					
50. Voluntary Organizations Active in Disasters or others who have as their major mission emergency work					
51. Organizations whose missions in not emergency response but who can play critical role in supporting people with disabilities and others with access and functional needs					
52. Broad membership from organizations "with, of and by" and "for and about" people representing the diverse disability organizations and advocates Emergency services that are broader					
than just the emergency management department. They include but are not limited to:					
52.1. Aging					
52.2. Airports					

Element	YES	PART IAL	NO	?	COMMENTS & FOLLOW UP NEEDED
52.3. Animals					
52.4. Behavioral health					
52.5. Building and safety					
52.6. Businesses					
52.7. Children					
52.8. Disability					
52.9. Faith-based					
52.10. Fire					
52.11. Health					
52.12. Housing					
52.13. Information technology					
52.14. Mental health					
52.15. Parks and recreation					
52.16. Police					
52.17. Procurement and contracting Public health					
52.18. Public health					
52.19. Transportation					
52.20. Utilities					
53. Meetings do not have to be burdensome or even monthly. They should, however, have, be productive and include relevant activities that focus on real challenges and problems:					
53.1. Foster sustained ongoing communication, coordination, cooperation and collaboration with and among disability communities' advocates, service organizations, and emergency managers					
53.2. Clarify expectations, roles and resources					
54. Plans that establish Americans with Disabilities Act and Rehabilitation Act as building blocks upon which everything (processes, procedures, protocols, policies, and training) gets built such as:					

Element	YES	PART IAL	ON	->	COMMENTS & FOLLOW UP NEEDED
54.1. Inclusionary, accessible messaging and effective communication					
54.2. Website and social media access					
54.3. Meetings and public events accessibility checklist					
54.4. Press conference procedure checklist					
54.5. Public Information Officer coordination regarding communication access responsibilities					
55. Review of all elements that are inclusionary and not just those that are most commonly related access and functional needs, for example, early warning and notification, public information, evacuation, transportation, mass care/sheltering, supplies, durable medical equipment and consumable medical supplies, etc.					
Review of standard operating procedures, checklist, guides and Just-In-Time training used in response and recovery:					
56. Examines and updates implementation details (who, what, where, when, how, and why) of the processes, procedures, protocols, policies, training and exercises and replaces any vague "plan to plan language such as "could, should, may, or we will consider. [7]					

					COMMENTS &
Element	YES	PART IAL	NO O	?	FOLLOW UP NEEDED
57. Invest time in mutual education to:					
57.1. Understand diverse perspectives of planning partners including sharing and explaining concepts and values					
57.2. Build upon ways to use the wealth, depth and breadth of community information and skills available					
57.3. Translate emergency-eze, community-eze and nonprofit-eze, and government-eze					

Element	YES	PART IAL	NO	.>	COMMENTS & FOLLOW UP NEEDED
Outside Service Contracts, Agreements and Memorandums of Understandings					
58. Determine what external roles, if any, staff will participate in					
59. Determine what services your organization will offer for a fee or free to local and state government, such as:					
59.1. FAST members [8]					
59.2. Conversion of materials into alternative formats (pictures/symbols in addition to or instead of text, large print, electronic, audio, Braille,) 59.3. Disability competency training					
59.4. Case management					
59.5. ASL interpreters					
59.6. CART (computer assisted real time transcription) 59.7. Translation services					
59.8. Testing public warnings, alerts and notifications for accessibility and understandability					
59.9. Tailoring messages to needs of specific populations					
59.10. Review website social media accessibility and usability with end users					
59.11. Review preparedness, education and training content for:					
59.11.1.Accurate, clear, realistic, and helpful content					
59.11.2.Usable format availability (large print, electronic, audio, Braille, pictures, language)					

Element	YES	PART IAL	ON	٠,	COMMENTS & FOLLOW UP NEEDED
59.12. Access Surveyors for pre-					
evaluation of all potential sites for					
ADA accessibility. Data entered into a usable database for the					
identification of which sites to					
open can be exchanged with					
other cities and counties					
59.13. Debris removal focused on					
quick accessibility fixes such as					
clearing pedestrian access paths					
[not roads and highways]					
60. Establish memorandums of					
understandings for fee-based services					
61.					
62.					
63.					
64.					
65.					
66.					
67.					
68.					
69.					
70.					
71.					
72.					

"Government can and will continue to serve disaster survivors. However, we fully recognize that a government-centric approach to disaster management will not be enough to meet the challenges posed by a catastrophic incident. That is why we must fully engage our entire societal capacity...."

Administrator Craig Fugate, Federal Emergency Management Agency, before the United States House Transportation and Infrastructure Committee, Subcommittee on Economic Development, Public Buildings, and Emergency Management at the Rayburn House Office Building, March 30, 2011.

"Plans are useless, planning is priceless."

Dwight D. Eisenhower

Footnotes

[1] **Continuity of Operations** identifies requirements for continuity measures to maintain operations in the face of disruptions of service, damage to the environment in which operations occur, or loss of critical services. This is a sample of the many Continuity of Operations templates available online:

- Crisis and Disaster. Planning The ARC 2014 http://www.jik.com/ARCCrisis-Disaster-Planning.pdf
- Business Continuity and Recovery Plan Template for Non-Profits, County of Los Angeles Public Health http://www.jik.com/BIZContinuity-templateLACPH.doc
- Disaster Preparedness Workbook for Service Providing Agencies, Prepared by the Monterey County Emergency Food Assistance Project http://www.jik.com/DisasterPrep4ServiceOrgs.docx
- Ready Rating provides tools, checklists, and articles for organizations working to strengthen their emergency preparedness. https://www.readyrating.org/video-gallery

[2] From — Atul Gawande, The Checklist Manifesto: How to Get Things Right:

- "The volume and complexity of what we know has exceeded our individual ability to deliver its benefits correctly, safely, or reliably."
- "Checklists seem able to defend anyone, even the experienced, against failure in many more tasks than we realized."
- "Under conditions of complexity, not only are checklists a help, they are required for success."

[3] Long intense training offered during steady-state times is often not used for years and when it is needed those who were trained are gone. Training is often the difference

between plans being nothing more than "shelf-ware dust collectors" or real tested road maps. As Peter Drucker said, "plans are only signs of good intentions unless they degenerate into hard work." Some organizations infer that reading the plan is the primary form of training.

[4]

- Drills are coordinated tests used to evaluate a specific operation or function.
 Drills provide training on new equipment, test new policies or procedures, or practice skills.
- Functional exercises test multiple functions, activities, and departments with a
 focus on exercising the plans, policies, procedures, and staff. Functional
 exercises simulate the operations by presenting realistic problems requiring
 responses.
- Operations-Based Exercises validate the plans, policies, agreements, and procedures. Operations-based exercises include drills, functional exercises, and full-scale exercises and mobilize resources and commitment of personnel over an extended period.
- **Tabletop exercises** focus on facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Exercises generally involve senior staff, middle management, and other key personnel who are encouraged to discuss issues in depth and develop decisions through slow paced problem solving rather than rapid, spontaneous decision making.

[5] General emergency preparedness information is relevant for everyone. Emergency preparedness information for the general population is not always equally applicable for people with disabilities.

[6]

- Kailes, J. I. (Edition 1.0, 2016) <u>Be Real, Specific, and Current: Emergency Preparedness Information for People with Disabilities and Others with Access and Functional Needs, http://www.jik.com/pubs/RealEPtips.pdf
 </u>
- Kailes, J.I. (Edition 2.0, 2016) Emergency Preparedness for Personal Assistant Services (PAS) Users, http://www.jik.com/pubs/PAS-EP.pdf
- Kailes, J.I. (Edition 2.0, 2016) Emergency Supplies Kits for People with Disabilities and Activity Limitations, http://www.jik.com/pubs/SupplyChecklist.pdf
- The American Journal of Managed Care, January 2015 Published on: January 16, 2015 State of Emergency Preparedness for US Health Insurance Plans Raina M. Merchant, MD, MSHP; Kristen Finne, BA; Barbara Lardy, MPH; German Veselovskiy, MPP; Casey Korba, MS; Gregg S. Margolis, NREMT-P, PhD; and Nicole Lurie, MD, MSPH

- [7] Replace boilerplate, non-specific language, which carries a substantial risk of failure and a substantial risk of discriminatory response.
- [8] Functional Assessment Service Teams (FASTs) also known by other names such as Functional Assistance Service Teams, Functional Assistance Support Teams, Disaster Rapid Assessment Teams, are made up of individuals from disability service community based organizations (CBOs), Non-governmental organizations (NGOs), and government agencies to ensure that people with disabilities impacted by the emergencies are able to maintain their health, safety and independence. Team members contribute a blend of disability skills sets and competencies such as applying sophisticated competencies regarding: disability civil rights; helpings people with often complex and urgent disability-related needs; preventing and diverting inappropriate admissions to medical facilities and institutionalization; understanding multiple and cross-disability access issues be it hearing, vision, mobility, speech and / or memory and understanding; applying independent living values including honoring people's right to self-determination; and delivering assistance by applying a social model versus a medical model of disability.