

# **Planning Checklist for Rapid Emergency Response for Organizations Serving People with Disabilities**

**By**

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"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](mailto: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 decision-making, 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

<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
<b>Continuity of Operations Plans / Ensuring Service Continuation [1]</b>					
1. Hazard identification, assessment and plans of threats -specifics for all hazards that apply to your location (earthquakes, fires, floods, power outages, storms, hurricanes, tornados, hazardous materials incident, explosions					
2. Develop with advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans					
<b>Emergency Staffing</b>					
3. Managers maintain staff emergency contact numbers and other contact information (multiple ways to contact: cell phone, text, e-mail, social media, emergency contact) updated no less than every 6 months					
4. Staff know how to report their status after an emergency using multiple methods					
5. Managers create a realistic projection of staff who can work during emergencies. Staff who are not bound by other family needs, etc.					
6. Coordination and Decision-Making					
6.1. Identifies emergency team					
6.2. Identifies operations - who does the work					
6.2.1. Manages organization's site security					
6.2.2. Responsible for utilities (gas, electric, and water) Identifies team back-ups (for line-of succession)					
6.3. Identifies team back-ups (for line-of succession)					
7. Emergency staff responsibilities are integrated into job descriptions					



<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
<b>Emergency Plan Usability</b>					
8. Contains a quick at-a-glance summary of how to activate the emergency plan [2]					
9. Contains easy to follow checklists and job aides in place of paragraphs and notebook volumes.					
<b>Data</b>					
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)					
<b>Mutual Aid</b>					
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					
<b>Supplies</b>					
19. Staff encouraged to have with them essential medications					

Element	YES	PARTIAL	NO	?	COMMENTS & FOLLOW UP NEEDED
20. Emergency first aid kits, food, supplies, and generators are stored and refreshed using vendor agreements					
21. Updated no less than annually					
<b>Training and Drills</b>					
<b>Training [4]</b>					
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					
<b>Drills and Exercises [4]</b>					
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: <b>Continuity of Operations / Ensuring Service Continuation - Updating Emergency Plans and Community Partnerships, Connecting and Networking</b> ]					
29. Conduct fire and internal disaster drills at least quarterly					

<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
<b>Alerts and Warning / Communication of emergency messages</b>					
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					
<b><u>Pre-emergency</u></b>					
35. Proactive reminders to review and have ready emergency plans, refill prescriptions early, etc.					
36. Other					
<b><u>Immediately post emergency</u></b>					



<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
<b>Client Focused Emergency Actions - Assist people served in preparing for emergencies</b>					
<b>Intake / registration</b>					
41. Questions are included to identify those who would be the most disproportionately 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					
<b>Offer to assist with development of personal emergency plans to include:</b>					
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.					

<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
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					
<b>Life-safety Checks</b>					
46. Reach out to those pre-identified people [ <b>See Client Focused Emergency Actions - Assist people served in preparing for emergencies - Intake / registration</b> ] 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, or 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.					



Element	YES	PARTIAL	NO	?	COMMENTS & FOLLOW UP NEEDED
<b>Community Partnerships, Connecting and Networking</b>					
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					



<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
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:					

<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
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]					



<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
<b>Outside Service Contracts, Agreements and Memorandums of Understandings</b>					
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)					

<b>Element</b>	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>?</b>	<b>COMMENTS &amp; FOLLOW UP NEEDED</b>
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.					
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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>

[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) [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), <http://www.jik.com/pubs/RealEPTips.pdf>
- 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; helping 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.