

# Active Planning Workbook

## Meeting the Emergency & Disaster Needs of People with Disabilities



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National Technical Assistance and Training Center on Disability Inclusion and Emergency Preparedness  
Association of University Centers on Disabilities (AUCD), February, 2021

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## About the Workbook

This Workbook provides tools for local communities to use in inclusive and collaborative emergency planning, management, and response for people with disabilities. The Workbook contains a three-part tool for localities to use to assess and remediate gaps in local emergency plans relating to children and adults with disabilities.

- ✓ Tool 1, **Where Are We Now? Needs Assessment and Gap Analysis** is a checklist for use by the local Commission on Disability, other members of the disability community, emergency response, management and public health personnel to review the local emergency plan in detail and note gaps in addressing the emergency needs of people with disabilities.
- ✓ Tool 2, **Where Do We Want to Be? Set Priorities** is a collaborative tool to help determine which gaps to address in the local emergency plan.
- ✓ Tool 3, **How Do We Get There? Close Gaps** is a collaborative tool to help develop a plan for closing identified gaps.

## Step One: Where are we now? Needs Assessment & Gap Analysis



# 1. Where Are We Now? Local Needs Assessment and Gap Analysis

Read each item.

Click the box to mark based on the questions or statements. Write in other answers as needed. Unchecked boxes indicate potential gaps in your local emergency plan.

## A. Local Demographics and Needs Assessment

In order to plan for your local disability community you need to know something about the people living in your community. This section asks questions about local demographics and the functional and access needs of local citizens with disabilities.

- Our community collects information about the emergency needs of our citizens with disabilities
- Our community collects information about the emergency needs of our citizens with disabilities via a voluntary paper or computer **database** (sometimes called a "registry"):
  - The local emergency plan includes aggregate information from the database
    - There are multiple ways and places to register for the database
      - Public library
      - Senior center
      - Town hall/city hall/county seat
      - Public schools
      - Police and fire departments
      - Housing authority
      - Registration via fax
      - Registration online or via email
      - Registration via printed form
- There is a process to maintain database confidentialit

- Our community collects information about the emergency needs of our citizens with disabilities via outreach to and networking with local disability or advocacy organizations and public agencies that serve people with disabilities (e.g. Disability Commission)
- Our community makes outreach to the following local disability or advocacy organizations and public agencies:
  - Group homes
  - Nursing homes
  - Long-term care facilities
  - Assisted living units
  - Public schools
  - Private schools
  - Residential schools
  - Pre-schools, day care centers, early intervention programs
  - Hospices
  - Hospitals
  - Medical offices
  - Disability Commission
  - Senior Services
  - Human Services
  - Library
  - Other
- Outreach is made:
  - In writing
  - Via website
  - In person
  - Via another method



- Our local plan includes information about the emergency needs of our citizens with disabilities from the American Community Survey (U.S. Census)
- Our local plan identifies the community's C-MIST functional and access needs, gleaned from the database, outreach/networking or the American Community Survey (U.S. Census):
- Our local plan includes aggregate information about citizens with C-MIST **communication** needs (needs related to receiving, interpreting, sharing or responding to information)
- Our local plan includes aggregate information about citizens with C-MIST **medical** needs (needs related to medication, medical treatment and/or assistance with daily living activities like eating, bathing, toileting, dressing, oxygen)
- Our local plan includes aggregate information about citizens with C-MIST needs for support to maintain independence (needs related to equipment or technology or service animals to maintain independence)
- Our local plan includes aggregate information about citizens with C-MIST safety & support needs (need for support to stay safe and calm)
- Our local plan includes aggregate information about citizens with C-MIST transportation needs (no independent means of transportation)

Write your summary of the functional and access need information for your local plan:

- A person/agency has been designated to store the emergency information our community gathers about people with disabilities:

That person or agency is: \_\_\_\_\_

- A person/agency has been designated to update the information we gather: \_\_\_\_\_

- The information is updated every \_\_\_\_\_ months

**After completing this section of the Workbook, count the number of checked and unchecked boxes.**

**There are \_\_\_\_\_ checked boxes and \_\_\_\_\_ unchecked boxes in this section.**

**Use this space for notes and ideas regarding planning for the whole community:**

## B. Local Emergency Planning Process for People with Disabilities

- People with disabilities, their care providers, and families are included in our local emergency planning process.
- Members from the following groups are included in our local emergency planning team:
  - Commission on Disability
  - Special Education Parent Advisory Council (PAC)
  - Local Center for Independent Living
  - Board of Health
  - Local disability provider agencies
  - Other disability community members
- Local emergency planning meetings are accessible
  - Venues are accessible
  - Reasonable accommodations are provided
    - Preferential seating
    - Frequent breaks
    - Interpreting services
    - Materials in accessible formats
    - Note taker support
    - Childcare stipend
    - Transportation stipend
- Our community publicizes the availability of reasonable accommodations for local emergency planning meetings
- There is a local disability advisory committee and/or liaison to the emergency planning team

- People with disabilities have reviewed our local emergency plan for gaps and provided feedback. A written plan exists to close the gaps.
- Our local emergency plan is shared with the public on an accessible website
- Our local emergency plan is shared with the public in other forms such as:
  - Newspaper insert
  - Public forums
  - Public library
  - Department of Human Services
  - Department of Public Works
  - Housing Authority
  - Senior Housing
  - Mailed or delivered to homes
  - Local cable TV station(s)
- We provide a point of contact for the public to ask questions about our local emergency plan
- Our local emergency plan is up to date and a person is designated to keep the plan current.
- People with disabilities are included in the design of trainings, exercises, and drills.
- The needs of people with disabilities are included in the implementation of trainings, exercises and drills as instructors, participants, and subject matter experts.
- Training and drill scenarios include people with different disabilities.
- Our community has a list of private and public organizations with which there are Memoranda of Understanding (MOU) and contact information for those organizations.

Fill in the grid below with contact information of organizations.

Organization	Available Emergency Resources	Contact Information

- Disability-related issues are addressed in post-emergency debriefings and after-action reports
  - Revised or new training needs are identified
  - Revised or new contracts and MOU needs and resources are identified
  - Our local emergency plan is revised based on results of the above

**Responder Household Preparedness**

- Local responders have developed and know how to implement their own household emergency plan
  - Local responders have received training, as needed, about the importance of responder household emergency plans
  - Local responders have received support, as needed, to develop their own household emergency plan

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## C. Public Emergency Preparedness Education

- Our community shares information with the public about the importance of personal emergency preparedness.
- Public education informational preparedness materials contain specific information geared to people with disabilities.
- Public education information is available in multiple, accessible formats including:
  - Braille
  - Large print
  - Audio recording
  - Video
  - Languages other than English
  - Plain language
  
- Public education information is distributed in many ways:
  - Newspaper
  - Radio
  - Accessible websites
  - Public Library
  - Handouts/Leaflets
  - Local cable TV station(s)
  - Local disability organization newsletter
  - Local Council on Aging
  - Local human services department
    - Local housing authority
    - Other:

- Our community provides information about sheltering at home to the public, with specific information geared to people with disabilities.
- Our community's emergency plan includes assistance to those unable to shelter at home.
- Our community's emergency plan includes providing basic sheltering supplies to those who need them.
- Our community has a method to evaluate whether emergency public education information has been received and understood by people with disabilities.
  - Assessment of % of messages received
  - Assessment of how effective each method was

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## D. Emergency Communication

- Our community has a method for people with disabilities to communicate their emergency needs to responders during an emergency:
  - 9-1-1 with TTY and relay services, and back up
  - Access to ASL interpreters
  - Short written messages pertaining to emergencies prepared in advance; paper, pen available
  - Visual symbols and icons for procedures/needs
  - Communication boards/displays/books
  
- Our community has an accessible way to deliver warnings and alerts and other key public information:
  - Reverse 9-1-1 with TTY
  - Radio Emergency Alert System
  - Local cable TV, with captioning
  - Bullhorn
  - Door to door
  - Siren with flashing lights
  - Texting
  - Social media (Facebook, Twitter, etc.)
  - Accessible website
  - Other:
  
- A plan exists to develop relevant **message content**:
  - Messages include information for people with disabilities and address access and functional needs
  - Messages provide specific instructions and information in short, clear sentences using plain language
  - Messages use respectful and appropriate language when referring to disability

- Messages use “people first” language and/or “identity first” language
- Text of key messages developed in advance
- Key messages are pre-recorded
- Message content is reviewed in advance by the intended audience
- Our community tests our emergency communications systems at least yearly. The tests include an assessment of whether the emergency communications have been received and understood by intended recipients.
  - Assessment of % of communications received
  - Assessment of effectiveness for each communication method
  - Intended recipients review communications (e.g. people with disabilities review communications intended for people with disabilities)

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## E. Transportation and Evacuation

### I. Evacuation/Transportation Planning

- Our community's emergency plan identifies and analyzes likely events that would trigger mandatory and non-mandatory evacuations.
- A decision tree exists for deciding when to issue a mandatory evacuation order.
- Our community's emergency plan includes an analysis of geographically vulnerable areas.
- Our community's emergency plan includes a description of the likely evacuation needs of people with disabilities.
- Our community's emergency plan includes a statement to the effect that community policy includes evacuating families together, evacuating caregivers together with those they provide care for, and evacuating people with disabilities together with vital equipment/assistive technology and service animals.
- Our community's emergency plan specifies how evacuation and transportation alerts and instructions will be communicated to members of the public, including people with disabilities.
- Our community's emergency managers have coordinated with local entities that are **required** to have evacuation plans (e.g. nursing homes, schools, etc.) and our community's emergency plan contains the following information for each entity required to have such a plan:
  - Number of likely evacuees
  - Nature of likely evacuation needs
  - Key contact information, including person responsible for updating entity's plan

- How entity's plans fit within the overall local plan
- Family/caregiver notification and reunion plans
  
- Local emergency managers have reached out to workplaces and public venues that are **not required** to have evacuation plans and encouraged those entities to share evacuation plans with our community.
  
- High-rise buildings have been identified and have evacuation plans developed. The following people have participated in developing the plan and have received information about the plan:
  - Residents with disabilities
  - Office staff with disabilities
  - Building owners/management
  - Local responders
  
- Our community's emergency plan provides an assessment of transportation needs for re-entry into the community after an event.
  
- Our community's emergency plan provides for the potential massive influx of evacuees with disabilities from another community.

## II. Emergency Transportation

- Our community's emergency plan identifies accessible transportation resources, owned by the community or by other entities, such as private companies, local non-profit organizations, etc. that can be accessed by the during emergencies include:
  - Mass public transportation
  - Public or private school buses
  - Other vehicles owned by the community
  - Local school buses/van equipped with lifts
  - Special education collaborative van; other special education transportation
  - Community EMS services
  - Vans from houses of worship
  - Para-transit services
  - Local assisted living facility
  - Local agency on aging
  - Taxi companies
  - Airport shuttles
  - Vocational rehabilitation programs
  - Adult day habilitation and day health program
  - Medicaid transportation programs
  - Other: \_\_\_\_\_
  
- Among the accessible transportation resources, our community's emergency plan includes transportation resources with wheelchair lifts and vehicles appropriate for transporting a person using oxygen.
  
- Memoranda of Understanding (MOUs), or other written agreements are in place regarding transportation resources and are appended to our community's emergency plan.

- Memoranda of Understanding (MOUs) or other written agreements are in place regarding fuel supplies for transport vehicles.
- Our community's policies related to evacuating families together, caregivers together with those for whom they provide care, people with disabilities together with vital assistive technology, equipment and service animals are memorialized in Memoranda of Understanding (MOU), contracts and other agreements with emergency transportation resources.
  - ID tags have been created for medication, equipment, technology and service animals
- Our community's emergency plan includes an estimate of how quickly transportation assets can respond in an emergency
  - Accessible transportation vehicles can respond as quickly as those for the general population.
- Our community's emergency plan includes the following information for each transportation resource:
  - Contact information
  - Capacity
  - Amount of time it will take to arrive ready for service at a designated location
  - Whether the resource has a commitment with other communities or organizations (and how to avoid lack of availability due to double booking)
- Each transportation resource has the following information:
  - Evacuation route maps
  - Locations for fuel, including back up supplies
  - Dispatch contact information
  - Driver name and contact information (shared with the community when needed)
- Each vehicle to be used for emergency evacuation has:
  - 2 way radios to communicate with dispatchers and the local emergency manager

- Flashlights
  - Spare tires
  - Shovel; basic tools; heavy-duty gloves
  - GPS device
  - Directions to pick up locations, shelters and evacuation sites
  - A way to record mileage and trip times
  - A way to record passenger names/counts
- Each driver to be used for emergency evacuation is:
    - Equipped with a cell phone
    - Has proper operating credentials
    - Criminal Offender Record Information (CORI) checked, if necessary
    - Has disaster ID providing access to restricted areas, if necessary
    - Has been trained regarding the emergency needs of people with disabilities, including requirement to transport service animals
    - Has practiced driving to shelter locations and on evacuation routes
    - Knows how to obtain fuel, including back-up fuel reserves
    - Back up drivers have been trained and credentialed with a system in place to activate them
- Legal and contractual issues regarding transportation have been addressed, including:
    - Liability issues
    - Emergency circumstances when fares may be waived
    - Driver-related union issues
    - Whether drivers are permitted to transport their families
    - Contract transportation resource opt out provisions have been noted and alternatives are in place
    - Transportation resource reimbursement process and amounts have been established

- Laws or regulations limiting where transportation vehicles may go have been identified
  
- Our community's emergency plan includes provision of food, water, medical care, and safe shelter for those waiting to evacuate.
  
- There is a plan for maintaining security on vehicles, at staging areas, pick-up points, etc. during evacuations.

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## F. Mass Care Sheltering

### 1. Shelter Set Up

#### I. Shelter Capacity/Site Selection

- Our community's shelter capacity assessment takes into account **space issues** relating to people with disabilities. For example, some people may have caregivers, service animals, mobility and other equipment, or may need accessible cots. The additional space needs should be included in the shelter space calculation.
  
- Our community's emergency plan includes a process to evaluate potential **shelter sites** for physical accessibility and to address inaccessibility with remediation or by switching sites
  
- Shelter site evaluation includes a review of:
  - Parking areas
  - Accessible restrooms and showers (roll in showers/ Hoyer lifts available)
  - Sidewalk and exterior walkways
  - Public telephones with TTY capacity
  - Building entrances
  - Drinking fountains
  - Hallways and corridors; walkways
  - TVs (closed captioning)
  - Eating areas
  - Check in areas/registration areas (accessible counter heights)
  - Health and medical service areas
  - Sleeping areas (accessible cots)

- Signage (universal language)
- Back-up power
- Passenger drop-off areas
- Refrigerator/other equipment with a good supply of ice
- Secure storage for medication with restricted access

Other: \_\_\_\_\_

## II. Shelter Layout Plan

- Our community's shelter layout plan takes into account the likely needs of people with disabilities (i.e. accessible cots placed near accessible restrooms; accessible cots placed adjacent to a wall when needed; privacy issues and need for quiet spaces).

## III. Shelter Supplies

- Our community's emergency plan identifies shelter supply sources (for supplies likely to be needed by people with disabilities) that can be borrowed, bartered or purchased and accessed quickly.
- Written agreements (such as Memoranda of Understanding or regional agreements) with supply sources have been developed and the list is attached to the local plan.
- A system is in place for tracking use and security of shelter supplies.
- Our shelter supply plan takes into account the kinds of supplies which might be needed for people with disabilities, including:

- Durable medical equipment (e.g. wheelchairs)
- Consumable medical supplies (e.g. diapers, wound dressings)
- Communication devices and other assistive technology (e.g. sound amplification devices; accessible computers)
- Batteries; hearing aid batteries
- Oxygen
- Refrigeration for medication
- Food for those with special dietary needs
- Power strips

#### IV. Shelter Intake

- Accommodations are provided for the shelter intake process and paperwork, such as:
  - Large print forms
  - Braille forms
  - Accessible computer with screen reader software and other accessible features
  - Readers to read forms aloud (consider personal privacy)
  - Assistance completing forms by hand or computer
  - American Sign Language and non-English language interpreters
  - Seating and table space (including accessible table space) is provided to complete intake forms; quiet space available if needed
  - Plan to provide other accommodations as needed
- The shelter intake process provides a functional and access needs (C-MIST) assessment including assessment of individual needs related to:
  - Communication (needs related to receiving, interpreting, sharing or responding to information)

- Medical needs (needs related to medication, medical treatment and/or assistance with daily living activities like eating, bathing, toileting, dressing)
  - Need to maintain independence (needs related to equipment, technology or service animals to maintain independence)
  - Safety & support (to stay safe and calm)
  - Transportation (for those who have no independent means of transportation)
- A system exists to provide mental health assessment (including assessment for trauma or behavioral health issues) by trained mental health professionals who have experience and training working with children and adults with disabilities.
  - A system exists to use trained personnel to identify individuals who may be better served in a medical shelter. (Note that it is the policy of FEMA and the Commonwealth of MA that people with disabilities are to be served for the most part in a mass care shelter and that medical shelters are to be used solely for people with medical needs which can't be addressed in an accessible mass care shelter, with reasonable accommodations.)

#### V. Shelter Staffing (related to people with disabilities)

- Shelter staff include a disabilities (access and functional needs) service coordinator or team.
- All shelter professionals and volunteer staff receive training about addressing the needs of people with disabilities.
- A credentialing process exists for shelter staff.
- A plan exists for handling shelter staff shortages.
- A mechanism exists to handle complaints.
- Staff are provided with ID tags.

## VI. Support, Supervision, Assistance and Tracking

- A plan exists to supervise and track unaccompanied minors.
  
- A plan exists to assist people with disabilities who need supervision or caregiver support and are separated from family and care providers (see more below, Section 7).

## VII. Daily Living Activities

- A plan exists for providing Personal Assistance Services to those who need it.
  
- A plan exists for making allowances at blockades, shelters and other impacted areas for access to people providing Personal Assistance Services (e.g. home health aides, visiting nurses, direct support providers, interpreters, animal care workers and similar supports) so they can reach people they work with.
  
- A plan exists to keep people with disabilities together with their durable medical equipment, consumable medical supplies, assistive technology, caregivers and service animals.
  
- ID tags are available for durable medical equipment, consumable medical supplies, assistive technology
  
- Orientation and way-finding assistance is available for those who need it.

## 2. Shelter Operations

### I. Communication

- A plan exists to provide multiple communication **modalities** in the shelter, including:
  - Sign language interpretation and/or CART interpretation

- Interpretation/translation into other languages used in the community
- Message bulletin boards
- Note takers
- TV with captioning and screen magnification systems
- Signage that is clear, simple, at eye level, has large print and pictures
  
- A plan exists to develop relevant **message content**:
  - Messages include information for people with disabilities and address access and functional needs
  - Messages provide specific instructions and information in short, clear sentences using plain language
  - Messages use "people first" language and/or "identity first" language
  - Text of key messages developed in advance
  - Key messages are pre-recorded

## II. Food Services

- A plan exists for accommodating special diets (e.g. gluten free, nut free, low sugar; pureed or thickened foods).
- A plan exists to provide tube feeding supplies and nutrition products, if needed.
- A process exists for shelter residents to share information about food allergies and dietary needs and staff are trained in swallowing/choking issues are available for support if needed.

## III. Quiet Areas

- A plan exists to set up quiet areas in every shelter (which may be needed for people to attend to private hygiene or other needs and those who need to decrease sensory stimulation to stay calm and feel comfortable).

## IV. Service Animals

- Shelter policy permits service animals in all parts of the shelter where their owners may go.

- Shelter staff understands that service animals aren't pets and shouldn't be treated as such.
- Shelter staff understands that by law they may ask only 2 questions about service animals:
  - Is the service animal required because of a disability?
  - What work or task has the service animal been trained to perform?
- Food and water is available for service animals.
- Veterinarians have been identified and will be available on-call for service animal needs.

#### V. Power

- An auxiliary power source has been identified and will be available for keeping assistive technology and equipment charged, medications and medical supplies refrigerated.
- The auxiliary power source is stored appropriately.
- The auxiliary power sources have sufficient capacity.
- The auxiliary power source has been maintained and tested.

#### VI. Shelter Maintenance

- Biohazard disposal services have been arranged.
- Maintenance for accessible equipment has been arranged.
- A shelter fuel plan exists, memorialized with a Memoranda of Understanding (MOU) with a fuel company.

## VII. Medical and Dental Services (first aid station, medical care stations, etc.)

- A patient tracking system exists.
- A personnel credentialing process exists.
- Medical and dental providers have been identified who have agreed to provide care to people with disabilities.
- A plan exists to document medical care received at the shelter.

## VIII. Medication

- A medication provision plan exists.
- A medication storage plan exists and there is a medication storage area (e.g. for medications needing refrigeration or for shelter residents who can't self-medicate).
- There is a protocol in place for maintaining security and access to medication (consultation with the Public Health Department advised)
- A medication disposal plan and disposal receptacle are in place.
- Oxygen exists.
- Diapers (all sizes, for children and adults) are available.

## IX. Filling Prescriptions

- A local pharmacy capable of filling prescriptions during emergencies has been identified.
- Memoranda of Understanding (MOUs) are in place with national and/or distant pharmacies.
- Shelter staff understands the Emergency Prescription Program (EPAP) process and how to activate it with the state; related paperwork is available at the shelter.



## X. Mental Health Services

- Mental health providers with training and experience related to children and adults with disabilities have been identified who have agreed to provide emergency mental health services to people with disabilities.
- Our community's emergency plan includes their contact (and secondary contact) information and availability; information is updated yearly

## XI. Security

- A plan exists to provide 24-7 security coverage at the shelter (consider that in an emergency traditional public safety personnel will likely be unavailable for security).
- Memoranda of Understanding (MOUs) or written contracts exist and specify security responsibilities and a written declaration of authority for level of enforcement.

## XII. Privacy

- Shelter staff have been trained on the Health Information Portability and Accountability Act Privacy Rule (HIPPA) and there are procedures in place to protect private health and other information.

**After completing this section of the Workbook, count the number of checked and unchecked boxes.**

**There are \_\_\_\_\_ checked boxes and \_\_\_\_\_ unchecked boxes in this section. Use this space for notes and ideas regarding planning for the whole community:**

## C. Hazardous Material Decontamination

- Our community's emergency plan includes the name of an accessible site(s) for decontamination.
- The decontamination process has been reviewed for access and functional need (C-MIST) issues:
  - Communication (needs related to receiving, interpreting, sharing or responding to information)
  - Medical needs (needs related to medication, medical treatment and/or assistance with daily living activities like eating, bathing, toileting, dressing)
  - Need to maintain independence (needs related to equipment or technology or service animals to maintain independence)
  - Support & safety (to stay safe and calm before, during, after decontamination process)
  - Transportation (no independent means of transportation to the decontamination site)
  - A plan exists to make the following reasonable accommodations available (e.g. privacy to undress/dress for shower; picture instructions).
  - A plan exists for decontaminating or providing substitutes for contaminated durable medical equipment, assistive technology and consumable medical supplies.
  - ID tags for belongings and equipment have been created and are ready for use.
  - A plan and process exists for decontaminating service animals.
  - The decontamination plan has been tested and practiced, including tests and practices with people with disabilities.

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## D. Emergency Dispensing Sites (including COVID-19 Vaccine Dispensing Sites)

- Plans exist to set up an emergency dispensing site (EDS) in the event it becomes necessary
- Diverse community members have reviewed the plan
- There is a plan to set up an accessible mobile dispensing site, if needed
- There is a flow chart of vaccination process from arrival to sign in, to intake, to receiving the vaccine, to resting afterwards, to sign out and departure. All steps of the process been reviewed for access and inclusion.

The EDS location has:

- Accessible parking, passenger drop-off areas, and entrance
- Signage indicating the accessible entrance location
- Public transportation within walking distance
- Accessible entryways and pathways

Inside the EDS there is/are:

- Accessible restrooms
- Accessible pathways
- Check-in areas with chairs and accessible tables, plus space for mobility devices
- Comfortable places to sit and wait
- Quiet space away from sensory stimulation
- Quiet, private space to receive vaccine, if needed

## Masking and Social Distancing

- There are masking and social distancing policies for the EDS
- There is a plan in case someone cannot wear a mask or cannot keep a mask on for the required amount of time.

## Communication

- Clear, accessible, inclusive, plain language signage (for example at stations)
- Clear, accessible, inclusive, plain language posted instructions for the pathway(s) through the EDS
- Clear, accessible, inclusive, plain language posted intake and paperwork instructions
- Clear, accessible, inclusive, plain language information to publicize EDS (Also see Communication and Public Education sections above)

## The Intake process includes questions re:

- Ability to wait in long lines
- Ability to take medication in the form of a pill/liquid/injection, as appropriate
- CMIST functional and access needs, as appropriate
  - Communication (needs related to receiving, interpreting, sharing or responding to information)
  - Medical needs (needs related to medication, medical treatment and/or assistance with daily living activities like eating, bathing, toileting, dressing)
  - Need to maintain independence (needs related to equipment or technology or service animals to maintain independence)
  - Support & safety (to stay safe and calm before, during, after decontamination process)
  - Transportation (no independent means of transportation to the decontamination site)
- A system exists to provide a mental health assessment, if needed

## Reasonable communication and other modifications include:

- Large print forms

- Braille forms
  - Computer with screen reader software and other accessible features
  - Assistance completing forms by hand or computer
  - American Sign Language and non-English language interpreters
  - Accessible and inclusive signage and instructions
  - People to help with registration and answer questions
  - People to provide support
  - Wayfinding support
  - Companions and direct support providers are welcomed
  - Service animals are welcomed
- Professional and volunteer staff receive Just in Time training on disability and access and other functional needs issues, for example:
- [Tips for First Responders](#)
  - [Communicating With and About People with Disabilities](#) from the CDC and [Identify First Language](#) from the Autistic Self-Advocacy Network
  - [The CMIST Framework](#) from the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR)

There is a hotwash and after action report.

- The hotwash and after action report include access and inclusion issues
- Vaccine recipients are briefly surveyed about their EDS experience and recommendations for the future. Survey includes access and functional needs issues.

**After completing this section of the Workbook, count the number of checked and unchecked boxes.**

**There are \_\_\_\_\_ checked boxes and \_\_\_\_\_ unchecked boxes in this section. Use this space for notes and ideas regarding planning for the whole community:**

## **E. Recovery**

- People with disabilities participate in writing after-action reports.
- After-action reports include an assessment of emergency services provided to people with disabilities.
- People with disabilities affected by the emergency are surveyed or interviewed regarding the services they received. Data from the interviews and surveys is used to develop after-action reports.
- A priority facility restoration list has been developed (FEMA recommends this order: hospitals, dialysis facilities, schools and day care centers) and the list includes facilities that serve people with disabilities.
- Post-event disaster mental health services have been identified and are available (see Resources p.40).
- Post-event translation/interpretation services are available for the disaster benefit application process, medical care and other services needed as a result of the event.
- A family reunification process has been developed.

## **I. Transition Back to the Community**

- The pre-conditions necessary for returning children and adults back to the community have been identified.
- Our community's emergency plan acknowledges that people with disabilities may take longer before being ready to return to their home after an emergency and makes provision for extended services and support with the transition.
- A plan exists to debrief children and adults, including discussing issues relevant to people with disabilities, prior to returning to the community.
- The debrief plan has been reviewed by mental health professionals and disability provider agencies.
- A plan exists to provide accessible transportation back home or to a new home with adequate follow-up to ensure safe return.
- A plan exists to reunify children and adults with disabilities (under the care of a guardian) with parents/guardians.

## II. Shelter Demobilization Process

- A shelter demobilization process exists.
- Our community's emergency plan provides for assistance with long term temporary and/or permanent accessible housing.
- A written inventory of local accessible hotel and motel rooms has been developed and is attached to our community's emergency plan:
  - The inventory is updated every \_\_\_\_\_ by \_\_\_\_\_
  - There are MOUs in place regarding this housing.
- Our community's emergency plan lists resources/referral for:
  - Replacing lost durable medical equipment, assistive technology and communication devices
  - Resumption or procurement of consumable medical supplies
  - Resumption of Personal Assistance Services and reunification of support networks
  - Resumption of disability-related services and plans for resumption of community disability-related services
- Our community's emergency plan provides for emergency financial assistance, including guidelines as to the amount available and the criteria required to receive assistance.

**After completing this section of the Workbook, count the number of checked and unchecked boxes.**

**There are \_\_\_\_ checked boxes and \_\_\_\_ unchecked boxes in this section. Use this space for notes and ideas regarding planning for the whole community:**



## Step Two: Where Do we Want to Be? Set Priorities



This tool will help your community determine priorities to address related to gaps in your emergency plan.

**1. Review part 1 of this Workbook and count the number of checked and unchecked lines and record the number of checked and unchecked boxes in Section 1 above and tally them below.**

A. Identifying Local Needs \_\_\_\_checked \_\_\_\_unchecked boxes

B. Local Emergency Planning Process \_\_\_\_checked \_\_\_\_unchecked boxes

C. Public Emergency Preparedness Education \_\_\_\_checked \_\_\_\_unchecked boxes

D. Emergency Communication \_\_\_\_checked \_\_\_\_unchecked boxes

E. Transportation and Evacuation \_\_\_\_checked \_\_\_\_unchecked boxes

F. Mass Care Sheltering \_\_\_\_checked \_\_\_\_unchecked boxes

G. Hazardous Material Decontamination \_\_\_\_checked \_\_\_\_unchecked boxes

H. Emergency Dispensing Sites \_\_\_\_checked \_\_\_\_unchecked boxes

I. Recovery \_\_\_\_checked \_\_\_\_unchecked boxes

**2. Review the unchecked boxes, which will show your community's gaps in its emergency plan. Note the sections with the most and fewest unchecked boxes.**

**3. Choose 5 areas with unchecked lines (gaps) where you think you can provide a relatively quick and inexpensive gap closing solution and write them down below:**

**4. Review the sections of the Workbook with the most unchecked boxes. These will be the areas with the greatest gaps. Write down those sections below.**

**5. Review the two boxes above and determine your community's top gap closing priorities for the coming year:**

## Step Three: How Do we Get There?

### Close Gaps



**This is the action plan for addressing the gaps identified in Section 2 above.**

**Give each priority a title, briefly describe the gap, and then describe your strategy for closing the gaps.**

***Our community’s plan to close the gaps in emergency planning for people with disabilities/access and functional needs:***

<b><i>Priority #</i></b>	<b><i>Brief description of the gap</i></b>	<b><i>Proposed strategy to close the gap</i></b>	<b><i>Responsible person &amp; contact info</i></b>	<b><i>Start/end dates</i></b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				

4.				
5.				

**Example Action Plan**

<b>Priority #</b>	<b>Brief description of the gap</b>	<b>Proposed strategy to close the gap</b>	<b>Responsible person &amp; contact info</b>	<b>Start/end dates</b>
<b>1.</b>	Communication gaps: Limited communication with disability community: (a) public education/preparedness; (b) emergency instructions. Messages not geared towards intended audience. Lack of sign language and other non-English language interpreters	(a) Enhance communication between Disasterville planners and disability provider organizations: Distribute public education materials through organizations; Hold preparedness training at organizations; Co-develop inclusive preparedness trainings (b) Develop emergency instructions in multiple and accessible modalities; have people with disabilities review content and form of instructions developed in advance. (c) Work with disability community and health organizations, local houses of worship to develop lists of qualified American Sign Language (ASL) and non-English language interpreters	PJ Smith, Public Health Preparedness Planner (555)-555-5555, pjplanner@Disasterville.us (1) Disasterville Independent Living Center: Develop personal preparedness training; Act as liaison to share information (2)Disasterville Disability Commission: Test emergency instruction messages (3) Disasterville County Hospital: Loan sign language interpreters (written agreement needed) (4) Disasterville Latin American Health Center: Develop and test Spanish language messages; provide interpreter; Act as liaison to share information (5) Disasterville House of Worship will provide space for personal preparedness event	11/30/2021  11/30/2022

## *Acronyms used in this workbook*

ADA – Americans with Disabilities Act

ADL – Assisted Daily Living

AFN – People with Access and Functional Needs

ASL – American Sign Language

AT – Assistive Technology

CART – Communication Access Real time Translation

C-MIST or CMIST– Communication, Medical, Independence, Safety & Support, Transportation needs

CMS – Consumable Medical Supplies

CORI – Criminal Offender Record Information

DME – Durable Medical Equipment

DSP – Direct Support Provider

EAS – Emergency Alert System

EMS – Emergency Medical Service

EPAP – Emergency Prescription Assistance Program

FAST – Functional and Access Needs Assessment Team

FEMA – Federal Emergency Management Agency

ICF/MR – Intermediate Care Facilities for the Mentally Retarded

MOU – Memorandum of Understanding

PAC – Parent Advisory Council

PAS – Personal Assistance Services

PSAP – Public Safety Answering Points

PSP – Public Safety Personnel

TTY – Teletypewriter/Text Telephone



**For more information about this Workbook contact:**

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