D5.6.5 - SUSTAINABILITY PLAN
FOR PEOPLE WITH DISABILITY

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February, 2021

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UNDERSTANDING SUSTAINABILITY

Sustainability is defined as the ability to achieve desired outcomes and maintain the ability to continue activities over time. Sustainability is a recent, integrative policy agenda often treated as unrelated to disaster management.

Studies[1] identify seven main characteristics of a sustainable network:

1. **Collaborative Leadership:** Promoting trust, transparency with information, creating opportunities for problem solving and keeping abreast of the larger environment with the organization's future in mind. It also includes a focus on members, partners, and stakeholders relative to the network's drive to meet its mission and attain its vision.

2. **Member-Driven Decisions:** Incorporating network members' needs into decisions for network products and services along with articulating network value as seen specifically through marketing efforts.

3. **Effective Communication:** Intentional communication with members, partners, and stakeholders. Communication is designed as a formal plan that is monitored and valued as part of a strategic planning cycle.

4. **Change-Ready and Adaptable Workforce:** Proactive investment in network staff to support and develop a change-ready culture and workforce that are able to adapt to a changing health care environment.

5. **Continuous Improvement:** Consistent use of process improvement tools and techniques, systematize review of procedures to ensure effective process, and valued network services.

6. **Ongoing Evaluation and Measurement:** Intentional evaluation of organizational efforts toward both goals and activities. Evaluation is designed as a formal plan that is monitored as part of a strategic planning cycle. There is a specific focus on involving organizational leadership and open communication of results.

7. **Sound Financial Infrastructure:** A focus on financial processes and procedures with the intention to purposefully address financial stability through savings and diverse revenue generation.

Sustainability: a primer

The idea of long-run sustainability of human societies has diverse and deep intellectual and practical roots going back centuries. However, the idea was only placed formally on political agendas in 1987, accepted as a widespread international policy agenda in 1992, and reinforced again, in terms of its importance and our failure to make much progress, at the World Summit on Sustainable Development in 2002 (WCED 1987; UN 1992; and see www.johannesburgsummit.org).

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[1] *2018 Network Sustainability Study: Final Report*

In summary, core elements of the policy agenda are:

- ❖ The balancing of inter - and intra-generational equity, providing for human needs now while conserving resources and opportunities for future generations;

- ❖ The elevation of protecting biodiversity and key ecological processes from marginal to high priority policy goals;

- ❖ Recognition of global dimensions and interdependences in environment and development issues;

- ❖ The integration of environmental, social and economic issues and policy, recognizing that issues of environment and development are indivisible (the 'integration principle');

- ❖ Adopting precautionary approaches in the absence of scientific certainty when serious or irreversible environmental degradation may occur (the 'precautionary principle');

- ❖ Addressing underlying (indirect) rather than only immediate (direct) causes of environmental and human degradation;

- ❖ The need to involve the broader community in policy debate and formulation and environmental management; and

- ❖ The need for new, innovative policy and management approaches, including incentive mechanisms, institutional change, and community-based approaches.

SUSTAINABILITY ACTION PLAN PHASES

	Phase 1: Build Organizational/Project Profile	Phase 2: Complete Sustainability Assessment	Phase 3: Create Opportunity for Sustainability Action Plans
Who?	Network leadership	Network leadership	Network leadership, staff, and stakeholders
What?	Key information about the systems of your network.	A means to consider your network as a whole and identify opportunities for sustainability.	• Network Sustainability Assessment Results • Selected Opportunities for Sustainability • Opportunities for Sustainability Action Plans and Dashboard
Why?	Prepares you for completing Phase 2, by bringing all of your project's systems into view.	Identifies specific areas your network can focus on and invest in to increase the probability of being sustainable over time.	Outlines how your network will address selected opportunities for improvement and provides insight on improving sustainability over time.
How?	Summarize key network information using the *Project Sustainability Action Plan Template.*	Complete 4PLUS project *Sustainability Assessment.*	Create action plans that address opportunities for sustainability using the *Project Sustainability Action Planning Template.*

Organizational Profile → Sustainability Assessment → Opportunities for Susatinability Action Plans

INTRODUCTION TO EMERGENCY PREPAREDNESS PLAN

The most important ability that we must possess is the resilience to face the consequences and losses associated with some hazards and recover, reconstruct, rebuild, rehabilitate and restore their communities. All persons must embed resilience in their culture, including persons with special needs and their care-givers/centres.

It is of critical importance to adopt the approach of building resilience to survive for at least the first 72 hours immediately following a disaster. These three days are critical to the resilience of the nation. Within this timeframe essential utilities such as gas, water, telephones and electricity may be disrupted.

Services may not be able to get to citizens immediately, during or after a disaster. Therefore it is crucial that individuals be prepared to cater to their own needs for 72 hours post-crisis. This allows relevant authorities sufficient time to convalesce and respond.

There are three simple steps to surviving the first 72 hours of any critical emergency situation:

1. Preserve yourself and safeguard those around you. Assist vulnerable persons including those with special needs. Know the best action for the particular hazard impact e.g. earthquake, flooding, hurricanes

2. Ensure all persons assemble at the "muster points". Understand the environment you are in and identify officials/authorities to assist with evacuation procedures.

3. Identify shelter mechanisms to ensure safety and security during the immediate recovery process. Ensure you have your emergency kit with all basic survival items, especially those necessary for persons with special needs.

72 HOURS

IS YOUR FAMILY PREPARED?

There are three key elements of building resilience, especially in the aftermath of a disaster:

1. **Know the risks:** Understanding the risk is the first step to building resilience. Different persons will be at different levels of risk – persons with disabilities are generally at a higher risk.

2. **Make a plan:** A tried and tested emergency plan ensures the protection of special needs persons, their caregivers and homes/centres. Conducting drills/exercises are of utmost importance to not only better understand what the roles and responsibilities are, but also identify gaps that may exist in the plan.

3. **Get a kit:** It is of critical importance that each person has an emergency kit containing the items necessary for their survival. This comprises basic items such as water, food, radio, flashlight etc. but also includes special items needed by persons with disabilities like prescription medication, hearing aids or mobility aids.

ELEMENTS OF A DISASTER MANAGEMENT PLAN

A comprehensive and inclusive disaster management plan should outline the processes to be followed before, during and after an emergency or disasters occurs. A comprehensive plan will consist therefore of all the phases of the Disaster Management Cycle; Prevention, Preparedness, Mitigation, Response and Recovery. These terms should also be clearly defined in your plans.

Developing and having an Emergency Plan does not ensure the protection of the resident, staff and the building itself. Once a plan is developed, it must be tested.

Conducting drills/exercises are of utmost importance, as well as the practicing of these drills which will help staff and residents to not only better understand their role and responsibilities, but will also identify gaps that may exist in the plan.

Therefore, having a plan is just one component of preparedness and planning, there are other important elements:

- Establishing a Safety Committee and support Network
- Conducting a simple Hazard and Risk Assessment of the building
- Developing an Emergency Plan
- Conducting Emergency Drills/Exercises
- Evaluating drills and amending the Emergency Plan to bridge gaps discovered during a drill.

The following planning principles should be observed when developing your disaster plan:

Principle	Description
Simplicity	The plan should be concise and the roles and responsibilities must be clearly stated and outlined.
Flexibility	The plan should be flexible so enough that it works even if key personnel are missing and if the emergency is different.
Comprehensive and Inclusive	It should describe arrangements for all the phases of the Disaster Management Cycle; prevention, mitigation, preparedness, response and recovery. Inclusive suggests that the abilities and needs of all staff and persons with special needs are reflected in the plan.
Clear Decision Making Process	The plan should describe the decision making process to be adopted when a disaster occurs. The decision making process should remain fairly consistent when dealing with different issues.
Dissemination	All staff/caregivers should be familiar with the contents of the plan, receive appropriate training and exercise the plan at least twice yearly.
Evaluation Process	An evaluation process should be developed so that gaps are easily identified.
Review the Plan	The plan should be reviewed every six months, after a drill is conducted and if there are significant changes to the home/centre, such as changes in staff or the physical structure.

EMERGENCY PLAN

ESTABLISHING A SAFETY COMMITTEE AND SUPPORT NETWORK

Special Need Facilities can reap great benefits from an organized and functional Safety Committee at local, which if managed properly can increase awareness of, and ensure timely responses to safety issues, while promoting agency collaboration towards risk related problem solving.

The primary function of such a committee is to develop and implement an Emergency Plan and to maintain and encourage a safe environment for staff and patients/residents of the facility.

The table below is a template for recording the contact information for the 'Safety Team' members.

Safety Committee & Emergency Response Team				
Team	Member Name	Location	Work Telephone	Home/Cell Telephone

DUTIES AND FUNCTIONS OF THE SAFETY COMMITTEE

The duties and functions of a safety committee will depend on the needs of the facility, but some key functions to include are:

	Make an Emergency Evacuation plan that relates to your Special Needs institution.
	Assure that precise Early Warning systems are in place (manual and/or electronic) and ensure that **proper sensitization** is carried out.
	Develop a Personal Support Network – Network of persons with whom students/residents are familiar. E.g. students with Autism or other forms of Intellectual Disabilities will be hesitant to allow a stranger to assist them.
	Ensure periodic safety Inspections are conducted. These can be conducted, both on the compound as well as within the immediate environs. Members of the safety committee must also contact the relevant safety inspection agencies such as the Fire Service and other relevant occupational safety and health authorities.
	Plan, organize and conduct emergency preparedness training and drills for employees. Practicing drills are very important. The safety committee must develop innovative educational techniques such as role-playing and the use of audio visual aids to increase individual's ability to cope during an emergency.
	Build a Kit - Put together Individualized Emergency Kits for each person with Special needs and all staff members.

	Gathering staff and Special Need population input. Listening to suggestions, discuss in safety committee and making appropriate recommendations to the improvement of safety.
	Review your Plan - This should be done periodically and should adhere to all new safety policies, Early Warning Systems (EWS) and equipment upgrades.
	Selection and Monitoring of Safety Zones - The safety committee must take a multi-hazard approach when observing unsafe working conditions, muster points, exit routes, evacuation routes and all alternatives routes and musters points to safety zones and shelters.
	Creating awareness - This involves information dissemination and sensitization of staff, family members and the special needs population related to the facility; to ensure that they are familiar with plans for emergency warning, evacuation.
	Coordinate and communicate with first responder agencies (e.g. Disaster Management Unit of the Municipality, police, fire departments, hospitals) and the relatives of residents in crisis situations.

It is important to remember that persons don't need to have extensive disaster management training to be part of this committee. Many of the people employed at the facility will have the necessary information needed to assist in the planning process.

Once the committee has been established a Hazard and Risk Assessment should be done.

CONDUCTING A SIMPLE HAZARD AND RISK ASSESSMENT

Performing a hazard and risk assessment doesn't always have to involve a professional. A simple hazard and risk assessment can be done by completing the following steps:

1) **Identify risks**

The occurrence of some natural hazards can be predicted, especially if they tend to occur repeatedly in the same geographical locations or because they are related to weather patterns or the physical characteristics of an area. Examples of these would be flooding and landslides. You can contact the Disaster Management Unit of your Regional Corporation to find out more information about the different hazards that can affect the community in which your home/centre is located as well as nearby communities as this can later affect the evacuation route that is chosen.

To identify other potential risks, members of the planning committee should conduct a systematic 'walkaround' of the home/centre and assess the rooms, grounds, building, and potential evacuation route hazard. Before the 'walkaround' is done you should either obtain or draw a map of the home/centre. You can then note potential hazards and the location of utilities, emergency equipment and supplies on this map.

2) **Profile Hazards**

There may be numerous hazards that can affect your home/centre and nearby communities, but remember that it is impossible to plan for and prevent all. This is also why the plan that is created should be flexible so that similar processes can be adopted to suit any emergency.

How do you choose which hazards to consider when developing your plan? Different hazards will impact different communities in different ways, based on its vulnerabilities such as local development, population distribution, age of buildings, and mitigation measures already implemented. It is important to plan for emergencies/disasters that therefore have a high probability of occurring.

3) **Inventory Assets and Estimated Losses**

Assets are not limited to infrastructure, files and equipment. One of the most important assets is that of life.

Guidelines for a successful Safety Committee

The dynamics of the safety committee can vary depending on the needs; size and type of the facility, however there are some key elements which have consistently proven useful in ensuring success. They are as follows:

- **Appoint a chairperson or leader**. This person aside from having excellent working knowledge of the organization, should display good leadership skills such as organization, dedication, and have the ability to motivate other members of the team.

- **Diverse Membership**. An ideal committee is made up of a mix of both management and non-management of employees, and in this instance, interested residents of the facility can be included as well, as they can provide useful insight into challenges faced on a day to day basis. It is recommended that the size of the committee should be limited to 4-12 members (depending of course on the size of the organization), as this will help to keep meetings moving, and allow for the engagement and participation of all members. Members should also have good working knowledge of company operations, hazards, and be willing to work as a team.

- **Assignment of Roles and Responsibilities**. This is critical for ensuring that certain key activities are carried out, and can be categorized by tasks to be conducted before, during and after a disaster or hazard event. It is important to note that assigning a responsibility does not imply that only one person will be responsible for completing a task, but rather that he/she will be responsible for coordinating efforts for task completion. For example, it should be clearly stated in the Emergency Plan, who is authorised to initiate any alarm with regard to emergency warning, especially considering the impact this will have on all occupants.

- **Effective Meetings**. Meetings should be scheduled regularly, once per month is recommended, for no more than 1 hour in length. Limiting meetings minimizes the time employees must spend away from other duties. It is recommended that scheduled meetings should be maintained even if no incidents have occurred.

- **Set an Agenda**. The agenda of a meeting can vary , but should typically include a review of recent accidents/incidents, current or new activities, safety inspection reports, record of attendance, special projects etc.

- **Documentation of the committee's efforts**. This can be done through meeting minutes, which can be distributed throughout the organization, including key management. Maximum benefits will be obtained by publicizing the committee's efforts, especially with regard to special care facilities as they, help to improve the organization's standards and image.

STRUCTURE OF AN EMERGENCY PLAN FOR SPECIAL NEED POPULATION CENTRES

The following sections will outline the key components of an emergency plan designed specifically to cater to special need population centres. Please note that if your safety committee has identified any necessary additions arising from areas of concern these should be incorporated into the template as well.

Institutional Information

A brief summary of your facility should be included at the forefront of your document. This is to ensure that at a glance, the reader (for example: members of the safety committee, emergency responders etc.) will be able to get a clear picture of the type of needs the facility caters to, as well as any key logistical information. Items that you should include under institutional information are as follows:

Name and Description of Facility

This section should state the full name of the facility and clearly detail the type of care treatment or services provided, as well as the type of persons the institution caters to. For example it should be stated whether the facility provides adult or childcare, on a temporary (visits) or long term (overnight or boarding) arrangement, and off course detail the type of care provided such as elderly housing, treatment for the hearing or visually impaired, handicapped etc.

Address and Contact Information

Including the address and contact information for the facility is imperative for any emergency plan, to ensure that in the event of an emergency, first responder agencies, such as the police and fire services will be able to easily make contact with and find the facility's location. In addition to providing an address, additional descriptive details to help to pinpoint the facility can be very helpful.

Telephone and Fax numbers, as well as email addresses for the facility itself and for those individuals in charge of, and responsible for the safety of the compound, should be included, and clearly labelled. This provides a redundancy to allow the greatest chance of making contact with the relevant personnel.

ORGANIZATIONAL LOGISTICS

In the event of an emergency, it is important for potential responders to know the number of persons, both residents and members of who may require assistance such as evacuation and medical attention. Some items that can be included under this section are as follows:

Maximum Carrying Capacity: This represents the maximum amount of residents/ patients that the facility can support at any given time. This is particularly important for planning purposes.

Current Capacity: This represents the current number of patients/ residents attached to the facility.

Institutional Information		
Name of Facility		
Description		
Address		
Additional Details		
Office Contact Information		
Office Telephone:		
Office Fax:		
Office Email:		
Key Personnel Contact Information	**Name:**	
	Position:	
	Office Telephone:	
	Mobile Telephone:	
	Email:	
Organizational Logistics	**Maximum Carrying Capacity**:	
	Current Capacity:	
Document Dated and Version #:		

Alternative Sites

Depending on the structural integrity of the building, some special needs population centres may not be able to withstand certain disasters. Centres should have two (2) predetermined alternative sites to provide temporary housing and care when needed.

However not all residents may need to be moved to an alternate site, some may have family or friends that they can go to for temporary shelter. An inventory of these persons and contact information for their families as well as a call out protocol is established and updated regularly.

Choosing an Alternative site

Be sure to choose alternate sites that are:

- ❖ **Suitable to the specific needs of the residents** and should be strong enough to withstand the nature of the impending hazard.

- ❖ **Structurally sound and sturdy.** The alternative site can be inspected for fire safety by the Fire Prevention Unit of the Municipality.

In addition to choosing alternate sites the following must also be taken into consideration:

1) Develop an inventory of the items that each resident will need to take to the alternate site. Therefore, caregivers and residents will have to consider what is critical for their survival on a daily basis. These supplies and/or equipment should be noted so that they can be taken to the alternate site.
2) In addition to the critical items that will be needed at the alternate site, each resident should have their own 'to go' bag. This 'to go' bag should be a water proof bag that contains all important documents a change of clothing and necessary personal hygiene items. Each 'to go' bag should be labelled with the person's name and contact information.
3) Consideration must be given to the mode of transport needed to take residents to the alternate site.
4) All care givers and residents must be aware of these alternate sites.

For those to be released to a family member or guardian:

1) Develop a database of the residents who can be accommodated by family and update the inventory of the addresses and contact numbers of the family and friends.

2) Develop a protocol for contacting family members and guardians and designate a particular member of staff to perform this task in the event of a disaster.

3) Create a list of the specialised items (medication, particular foods etc.) that each resident needs so that the family would be aware of how to care for the resident.

Inventory of resources:

1) Each resident and what special assistance each resident requires
2) Medical equipment and their location
3) Emergency supplies that are kept in the home/centre
4) Listing of emergency training done by staff example First Aid, Incident Command System
5) The type of training that care givers and residents will need
6) Chemicals/hazardous materials stored in the home/centre and their storage location

EMERGENCY SHELTERING

An emergency shelter can be used as an additional alternative site, but it should be noted that a shelter should always be a last resort.

Identify the closest and most appropriate shelters:

Special Needs Populations Centres/Homes can contact the Disaster Management Unit (DMU) of their local regional corporation for information regarding their nearest shelters. Centres/homes will have to get specific information from regarding whether or not the shelter is suitable for their residents.

Identify means of transport:

If special vehicles are required, the homes/centres should identify means of transporting residents and any medical equipment that they may need to the shelter.

Identify alternate routes to the shelter:

Identify routes that can be used to transport residents to the shelter. This is very important as it is very likely that roadways will be negatively impacted during a disaster.

Rules of shelters

If you are to use a shelter, you need to be mindful of the rules as well items that you should take. They are as follows:

Rules:
1. **Absolutely no** alcohol and illegal drugs are allowed.
3. **No animals allowed,** unless needed as a disability aid.
4. **Health and sanitation** are to be maintained by shelterees and support staff.

Items that you should consider taking to a shelter:
☐ Identification and important documents
☐ A change of clothing, good walking shoes, extra socks and undergarments
☐ An extra blanket and small pillow per person. While they will have a limited amount of supplies, you and your family will be much more comfortable if you bring your own supplies.
☐ Prescription and over-the-counter medicines. A first-aid kit, including adhesive bandages.
☐ Cash, chequebooks, and credit cards (during a power outage, cash may be your only option)
☐ Important phone numbers for contacting family, insurance companies, and banks
☐ Special items for infants (clothes, diapers, food/formula, bottles and nipples, food, small toys, blankets.)
☐ Water. Water services may be disrupted at the shelter as well in the early hours of an emergency.
☐ Non-perishable canned food as it may take a while to set up a regular meal schedule at a shelter.
☐ Books and board games for entertainment.

Disclaimer: It is important to note that the shelter closest to the home/centre may not necessarily be open in the event of a disaster because this shelter may be within the impact zone or it may not be suitable for the type of hazard event.

Alternative Sites and Emergency Sheltering				
Alternative Site Facility Name				
Address:				
Telephone:		Fax:		Email:
Key Personnel Contact Information				
Name:			Name:	
Position:			Position:	
Office #:	Mobile#:		Office #:	Mobile#:
Email:			Email:	
Evacuation Route				
Emergency Shelter Facility Name				
Telephone:		Fax:		Email:
Key Personnel Contact Information				
Name:			Name:	
Position:			Position:	
Office #:	Mobile#:		Office #:	Mobile#:
Email:			Email:	
Evacuation Route (Illustrated in MAP 1.1)				
Protocol for Evacuation				
Document Dated and Version #:				

Evacuation refers to the process of staff and residents calmly exiting a building in an organised fashion when there is a threat or hazard occurrence.

Evacuation can exist in two (2) stages, the first stage being to evacuate the building, where staff and residents can assemble at designated muster points, and the second stage involving moving all persons to pre-selected alternative sites or emergency shelters.

To prevent panic and confusion in the event of an emergency, a simple protocol for evacuation can be established and outlined in the emergency plan.

Some key points to note when conducting evacuations are as follows:

- ✓ **Identify the quickest and safest way out** and document this in your emergency plan. Outline a primary and alternative route to predetermine areas such as alternative sites.

- ✓ **Designate care givers as fire wardens**. In the event that residents need to quickly evacuate, these fire wardens can assist with safely guiding persons out of the building.

- ✓ **Conduct practice drills**. Homes/centres need to practice drills so that care givers and residents will not be confused or feel panicked when an actual emergency happens. If a drill is not feasible then a tabletop exercise can be conducted.

- ✓ **Identify an alerting mechanism**. A loud siren can be used to alert residents that they need to evacuate or a voice recording can be used to safely guide persons out of the building. Marking can be placed on the walls so that residents can feel their way out of the building safely. Flashing lights can also be used to warn **residents**.

- ✓ **Identify the mode of transport** that is needed to take caregivers and residents to the alternate sites. Before evacuation routes can be developed the requirements for the transport of residents must be assessed, documented and where possible procured.

EMERGENCY WARNING

Emergency Warning is a critical component in the disaster preparedness process. An efficient mechanism for alerting is necessary to inform both staff and patients/residents of the facility of impending threats and to initiate preparedness actions.

Before a mechanism for emergency warning can be selected, the population it is expected to serve should be carefully studied and their needs analysed. Additionally, redundancies should be established, in the event that the impacts of hazards render one useless. One useful tip would be to utilise manual "low-tech" mechanisms such as loudspeakers or a hand bell , in addition to those dependent on power sources which can fail such as electronic sirens .

EARLY WARNING SYSTEMS FOR SPECIAL NEED GROUPS

As mentioned previously, emergency warning systems must be modified and adapted to meet the needs of the population it is designed to serve. The following are some examples of systems that can be easily implemented for specific special needs groups.

Visually Impaired and Differently Able
☐ Manual: Loudspeakers or hand bells.
☐ Electronic: Sirens or alarms

Hearing Impaired

For the hearing impaired, it is best to use visual mechanisms for alerting such as flashing lights.
☐ Manual: Use Flashlights to signal
☐ Electronic: Facility lights can be used (switched on and off) for alerting

Additional characteristics on how these alerts are to be issued can be detailed in the plan to avoid confusion or misinterpretation. For example with regard to alarms , one long ring , followed by two short rings can be used , and for the hearing impaired , periods of three quick flashes can be used .

Evacuation and Early Warning	
Alerting Mechanism:	
Primary Alarm:	
Alarm Sound	
Secondary Alarm:	
Alarm Sound	
Persons Authorised for initiating alerts:	
1.	
2.	
3.	
4.	

Evacuation of Building

Ground Floor Evacuation:

Evacuation of second floor:

Location of Muster Point:	
Alternate Muster Point :	
Roll Call to be conducted by:	

Assigned Fire Wardens/assistance providers: The following caregivers have been assigned as fire wardens:

	Fire Warden Full Name	Area of coverage
1.		
2.		
3.		
4.		
5.		

Protocol for Fire Wardens:

Residents/ Students that need assistance evacuating the building:

Name	Age	Disability

CONDUCTING AND EVALUATING DRILLS

Drills should be conducted at least twice a year. If an evacuation drill cannot be done, then the centre/home can conduct a table top exercise, during which a disaster scenario is created and care givers are asked to state what actions they will take as the scenario escalates.

Update emergency plans after every drill or when changes are made to either the structure of the building or the number of care givers or residents.

Update and Review of Emergency Plan

An emergency/disaster plan is never a static document. As the dynamics of the facility changes, the plan must be modified to reflect these changes. Many of the suggested components in chapter three require up to date and accurate information, if the plan is to be functional. For example, knowing the current carrying capacity of the home can help emergency first responders to ensure that all occupants of the facility are accounted for, and who among the group may require special assistance.

Structural changes to the facility can also mean changes to the plan, for example a change in the structure can mean that new evacuation routes need to be established. Therefore it is apparent that the more up-to-date the plan, the more useful it becomes.

It is therefore recommended that the plan be reviewed and updated every six (6) months or when there have been significant changes affecting the key components of the plan.

SHARING YOUR EMERGENCY PLAN

Once the Emergency Plan has been developed and reviewed by all key stakeholders, it is ready to be shared. This can be beneficial to both the facility and emergency responders and disaster management coordinators. Having an up to date and carefully considered emergency plan, shows that the facility has made the safety of its occupants a priority, and as a result can attract more potential business.

IMPORTANT TIPS FOR CONSIDERATION

Tips when contacting a First Responder Agency

A list of Emergency Contacts - Nearest Fire Station, Police Station, Ambulance, Hospital a should be posted near all phones. When contacting a first responder agency, be sure to follow to these guidelines:

- Take a deep breath
- Calmly state your emergency
- State your contact number- in case the call gets cut, the emergency personnel can call you back
- Be sure to state that there are persons with special needs on the compound
- Listen. Allow the emergency personnel to direct the conversation
- Answer questions in a clear and calm manner
- Do not end the conversation unless directed by the emergency personnel

IMPORTANT CONSIDERATIONS

- ✓ The emergency survival kit items listed in this guide are only a suggestion and may or may not apply to every emergency situation and/or a person's special needs. Therefore you should decide which essential items to include for yourself and your family members.

- ✓ During an emergency you may have no electrical power.

- ✓ During an emergency you may need to go to an emergency evacuation shelter. It is recommended that you and your family have a designated contact person that resides outside of our immediate community. This way, in the event of an evacuation, family members can easily notify each other by calling their designated contact person.

- ✓ Pack and store all emergency survival items (including medications, medical supplies and/or assistive devices) in an easy to access and easy to transport container should you need to evacuate.

- ✓ Select a network of individuals at work and at home that will be able to assist you during an emergency. (Make sure you inform your network of where you keep your emergency survival kit.)

- ✓ Prepare a list of any food or drug allergies you might have and all the medications you are taking.
    - o You may want to provide this list to y our designated network and also keep a copy in your emergency survival kit, on your person, at home, your workplace and in your car (if applicable).

- ✓ On your list of medications, specify the reason for each medicine that you are taking (e.g., medical condition being treated) including the generic name, dosage, frequency, and the name and contact information of the prescribing physician.

- ✓ If you have children with a disability or special needs, prepare a similar list for each of your children and provide it to their caregiver, school, emergency contact members, etc.

- ✓ If you have an allergy, chronic medical condition, or special medical need you may want to consider owning and wearing a Medical identification bracelet as part of your emergency preparedness plan.

- ✓ "Ask First" if the person needs or w ants your help – do not just assume that they do.

- ✓ Allow the person to communicate how best to assist them, if they can.

- ✓ Avoid attempts to lift, support or assist in moving someone unless you are familiar with safe techniques.

- ✓ Never administer any food or liquids to an unconscious or unresponsive person.

- ✓ Ask the person with special needs if areas of their body have reduced sensation and if they need you to check those areas for injuries after a disaster.

Mobility limitations may make it difficult for a person to use stairs or to move quickly over long distances. These can include reliance on mobility devices such as a wheelchair, scooter, walker, crutches or a walking cane. In addition, people with a heart condition or various respiratory difficulties can experience certain levels of mobility limitations.

✓ Ask your network to practice moving your special needs equipment during your emergency practice plan. This will help your network become more comfortable handling or using your special needs equipment during an emergency.

✓ If you use a wheelchair or scooter, request that an emergency evacuation chair be stored near a stairwell/exit area so that your network can readily use it to help you evacuate safely.

✓ In your instruction list for your network, identify areas of your body that have reduced sensation so these areas can be checked for injuries after an emergency, if you cannot check them yourself.

✓ Check with your regional corporation to find out if emergency evacuation shelters in your area are wheelchair accessible.

Additional Items for the Emergency Survival Kit

✓ Tire patch kit
✓ Can of seal-in-air product (to repair flat tires on your wheelchair or scooter).
✓ Pair of heavy gloves (to protect your hands while wheeling or making way over glass or other sharp debris).
✓ A lightweight manual wheelchair for backup to a motorized wheelchair (if feasible).
✓ Any other contingency supplies unique to your special needs.
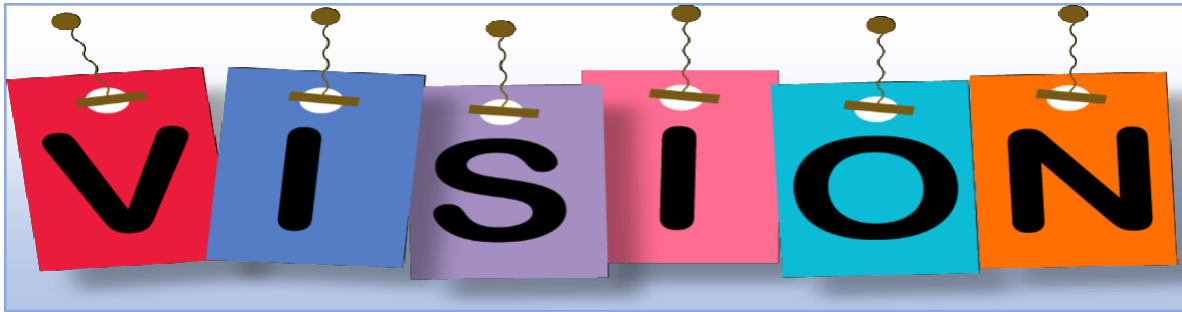
Vision: Your Emergency Plan

✓ Have a long cane available to readily manoeuvre around debris on the floor or furniture that may have shifted after an emergency.

✓ Mark all emergency supplies in advance with fluorescent tape, large print or in braille.

✓ Mark gas, water and electric shutoff valves in advance with fluorescent tape, large print or in braille.

✓ Familiarize yourself in advance with all escape routes and locations of emergency doors/exits on each floor of any building where you work, live and/or visit.

Additional Items for the Emergency Survival Kit

✓ Extra white cane, preferably a cane that is longer in length.

✓ Talking or braille clock.

✓ Extra vision aids such as an electronic travel aid, monocular, binocular or magnifier.

✓ Extra pair of prescription glasses – if you wear them.

✓ Any reading devices/assistive technology to access information/ portable CCTV devices.

✓ Any other contingency supplies unique to your special needs.

Hearing: Your Emergency Plan

✓ If your network is unavailable during an emergency, seek the assistance of others to whom you can communicate your hearing loss by spoken language, moving your lips without making a sound, pointing to your ear, using a gesture, or if applicable, pointing to your hearing aid.

✓ Keep a pencil and paper handy for written communication.

✓ Obtain a pager that is connected to an emergency paging system at your workplace and/or the building that you live in.

✓ Keep a laminated card on your person and in your survival kit that identifies you as deaf or hard of hearing and explains how to communicate with you.

Additional Items for the Emergency Survival Kit

✓ Extra writing pads and pencils for communication.

✓ Flashlight, whistle or noisemaker.

✓ Pre-printed key phrases you would use during an emergency.

✓ Portable visual notification devices that allow you to know if a person is knocking on the door, ringing the doorbell, or calling on the telephone.

✓ Any other contingency supplies unique to your special needs.

Non - Visible Disabilities: Your Emergency Plan

✓ Keep a pencil and paper or portable electronic recording device handy to write down or record any new instructions provided to you in an emergency.

✓ **People with Multiple Sclerosis:** Symptoms are often made worse by heat and humidity. Be prepared to keep cool and dry.

✓ **People with Diabetes:** Keep frozen water bottles or ice packs in your freezer. Have an insulated bag or cooled thermos ready to store your insulin, should there be a power outage or you need to evacuate.

Additional Items for the Emergency Survival Kit

✓ Supply of food items appropriate to your disability or dietary restrictions.

✓ List of instructions that you can easily follow in an emergency.

✓ Personal list and minimum three days' supply of all needed medications, medical supplies and special equipment (e.g., ventilator for asthma nitrolingual spray for heart condition, Epinephrine pen against allergic reaction/anaphylactic shock, etc.).

✓ Detailed list of all prescription medications.

✓ Any other contingency supplies unique to your special needs.

For Example: People with Diabetes

✓ Extra supply of insulin or oral agent.

✓ Extra supply of syringes, needles and insulin pens (if used).

✓ Supply of blood glucose and urine ketone testing strips.

✓ Fast-acting insulin for high blood glucose (if applicable).

✓ Fast-acting sugar for low blood glucose.

✓ Extra food to cover delayed meals.

✓ Ice packs and thermal bag to store insulin (if applicable).

Not every disability is Visible.

Seniors with Special Needs: Your Emergency Plan

- ✓ Create an emergency contact list with names and telephone numbers of your physicians, case worker, contact for your seniors group, neighbours, building superintendent, etc. Keep a copy of this list in your survival kit and on your person.

- ✓ Write down the names and phone numbers of onsite doctors, nurses, social workers, etc., at your place of residence (if applicable), including the hours they keep.

- ✓ Familiarize yourself with all escape routes and location of emergency doors/exits in your home.

- ✓ Always wear your Medical Identification Bracelet.

Additional Items for the Emergency Survival Kit

- ✓ Supply of food items appropriate to your disability or dietary restrictions.
- ✓ Prescription eyewear and footwear (if required).
- ✓ Extra supply of medications and vitamin supplements.
- ✓ Personal disability related list of all your needed medical supplies and special equipment.
- ✓ Copies of all medication prescriptions.
- ✓ Any other contingency supplies unique to your special needs.

Table 1. Categories of Disability

Disability Term	Alternative Term	Brief Description/ Factors that Elevate Risk in Emergencies	Factors that Reduce Risk in Emergencies
Autism	Autism spectrum disorder	Characterized by extraordinary difficulty in social responsiveness; often resistant to environmental change or change in daily routine and experience anxiety over interruption. May be non-verbal or use argumentative communication	Structure, routine, normalcy and familiarity with activity
Deaf-blindness		A simultaneous significant hearing and vision loss; limits the speed of movements.	Guidance from a sighted person
Developmental delay		A delay in one of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive (behavioural) development.	Minimized disruption of routine patterns of activity, modulate sensory input
Emotional disturbance	Behaviour disorder, emotional disability	Has limited ability to understand environmental events, situations, or procedures. Needs are categorized as mild, moderate or severe. May disobey or resist direction, may panic.	Regulated sensory input
Hearing impairment	Deaf, hard of hearing	A complete or partial loss of hearing that adversely affects a child's educational performance. May not respond to auditory cues.	Written instructions, Sign language, specialized communication for direction in an emergency
Mental retardation	Intellectual disability, cognitive impairment	Significant limitations in intellectual ability and adaptive behaviour. This disability occurs in a range of severity.	Regulated sensory input
Multiple disabilities		The simultaneous presence of two or more impairments, the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. Does not include deaf-blindness	

Orthopaedic impairment	Physical disability	A significant physical limitation that impairs complete motor activities, strength, vitality or an alertness to environmental stimuli	Adaptive physical equipment: cane, walker, wheelchair. May require alternative accessible evacuation route
Other health impairment		A disease or disorder so significant that it negatively affects learning; examples include cancer, sickle-cell anaemia, and diabetes	Continuity of medication management regime
Specific learning disability	Learning disability	A disorder related to processing information that leads to difficulties in reading, writing and computing.	
Speech or language impairment	Communication disorder, stuttering	A disorder related to accurately producing or articulating the sounds of language to communicate	Sign language, hand signals, specialized communication for response in an emergency
Traumatic brain injury	TBI	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both that may affect cognition, behaviour, social skills and speech.	
Visual impairment	Low vision, blindness	A partial or complete loss of vision	Guidance from a sighted person
Source: National Dissemination Centre for Children with Disabilities at http://www.nichcy.org/Disabilities/Categories/Pages/Default.aspx			

KEY TERMINOLOGIES

Assets	Properties or resources regarded as valuable or useful.
Disaster	A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
Disaster risk reduction	The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.
Drills	The process of practicing a routine or task to ensure a successful result. Drills can be used for training, and to identify gaps or challenges in the process or system being tested.
Emergency Warning System	The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.
Emergency management	The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and initial recovery steps.
First Responder Agency	These represent agencies or organizations which utilised for first response in emergency situations such as the Police and Fire Services.
Hazard	A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
Mitigation	The lessening or limitation of the adverse impacts of hazards and related disasters.
Preparedness	The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions.
Prevention	The outright avoidance of adverse impacts of hazards and related disasters.

Public awareness	The extent of common knowledge about disaster risks, the factors that lead to disasters and the actions that can be taken individually and collectively to reduce exposure and vulnerability to hazards.
Recovery	The restoration, and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors.
Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.
Response	The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.
Risk	The combination of the probability of an event and its negative consequences.
Risk Assessment	A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.
Vulnerability	The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.

Safety Committee & Emergency Response Team

Safety Committee meeting shall be scheduled and conducted by the Committee Chairman:	
Education and Training needs of our organisation will be identified and training conducted by:	
Safety Inspections within our organisation will be conducted and document by:	
Safety Inspections shall be conducted on a :	☐ Monthly or ☐ Quarterly Bases
For a period of 24 months or as required by the law or directives, Safety meeting and safety training will be documented and records will be maintained and stored in :	

Evacuation Plan Revision Log

Name:		Preparation Dated:	
Drill Date:			
Evaluation Report		Evaluation Date:	
Revision of Plans		Version #:	Version Date:
Authorization signature			Authorization Date:

Safety Inspection Log Report:

Name of Inspector	
Inspection Agency	
Contact #	
Grade from Agency	
Stakeholders Engaged	

Safety Committee Members

Full Name	Contact number	Title/ position

School Emergency Evacuation Planning Checklist

☐   Do you have a roster of your students with special needs?

☐   Have you identified students with special needs on site from other school districts?

☐   Have you identified the medical needs of your students with special needs and their medication schedule?

☐   Have you walked the evacuation paths and exits looking for potential obstacles?

☐   Has an evacuation site been identified that is accessible to students and staff with special needs?

☐   Is the primary evacuation path marked to clearly show the route?

☐   Is there sufficient oxygen for 72 hours?

☐   Have transportation needs been identified for the students with special needs, such as special vans and buses for students?

☐   Do you have contract(s) in place with your transportation service provider(s) in case of an emergency?

☐   Is there a master list of bus drivers?

☐   Have you identified any necessary tools such as personal response plans, evacuation equipment or visual aids for students with special needs?

☐   Have you identified communication needs with students who have limited English proficiency?

☐   Have you considered emergency accommodations for those with temporary disabilities?

☐   Have you encouraged a relationship with students and the local responders?

☐   Have you reviewed your plan with emergency responders?

☐   Have you identified an evacuation site that is accessible to students and staff with special needs?

☐   Have you identified a secondary evacuation site?

☐   Have you identified all of your communication needs for your students with special needs?

☐   Have you trained the staff on proper lifting techniques?

☐   Have staff, students and families been encouraged to provide 72 hour medications?

☐   Has evacuation route information been compiled and distributed to staff

Student Card

Laminate this card and affix it to a lanyard for the special needs student to wear during an emergency.

FRONT

Emergency Medical Information Card		
Student Name:		**Photo**
School:	**Standard:**	
School Phone:		
Medical Condition:		
Parent/Guardian:		**Home Phone:**
Home Address:		**Work Phone:**
Parent:/Guardian:		**Cell Phone:**
Parents are responsible for updating the student's emergency information and medications.		

Cut or fold here

BACK
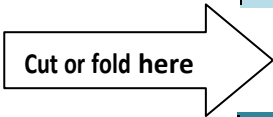
Emergency Medical Information Card	
Student Name: **Birth date:**	
Blood Type:	**Allergies:**
Physical Limitations:	
Communication Difficulties:	
Adaptive Equipment::	
Primary Care Physician:	**Emergency Phone:**
Specialty Physician:	**Emergency Phone:**
Insurance Company	**Policy Number:**
Medications	**Dosages/Frequency**