



Welcome!



Missouri Department of Mental Health's Office of Disaster Services created this guide as a companion piece to the Personal Preparedness Guide. But it is designed for direct service providers, case managers, and others who serve individuals with intellectual and/or developmental disabilities (I/DD). It is focused on how you plan to meet the needs of those you serve.

This guide does not contain answers, as planning must meet individuals' needs.

Rather, it contains some of the questions you will need to address as you create plans.

You'll find information to help you:

- Make an emergency kit.
- 2 Create plans for different types of emergencies.
- 3 Know how and where to get information about weather conditions, etc.
- 4 Know how you will communicate during an emergency.
- 5 Ensure those you serve also know what the plans are.

INDIVIDUAL AND FAMILY PREPAREDNESS

First, ensure your personal safety and well-being. Everyone should have a personal emergency kit that includes some basic items, like food, water, etc. It is especially important for people, like you, who are employed in serving professions to make personal/family kits.

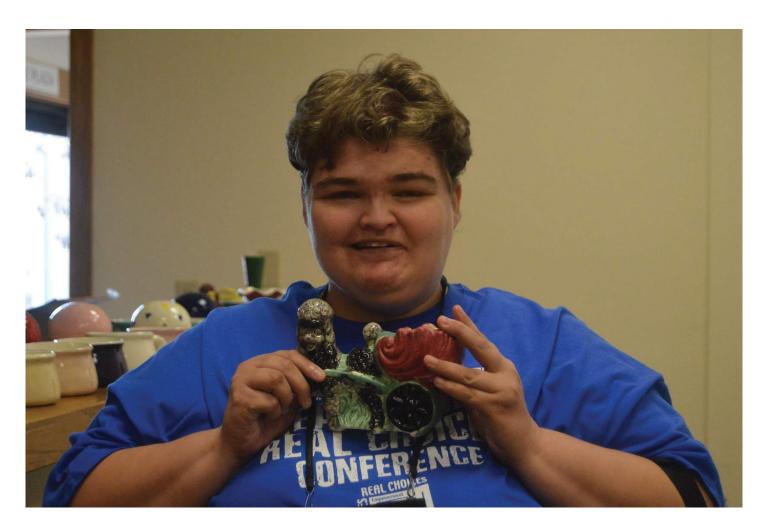


Only if you feel comfortable that your family is safe will you feel comfortable leaving them to serve in your workplace. See the Resources section for tools on building kits. You can use the Personal Planning Guide or another planning template to outline your family's individual needs during an emergency, especially if you live with someone with I/DD.

SPECIAL CONSIDERATIONS FOR WORKING WITH INDIVIDUALS WITH I/DD

There are some special considerations in planning with individuals with I/DD.

These must be included in planning efforts.



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When planning for disasters, it is important to consider the complexity of the decision to evacuate or to shelter in place. While evacuation may be the first thought that comes to mind as a response to certain disasters, it may not be the best choice for individuals with I/DD. You should consider factors like the ability to physically move the individuals quickly, the difficulty of accommodating all needs in an alternate location, and trauma they may experience during an evacuation.



Sheltering in place is considered best practice for individuals with I/DD. Therefore, you must consider what is needed for sheltering in place for all types of disasters. This includes basic life-sustaining items like food, water, and medications. You should also consider the specific needs of each individual – do they need extra batteries for assistive devices, special diet items or other specific items? Is the location equipped with emergency lights, or do you need to ensure there are battery-powered lanterns or flashlights? If the power is out, what will you do to assist with climate control – heaters and extra blankets for cold weather, fans or portable air conditioners for hot weather?

Sheltering in place is also the best option for individuals with significant health needs in all disasters except those that render the residence uninhabitable. The considerations for evacuation would likely be overwhelming (for example, getting hospital beds through entrances). But the considerations for sheltering in place will also be many and should be put in effect before any crisis event occurs.

Consider, for example: Does the location have an emergency generator to restore power for electrical equipment? How often is the generator tested?_____ How much fuel is on hand?_____ Is the location on emergency utility restoration registries?_____ Ensure the contact information for the utilities is readily available Is all equipment in working order, with supplemental supplies – batteries, tubing, etc. – on hand?_____ Are all necessary medications refilled and on hand?_____ Determine if medications have "emergency supply" capability that allows them to be part of an emergency kit. How many days of meds are on hand? Who do you contact to find out how to fill medications in an emergency? Is there a plan to ensure staffing in all types of emergency, even when driving

Shelter-in-place considerations will be addressed throughout this guide.

conditions are less than optimal?_____

safe without them?____

Are staff prepared to stay overnight if necessary, and are their families able to be

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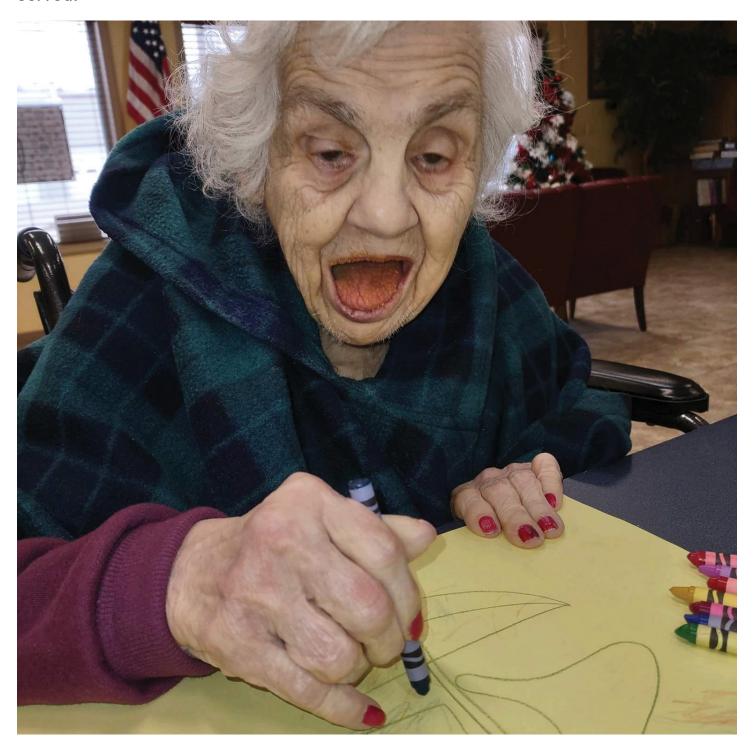
CONSIDERATIONS FOR PEOPLE NEEDING STRUCTURED ROUTINES

Many individuals with I/DD have tendencies to act and react in very predictable ways. Many are more comfortable with structured routines and may have difficulty with change.

- When the smoke alarm sounds, an individual may directly go to the door they usually enter through. In drills where that door is blocked to simulate fire in that area, they may move the block rather than choosing another exit. Drills are the appropriate time to train them to take the safest exit available.
- Some individuals have been known to try to get to work, even in hazardous conditions, because that is part of their routine. Support individuals with I/DD in understanding weather conditions and contacting employers about reporting to work when conditions are treacherous.
- If one who excels in a structured environment has a change in their routines they may communicate their discomfort through behaviors, making response to disasters and emergencies challenging. These individuals must be gradually introduced and encouraged to take required actions. This is why drills and exercises are so critical.

CONSIDERING THE AGING POPULATION

As the population in general ages, so too does the population of individuals with I/DD. This can compound mobility issues and cognitive functioning in many individuals served.





MODIFYING SUGGESTED ACTIONS

Those who serve people with disabilities of all types understand the need to make accommodations in daily activities. These principles must also be applied to recommended actions for disasters and emergencies.



For instance, the suggested response to an earthquake is to "Drop, Cover, and Hold On," by getting under a table, desk, etc. The "drop" action may not be possible for everyone, whether they have a recognized disability or not. If they cannot, for any reason, get under a piece of furniture, help them cover their head and neck with their hands and arms. Find a way to stabilize them, like locking brakes on wheelchairs.



INDEPENDENT LIVING SITUATIONS

We encourage and support the rights of every individual to live in the least restrictive environment that meets all of their needs. However, this can present a challenge when a disaster or emergency results in a change in their needs. This can be especially true when Independent Supported Living spaces are unattended overnight. Special accommodations must be made in provider planning to ensure this need is addressed, then follow-up drills and exercises must be scheduled with the individuals so they know how to respond.



An increasing trend in Independent Supported Living is the use of artificial intelligence (AI) to provide support when staff is not physically present in the home. Al allows individuals to reach out to staff virtually, much like a telehealth doctor's visit. It is being reported that many individuals support this model, as it provides them with more freedom and an increased sense of independence than having staff present. This falls in line with the desire to allow every individual to live in the least restrictive environment.

However, planning must include preparedness for these individuals, exercises and drills for them and how the Al component might be useful in a disaster or emergency situation.

HOW WILL YOU UTILIZE AI IN A DISASTER OR EMERGENCY?

PERSONAL PLANNING GUIDE

The Personal Planning Guide is structured for individuals to walk through, step by step, to make a plan for themselves. We have done all we can to make this information accessible, so individuals can complete it themselves. However some of the individuals may not be able to accomplish this alone and will require your assistance. In other cases, it will be necessary for you to complete it on their behalf.



This booklet walks you down the same path and helps you consider your role in supporting individuals in times of crisis or emergency. It also includes a "drills and exercises" section to help you develop and test your plans and to acquaint staff and individuals with what to expect and how they are to respond when disasters or emergencies occur.

SUPPORT SYSTEM



The individual planning guide describes a "Support System" as "people in your life who help you" and offers suggestions, giving prompts for naming and providing contact information. It is important for you to know who these people are for each individual. Keep in mind that, although this information may be stored on your organization's database, you may not have that connectivity (or the time to access it) during a disaster or emergency. You should have this information readily available to you at all times.

WHEN SOMETHING HAPPENS

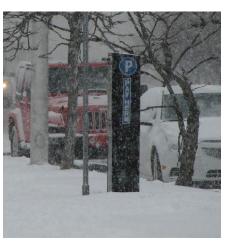
This section of the Individual guide booklet helps individuals answer important questions about actions to be taken when a disaster or emergency happens. You may be the person helping them make this determination.

Questions to ask yourself about these decisions include:



Notification

- For individuals who are living in ISLs or group homes that do not have round-the-clock staffing, how will individuals know about an emergency or disaster?_____
- Who will instruct them about what action to take?



Winter Storm

- How will they get extra supplies before the storm? Will someone advise them to buy supplies or do it on their behalf? Who will do this for them?
- How will they know the storm is coming? Do they have weather radios or apps that will guide them? Who will advise them they do not have to report to work or other changes in their usual schedule?_____



Severe Storm or Tornado

- How do residents know of the potential for a dangerous storm?_____

 • Is there a storm-safe location within the home/facility?____
- Who notifies them of the need to take shelter?______
- If there is time for a nearby evacuation before a severe storm, who makes that decision?
- How will that notification occur?
- What is the location neighbor's home, family's home, etc.?_____
- Has that location been notified and vetted?
- Is that location completely accessible to meet the needs of the resident(s)?
- Do you need to have an Memorandum of Understanding (MOU) with the location?____

Fire

Detector Maintenance and Testing

- Responsibility for Detectors: Who is responsible for ensuring that fire/smoke/carbon monoxide detectors are working?
- Battery Maintenance: Who is tasked with changing the batteries or ensuring that they are changed regularly?

Access for the Deaf and Hard of Hearing

• Special Signalers: Are visual and/or tactile signalers installed for the deaf and hard of hearing to alert them in case of an emergency?

Alarm Response Training and Drilling

- Individuals' Reaction to Notifications and Alarms: What is the expected reaction of individuals to notifications and alarms?
- Training on Response: Have individuals been trained on how to respond when alarms go off?
- Drilling Response: Has the response been practiced through drills to ensure reactions are as expected?
- Real Event Reactions: Considerations on how reactions might differ in a real emergency situation compared to a drill.

Escape Planning

- Knowledge of Escape Plans: Do individuals know the escape plan from the building?
- Use of Windows as Escape Routes: If windows are designated escape routes, do individuals have access to glass-breakers, and do they know how to safely break and exit through a window?
- Exiting Multi-Story Buildings: In the case of multi-storied facilities, is there a plan for exiting the building if elevators are not operational?

Training and Drilling on Escape Procedures

- Training on Escape Procedures: Have individuals been trained on how to proceed during an evacuation?
- Drilling on Escape Procedures: Has the escape procedure been practiced through drills?

Post-Evacuation Procedures

- Short-Term Meeting Place: Do individuals know the short-term meeting place on the property where they should gather immediately following an evacuation?
- Longer-Term Rally Point: Is there a designated longer-term rally point where individuals should meet following an evacuation?

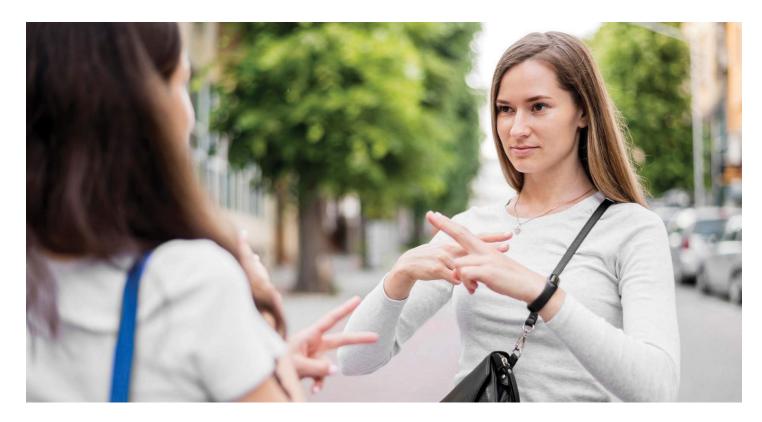


Rally Points and Reunification

- Have rally and reunification locations been established for all of the individuals with whom you work?
- Do you, as a service provider, know where these points are?
- Have these locations been vetted with owners e.g., if the plan is to go to a nearby business, has that business been contacted and agreed to serve as an evacuation or reunification location?
- Are these points truly accessible to all individuals? Can they walk or roll this far in all weather conditions? Will there be a need for accessible transportation? If so, has this been established and vetted?
- How will you notify parents/guardians of the evacuation and location for reunification? Ensure you have contact information for parents/guardians.

COMMUNICATION ASSISTANCE

Do the individuals you serve need help with communicating because of conditions like deafness, speech impediments or because they do not speak English as their primary language?



Consider what you can do to help them prepare for a crisis:

- Ensure they have batteries and chargers for electronic devices.
- Ensure there is information for provider companies easily accessible to the individual and to you.
- Ensure they (and you) know how to access interpreters and translators, even in crisis situations.
- Know if there are contracted providers and how to reach them.
- Know if there are friends or family members who can interpret or translate for them temporarily.

There are a number of translation apps available for electronic devices. Know what these are and have them available in emergency situations.

DOCTORS/MEDICAL INFORMATION



The Personal guide suggests to individuals that they discuss their emergency plan with their doctors. That document also includes a personal "passport" on the first pages with important health information. You should familiarize yourself with this information for the individuals you serve.

The personal guide provides spaces to include contact information for their doctors. Again, while this information may be held in other locations, having it available in the passport keeps it easily accessible in all conditions. If you are assisting individuals with completing the personal guide, ensure it includes all physicians, including specialists for all medical and mental health conditions.

There is a space in the personal guide for regular medical conditions. It is critical that anyone who may be assisting an individual is aware of their need to receive treatments like dialysis, chemotherapy or radiation or other therapies. If regular locations for these therapies are damaged, it will be the responsibility of the service provider to know where these therapies can be accessed. It is preferable to do this research in advance, knowing the treatment facility's emergency plan for providing services at an alternate location.

HEALTH PASSPORT

This document has important information so you can get to know me and better support me when I am receiving medical, dental, or other care. I will keep this information where it can easily be found. We have also included the passport document here and encourage you to ensure it is completed for each individual you care for. Making it readily available for you and first responders who may interact with the individuals helps ensure the best possible care is provided for them.

Change Log

Date Changed	Changed By
Demographic Information	
Name:	DOB:
Home Address:	
Home Phone:	
	Race:
Marital Status:	
Primary Care Physician:	Phone:
Address:	
Psychiatrist Name:	Phone:
Address:	
Dentist Name:	
Address:	
Preferred Hospital:	
Address:	
Other healthcare providers and contact in	formation:

Medical Conditions:
Medications:
I dislike:
When I dislike something I express it by:
The best way to communicate with me is:
My usual sleep pattern is:
I usually interact with strangers this way: (friendly, smiles, anger, fear, etc.)
When upset, the best way to help me calm down is:
Things that I am sensitive to include: (specific sights, sounds, odors, textures, etc.)
Things that help me pass the time:

EQUIPMENT

Ensure that anyone, not just their regular service providers, know what kinds of equipment an individual uses to assist them with their activities of daily living. If it is possible to include replacements or items like batteries in an emergency kit, this would be optimal (remember that batteries will have to be changed periodically).

The personal guide asks individuals what they need and use. Best practice is for all caregivers to familiarize themselves with this information before a crisis or emergency occurs.



As you know, the stress of an emergency may have various effects on individuals with I/DD. The personal guide suggests items that can be included in personal emergency kits, but providers might want to have them at hand when responding to an emergency situation with the individuals they serve.

Items might include:

- Noise-cancelling headphones
- Designated quiet space
- Weighted vest or blanket
- Fidget toys or stress balls
- Picture boards or picture apps on mobile devices to help with communication
- Items of different textures soft blanket, sand in a bag, music player
- Paper to tear
- Copy of a daily routine (so you can stick to it as closely as possible)

IN-HOME CARE

The personal guide addresses the planning needs of those who live independently with the assistance of a caregiver or other service providers. Case managers will need to know who those assistants are, what services they provide to the individual and whether those services can be provided without interruption after an emergency or disaster. If the individual goes to a disaster shelter, will the caregiver perform the services in that setting to ensure the individual remains in the least-restrictive environment?



Another matter of concern is notifying the individual of an emergency or disaster. Does the individual have a weather radio or other alert system? Do they know what actions to take? Have they participated in exercises and drills to ensure they know what to do?

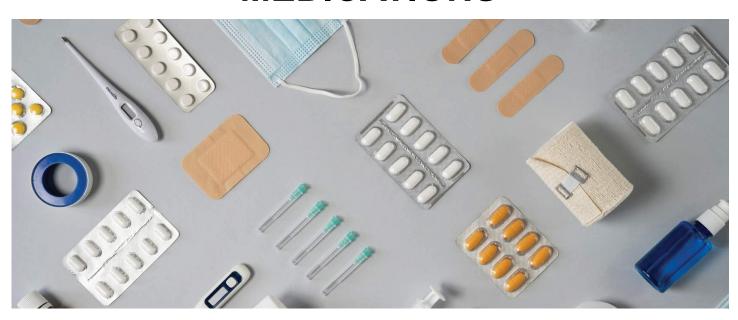
IN-HOME CARE

Complete this form either online or by printing and completing on paper.

Save a digital or printed copy of the completed document. Consider taking a clear screenshot with your smartphone as an easy alternative for digital storage.

Name Phone Address Primary or Backup

MEDICATIONS



The personal guide provides a chart – see below — for individuals to list their medications (both prescription and over-the-counter) and provide information about the importance of each one. Because it is critically important for individuals to have continuity in taking their medications, this is one area that should be of high importance to service providers.

Make sure this information is available to anyone who might be providing care to an individual if you are unavailable in an emergency or disaster situation.

Very Important - You need them to stay alive

Important - You need them to manage serious health conditions

Somewhat Important - You need them to manage less serious health conditions that are not life-threatening

Stock-piling medications for emergency kits may be an option, though it may take time if only a few pills can be saved from each prescription refill. This method also can make tracking expiration dates difficult. It may be easier to plan to grab medications and keep them with individuals during an emergency and know how to obtain emergency refills on behalf of individuals you serve.

MEDICINE

Complete this form either online or by printing and completing on paper. Save a digital or printed copy of the completed document. Consider taking a clear screenshot with your smartphone as an easy alternative for digital storage.

PRESCRIPTION MEDICINES YOU TAKE REGULARLY - DAILY, WEEKLY, ETC.

Can you get it replaced at your pharmacy?				
Is this medication in your emergency kit?				
Importance of medication				
Pharmacy name and phone number?				
Which doctor prescribed it and what is their phone number?				
When you take it (morning, with meals, 2 times a day, etc.)				
Dosage (how many mgs, etc.)				
Medication Name				

PRESCRIPTION MEDICINES YOU TAKE ONLY WHEN NEEDED

	Can you get it replaced at your pharmacy?					
ָרָל ע	Is this medication in your emergency kit?					
TRESCRIPTION MEDICINES TOO PARE ONE! WHEN MEEDED	Importance of medication					
O JAKE O	Pharmacy name and phone number?					
	Which doctor prescribed it and what is their phone number?					
	When you take it (morning, with meals, 2 times a day, etc.)					
L	Dosage (how many mgs, etc.)					
	Medication Name					

OVER-THE-COUNTER MEDICINES YOU TAKE REGULARLY

Importance of medication	Importance of medication
When you take it	When you take it
Dosage	OVER-THE-COUNTER MEDICINES YOU TAKE ONLY WHEN NEEDED Name Dosage When you take it Importance Importance Importance Importance
Medication Name	Medication Name

FOOD

All planning for disasters and emergencies suggests having non-perishable foods in kits. These include canned foods like tuna or vegetables, high-energy foods like peanut butter or granola bars, and comfort foods like cookies.



The personal planning guide also helps individuals consider their special dietary needs. Any care provider working with the individual will need to be prepared to assist with these needs. One key factor will be understanding reactions to allergies. How does the individual react to their trigger foods and how do they treat the reactions. Are actions relatively mild, like a rash, which can be treated with an antihistamine? Or is there a serious reaction, like anaphylaxis, that will require an epi-pen or even an immediate call for emergency services. As with all medical information, this should be readily accessible in every individual's emergency plan. Plans should also note the individual's dietary restrictions on consuming foods of certain consistencies, like soft or blended diets.

Religious and ethnic dietary needs, like kosher or halal foods, should not be overlooked in emergency planning. These needs should be planned for and accommodated in kits and in emergency locations, to the greatest extent possible.

To ensure individuals with altered diets and thickened fluids are prepared for a natural disaster, it's essential to include detailed dietary restrictions and consistency requirements in their emergency food supplies. Consider stocking up on thickening agents, manual food processors, and adaptable food items to cater to their specific needs during an emergency situation.

SUPPLIES

Emergency shelters and relief workers may not be able to provide all of the supplies needed by individuals with I/DD after a disaster or emergency, even though they try their best to do so. Therefore, we have included in the personal preparedness guide some suggestions for items to include in emergency kits.



Standard

Standard supplies are things that everyone needs that can be purchased at many retailers and include: food; water; first aid items like bandages, antiseptic cream, etc.; toiletries like toilet paper, wipes, hand sanitizer, etc.



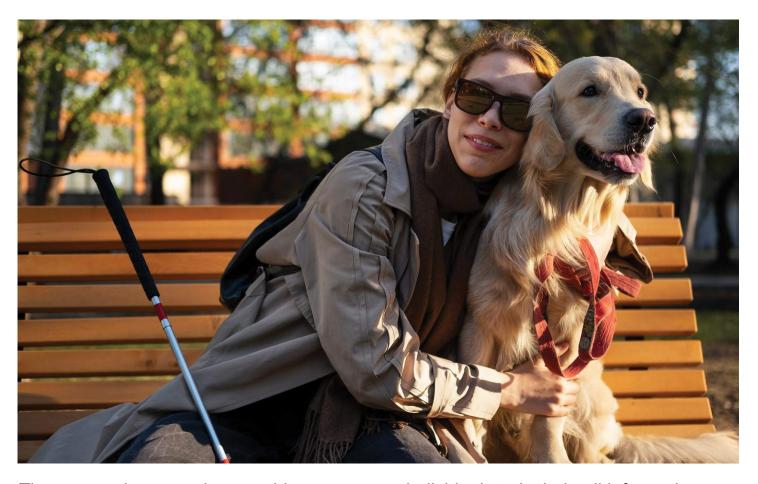
Specific

Specific supplies are items that you need while others may not. Some of them may be easily replaced at many retailers, like adult briefs or hearing aid batteries. Others may need to be replaced at medical suppliers. The "Equipment" section discusses these supplies as it discusses the equipment.

Service providers should also include these items in their kits, as well, to ensure they are equipped for all eventualities.

SERVICE ANIMALS

Service animals are, of course, allowed in all disaster and emergency venues, in accordance with the Americans with Disabilities Act. It may be the responsibility of the service provider to assist the individual with ensuring the laws regarding service animals are adhered to.



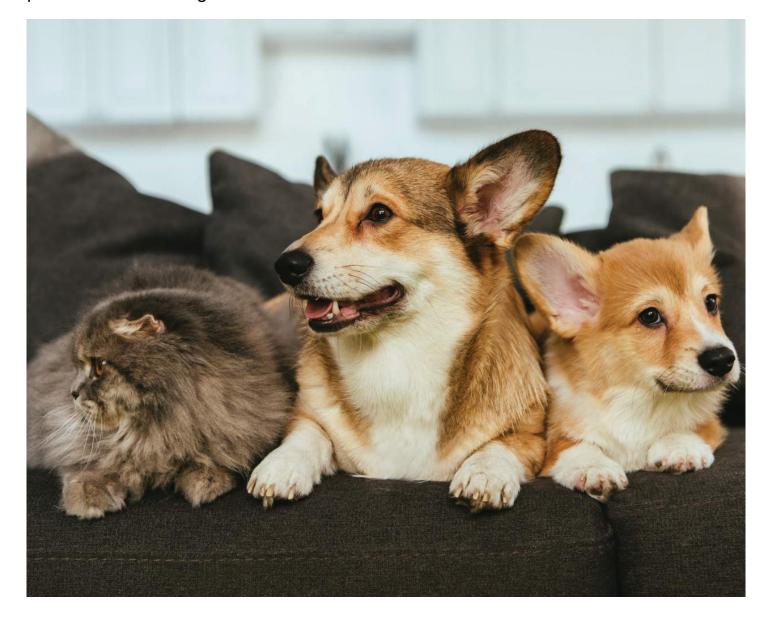
The personal preparedness guide encourages individuals to include all information about their service animals for the protection of both the individual and the animal. In addition to basic information about the animal, its veterinary care and necessities for its care, the guide discusses ways to identify your animal in case you are separated. All of this can guide emergency workers to ensure the safety of both the individual and the animal.

PETS

While pets may feel like family members, they do not have the same rights of access as service animals. Most disaster sheltering organizations are making every effort to co-locate pet shelters with people shelters. The personal preparedness guide also asks if the animals' veterinarian would be willing to provide emergency shelter for the pets.

Co-locating shelters for pets with human shelters has proven to be beneficial in several ways. The owners are responsible for the care of the pets while in the shelter. In turn, the pets often provide significant comfort to disaster survivors. This may be particularly true in the case of individuals with I/DD.

The personal preparedness guide asks many of the same questions about pets as it does about service animals. This information may be useful if a different service provider will be caring for the individual after a disaster.



DRILLS AND EXERCISES

It is critically important to drill and exercise emergency plans after they are developed. There is no substitute for this step in emergency preparedness. We all learn best by repetition and this is often particularly the case for individuals with I/DD. Exercises and drills can help acquaint the individuals with the processes that will occur during an emergency or disaster.



Individuals should be included in these exercises, to the best of their abilities. This can help take the scariness out of emergencies and disasters for them and help them to react appropriately when the real emergency occurs. They should be assigned very specific tasks so they can participate in their own response.

Exercises and drills have been developed by emergency management professionals to occur on a continuum of complexity. We suggest following this continuum to ensure the best possible outcomes.

EXERCISE AND DRILL INFORMATION

Discussion-Based Exercises – Designed to familiarize people with current procedures, plans, policies, and agreements; they may result in developing or revising new procedures, etc. They may initially be held with staff only as participants, but can later include individuals, as well. These exercises include:

Scenarios and Tabletop exercises (TTXs) – You may wish to begin with tabletop exercises. These are no-fault exercises where participants engage in discussion about different emergency scenarios. They should be played realistically, rather than assuming the best-case response to "win." Tabletop exercises are designed to show where gaps exist in current planning so those gaps can be filled. As you fill the gaps in your plan, you should add complexity to the scenario with the goal of continually "breaking" your plan and filling new gaps. For example, after you have exercised your response for a tornado in your area, add a new layer like flash flooding to the exercise and see what may change in your planning.

Discussion-based exercises provide an opportunity for staff to consider the seriousness of the potential situations that providers might experience. They help to underscore with staff the importance of drills for staff and provide context for including individuals.

Operations-Based Exercises – Offer opportunities for staff and individuals to experience what they will see, hear and do in an emergency situation.

Drills – Coordinated, supervised exercise that generally practices a single, specific action or function. Drills practice what people are supposed to DO in the event of an emergency. Drills also build "muscle memory." We often do fire drills in facilities and, because we do them so frequently, our muscle memory kicks in and we instinctively act as we are trained. This is what we hope to accomplish for all types of emergencies and disasters. Repetitive drills build those instincts and can save time, and even lives, in a real emergency.

Functional Exercises – These are drills that involve partners like first responders, making the drills more realistic. These should be held after individuals are acclimated to drills and have been warned of the participation of partners to avoid causing undue trauma.

Full-Scale Exercises – These are drills conducted in real time, creating a stressful, time-constrained environment that closely mirrors real events. While beneficial for first responders, the stress of a full-scale exercise for served individuals makes it a drill that is unlikely to be scheduled frequently. It would require considerable planning and preparation to be beneficial for providers.

A tabletop exercise is an opportunity for participants to discuss the scenario presented, as well as general concerns with procedures, in a low-stress environment. The focus is on the roles and responsibilities of individuals, protocols, procedures.

The purpose is:

- To increase awareness for staff and develop an "if/then" mindset
- To determine if current policies, procedures and practices are adequate for the incident presented
- To facilitate the updating of plans, policies and procedures, based on the outcome of the exercise

The same scenario can be exercised again after revisions are made, to see if the outcome is better.

The overarching goal for each exercise is, obviously, to ensure there is no death or injury as a result of an emergency or disaster. However, before the exercise commences, someone in the organization should identify additional expected outcomes for the exercise. In addition to evaluating and revising plans, policies, procedures and processes, are you hoping the exercise will:

- Educate the staff in what is expected of them in emergencies and disasters?
- Encourage critical thinking in the face of the unexpected?
- · Understand procedures in working with outside partners?
- Other?

EXERCISE GUIDELINES

Here are some suggested guidelines for exercises to ensure success:

- Exercises are held in open, no-fault environments.
- We are evaluating agency plans, capabilities, systems, processes, etc.
- We are NOT evaluating people.
- Expect varying viewpoints and even disagreements.
- · All opinions are valued and respected.
- Respond using your current knowledge and current assets.
- Decisions made are not precedent-setting and may not reflect the organization's final position on any given issue.
- The exercise allows the chance to discuss and possibly present multiple options and possible solutions.
- Identifying issues is less valuable than presenting possible solutions (i.e., the exercise should not turn into a "gripe session" listing participants' perceived problems with the organization).
- Every exercise includes "assumptions," with the primary assumption that the scenario is plausible, with events occurring as they are presented.
- Pay attention to the different assumptions presented with each scenario, as they create real-world circumstances that enhance the scenario.
- Ensure every player receives information at the same time.
- Don't waste time fighting the scenario; use the time wisely to identify and resolve issues.
- Exercises should do more than identify safety issues; they should be teambuilding opportunities, as well.
- This does not have to comprise an overwhelming task; short exercises can be a part of each staff meeting, or can be used as a part of staff professional development.

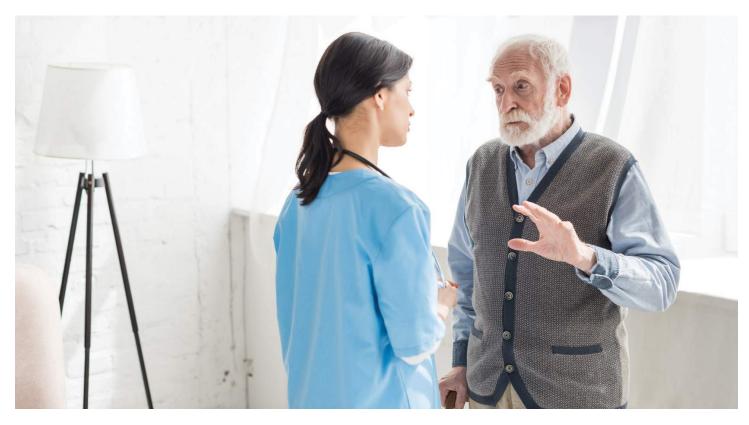
SAMPLE SCENARIOS FOR INDEPENDENT SUPPORTED LIVING, GROUP HOMES AND OTHER RESIDENTIAL SETTINGS

In these sample scenarios, you will be asked questions about the actions you would take in each emergency or disaster. Use these to spur discussions with staff members and determine the merits of each action.

Both during and at the end of each scenario, you will be asked to match the actions you have discussed and decided upon with those written into your plans. The writing of the plans almost always proves to be easier than applying them in a real-life situation. So, at the end of the exercise, use the information captured by the Scribe and Evaluator to determine if you need to rewrite sections of the plan to match the actions you have determined to be most applicable to the situation.

Feel free to adapt these scenarios to be applicable to your own situation. Be sure to follow the guidelines above to make the tabletops a productive time to find solutions and work as a team.

INTRUDER



SCENARIO 1

Part 1

An unknown man enters the living space without saying a word. Staff attempts to engage him, but he just mutters and walks around. He does not appear to be violent and he has no evident weapon.

•	What is your first reaction?	
•	What is the first action you will take?	

Possible responses

- Attempt to de-escalate him
- Get medical help for him
- Attempt to remove him from the facility
- Notify leadership at the facility
- Notify security at the facility
- Call 9-1-1
- Remove the consumers from the area

Part 2

He eventually begins to move toward the area occupied by consumers. At this point, he is becoming more agitated and, when engaged again by staff, he becomes aggressive and verbally abusive.

•	Are they the same as above or do you need to take different action?
•	How do you ensure the safety of the consumers in the facility?
•	How will the consumers respond to this intrusion?
•	How will you respond to the consumers' needs?
•	What are staff's roles and responsibilities and are they trained on these?
	Will you lock down the facility or a certain area? What is the protocol for this in you
Po	rt 3 ice respond and remove the man and there are no injuries to anyone. What are your actions now?
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o •	ice respond and remove the man and there are no injuries to anyone.
Po • —	ice respond and remove the man and there are no injuries to anyone. What are your actions now?
Po • • •	ice respond and remove the man and there are no injuries to anyone. What are your actions now? What concerns need to be addressed?
Po · · · · Ne	ice respond and remove the man and there are no injuries to anyone. What are your actions now? What concerns need to be addressed? Who should be notified? How will they be notified? What follow-up actions need to be considered/taken? ext, compare the information obtained during the discussion-based exercise to what written in existing plans.
Po	ice respond and remove the man and there are no injuries to anyone. What are your actions now? What concerns need to be addressed? Who should be notified? How will they be notified? What follow-up actions need to be considered/taken? xt, compare the information obtained during the discussion-based exercise to what
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SCENARIO 2

Part 1

An unknown man enters the living space without saying a word. Staff attempts to engage him, but he just mutters and walks around. You notice a bulge under his coat that appears to be a firearm.

•	What is your first reaction?
•	What is the first action you will take?

Possible responses

- Attempt to de-escalate him
- Get medical help for him
- Attempt to remove him from the facility
- Notify leadership at the facility
- Notify security at the facility
- Call 9-1-1
- Remove consumers from the area

Part 2

He eventually begins to move toward the area occupied by served individuals. At this point, he is becoming more agitated and, when engaged again by staff, he becomes aggressive and verbally abusive. He pulls the firearm and waves it in the air, threatening to shoot anyone who comes near him.

threatening to shoot anyone who comes near him.	
What are your actions now? • Are they the same as above or do you need to take different action?	
How do you ensure the safety of the consumers in the facility? • How will the consumers respond to this intrusion	
How will you respond to the consumers' needs?	
What are the staff's roles and responsibilities and are they trained on these?	
• Will you lockdown the facility or a certain area? What is the protocol for this in y plan?	our

Part 3

Police respond and safely remove the	e man with th	he gun and	there are no	injuries to
anyone.				

anyone.
What are your actions now?
What concerns need to be addressed?
Who should be notified? How will they be notified?
What follow-up actions need to be considered/taken?
After all 3 sections have been completed, have a brief report-out to discern what went well and where challenges may exist in this type of response.
Next, compare the information obtained during the discussion-based exercise to what is written in existing plans.
Did all go as you assumed it would when you wrote the plan?
Do you find you need to rewrite some sections based on your participation in the exercise?
Whose responsibility will it be to accomplish the updating of the plan?

FIRE



SCENARIO 1

Part 1

A small fire breaks out in the facility kitchen. It is extinguished quickly by food service staff. However, it has produced a great deal of smoke. Smoke alarms are blaring in that area of the building. Although this wing of the building houses very few individuals, it is the location of the physical and occupational therapy facilities. This brings the census of that area to nearly 30 people.

What do you do first?
How do you determine the location of the fire?
· How do you communicate with kitchen staff to determine the extent of the fire and/or
damage?
What do you do with individuals in the area?

How can you safely evacuate them in smoke-filled hallways?

- What is individuals' reaction to blaring alarms and smoke-filled areas?______
- How do you calm them?
- What are the staff's roles and responsibilities and are they trained on these?______
- What follow-up actions need to be considered/taken?_______

After this discussion-based exercise, have a brief after-action report-out to discern what went well and where challenges may exist in this type of response.

Next, compare the information obtained during the discussion-based exercise to what is written in existing plans.

- Did all go as you assumed it would when you wrote the plan?
- Do you find you need to rewrite some sections based on your participation in the exercise?

SCENARIO 1

Part 1

Fire and smoke alarms in the facility begin blaring at 2 a.m. on January 14. The exact location of the fire is unknown.

- What do you do first?

- Who should be notified?

Part 2

It is determined that the fire is located in the common area of one of the dormitories. One of the staff made attempts to extinguish it, but it is burning out of control. First responders have been called, but evacuation is necessary.

- What are individuals' reactions to blaring alarms and smoke-filled areas?
- How do you calm them?

- How long can you stay in this location?

- What are the staff's roles and responsibilities and are they trained on these?

Part 3

The fire significantly burned the building. Consumers will have to be temporarily relocated.

- Does your facility have a pre-determined location? How will they get there?
- How can you assist consumers with this transition?
- How do you help them cope with the loss of their treasured belongings?
- What follow-up actions need to be considered/taken?

After this discussion-based exercise, have a brief after-action report-out to discern what went well and where challenges may exist in this type of response.

- Next, compare the information obtained during the discussion-based exercise to what is written in existing plans.
- Did all go as you assumed it would when you wrote the plan?_
- Do you find you need to rewrite some sections based on your participation in the exercise?
- Whose responsibility will it be to accomplish the updating of the plan?
- How will this change future drills?

WINTER WEATHER



On Thursday, Feb. 2 the National Weather Service is predicting, with high confidence, a significant winter weather event in your area. They are predicting .25 inches of ice overnight on Saturday, followed by 6 inches of blowing snow beginning late morning and into that evening. You are aware that this amount of ice and wind can take down power lines, causing outages.

NOTE: A quarter of an inch of ice adds more than 250 pounds of weight to a power line span.)

Part 1

n the day	or two	before t	the event,	what are	you d	loing to	prepare t	for this	weathe
event?									

vent?
What is your first action?
Will you be evacuating or sheltering in place?
What supplies will you need on-hand?
How many days of food do you have on-hand?
How many days of water do you have on-hand?
Do you have a generator and fuel?
How do you plan for adequate staffing if the roads are impassable?
Do you have lodging available for staff?
What are staff doing to make sure their families are prepared at home?
How do you plan for the potential of a power outage?
Are there any other preparation activities taking place?
What are you communicating with staff at this point?
art 2
n Saturday, rain begins in the morning and then turns to freezing rain in the late
ternoon. Soon the roads are ice-covered and officials are urging everyone to stay
ome. You have anticipated sheltering in place. Road crews are having difficulty
eeping up with the weather, so it appears roads will not be passable for 2-3 days.
Are your staffing plans adequate to ensure staffing for all shifts for 2-3 days?
What about auxiliary staff (kitchen, maintenance, and ianitorial staff)?

Are there other considerations at this point?

Part 3

When the snow adds weight to the ice on tree branches and power lines, it brings a tree limb down on a nearby line leaving you without power. You learn power outages are common in much of the community. Although additional power crews are arriving from all around the country, it will be 2-3 days before power is restored. The daytime temperature outside is hovering around the freezing point and at night it dips to the low 20s.

 Do you have a generator for the facility? How many days of fuel is available?
 Have you contacted the local utility company to put the facility on the priority restoration list?
 How will you ensure power is available for medical and assistive equipment needed by the consumers?
How will you ensure consumers stay warm?
Have you stockpiled foods that don't require cooking?
 Have you ensured they meet all dietary requirements for each consumer?
 Have you addressed maintenance issues like avoiding frozen pipes, etc.?
 What are you communicating with staff at this point? And how?
What are the staff's roles and responsibilities and are they trained on these?
What follow-up actions need to be considered/taken at this point? And after power has been restored?
After this discussion-based exercise, have a brief after-action report-out to discern what went well and where challenges may exist in this type of response. Next, compare the information from the exercise to what is written in existing plans. Did all go as you assumed it would when you wrote the plan?
 Do you find you need to rewrite some sections based on your participation in the exercise?
Whose responsibility will it be to accomplish the updating of the plan?
How will this change future drills?

TORNADO



Part 1

On May 21, the National Weather Service is predicting with high confidence a significant weather event in your area. Risks include strong winds, rain and hail, and isolated chances of a tornado. NWS suggests the timing of the storm's arrival to be approximately 9 p.m.

- How do you plan for this weather event?
 - What is your first action?
 - Will you be evacuating or sheltering in place?____
- Have you confirmed that you will use it for this event?__
- Consider all consequences of the option you choose:
 When do you make this decision?
- If evacuating, how will you transport supported consumers in accessible transportation?

- If sheltering in place, have you identified a safe space if a tornado occurs?
- What will the effect be on the consumers for either option you choose?

Part 2 As predicted, the storm arrives at approximately 9 p.m. Heavy rain falls in the area causing minor flash flooding in creeks and streams that generally overflow their banks in heavy thunderstorms. The flooding impacts some of the roads surrounding your facility, as well as the homes of some of your employees. • Does this change your evacuation/shelter in place decision? • Do you have adequate staffing options for both shifts if some staff are impacted by the flooding and cannot report to work?

Part 3

Near 10 p.m. you see that a tornado has been on the ground in a community about 30 miles south of you, causing significant damage. It is heading straight toward your facility.

What about auxiliary staff (kitchen, maintenance, and janitorial staff)?

• When is the decision made to get all consumers and staff to the tornado shelter location on-site?					
What are the staff's roles and responsibilities and are they trained on these?					
What are you communicating with staff at this point? And how?					

Part 4

By 11 p.m. you see the storm has spawned small tornados to the south of your location. It is definitely tracking in your direction and by 11:15 p.m. you can hear the outdoor warning sirens going off. You hear the storm as it passes over your head.

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Thankfully, no one is seriously injured, but there is definitely damage to the structure.
What is the action you will take at this point?
Who needs to be notified and how?
Would consumers and staff need assessed for injuries, etc.?
What assessment needs to take place on the building damage and who does this?
What are staff's roles and responsibilities and are they trained on these?

•	What are you communicating with staff and how?	
•	When would you notify guardians and families? And who does this?	
_		

Part 5

After the all-clear message is delivered, you inspect the facility and find: One corner of the building has lost its roof and one wall is leaning outward on that corner.

- That corner of the building houses:
 - Administrative offices and records storage;
 - The facility's storage unit for medications; storage is broken open and medications are jumbled and mixed, with many of the containers broken open;
 - The facility's kitchen, where there is a strong smell of natural gas coming from the area where the stove used to be.
- There is damage to the roof across the whole building;
- Five (5) windows in the building have been broken by pressure or flying debris, leaving glass strewn on the floor;
- There is a large debris field on the outside of the building. It includes:
- Limbs from trees on and off of the property;
- Siding and building materials;
- Various tanks containing propane and other unknown contents.

Part 6

The tornado is later classified as an EF-3 on the Enhanced Fujita scale, estimated wind speeds had gusts of 136-165 mph.

What are your actions at this point?How do you inventory lost medications and records?	
 Can you replace medications immediately? What is the process for this and who is responsible for that? 	
 Do you turn off gas? Who does this? Are they trained on this? Remember - it always has to be turned back on by a professional. 	

- How do you ensure the safety of the consumers?

- What needs to be done to secure the building itself?
- Inspection
- Roof tarping
- Repairs to walls
- Debris clearance
- Can individuals remain in the building during repairs?
- What follow-up actions need to be considered/taken at this point?

What parts of your Continuity of Operations Plan are activated?_	
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After this discussion-based exercise, have a brief after-action report-out to discern what went well and where challenges may exist in this type of response.

Next, compare the information from the exercise to what is written in existing plans.

- Did all go as you assumed it would when you wrote the plan?
- Do you find you need to rewrite some sections based on your participation in the exercise?
- Whose responsibility will it be to accomplish the updating of the plan?

RESOURCES

Thank you for taking the time to become prepared in the event of a disaster.

Please scan the QR code below for additional valuable information.



We are grateful to the following individuals who made this project possible:

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