

Guidance for Integrating People with Disabilities in Emergency Drills and Exercises

Edition 2, 2020

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Contents

Purpose and Terms

Identify and Recruit Qualified Disability Subject Matter Experts

Roles for Qualified Disability Subject Matter Experts

Use Real Actors with Disabilities

Budget

Recruiting

Location Accessibility

Timing

Communication Access for All Participants and Actors

Disability-related Inject Ideas

- Transportation and Evacuation
 - o Registries and Evacuation
- Safety and Wellness Checks
- Communication Access
- Registries and Evacuation
- Mass Care
 - o Shelters
 - o Disaster Assistance Center

Participation in Hot Wash

Appendices

- A - Request for Participants
- B - Actor's Guide - What to Know Before You Go!

Resources

Purpose and Terms

This guidance is for a broad audience, including emergency professionals across settings and sectors of government, education, business, and nonprofits.

People with disabilities and others with access and functional needs¹ are a diverse and large part of every community. Combined, these individuals can represent over 50 percent of your population and include people who have no or limited

¹ "People with disabilities" refers to a protected class; protected from discrimination as defined by federal civil rights laws such as the Americans with Disabilities Act and other state and federal civil rights laws that detail protections and the right to equal participation to enjoy and use services. Civil rights definitions protect a broad group of people who meet specific criteria for participation in a class of people.

The more inclusive term "people with disabilities and others with access and functional needs" includes an even larger segment of people, estimated to be up to 50% of the population! (people of ALL ages with vision and hearing loss, physical disabilities, mental health disabilities,

abilities to run, walk, stand, climb, see, hear, read, speak, understand or remember. These are people who may need additional, targeted response assistance to

1. maintain their health, safety, and independence in an emergency
2. receive, understand and act on emergency information
3. evacuate during an emergency.²

The term exercise is used throughout this document to refer to a variety of exercise types: seminars, workshops, tabletops, games, drills, functional exercises, and full-scale exercises.³

These sample situations represent thy type of practice that the guidance in this article will help you avoid:

- A woman recruited for an exercise was turned away when she arrived and was told: “we can’t use you because you are deaf.”
- Two Deaf women left the exercise early because the interpreter used was not qualified and was unfamiliar with the terms being used.
- Three wheelchair users left the exercise early: one left because he wasn’t aware that he would need to be in the Sun for three hours, and for all, there were no accessible restrooms.
- Several people from the disability organizations complained to the Mayor that the Emergency Exercise Disability Community Advisory Group only consists of organizations who are **for and about** people with disabilities versus disability-led, governed and managed organizations that are community-based and nongovernment organizations who are **of, by and with** people who live with and identify as having a disability.

developmental, intellectual and other cognitive disabilities, behavioral health issues, people with learning, understanding, remembering, reading, and speaking and mobility limitations, and people from diverse cultures; who have limited English or do not speak or read English, and those who are transportation disadvantaged).

² Kailes, J. [Defining Functional Needs - Updating CMIST](#) (2017)

³ Types of meetings and exercises:

Walkthroughs, workshops and orientation seminars are basic training designed to familiarize individuals with emergency response, business continuity and crisis communications plans and their roles and responsibilities as defined in the plans.

Tabletop exercises are discussion-based sessions where participants meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency situation. A facilitator guides participants through a discussion of one or more scenarios. The duration of a tabletop exercise depends on the audience, the topic being exercised and the exercise objectives. Many tabletop exercises can be conducted in a few hours.

Functional exercises allow personnel to validate plans and readiness by performing their duties in a simulated operational environment. Activities for a functional exercise are scenario-driven, such as a specific hazard scenario (storm, fire, flood, earthquake, nuclear power plant community evacuation, etc.). Functional exercises are designed to exercise specific team members, procedures and resources (e.g. communications, warning, notifications and equipment set-up).

Full-scale exercise is as close to the real thing as possible. It is a lengthy exercise which takes place on location using, as much as possible, the equipment and personnel that would be called upon in a real event. Full-scale exercises are conducted by public agencies.

Identify and Recruit Qualified Disability Subject Matter Experts

Identify people with the following qualifications to infuse disability-related expertise as exercise planners and designers, observers, players, recruiters, and evaluators:

- Experience implementing the equal access and compliance obligations for individuals with disabilities as defined by federal civil rights laws such as the Americans with Disabilities Act (ADA) of 1990 and other Federal and state civil rights protections.
- Experience planning for and achieving physical access, program access, effective communication access, reasonable accommodations, and modifications of policy,
- Lived disability experience,

Knowledge of diverse cross-disability populations including people benefits including people with chemical sensitivities, vision and hearing loss, mobility, speech, mental health, behavioral health, learning, understanding, remembering, developmental, intellectual, and other cognitive disabilities,

- Knowledge of and demonstrated proficiency in and working with the nuances and complexities of what it takes for people with disabilities to maintain health, safety, and independence in emergencies,
- Knowledge of support service systems, which include housing, benefit programs, disaster aid programs, and a variety of other disability-related resources.

Roles for Qualified Disability Subject Matter Experts

Use qualified disability subject matter experts to infuse **important and realistic disability-related features** such as:

- Designing exercise objectives/sub-objectives, scenarios, and injects that test for system weaknesses, gaps, shortfalls, and failures. Do not test for easy, test for failure (**See** Disability-related Inject Ideas),
- Developing the details of meaningful measures to apply to successful system outcome criteria,
- Assisting in recruiting disability organizations and advocates, explain exercise goals, answer questions,
- Providing technical assistance and resource referrals to disability-related organizations,
- Testing of roles of community partners before, during, and after disasters,
- Participating in a hot wash and after-action activities to translate outcomes into meaningful improvement plans.

Use Real Actors with Disabilities

Exercise practice includes providing realistic representations of the diversity within the community by:

- Integrating real people and real injects to foster real experiences and real learning. Exercise interactions with people with disabilities help to correct systemic misconceptions, inaccurate assumptions derived from implicit biases and the outdated, old model, old school, special needs practices
- Recruiting real people with disabilities and others with access and functional needs to participate in exercises. The guidance for recruiting “actors” is often mistakenly interpreted as using people without disabilities to simulate diverse functional needs by wearing T-shirts or signs reading “deaf person,” “blind person,” and “wheelchair user,” “very old,” “confused.”
- Including access and functional needs exercise content to foster integration and inclusion, so the subject is not considered “special,” but vital elements of business as usual in every community
- Enabling emergency professionals to practice building and strengthening core competencies in integrating access and functional needs into emergency planning, response, and recovery
- Educating emergency preparedness professionals about how to make sure their practices and policies comply with laws such as Stafford Act, the Post-Katrina Emergency Management Reform Act (PKEMRA), the Rehabilitation Act and the Americans with Disabilities Act
- Understanding the barriers and disproportionate impact experienced by people with disabilities and others with access and functional needs and applying tactics and resources to reduce or eliminate these barriers and increase the margin of resilience across the whole community
- Strengthening response and recovery efficiencies and effectiveness
- Expanding universal accessibility and optimizing limited resources
- Getting valuable participant feedback about what worked, did not work and what needs work
- Receiving feedback about what you need to hear and not necessarily what you want to hear.

Budget

- Budget for accommodations such as emergency material in alternative formats: audio, large print, electronic text/CD/flash drive or Braille; Sign Language Interpreters, Communication Access Real-Time Transcription (CART), Assistive Listening Device, snacks, and meals.
- On request, consider helping with the costs of transportation, personal assistants, and support people. You may be drawing from participants that have the time, but not the resources and who are transportation and economically disadvantaged.

Recruiting

- Assign a staff point of contact (POC) who is responsible for recruitment and overseeing planning and implementation of accessibility and filling accommodation request (communication, dietary, financial assistance, transportation). (See Appendix A and B)
- Determine the number of participants needed
- Crosswalk the chosen disability-related injects (See Disability-related Inject Ideas) with the diversity sought from recruited players (hearing, seeing, mobility, speech, remembering, understanding, and reading, etc.).
- Use a variety of recruiting methods. The most common include, but are not limited to:
 - Personal, one-on-one contact (such as phone calls, participation in community forums and fairs, etc.) with prospective participants and referral sources results in higher success. This method tends to result in greater success.
 - Outreach efforts such as:
 - Invitation letters
 - Websites, newsletters, flyers and other print and social media
 - E-mail
 - Public Service Announcements via local TV, radio and print media
- Use community partners to assist with recruiting (If you need help determining where to recruit participants, ask for help from disability service and advocacy organizations.)
- Involve organizations that are led by as well as staffed by people with disabilities and others with access and functional needs, as well as organizations that are for and about these groups (for example, people who are blind, deaf, hard of hearing, older adults, don't speak English, have learning disabilities, autism.)

The guidance to recruit “actors” is sometimes mistakenly interpreted as using people without disabilities to simulate disability by wearing T-shirts reading “deaf person,” “blind person,” and “wheelchair user,” “unable to speak,” “very old,” “confused.” Is it essential to recruit real people with disabilities and others with functional needs.

- Keep a list of participants interested in participating in future exercises.
- Encourage personal assistants, support people and facilitators to attend and participate with participants
- Be clear with potential participants about what is involved by anticipating exercise conditions that might affect the ability to participate (See Appendix A) such as:
 - The time required - number of hours
 - Is attendance for the entire time required?
 - Air quality: exposure to dust, smoke, etc.
 - Prolonged time in the Sun, cold weather, wind, etc.

- Lying on the floor or ground for up to 2 hours, etc.
- Will food and water be provided?
- Don't exempt people with disabilities from regular drills and exercises. Some people, for example, some wheelchair users may not wish to take an unnecessary risk during a drill where they may need to transfer into and out of an evacuation device. Honor this request. However, in place of an actual transfer, these individuals should be involved in talking through what the transfer process would entail and anticipate help that will be needed, as well as any safety measures practice.
- Provide participants with an understanding of their exercise roles (See Appendix B) including:
 - purpose of the exercise, for example, to test systems, processes, procedures, and procedures,
 - explain that is the exercise is not a personal test of the participant's skills
 - background information and explanation of technical terms and issue areas that may be unfamiliar

Location Accessibility

- More people can get to the exercise locations when it is located on or very near public transportation stops.
- Ensure physical access: includes accessible paths from public transportation drop off points and parking (curb cuts, ramps) restrooms, meeting facilities, etc. Ensure the staging area is close enough to exercise area or provide transportation assistance. Use a checklist to determine exercise site accessibility. (See Resource # 3)
- Use directional signage to indicate accessible (restrooms, routes, parking, etc. This signage should be inclusive of text and pictures for those who do not read,




Timing

- for those using public transportation or paratransit, this often requires one to two hours of travel time, which may mean leaving their home very early. Check to be sure that these services operate within the timeframes needed for individuals who depend on public transit for roundtrip rides.
- for those who use personal assistants (PA)s, early start time and a weekend schedule means scheduling their PA for additional hours at the participant's expense, and the PA may not be available on weekends or willing to travel at an early hour to assist their employer

Communication Access for All Participants and Actors

- Discussion and written materials are in plain language, avoiding or defining emergency jargon such as released, demobilize, controllers, evaluators, hot wash, After Action Reports, tabletops.
- Inform potential participants on how to request accommodations (See Appendix B).

Disability-related Inject Ideas



Do not test for easy, test for failure.

What follows are disability-related scenarios and injects that can be customized for drills, tabletops, and exercises. Use these situations to test for system weaknesses, gaps, shortfalls, and failures.

Transportation and evacuation

During the evacuation, first responders reported that some people who appeared to have significant disabilities would not leave their home because the media reported that people going to shelters needed to bring all their medications and any required equipment with them as nothing would be available for them at the shelter. These individuals told first responders that bringing all these items would be impossible, and they rather risk remaining at home rather than being stranded at an unaccommodating shelter where they would inevitably jeopardize their health, safety, and independence. Furthermore, if a shelter rejected them, they could end up in an institution. They knew from the past traumatic nursing home and hospital experiences that those places knew little about attending to their complex health and disability needs and posed a higher risk for them than remaining at home.

Six facilities (two 100 bed nursing homes, three large group homes with a total of 15 wheelchair users, and one large residential independent living facility with 12 wheelchair users and four scooter users) need immediate transportation evacuation assistance. All these facilities had an agreement with the same contractor for emergency transportation.

However, the contractor could not respond because they were already busy serving another large residential independent living facility.

A teenager with intellectual and physical disability died after her mother was taken to the hospital because of a highly contagious illness, leaving her alone without care for five days. She could not speak or look after herself.

Registries and Evacuation

The County has a voluntary emergency registry for people with disabilities. A massive chemical spill has caused the need for a wide-scale evacuation of an area with 250,000 people. Five hundred people are on this registry. Calls for assistance have been received from 49 people on the registry, and an additional 234 people have called for evacuation assistance who are not on the registry.

Safety and Wellness Checks

A bad storm, lasting over seven days, has resulted in over 2 million people sheltering in place. Many roads are not useable by standard vehicles. CPODS (commodity distribution points) for food and water have opened. Many calls are coming from those who are unable to get to the CPODs, or who will need assistance carrying supplies back to and into their homes. Others have run out of their medications and need a source of power for their disability-related equipment such as mobility devices. Some require power for their life-saving devices such as suction equipment and ventilators. Others need transportation to their dialysis, chemotherapy, or infusion therapy appointments.

Communication Access

The County is receiving many complaints from the people who are deaf and hard of hearing regarding the emergency TV coverage is not captioned on two of the three local stations, nor are the emergency alerts. And some of the County's emergency press conferences have not included a sign language interpreter while at press conferences, the interpreter is standing next to the speaker, but only the tips of their fingers are visible in the camera shot.

Spanish speakers are showing up in high numbers at a hospital during a water contamination event. It appears that many did not get or understand the boil water order communicated through radio and TV in English.

A wildfire damaged the communication towers in a rural mountain community. Homeowners in that area need to be notified that an evacuation is likely.

Mass Care

A massive power outage began two days ago and is projected to last for two to three weeks. Many helplines, including 311, and 211 are overwhelmed with calls from people who are complaining that even when they can get to community charging centers, they are not allowed to access the power for the length of time it takes to charge their life-saving, life-sustaining, and life-supporting equipment, which for some can take up to ten hours.

- These centers are only open during the day.
- Many have no way to get to these centers or to travel the long distances needed to get to a facility that has power such as a hotel or shelter

Some community organizations and fire departments are delivering backup batteries, fuel, and generators to those depending on life support equipment. Lack of access to vehicle fuel, blocked roads, and batteries that need to be recharged periodically are making their work very difficult and sometimes ineffective.

People are running out of food and medication, and some report they have only six 6 hours left on their oxygen tanks and are staying in bed and not moving to conserve oxygen.

Commercial battery and generator supplies have run out of the products.

Shelters

Ten people with intellectual disabilities have been dropped off at a shelter by para transit service because blocked roads prevented returning them to their homes.

Widespread power outages are causing many calls to 311 from people dependent on life-sustaining devices. Callers want to know what to do. Which shelters are close to them that are accessible to wheelchair users and have dependable power they can use? Some callers also need evacuation assistance.

People at the shelter are complaining that they are being limited to one hour to recharge their life-saving, life-sustaining, and life-supporting devices. Some of these devices take four to ten hours to recharge.

The County has to open ten shelters quickly. How does the County determine which of the 40 available shelters they have to choose from are physically accessible?

Many people with a variety of disabilities are entering 20 large shelters. What process is in place to identify, track, and deliver critical requested health and safety assistance?

Five individuals in a shelter need personal assistant services for help with dressing, toileting, and eating.

A deaf couple and two deaf gentlemen arrive at the shelter along with 100 other individuals who have lost their homes in the mobile home park fire. All four individuals sign to each other but do not seem to understand written notes. The shelter intake process cannot be completed.

Shelter workers are not able and to understand the speech of a wheelchair user waiting in the shelter registration line. He is alone, and he is unable to write notes.

A well-dressed, polite, older woman appears at the shelter. She speaks clearly but seems very confused.

A middle-aged man is outside the shelter and appears to be talking to himself in a loud and angry voice. He is scaring some people.

An older man enters the shelter supporting his wife, who was discharged from the hospital three days ago after her surgery. She has an open wound, a drain, and an IV. She was visited by a home health worker twice a day.

A woman entering the shelter states she under treatment for a highly contagious condition. She is not sick but should not be around other people. She lost her home in the fire.

Three people appear to be drunk. They want to enter the shelter. Their speech is slurred, and they are having trouble walking.

A family of six has been in the shelter for two days. On day three, the ten-year-old starts uncontrollably screaming while lying on the floor, pounding his fists. Other shelter residents are upset, complaining, and are concerned that the child may be ill or abused.

A police officer arrives at a shelter with an obese woman in the back of his patrol car. He had to evacuate her from her burning home, and her motorized wheelchair was left behind. She cannot walk. The officer has to get back to the fire area quickly and needs help getting her out of the car. Later it was determined that the woman could not sleep on a standard cot. There has been no response to the three resource requests sent to the EOC within the last two days for an air mattress or a larger size hospital bed.

Sixteen people appear at the shelter. They were visiting a museum and are not able to return to their assisted living facility where they live in the independent living section. There are five wheelchair users, three walker users, three cane users, and four individuals who appear somewhat confused. There are one staff member and one bus driver with them.

During the shelter registration process, three people identified as needing personal assistance with dressing, transferring, and eating. Their assistants were unable to accompany them due to family emergency obligations. Shelter personnel said they could not accommodate them. The three residents explained that they would recruit assistance from other shelter residents. The shelter staff was skeptical and not satisfied with this plan.

A one hundred bed shelter is on the third floor. The bathrooms are on the second floor. The building's old elevator periodically stops working. Many shelter residents are dependent on this unreliable elevator.

Disaster Assistance Center

A local assistance center is five miles from the shelter. The County has arranged roundtrip transportation for shelter residents who need to learn about and apply for assistance. There is no accessible transportation to this center for four shelter residents who use power wheelchairs and mobility scooters.

A couple, who are both legally blind, used public transportation to get to the disaster assistance center. They are asking for assistance with using the center's services.

The County's 311 or 211 helplines are receiving many requests for disability-specific information. What is the process for connecting these callers to community partners and services when needed?

A family with immigrant parents is reluctant to come to the disaster assistance center because they fear registering their personal information will result in their being targeted by law enforcement and possible deportation.

Participation in Hot Wash

- Provide all participants with opportunities to give feedback and discuss observations and areas of concern. An after-exercise survey could serve as an additional method of collecting feedback, but it should not replace including participants in a live face-to-face discussion.
- Distribute draft After Action Report to all participants for comments.

- Close the “feedback loop” by informing participants of the planned corrective actions for identified issues.
- Develop methods to involve the community partners in the improvement plan and in their own organizations’ emergency plans.

Appendix A

(Insert Exercise Name) Request for Participants

Date:

Arrival time:

Time commitment (hours):

Location:

- Distance from public transit stops, accessible routes to the exercise site, parking, drop off zones and entrances (insert maps)

Transportation services (if available)

Details regarding any assistance, if provided, with costs of transportation, personal assistants, and support people.

Describe the numbers and types of people with disabilities and others with access and functional needs you want to recruit for the exercise. For example, people who have no or limited abilities to run, walk, stand, climb, see, hear, read, speak, understand, or remember.

Describe what the participant should expect before, during, and after the exercise, including registration, briefings, snacks and meals, makeup, exercise conditions, exercise rules, range of exercise activities, hot wash, etc. Examples: exercise activities may include being given fake injuries via makeup or prosthetics, going through decontamination process involving water, lying on the ground for 1 – 2 hours, being separated from mobility, or other assistive devices.

Available accommodations upon request, i.e., dietary needs related to snacks and meals, material in alternative formats: audio, large print, electronic text/CD/flash drive or Braille; Sign Language Interpreters, Communication Access Real-Time Transcription (CART), Assistive Listening Device, other.

Note: these accommodations will not be available or offered during the portion of the exercise when not having that accommodation would most accurately match the reality of the event.

These accommodations will be available before (and during if the exercise is started and stopped during play) and after the exercise, for providing instructions and orientation as well as during the evaluation portion of the event (hot washes, etc.).

Contact [insert name, phone and email] for more information

Appendix B

(Insert Exercise Name) Actor's Guide

What to Know Before You Go!

Actor's name: _____ thank you for agreeing to participate in this exercise.

Date:

Arrival time:

Time commitment (hours):

Exercise location and address (include):

- Maps
- Distance from public transit stops, accessible paths to the exercise site, parking, drop off zones and entrances
- Parking information, including the number and location of accessible parking spaces.

Actor Meeting Area: *[specific place or landmark at the location]*

Available transportation services:

Available **assistance with the costs** of transportation, personal assistants, and support people.

Describe what to expect before, during, and after the exercise, including registration, briefings, snacks and meals, makeup, exercise conditions, exercise rules, range of exercise activities, hot wash, etc. Examples: exercise activities may include being given fake injuries via makeup or prosthetics, going through decontamination process involving water, lying on the ground for 1 – 2 hours, being separated from mobility, or assistive device.

What you should bring: [examples: water, cell- phone, wear old warm clothing, sunglasses, sunscreen, etc.]

Available accommodations upon request (please contact (insert telephone and e-mail)by (enter date), i.e., print needs related to material in alternative formats: audio, large print, electronic text/CD/flash drive or Braille; Sign Language Interpreters, Communication Access Real-Time Transcription (CART), Assistive Listening Device, snacks, and meals, other.

Note: these accommodations will not be available or offered during the portion of the exercise when not having that accommodation would most accurately match the reality of the event.

These accommodations will be available before (and during if the exercise is started and stopped during play) and after the exercise for providing instructions and orientation as well as during the evaluation portion of the event (hot washes, etc.).

Contact *[Insert name, phone, and e-mail] who can handle actor issues/questions before and during exercise play on or before the day of exercise]*

Please **bring the attached completed forms with you or return by e-mail or mail** (for example: hold harmless, photo and video release, etc.

Resources

1. [ADA Checklist for Emergency Shelters](#), U.S. Department of Justice, 2007
2. [Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery](#)
3. [Checklist for Readily Achievable Barrier Removal Based](#) on the 2010 ADA standards
4. [Defining Functional Needs - Updating CMIST](#) (2017)
5. [Effectively Including People with Disabilities in Policy and Advisory Groups](#) (Edition 2, 2012)
6. [FEMA Guidance on Planning for Integration of Functional Needs Support Services](#) (FNSS) in General Population Shelters ([PDF](#), [TXT](#)) 2010
7. Hospitality: Planning Accessible Meetings articles, [Accessible Meetings, Events, and Conferences Guide \(2015\)](#). And <http://www.adahospitality.org/content/Planning-Accessible-Meetings> (2020)