

EMERGENCY PLAN FOR STUDENTS WITH SPECIAL NEEDS

**FOR
MARIN COUNTY**

SCHOOL DISTRICT

**Model Annex
to
Marin Schools Emergency Management Plan**

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Marin County Schools Emergency Plan for Students with Special Needs

Marin Schools Model Emergency Management Plan

The Marin Schools Emergency Management Plan consists of several components including the Model Plan, Appendices with Checklists, Forms, Sample Memos and Agreements, and Annexes. The Emergency Annex for Students with Special Needs is an incident management strategy that serves to augment the Marin Schools Emergency Management Plan. In order to ensure efficient and effective emergency management, the Model Plan must be implemented in its entirety.

I. PURPOSE OF THE PLAN

The information contained in this document will assist school administrators, teachers, special education staff, parents, and students in planning for the support that may be required for students with special needs in the event of an emergency. For the purposes of this annex, students with special needs are those who cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery, whether their disability is chronic or temporary.

This plan includes procedures ensuring the full participation of students and staff with special needs and disabilities through the planning and implementation of mitigation, preparedness, response and recovery strategies as part of the overall management of school emergencies and disasters. Current thought identifies this population as those with access and functional needs (AFN).

A. Presidential Mandate

On July 22, 2004, President George W. Bush signed Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, which adds to existing legislation policy to ensure that the safety and security of individuals with disabilities are appropriately supported and requires public entities to include the unique needs of individuals with disabilities in their emergency preparedness planning.

B. Planning Needs and Assumptions

For individuals with special needs, physical environments become a great deal more hostile and difficult to deal with during and after an emergency. The ability to get to accessible exits and personal items may be reduced. Communication may be impeded at a time when clear and rapid communication is crucial to safety and survival.

To comply with statutes involving students with special needs, individuals responsible for evacuation and emergency operation plans, notification protocols, shelter identification, emergency medical care and other emergency response and recovery programs must:

- **have sound working knowledge** of the accessibility and nondiscrimination requirements applicable under Federal disability rights laws;
- **know the special needs demographics** of the students attending classes on site;
- **involve students** and with different types of disabilities and staff and teachers in identifying the communication and transportation needs, accommodations, support systems, equipment, services, and supplies that they will need during an emergency;
- **consider emergency accommodations** for those with temporary disabilities;
- **identify existing resources** within the school and local community that meet the special needs of these students;
- **develop new community partners** and resources, as needed;
- **inform parents** about the efforts to keep their child safe at school;
- **identify medical needs** and make an appropriate plan;
- **determine transportation needs**, special vans and buses for students;
- **identify any necessary tools** such as personal response plans, evacuation equipment or visual aids;
- **include local responders** and establish a relationship with individual students with disabilities and their teachers.

II. STATUTES FOR SERVICES IN SCHOOL

Federal law mandates that every child will receive a free and appropriate public education (FAPE) in the least restrictive environment. Children who experience difficulties in school, due to physical or psychiatric disorders, emotional or behavioral problems and/or learning disorders or disabilities are entitled to receive special services or accommodations through the public schools. To support their ability to learn in school and participate in the benefits of any district program or activity, including emergency preparedness and school safety plans, three Federal laws apply to children with special needs:

- Americans with Disabilities Act of 1990 (amended 2008)
- Individuals with Disabilities Education Act of 1975 (amended 1997)
- Section 504 of the Rehabilitation Act of 1973 (revised 1978)

A. Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990, including amendments which became effective in 2009, provides “a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” The ADA prohibits the exclusion of any qualified individual with a disability, by reason of such disability, from participation in or benefits of educational services, programs or activities.

B. Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is a 1975 federal law, amended by the Office of Special Education Programs in 1997, which ensures services to children with special needs throughout the nation.

IDEA specifies 13 primary categories under the lead definition of a “child with a disability.” (See Table 1, Categories of Disability Under IDEA Law.) These federal definitions guide how states define who is eligible for a free, appropriate public education under special education law. The IDEA requires the school to provide an individualized educational program (IEP) that is designed to meet the child's unique needs and provide the child with educational benefit.

Individual Education Program (IEP)

IDEA requires that planning for the educational success of these students is done on an individual, case-by-case basis through the development of an Individual Education Program (IEP). The IEP is a written statement developed for each child with a disability that outlines measurable annual goals for each child's academic achievement and functional performance and specifies accommodations and modifications to be provided for the student.

Students with special needs who are self-sufficient under normal circumstances may have to rely on others in an emergency. They may require additional assistance during and after an incident in functional areas, including, but not limited to: communication, transportation, supervision, medical care and reestablishing independence. While not explicitly stated, a component of the IEP for related services must consider the particular needs of the child to ensure his or her safety during an emergency that includes evacuation from a classroom and building.

C. Section 504 of the Rehabilitation Act of 1973

In 1978, the U.S. Department of Education (DOE) issued regulations to implement Section 504 of the Rehabilitation Act of 1973. These regulations applied to institutions receiving federal funds. Section 504, as revised, states in part: “No otherwise qualified individuals with disabilities in the United States . . . shall, solely by reason of the disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Under Section 504, any student who has a physical or mental impairment that substantially limits one or more major life activities*, has a record of such an impairment and is regarded as having such an impairment is considered disabled. Typically, children covered under Section 504 either have impairments that do not fit within the eligibility categories of IDEA or that may not be as apparent as those covered under IDEA.

The Individualized School Healthcare Plan (ISHP) articulates the healthcare accommodations required for each student qualified for service under the Section 504 regulation. The ISHP assists in the safe and accurate delivery of healthcare services in school. It is specifically a nursing care plan, developed by the school nurse with parent input. A copy of this plan is included in the school disaster plan and attached to the IEP.

* Major life activities are those basic activities that the average person in the general population can perform with little or no difficulty, such as caring for one’s self, performing manual tasks, walking seeing, hearing, speaking, breathing, learning, working, sitting, standing, lifting, reaching, thinking, concentrating ,interacting with others and reading.

Table 1. Categories of Disability under IDEA Law

Federal 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 (behavioral) development.	Minimized disruption of routine patterns of activity, modulate sensory input
Emotional disturbance	Behavior 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 behavior. 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	
Orthopedic 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 anemia, 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	Communication disorder, stuttering	A disorder related to accurately producing or articulating the	Sign language, hand signals, specialized

impairment		sounds of language to communicate	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, behavior, social skills and speech.	
Visual impairment	Low vision, blindness	A partial or complete loss of vision	Guidance from a sighted person

Source: National Dissemination Center for Children with Disabilities at <http://www.nichcy.org/Disabilities/Categories/Pages/Default.aspx>

In addition to students with disabilities specified under IDEA law, the school site administrator or designee must identify individuals with a temporary impediment such as a broken leg or hidden impairments such as asthma, panic attacks, significant allergies or heart conditions. Students with such documented medical conditions may not have an IEP in place that would highlight the need for continuing a special medical regime, particularly during a crisis or disaster.

III. MITIGATION AND PREVENTION

Mitigation is the action districts and schools take to identify barriers students with special needs may face during an emergency and eliminate or reduce their adverse effects. A hazards and vulnerability assessment of the site will help in preparing the emergency plan and identifying improvements for safety.

A. Teacher Survey - Students Needing Special Assistance

At the beginning of each year, teachers should provide to the main office the name(s) of students/staff that will require special assistance in the event of an emergency. The type of assistance needed as a result of an injury is also required (i.e. broken leg during the year).

- **Review** how an emergency may impact the daily routine of students with special needs.
- **Know who is on your school site:** Identify students and staff on the site with special needs and disabilities. The school principal must be aware of all students with special needs using school facilities and services.
- **Identify the students** who are severely handicapped and who might need extra support in emergency crises.
- **Make a list** of the students on the school site who are on medication and their medication schedule.
- **Maintain a list of all resources** regularly relied upon and determine how a disaster might affect the use of them. Examples include (use of mobility aids, communication devices and electrically-dependent equipment.
- **Identify all the stakeholders** who should be considered in the plan (family, friends, service providers, personal attendants, physicians and others.
- **Determine what short term accommodations** to provide for students with temporary disabilities (e.g., broken
- **Assess** potential hazards. Review evacuation equipment.

B. Mitigation Strategies

- **Learn about the types of hazards** that may impact the school (e.g., earthquakes, floods, wildfires) and assure that emergency response procedures address each one.
- **Identify a pre-evacuation site** that is accessible to students with disabilities

- **Plan a primary and secondary evacuation route** from each location the student is in during the course of the day.
- **Arrange sufficient transportation** ahead of time to accommodate the entire special needs/staff population.
- **Develop a schedule** a daily activities and classes that identifies where a special needs student may be located each period of the day.
- **Consider classroom location** in placement of students with disabilities. Evaluate the handicap accessibility of nearby exits and proximity to the school nurse.
- **Conduct a test of the family notification system** to assure that contact information is up-to-date to help decrease parent anxiety during a disaster.

IV. PREPAREDNESS

Preparedness focuses on what steps need to be taken to facilitate a rapid, coordinated, effective response when an emergency occurs to keep the students safe. Collaboration with first responders in preparedness strategies and ongoing communications is essential and facilitates the safe integration of students with disabilities into emergency procedures.

A. General Strategies

Use the forms in APPENDIX A to collect information about individuals with special needs on site, e.g., who has a disability, nature of disability, implications for the student concerning full participation in school emergency planning. Include teachers, schedules, classrooms, potential needs during an emergency, relevant strategies enabling student to participate successfully with peers in general school activities.

- **Build on current accommodations**, modifications and services.
- **Develop a policy** and consent form with legal counsel for medical information. The Americans with Disabilities Act (ADA) allows medical information to be given to people responsible for assisting in evacuating disabled individuals.
- **Consult parents or guardians** concerning care considerations if the special needs student is isolated at school for a short term or long-term basis. Inform parents about efforts to keep their child safe at school.
- **Incorporate pre-negotiated contracts** for services that may be needed in case of an emergency (e.g., transportation, food etc.).
- **Obtain necessary equipment and supplies**, create evacuation maps and facilities information.
- **Inform and train staff** about emergency response protocols. Encourage teachers to discuss emergency procedures with parents as part of IEP meeting or other review.

B. Buddy System

Pairing students up with special needs students for emergency response, e.g., the “buddy system”, can help with critical backup when a skilled assistant is unavailable or separated from the class. Buddies need to be willing and capable of assisting students in an evacuation to accompany the individual to a safer enclosure or wait for emergency responders. The buddy must be acceptable to the student with a special need. Also, teachers in adjacent classrooms can be pre-assigned joint responsibility for both classes if one of the teachers is busy with an injured student.

To have an effective buddy system:

- Give the student the opportunity to select his or her own buddy.
- Identify a buddy who is appropriate (e.g. strong enough).
- Designate a backup buddy.
- Train for the specific need of the special needs student.
- Hold practice sessions to assure that buddies can handle their tasks.
- Train the buddies on how to communicate with the students and how to safely evacuate.

Buddies must be able to make contact quickly with the special needs student when the need arises. The following situations may interfere with this critical communication. Use the suggested strategy as an alternative.

- The buddy is in the building, but away from the customary work area.
Have a trained backup buddy in place.
- The buddy cannot locate the person with a special need because the person is absent.
Keep an updated roster of who is at school each day. Assign a temporary buddy when the primary buddy is absent.
- The buddy has left the class/program, and a new one has yet to be identified.
Make an effort to find a replacement as soon as possible. Assign a temporary buddy until there is a permanent buddy.
- The buddy forgets or is frightened and abandons the special needs person.
Check on each special needs student to assure he/she is accounted for during an evacuation. Practice drills will help diffuse real-time fright.

C. Medication Management

Most students with special needs have very individualized medication schedules that cannot be interrupted without serious consequences. Medicines or medical devices may not be available in emergency shelters. Make alternative arrangements to meet these needs. Consider how medicines can be stored in an emergency. Heat waves and power outages can affect the potency and integrity of some medications. Include an ice chest and cold packs among the school emergency supplies. If there is a power outage, the ice packs can extend the safe temperature range of medications requiring cold storage until the power is restored.

- If the student is on medication, ask caregivers to supply a 72-hour supply in a Ziploc bag with instructions; a refrigerated kit is also advised for medication if needed with instructions.
- Gather all medications before evacuation.
- Transport special medications, supplies and equipment with the special needs student.
- Carry contact and medical information for all students and provide individual medical information on a laminated card with a lanyard to be worn around the neck. See Appendix C for an example of the Emergency Medical Card.

D. Access to Communication

Communication access enables effective interaction with people who are deaf or blind or who have speech, vision or hearing limitations. Make written materials available in alternative formats (e.g., Braille, large print, disks, and audio cassettes) and provide hearing- assistive technologies such as amplified phones. Include auxiliary aids and services such as sign language interpreters. Alarm systems for fire, etc. will benefit most people if they incorporate both audible and visual elements. The hearing impaired students may be best alerted by flashing light alarms. **An emergency is not the time to learn how to work a rarely-used assistive device. The most effective communication systems are those used daily.**

- Give clear, succinct verbal instructions.
- Communicate important information through gestures.
- Pictorial representations, where appropriate, can provide quick and easily understood instruction to many individuals with limited English proficiency, and some individuals with cognitive disabilities.
- Guide students with low vision or blindness.
- Utilize electronic variable messaging boards, short message systems (SMS), teletypewriters (TTY) or telecommunications display devices (TDD), if you have them.
- Identify staff with foreign language skills, if needed.
- Have aides, buddies, volunteers and evacuation assistants practice basic American Sign Language for emergency words and instructions such as:

• <i>important,</i>	• <i>emergency</i>	• <i>keep calm</i>
• <i>must leave now</i>	• <i>fire</i>	• <i>fire exit</i>
• <i>elevator closed</i>	• <i>stairs there</i>	• <i>okay</i>

E. Time Management

Children with special needs are likely to respond to any form of stress following a crisis with more extreme reactions. Allow extra time for them than others to make necessary preparations in an emergency.

Some students with special needs will need more time to comprehend the emergency. The earlier the notification, the better the chances are for a successful evacuation. Consider what are the triggers and cues for these students and anticipate rather than react. Prepare students for changes in routine. Some students may need to be more protected or isolated to minimize distractions and sources of agitation during the height of a crisis. Adult supervision may need to be more intense for a while.

Allow time for discussion of the traumatic events in a safe and familiar setting; provide choices in activities to the extent feasible to give these students some sense of control over even a small part of their lives.

F. Preparedness Supplies

Classroom Supplies. A classroom that is used for teaching students with special needs should store disability-related supplies, assistive equipment and tools that may be required in an emergency. Parents should provide for students with dietary restrictions. Among the basic supplies to have in the classroom are:

- Batteries in different sizes, for adaptive equipment
- Lockdown kit, including portable toilet, privacy screen, toilet paper, toilet bowl liners disinfectant, and plastic bag for disposal
- Water pouches for drinking
- Water for hygiene purposes
- Copies of all students' Emergency Information Forms (secured)
- Backup copies of medical prescriptions (secured)
- Hand tools (e.g., screwdriver, wrench, pliers)
- Heavy work gloves
- Whisk broom
- Tarp
- Solar/crank/battery radio
- Cell phone and phone charger
- Flashlight and extra batteries or crank flashlight
- First aid kit
- Small ice chest for refrigerated medications
- Evacuation assistive equipment
- Protein bars (without nuts or nut oil)
- Canned fruit
- Carbohydrate-free foods for meals (e.g. canned meat, nuts, jerky)*
- Feminine hygiene supplies
- Household chlorine bleach to kill bacteria or antibacterial soap
- Facial tissues
- Whistle/noisemaker

* for diabetic students

Go Kits. Portable preparedness supplies individualized for each student's needs, called "Go Kits", are an integral part of preparedness planning. Ask parents and caretakers to provide Go Kits at the beginning of the school year. Plan for a child with special dietary needs. Designate which staff members are responsible for reminding parents to replenish their child's kit and notify the school of changes. Each Go Kit should include, as a minimum:

- Lightweight uncomplicated backpack
- Emergency Information Form – see Appendix B for example
- Medication for up to 36 hours
- Emergency Medical Card, laminated and attached to a lanyard to be worn during an emergency. See Appendix C for example. Card should include:
 - o contact information
 - o medical requirements
 - o allergies and sensitivities
 - o adaptive equipment used
 - o assistance needs and limitations

G. Drills

Drill practice is very important; it increases skills and instills confidence in each individual's ability to cope during an emergency. Innovative educational techniques such as role-playing or the use of audio visual aids can also be helpful.

- o Hold regular drills so that students become familiar with the procedures.
- o Know how to get to all the exits.
- o Practice using evacuation and assistive devices.
- o Give clear, concise instructions
- o Practice dealing with different circumstances and unforeseen situations, such as blocked paths or exits or buddies that cannot be located.

H. Key Practices for Certain Impairments

Emergency planning for students with special needs should be as individual as the students. Some students may be at increased risk during an emergency and will need extra assistance or special attention. If possible confer with students and parents regarding their preference for emergency situations. Assess capabilities, limitations and needs and to determine what type of evacuation assistance will be required in an emergency for each student.

Children with disabilities generally have specific "triggers"—words, images, sounds, etc.-- that signal danger or disruption to their feelings of safety and security. If adults miss these cues, children may escalate their behavior to a point where they completely lose control. *It is essential that parents/caregivers and teachers work together to share information about triggers and cues.* This is best

done on a regular basis, such as during the IEP meeting or a periodic review meeting, rather than in response to a crisis.

There is no one-size-fits-all approach. However, there are key practices that should be considered for certain impairments.

- 1. Cognitive/Developmental:** Some students may not comprehend the nature of the emergency and could become disoriented or confused about the proper way to react. Students with hypertension, dyslexia or learning disabilities will have difficulty reading complicated directions for evacuation or response plans. Simple diagrams or pictures will give non-reading or overstressed students sufficient information to get to safety. Train your staff how to assist those who become upset. Check that evacuation routes have directional signs that are easy to follow. Practice evacuation route(s) with students regularly. Use simple diagrams or pictures to give non-reading or overstressed students sufficient information to get to safety. **Preparedness kits should include:**
 - comfort items
 - pen and paper
 - visual communication instructions

- 2. Hearing:** Provide sign language training to some staff for students who may not be able to hear emergency warnings. Have teachers practice basic hand signals with hearing impaired students for emergency communications. Alerting devices, such as strobe lights and vibrating pagers can be used to supplement audible alarms and are useful for students with hearing impairments. Install both audible and visual smoke alarms in the classroom and building. **Preparedness kits should include:**
 - pen and paper
 - flashlight to communicate in the dark
 - extra hearing aid batteries
 - batteries for TTY and light phone signaler

- 3. Mobility:** Limited mobility may impair egress and access to locations. Arrange and secure furniture and other items to provide barrier-free paths of travel. Disaster debris may obstruct evacuation. Store a lightweight manual wheelchair, if available. Train the staff the proper way to move an individual in a wheelchair. Mobility impaired students should practice moving their wheel chairs or having them moved into doorways, locking their wheels and covering their heads with a book or with their arms or hands. **Preparedness kits for those who use wheelchairs should include:**
 - heavy gloves for making way over glass or debris
 - extra battery for electric wheelchairs recommended but may not be practical
 - patch kit for punctured wheels
 - flashlight and whistle

- 4. Respiratory:** Students with respiratory impairments may have difficulty breathing when walking distances or descending stairs. Smoke, dust, fumes, chemicals, and other odors often exacerbate such limitations. For these students, include emergency evacuation masks and respirators in classrooms. Have oxygen and respiratory equipment readily available. Students and staff

should practice putting on and removing this equipment as part of an emergency drill. **Preparedness kits should include:**

- medical schedule and dosages
- medical mask, if student can wear one
- any medical equipment needed for 72 hours
- note paper and pen

- 5. Medically Fragile:** Many illnesses can be aggravated by stress. In the event of a disaster that requires students to be at school for an extended period of time, medication may need to be administered to students with a healthcare plan. Schools should consider who will administer these medications in the event a nurse is not available during a disaster. Keep medications, authority to administer the medication forms, and healthcare plans in the vicinity of the medically fragile student.

It is the parent's responsibility to maintain medical supplies, notify the school of changes and provide new doctor's orders. It is the nurse's responsibility to remind the parent to provide medications and update orders when notified.

- 6. Speech/Auditory:** Determine in advance the best way for the student to communicate with others during an emergency. Provide written emergency and evacuation instructions on a card, carried at all times and placed in an easy to see location. **Preparedness kits should include:**

- extra batteries for communication equipment
- note paper and pen
- comfort items

- 7. Visual:** Those with visual impairments may have to depend on others to lead them to safety during a disaster and may be reluctant to leave familiar surroundings. Employ Braille signage or audible directions for students who are blind or have low vision. Emergency back-up lighting systems, especially in stairwells and other dark areas, will benefit those students with limited visual acuity. Mark emergency supplies with large print or Braille. Students should know where the nearest telephones and alarm boxes are located and how to describe their location. **Preparedness kits should include:**

- extra folding white cane
- heavy gloves for feeling the way over glass or debris
- colored poncho worn for visibility
- comfort items

I. Developing a Special Needs Evacuation Plan

Creation of an Evacuation Plan should cover the evacuation, transportation and medical needs of students who will require extreme special handling in an emergency. In most cases, additional safeguards must be established regarding roles, responsibilities and procedures for students with physical, sensory, emotional and health disabilities.

1. Review all paths of travel and potential obstacles.

- Know your school grounds, paths, exits and potential obstacles.
- Determine the primary and secondary paths of exit to be used during emergencies. Individuals with mobility impairments will need a smooth, solid, level walking surface, an exit that avoids barriers such as stairs, narrow doors and elevators and guardrails that protect open sides of the path.
- Compile and distribute evacuation route information to be used during emergency operations
- Include alternative evacuation route information, should the primary route be inaccessible due to damage or danger.

2. Install appropriate signage and visual alarms.

- Place evacuation information indicating primary and secondary exits in all offices, classrooms, multipurpose rooms, lunchrooms, hallways/corridors, lobbies, bathrooms and cafeterias. For passages and doorways that might be mistaken for an exit, place visible signs that proclaim, "NOT AN EXIT".
- Place emergency notification devices appropriate for each student.
- Post signage with the name and location of each area so that the students will know exactly where they are. In order to comply with ADA Accessibility Guidelines for Buildings and Facilities requirements, the signage should be:
 - approximately 60 inches above the floor;
 - in a location that is not obscured in normal operation such as a swinging door;
 - in all primary function areas

3. Identify the students and staff with special needs and they type of assistance they will require in an emergency.

- Allow visitors to self-identify on a sign-in log if they have special evacuation needs.
- Discuss evacuation issues with the staff members and caretakers of students with special needs. Include individuals, who may be temporarily disabled (i.e. a student with a broken leg).

4. Train staff in general evacuation procedures.

- Review the areas of rescue, primary exits, evacuation techniques, and the locations and operation of emergency equipment.
- Provide in-depth training to those designated to evacuate students with special needs.

- Train the staff for proper lifting techniques when lifting a person for evacuation. Anyone can assist a student with a visual impairment.
- Check on each special needs student to assure he/she is accounted for during an evacuation.

5. Review the plan with emergency response personal, including local police, fire and emergency medical technicians.

- Identify “areas of rescue” in your school for students to wait for evacuation assistance from emergency personnel.
- Before school begins in the fall, walk around the site with first responders so that they are familiar with the primary exits and all areas of rescue. These areas must meet specifications for fire resistance and ventilation.
- Ask the responders to conduct a special drill explaining how they will support the students and staff with special needs during an emergency.

6. Complete all contracts and Statements of Understanding with key emergency support providers

- Ensure that sufficient transportation capacity exists with transportation providers, partner agencies, and suppliers to effectively meet the demand in an emergency.
- Identify transportation contracts through the district in case of an emergency. Emergency response for special needs requires special vans and special equipment. Specify who will do what to address these transportation needs.
- Develop a list of school-owned vehicles, staff vehicles and parent vehicles that are available and make prior arrangements for their use in the event of an emergency.

7. Review the evacuation plan with students and staff to be familiar with the process and identify any problems.

- Practice implementation of special duck and cover actions by students with able-bodied partners.
- Students should be aware that evacuation by themselves may be difficult or impossible because of obstacles in their path or because electric-dependant machines may not function (i.e. elevator).
- Special pre-planned assistance must be provided and reviewed regularly. Classrooms should have emergency activity kits with items familiar to the students.

- Include students with special needs in the selection of emergency evacuation devices.
- Mobility-impaired students should know how (through practice) to get in doorways, lock wheel chair wheels and cover head with book, arms or hands.
- Train all aides who are assigned to students with special needs in evacuation procedures.
- Provide procedures for receiving students with special needs at the pre-designated evacuation site.
- Remind parents and caregivers that they are responsible for updating emergency information with the schools.

IV.

RESPONSE

Response is the immediate reaction to an emergency to save lives and protect property. Pro-active efforts in the Mitigation-Prevention and Preparedness phases will impact the quality of response. Responses will vary depending upon the severity and intensity of the event.

A. Leadership by District of Service

In an emergency, the site administrator has responsibility for the safety of all children on the site. The District of Service, rather than the District of Residence, assumes the leadership role for all students in an emergency.

B. Assess the Situation

- Determine the immediacy of the emergency.
- Remove anyone with respiratory complications from smoke and vapors immediately.
- If not in immediate danger, stay in place until staff personnel determine the nature of the situation.
- If trapped, get the attention of others by calling out or striking object together to make noise.

C. Announce the Emergency

- 1. To Alert Deaf and Hearing Impaired** – The primary goal is to effectively communicate the nature of the situation and direct them to the appropriate route of evacuation. Students with hearing impairments will most likely be able to follow the same exit route as those who can hear. Communicate with a notepad and pen, with simple, concise speech or with sign language. Regardless of the method of communication used, convey two key messages:
 - there is an emergency
 - how to exit
- 2. To Alert Blind or Visually Impaired** – Someone who is blind or visually impaired will generally be able to evacuate the same route as sighted students, but may need some assistance. Describe the nature the emergency and offer to guide him/her to the nearest emergency exit and evacuation assembly area.
 - Touch the person on the elbow gently.

- Identify yourself and quickly explain the situation.
- Ask if the individual has any preferences regarding how to be guided.
- Clearly describe where you are going and any approaching obstacles or protruding objects which will require a change in your walking path or pattern.
- Be protective of your space as there may be many people using the same route to evacuate.

3. To Alert Cognitively or Emotionally Impaired – It is likely that students with cognitive or emotional impairments will be able to use the same evacuation routes as the other students. The challenge is to keep them calm as you exit. If there is a buddy or companion assistant, quickly describe the situation and how to involve him or her in the evacuation. Let the student know what is happening. Keep him/her reassured

D. Lockdown/Shelter-in-Place Strategies

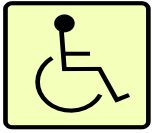
- Set up screens/curtains for those needing privacy for emotional issues and personal hygiene.
- Use Go Kits for immediate necessities.
- Keep students away from windows and doors.
- Use the buddy system to provide comfort and reassurance.

E. Implement Evacuation

- Carry all medication, supplies, equipment and dietary needs with student, including the 72-hour disaster kit that has been prepared ahead of time for individual student needs;
- Ask the student how he/she would like to be assisted;
- Use the buddy system;
- Inform emergency personnel of intended destination and type of assistance needed. If unable to contact emergency personnel, ask others to make the notification for assistance;
- Move to designated evacuation area. The path should be unobstructed.
- Be careful of falling debris as you leave the building.
- Provide priority assistance to wheelchair users with electrical respirators. Evacuate mobility devices with the person if possible (i.e. crutches, wheel chairs, etc.

To Evacuate Persons Using Wheelchairs:

If the person wants to be moved in his/her chair, keep the following considerations in mind:



- Turn off the wheelchair's power before lifting.
- Turn the wheelchair so it is lowered down the stairs backwards (person facing up the stairs), so the occupant cannot slip forward out of the chair and down the stairs.
- Powered wheelchairs have very heavy batteries; an evacuation chair for stairs may be needed with the powered chair to be retrieved later.
- If a seatbelt is available, use it. If the person needs to be removed from his/her wheelchair for an evacuation, ask the following:
 - how he/she prefers to be moved from the chair;
 - whether pain or harm will result from moving extremities;
 - if any equipment is needed for immediate safety of life-support, e.g. backup generator for respirator.

F. Transport Students

Transportation is a well-established component of emergency response plans, and requires planning and detailed focus for children with access and functional needs. Special transport is not provided for students with Section 504 eligibility.

- **Maintain a transportation resources** list by type and availability, including vehicle accessibility and capacity information.
- **Develop procedures for the acquisition of additional accessible transportation equipment**, securement devices, supplies, and resources before a disaster.
- **Provide staff training**, including a review of procedures for transporting persons with a variety of assistance needs, as well as the transport of service animals.
- **Identify strategies for tracking individuals** who are evacuated. Information should include the passenger's name, point of origin, departure time, final destination, and arrival time.
- **Maintain a master list of drivers** by status and availability.
- **Provide drivers with an operational roster** to complete and maintain, at minimum, with the following information:
 - Name of driver
 - Driver's telephone number
 - Time departed staging area
 - Time arrived at sheltering location
 - Vehicle number

- Sheltering location
- Trip mileage
- **Determine the appropriate transportation response** for persons unable to reach a pick up/drop off location or staging area on their own.
What entity will handle such needs, and what types of vehicles/equipment will be required? Check with the school district regarding the transportation contracts and agreements.
- **Account for all students** before transportation occurs and after arrival at the destination.
- **Transport all passengers** to the pre-designated evacuation destination by the safest route. Use alternative routes only as necessary.
- **Use buses.** Consider other modes of transportation only if buses are unable to get to the school quickly or are not available. Refer to the list of school-owned vehicles, staff vehicles and parent vehicles that are available.

G. Reassess Needs

Request additional support, if needed.

H. Other Considerations for Special Needs Populations

- **Store** extra batteries for electric wheelchairs and hearing aids.
- **Lead** evacuees to a safe place with other teachers and staff.
- **Remain** with the special needs student after the evacuation.
- **Recognize** that the fine details are unique to each student;

IV.

RECOVERY

The recovery phase is designed to assist students, teachers, staff and visitors to restore educational operations in school. Recovery is an ongoing process that includes not only the mental, emotional and physical healing process of students, teachers and staff, but also restoration of the physical assets of the school (buildings and grounds) to a safe and habitable environment.

A. Restoration

- **Account** for all the students, teachers, and staff.
- **Meet the medical needs.**
- **Conduct daily debriefing** for staff, responders, and others assisting in recovery.
- **Provide stress management support** during class time.
- **Discuss recovery**, what to do with students if they must remain on site for 2-3 days.
- **Communicate with parents**, guardians and the local community.
- **Conduct after-action briefing** to capture key lessons learned and recommendations for improvements to the school plan.

B. Supportive Services

- **Needs Assessment** – quickly identify needs and the support necessary to meet them.
- **Information** – provide important information on community resources that connects school families who need help with available services and assistance.
- **Language** – ensure that critical information is conveyed in a language appropriate for non-English speaking families that the standard media may not reach.
- **Transportation** – support the mobility needs with accessible transportation resources to disaster service areas.
- **Replacement Equipment** – support students with special needs with the guidance to acquire replacement of vital personal equipment (e.g., crutches, hearing aides, wheelchairs,

C. Reassurance

Experiencing a disaster can be overwhelming. Stress often exacerbates existing medical conditions and may alter thought and behavior. Reassurance is the key to helping children through a traumatic time. Support individuals with access and functional needs by providing verbal reassurance and information to help orient them to new surroundings and new routines.

- **Make sure physical needs are addressed** and medical assistance is provided, as needed.
- **Reconnect students** with family and other support systems as early as possible.
- **Address concerns** about safety. Talk to each child at his or her developmental age, not chronological age. Use language the child understands.
- **Provide information through pictures** and allow children time to see, hear, talk and draw.
- **Expect some regression** (increase in problem behaviors).
- **Deal with inappropriate behaviors** calmly and consistently—Keep emotional equilibrium.
- **Minimize the disruption.** If the normal routine is unavoidably altered, create a new one.
- **Offer concrete/immediate solutions** to abstract problems. Use clear examples. Repeat responses patiently.

After the danger has passed, the school will be anxious to return to normal. Both people and resources are needed to speed recovery. The talents of individual with disabilities should not be underestimated. Every member of a community can provide some support.

APPENDIX A

School Emergency Evacuation Planning Checklist		
	YES	NO
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?		
Has a "buddy system" been developed for each student?		
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?		

APPENDIX B

Last name:

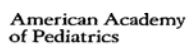
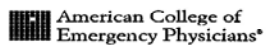
Emergency Information Form for Students with Special Needs

Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary Care Physician:		Emergency Phone:	
		Fax:	
Current Specialty Physician:		Emergency Phone:	
Specialty:		Fax:	
Current Specialty Physician:		Emergency Phone:	
Specialty:		Fax:	
Anticipated Primary ED:		Pharmacy:	
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam	
1. _____	Baseline physical findings: _____
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: _____
_____	_____
Synopsis: _____	_____
_____	Baseline neurological status: _____
_____	Blood Type: _____

*Consent for release of this form to health care providers



Form Courtesy of: © American College of Emergency Physicians and American Academy of Pediatrics. Permission to reprint granted with acknowledgment.

Diagnoses/Past Procedures/Physical Exam <i>(Continued)</i>	
Medications/Dosages:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	Prostheses/Appliances/ Technology Devices:
4.	
5.	

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	and why:
1.	
2.	
3.	

Immunizations (mm/yy)											
Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis:

Indication:

Medication and dose:

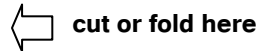
Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:	
Physician/Provider Signature:	Print Name:

APPENDIX C

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

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



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

72 Hour Disaster Medication Authorization To Administer Medication

STUDENT MEDICATION – Legal Reference: Education Code Section 49423

“...any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school person, if the school district received (1.) a written statement from such a physician detailing the name of the medication, the method, amount, and time schedules by which such medication is to be taken, and (2.) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set for in the physician’s statement.” No other medication is to be administered by school personnel. This includes all medication available without a prescription. **Medication is to be sent in the original container labeled with the name of the student, name of prescribing physician, name of medication and instructions. This form must be completed and included.** It is the parent’s responsibility to update this form as needed.

Student _____ Grade _____ Teacher _____ Date _____

Parent _____ Phone(s) _____

Health Care Provider _____ Phone _____

1. Medication(s)	Dose	Frequency	Duration	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **Additional Information and/or Precautions** regarding medications or student’s condition:

3. I am the parent/guardian of the above student and I have lawful custody of said child. I hereby give consent to appropriate District personnel to administer or assist in administering medication(s) and/or treatment as specified by his/her health care provider. Furthermore, I hereby give consent to the District to receive from, or send to, the health care provider any information concerning my child’s medical condition.

Parent/Guardian Signature _____ Date _____

4. ****Complete this section for medications which student may self-administer:**

AUTHORIZATION FOR SELF-ADMINISTRATION:

A. **Student:** I certify that I have read and understand the instructions regarding the self-administration of my medications(s). I agree to take these above described medications in compliance with my health care provider’s recommendations.

Student Signature _____ Date _____

B. **Parent/Guardian:** My child has been instructed in the proper dosage and administration of the above medication and has demonstrated the ability to self-administer it. We/I (Parent/Guardian) request that s/he be permitted to self-administer it as directed by our health care provider in compliance with District policy and procedures.

Parent/Guardian Signature _____ Date _____

5. **HEALTH CARE PROVIDER:** I am a physician actively licensed by the state of California. Attached hereto is a prescription for the medication/treatment specified above.
() Initial here if student has been properly trained and is able to self-administer

PHYSICIAN SIGNATURE _____ Date _____

Please Print/Stamp Physician
Name, Address, Phone here:

Original – File
Copy – School Nurse & Teacher

72 Horas Medicamentos en caso de Desastre AUTORIZACIÓN PARA ADMINISTRAR MEDICINAS



MEDICINAS PARA ALUMNOS Referencia Legal: Código Educacional Sección 49423

«...cualquier alumno que debe tomar medicina recetada por su médico durante el día escolar, puede obtener la ayuda de la enfermera escolar u otro personal escolar designado, si el distrito escolar ha recibido (1) declaración escrita del médico detallando el nombre de la medicina, método, dosis y horario de administración de tal medicamento, y (2) una declaración escrita del padre o guardian del alumno indicando su consentimiento para que el distrito escolar asista al estudiante a tomar la medicina de acuerdo con las instrucciones del médico.» Ningun otro medicamento puede ser administrado por el personal escolar. Esto incluye medicamentos disponibles sin receta.

Las medicinas se deben mandar a la escuela en el envase original claramente marcado con el nombre del estudiante, nombre del médico quien lo autoriza, nombre de la medicina e instrucciones. Favor de completar y adjuntar este formulario también. Favor de notar que es la responsabilidad de los padres de estar seguros que la información en este formulario esté al corriente.

Estudiante _____ Grado _____ Maestro/a _____ Fecha _____

Padre/Madre _____ Teléfono _____ o _____

(La sección de abajo debe ser completado por el médico)

** Health Care Provider _____ Telephone _____

1. Medications	Dose	Frequency	Duration	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **Additional Information and/or Precautions** regarding medication or student's condition:

3. Soy el/la Padre/Guardian del estudiante nombrado arriba y tengo custodia legal de él/ella. Por medio de esto doy mi permiso al personal apropiado del Distrito en administrar o ayudar en la administración de medicamentos y/ o tratamiento como es especificado por su médico. Además, doy consentimiento al distrito para recibir de o mandar a este proveedor de salud cualquiera información acerca de la condición de salud de mi hijo/a..

Firma de Padre/Madre/Guardian: _____ Fecha _____

4. Si el estudiante puede administrar medicamentos por sí mismo, hay que llenar este contrato:

AUTORIZACIÓN PARA AUTO-ADMINISTRACIÓN:

- A. **Estudiante:** Certifico que he leído las instrucciones acerca de la autoadministración de mi(s) medicina(s). Estoy de acuerdo con tomar estas medicinas nombradas arriba según las recomendaciones del médico.

Firma del Estudiante: _____ Fecha _____

- B. **Padre/Madre/Guardian:** Mi hijo/a ha sido instruido en la administración y dosis correcta de las medicinas(s) nombrada(s) arriba y ha demostrado la habilidad de autoadministrarsela(s). Nosotros/Yo (Padre/Guardian) pedimos que el/ella tenga permiso de administrarse la(s) medicina(s) a sí mismo según las instrucciones de nuestro médico y las reglas del Distrito.

Firma de Padre/Madre/Guardian: _____ Fecha _____

4. ****Health Care Provider:** I am a physician actively licensed by the State of California. Attached hereto is a prescription for the medication/treatment specified above.

[] * initial here if student has been properly trained and is able to self-administer

Physician Signature _____ Date _____

APPENDIX E

Online Resources

American Red Cross, *People with Disabilities*

http://www.redcross.org/museum/prepare_org/disabilities/disabilities.htm

Americans with Disabilities Act of 1990, as amended

<http://www.ada.gov/pubs/ada.htm>

An Investigation of Best Practices for Evacuating and Sheltering Individuals with Special Needs and Disabilities, National Clearinghouse for Educational Facilities, Washington, DC (Oct 2008)

http://www.ncef.org/pubs/evacuating_special_needs.pdf

California Governor's Office of Emergency Services, *Meeting the Needs of Vulnerable People in Times of Disaster* (May 2000)

[http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Vulnerable%20Populations/\\$file/Vulnerable%20Populations.PDF](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Vulnerable%20Populations/$file/Vulnerable%20Populations.PDF)

Center for Disability Issues in Health Profession, *Evacuation Preparedness Guide*

<http://www.cdihp.org/evacuation/toc.html>

Disability Preparedness Resource Center, *Personal Preparedness Planning*

<http://www.disabilitypreparedness.gov/ppp/index.htm>

Federal Emergency Management Agency, *Preparing for Disaster for People with Disabilities and Special Needs*

http://www.fema.gov/pdf/library/pfd_all.pdf

Federal Register, Executive Order 13347, *Individuals with Disabilities in Emergency Preparedness*, Volume 69, No. 142 (July 26, 2004)

http://www.fema.gov/pdf/nims/nims_executive_order_13347.pdf

National Association of School Psychologists, *Coping with Crisis – Helping Children with Special Needs*

http://www.nasponline.org/resources/crisis_safety/specpop_general.aspx

National Fire Protection Association, *Personal Emergency Evacuation Planning Tool for School Students with Disabilities*

<http://www.nfpa.org/assets/files//PDF/Fact%20sheets/EvacStudentDisabilities.pdf>

Nobody Left Behind, Report on Exemplary and Best Practices in Disaster Preparedness and Emergency Response For People with Disabilities (March 2007)

http://www.nobodyleftbehind2.org/findings/pdfs/bestpractices_3-21-072.pdf

Talking to Children with Special Needs About Tragedy

<http://specialchildren.about.com/od/inthecommunity/a/tragedy.htm>

U.S. Department of Education, Administration for Children and Families, *Coping With Disaster: Suggestions for Helping Children with Cognitive Disabilities*
<http://www.acf.hhs.gov/programs/add/Sept11/addcoping.html>

U.S. Department of Education, ERCM Express, *Integrating Students with Special Needs and Disabilities into Emergency Response and Crisis Management Planning* (Volume 2, Issue 1, 2006)
http://rems.ed.gov/docs/Disability_NewsletterV2I1.pdf

APPENDIX F Acronyms

ADA	Americans with Disabilities Act (1990)
AFN	Acute and Functional Needs
ASC	Advisory Steering Committee
CDE	California Department of Education
ED	Emotionally Disturbed
FAPE	Free and Appropriate Public Education
FERPA	Family Education Rights and Privacy Act
HI	Hearing impairment
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Program
ISHP	Individualized School Healthcare Plan
ITP	Individual Transition Plan
LRE	Least Restrictive Environment
NSH	Not severely handicapped
OSEP	Office of Special Education Programs
RSP	Resource Specialist Program
SDC	Special Day Class
SELPA	Special Education Local Plan Area
SH	Severely Handicapped
SLD	Specific Learning Disability
SLI	Speech/Language Impairment
TBI	Traumatic Brain Injury
VI	Visually Impaired