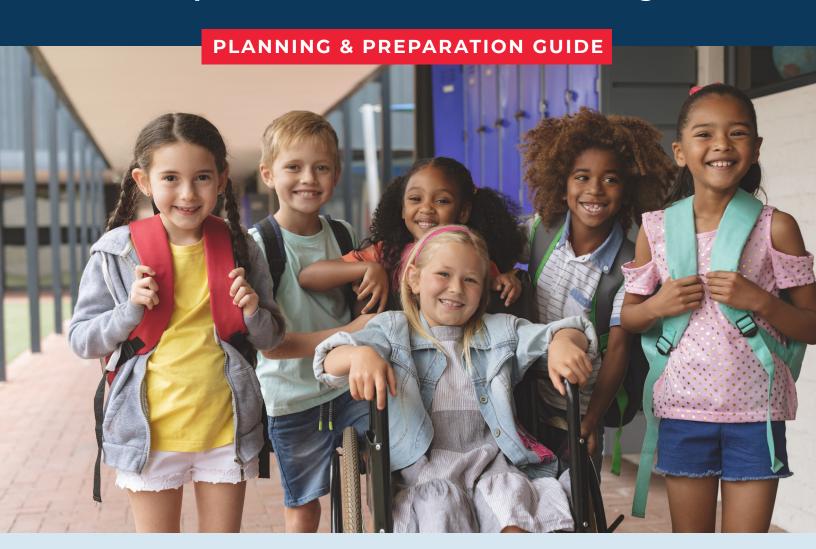


ESPECIALLY SAFE

An Inclusive Approach to Safety Preparedness in Educational Settings





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For Josephine, who inspires us to ensure that everyone is safe and sound.

ACKNOWLEDGEMENTS

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INTRODUCTION

On December 14, 2012, my youngest daughter, Josephine Grace, died in the tragedy at Sandy Hook Elementary. Joey was an extraordinary child in so many ways. Her amazing energy, beautiful smile and kind spirit made her loved by all who knew her. She also had many "special needs" as a student with autism, apraxia of speech, gross motor impairment, and other developmental disorders. We like to say that she was "especially special."

Since Joey's death, I've built a legacy in her honor – a mission to improve the safety of our school communities, ensuring that children like Joey grow up to be the amazing people they were meant to be. As the old saying goes, "Hindsight is 20/20." Of course, with hindsight comes foresight. And with foresight comes a responsibility to do better based on lessons from the past. One of the most important lessons we have learned from both manmade and natural disasters is that individuals with "special needs," or "access and functional needs" as defined by the Federal Emergency Management Agency (FEMA), are among the most vulnerable and, tragically, often forgotten in the planning process. In fact, as we began this project, it became clear that many individuals in our schools and educational settings are overlooked in the safety planning process – individuals with trauma experience, minority groups, vulnerable populations, and individuals with temporary mobility challenges like a broken leg, for example.

We created this guide and its companion *Teaching & Training Guide*, to help safety planning teams identify resources and problem solve challenges in order to address the safety and security needs of all community members. As parents, educators, staff, leaders, health, mental health, and safety professionals, you know the needs of the individuals on your campus and in your community better than anyone. Whether considering a grandparent in a wheelchair at graduation, an expecting teacher, a student, like Joey, with an Individualized Education Plan (IEP), or a staff member with PTSD, it is our desire for this guidance to support the efforts of planning teams to design and develop emergency operation plans that are inclusive of all community members. It is our aim to move the safety of students, staff, and community members with special needs from afterthought to the forefront of emergency planning and preparation.

Through inclusive planning, we can create a culture of safety and security our children, students, parents, and staff can count on regardless of the emergency. We can achieve this by working together on behalf of all.

We appreciate your dedication and thank you for your support of our mission to protect every school and every student, every day.



Michele Gay Founder and Executive Director Safe and Sound Schools

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STATEMENT OF PURPOSE

Cassidy's Story

Students and teachers across the country participate in anywhere from **3-12 safety** drills per school year. Most students and families take for granted their ability to safely evacuate in case of a fire. Though many students, like Cassidy Scott, are literally left behind in the process. During an emergency evacuation at her school in 2017, Cassidy's teachers followed the plan as directed by local fire and school authorities. Her peers and teachers evacuated the building, while the physically and intellectually disabled middle-schooler was moved in her wheelchair to a stairwell, a designated area of refuge to await rescue – alone. While Cassidy was physically unharmed in the crisis, the experience was understandably traumatic for Cassidy, her family, and her teachers. After the experience, her mother worked with school, safety, and government leaders to pass a state law requiring specific safety plans for students like Cassidy.





The primary purpose of this document is to ensure that safety planning teams develop strategies to meet the diverse safety needs of all stakeholders within the educational community.

As planning teams engage in the development of emergency operations plans (EOPs) to cover all hazards (fire, active assailant, weather, etc.) and all phases (prevention, protection, mitigation, response, and recovery) of emergency management, it is equally important to ensure that EOPs serve all members of the community. Furthermore, federal regulations apply to all members of a community equally, including vulnerable populations within the community (e.g., people with temporary or permanent access and/or functional needs, pregnancy, English Language Learners, minority groups, etc). By law, these individuals and/or groups of people must be considered **AND** accommodated as part of any planning process that is supported with federal funding. Likewise, these groups and individuals are not to be treated as separate from the general safety planning process.

According to the National Center for Education Statistics, roughly **7.3 million students receive special education services**. It is important to note that this number does not reflect the millions of other students, staff, and visitors with support needs. However, it does point to the fact that there are many more students, staff, and community members like Cassidy in America's educational settings. We have a responsibility to ensure every one of them is safe and sound. The purpose of this guide is to support the work of planning teams to ensure the safety of *all* community members. Through deep and meaningful collaboration, safety teams can better prepare for the safety and security of everyone who sets foot on our campuses.

LEGAL REFERENCES

The following represents a comprehensive list of relevant laws, acts, regulations, and policy guidance that underpin the rights of individuals with access and functional needs as well as the responsibilities of decision makers to protect, support, and empower them.

FEDERAL LEGAL REFERENCES

Top Education Related Legal References

Americans with Disabilities Act (ADA), as amended. Prohibits discrimination on the basis of disability in schools, workplaces, and public places. It recognizes and protects the civil rights of people with disabilities. The law covers physical mobility, stamina, sight, hearing, and speech, and conditions such as emotional illness and learning disorders. It addresses access to the workplace, state and local government services, places of public accommodation and commercial facilities, and telecommunications for people who have hearing or speech impairment through telecommunications relay services. The following website has links to more information: https://www.ada.gov/ cquide.htm#anchor62335.

Section 504 of the Rehabilitation Act of 1973. Prohibits discrimination on the basis of disability at schools that receive federal funding. The following link has more information: https://www2.ed.gov/about/offices/list/ocr/504faq.html.

Individuals with Disabilities Education Act of 1990 (IDEA). IDEA establishes the rights of students with disabilities to a free, appropriate public education in the most integrated setting possible. It sets forth a process where parents and schools work together to design individualized education plans (IEPs) for students with disabilities. For more information visit: https://sites.ed.gov/idea/.

Other Applicable Policies

Architectural Barriers Act. Requires buildings constructed by the federal government or with federal funding be accessible to people with disabilities.

The law resulted in the first set of standards for the removal of architectural barriers. https://www.access-board.gov/aba/

National Fire Prevention Association (NFPA) Codes and Standards. NFPA is widely known as a codes and standards organization. NFPA has 300 codes and standards designed to minimize the risk and effects of fire by establishing criteria for building, processing, design, service. and installation around the world. The more than 250 technical committees, comprised of approximately 9,000 volunteers, review public input and vote on the revisions in a process that is accredited by the American National Standards Institute. National Fire Protection Association Codes and Standards: https://www.nfpa.org/Codes-and-Standards/All-Codes-and-Standards/Listof-Codes-and-Standards

The Uniform Federal Accessibility Standards (UFAS). Ensures access to the built environment for people with disabilities. The law requires that buildings or facilities that were designed, built or altered with federal dollars or leased by federal agencies after August 12, 1968, be accessible. It covers U.S. Post Offices, Veterans Affairs Medical Facilities. National Parks. Social Security Administration Offices, Federal Office Buildings, U.S. Courthouses, and Federal Prisons. It also applies to non-government facilities that have received federal funding, such as certain schools, public housing and mass transit systems.

Americans with Disabilities Act
Accessibility Guidelines (ADAAG) (as
amended 2002). Applies enforceable
accessibility standards to buildings and
facilities. https://www.ada.gov/ta-pubs-pg2.
htm

Civil Rights Act. Outlaws discrimination based on race in federally funded programs and in public accommodations and employment. While this law did not specifically apply to persons with disabilities, it served as a framework for future legislation.

Section 508 of the Rehabilitation Act of 1973. Required increased access to electronic and information technology for people with disabilities. This law provided for changes in federal purchasing of information technology and increased access to federal internet sites.

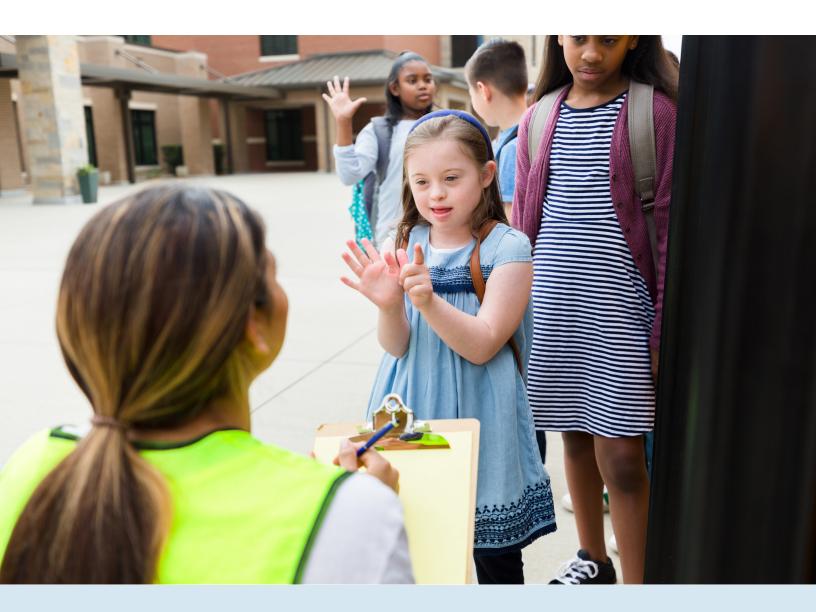
Common Alerting Protocol (CAP). The CAP standard provides an opportunity to improve emergency alert information delivery to people with disabilities and others with access and functional needs. CAP alerts can transport rich multi-media attachments and links in alert messages. The use of CAP enables industry partners to develop content and/or devices that can be used by people with disabilities and others with access and functional needs to receive emergency alerts.

The Integrated Public Alert and Warning System (iPAWS) was established under Executive Order 13407. IPAWS provides the capability to notify the public of impending natural and human-made disasters, emergency, and public safety information. In a national emergency, the president may use IPAWS to communicate to the public as well.

Assistive Technology Act of 1998, as amended. Improves the provision of assistive technology through statewide programs of technology related assistance for people with disabilities.

Relevant Emergency Management Policies

- <u>Executive Order 13347</u> Individuals with Disabilities in Emergency Preparedness
- Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988
- Post-Katrina Emergency Reform Act 2006
- National Incident Management System (NIMS)
- Homeland Security Act of 2002
- Homeland Security Presidential Directive 5



DEFINITIONS

Access and Functional Needs (AFN):

According to the Federal Emergency
Management Agency (FEMA), needs for
assistance due to any condition (temporary
or permanent) that limits an individual's
ability to act. To have access and functional
needs does not require that the individual
have any kind of diagnosis or specific
evaluation. Individuals having access and
functional needs may include, but are not
limited to, individuals with disabilities,
seniors, and populations having limited
English proficiency, limited access to
transportation, and/or limited access to
financial resources to prepare for, respond
to, and recover from an emergency.

Accommodations: For the purposes of this guide, the term "accommodations" refers to any changes or modifications to standard emergency planning that are necessary to support the physical and/or psychological safety of an individual.

All-Hazards: Emergency operations planning term referring to planning for all foreseeable safety hazards specific to a community (i.e. fire, weather, active assailant, earthquake, etc).

Americans with Disabilities Act (ADA):

Signed into law on July 26, 1990, the ADA is a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964, which made discrimination based on race, religion, sex, national origin, and other characteristics illegal.

Autism Spectrum Disorder (ASD):

According to the National Institute of Mental Health, Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. It is said to be a "developmental disorder" because symptoms generally appear in the first two years of life. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a guide created by the American Psychiatric Association, people with ASD have difficulty with communication and interaction with other people, restricted interests and repetitive behaviors, and symptoms that hurt the person's ability to function properly in school, work, and other areas of life. Autism is known as a "spectrum" disorder because there is a wide variation in the type and severity of symptoms people experience. ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and ability to function.

Blindness or Low Vision: Vision

function is classified into 4 broad categories, according to the International Classification of Diseases-10 (Update and Revision 2006): normal vision, moderate vision impairment, severe vision impairment is grouped, and blindness. Moderate vision impairment combined with severe vision impairment are grouped under the term 'low vision': low vision taken together with blindness represents all vision impairment.

Chronic Health Conditions: For the purposes of this guide, "chronic health conditions" refers to long-term health conditions which require consideration in emergency planning, such as, but not limited to, asthma, diabetes, allergies, and seizure disorders.

Cognitive Disability: A disability characterized by significant limitations in both cognitive functioning and in adaptive behavior, which covers many everyday social and practical skills.

Cognitive Functioning: Also called intelligence – refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is through an IQ test. Generally, an IQ test score of 70-75 or below indicates a limitation in cognitive functioning.

Deafness and Hearing Loss: A person who is not able to hear as well as someone with normal hearing - hearing thresholds of 25 dB or better in both ears – is said to have hearing loss. Hearing loss may be mild, moderate, severe, or profound. It can affect one ear or both ears and lead to difficulty hearing conversational speech or loud sounds. 'Hard of hearing' refers to people with hearing loss ranging from mild to severe. People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices as well as captioning. People with more significant hearing losses may benefit from cochlear implants. 'Deaf' people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication and other methods of communication such as speedreading, or captioning.

Developmental Disabilities: Are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Disability: A physical or mental condition that substantially limits one or more major life activities, a record of such a condition, or being regarded as having such a condition.

Educational Setting: Any educational institution, school, preschool, summer school, camp, or special education facility that provides education or educational activities.

Emergency Operations Plan (EOP): For the purposes of this guide, an EOP is a document that assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency on campus or in an educational setting; it is oftentimes referred to as the crisis plan.

Emergency Management: As defined by the Federal Emergency Management Agency's, (FEMA) five core mission areas: Prevention, Protection, Mitigation, Response and Recovery.

Individualized Education Program (IEP):

A legal document under United States law that is developed for each public school child in the U.S. who needs special education services. It is created through a team process including the child's parent or guardian and district personnel who are knowledgeable and have expertise about the child's needs.

Individual Safety Plan (ISP): A planning document used by safety planning teams to guide, plan, and prepare for the safety of an individual with access and functional needs in an educational setting.

Individual with a Disability: A person who has a physical or mental condition that substantially limits one or more of the major life activities of such individual, or a record of such a condition or is regarded as having such a condition.

Medical Health Needs: For the purposes of this guide, 'medical health needs' refers to specific medical needs which require consideration in emergency planning, such as, but not limited to, nebulizer treatments, tube feeding, suction treatment, oxygen, epinephrine auto-injector, inhalers, or other medical treatments required to maintain the health of an individual in the educational setting.

Mental Health Disorders: For the purposes of this guide, 'mental health disorders' are defined as a broad category of mental health conditions which require consideration in emergency planning, such as, but not limited to, anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Bipolar Disorder, Depression, Disruptive Mood Dysregulation Disorder, and Post Traumatic Stress Disorder.

Mobility Disability: Mobility disabilities range in severity from limitations of stamina to paralysis. Some mobility challenges are caused by conditions present at birth, while others are the result of illness or physical injury. Some types of mobility challenges are caused by spinal cord injury. Other causes include: amputation, arthritis, back disorders, cerebral palsy, neuromuscular disorders, and fibromyalgia, among others.

Safety Planning Team: A site specific (e.g. school, camp, daycare, or other educational setting) team responsible for development and oversight of the Emergency Operations Plans and related activities and responsibilities.

Special Needs: A general term often used in educational settings to describe any physical, developmental, mental, sensory, behavioral, cognitive, or emotional challenge or limiting condition that requires medical management, health care intervention, and/or use of specialized services, supports, or programming. Care for individuals with special needs in educational settings requires specialized knowledge acquired by additional training, as well as increased awareness and attention, adaptation and accommodative measures beyond what are considered routine. For the purposes of this guide, the term access and functional needs includes special needs.

Speech or Language Disability: A

communication disorder that adversely affects a child's ability to talk, understand, read, and write. This disability category can be divided into two groups: expressive language impairments and receptive language impairments.

504 Plan: A plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning curriculum and environment.

KEY CONSIDERATIONS FOR INCLUSIVE SAFETY PLANNING

Ask the experts.

- Include individuals with access and functional needs (as appropriate) and/or parents/ guardians/caregivers in planning for safety needs.
- Include general educators, special educators, school psychologists/mental health and/ or related support staff in safety planning.
- Transportation, school resource officers, nurses, emergency responders, facilities, and custodial staff are especially important to include in crisis planning for individuals with access and functional needs.
- Local disability advocacy organizations, community-based experts, architects, and designers.

Think (and plan) ahead.

- Adopt a proactive approach to preparedness in order to avoid a reactive response to a crisis. Through careful planning and thinking ahead, multi-disciplinary safety teams can anticipate potential hazards, crisis scenarios, and individual needs well before an emergency unfolds.
- Utilize opportunities for regular staff training, planning meetings, tabletop exercises, and to support a proactive approach to safety for all community members.
- Include critical stakeholders such as bus drivers, cafeteria staff, nurses, first responders, facilities and custodial staff in planning, training, and practice wherever possible in order to develop a proactive team approach.

Individual people have individual needs.

- Individuals with access and functional needs are all unique and therefore have unique needs which must be considered in planning for safety. Again, it is essential to include individuals (when appropriate), parents and guardians, and educators in planning for individual needs.
- Each individual with access and functional needs—whether short-term or ongoing—requires a unique crisis plan or Individual Safety Plan (ISP) designed to address his/her/their specific needs for all identifiable hazards (See the *Inclusive Safety Planning* section of this guide).

- In addition to specific emergency actions, ISPs should include any specific teaching, training, tools, and/or strategies required to prepare and support the individual for all hazards (See companion *Especially Safe Teaching and Training Guide* resources).
- Individuals with ISPs must be provided multiple opportunities to prepare, practice and drill for a variety of crisis scenarios.

Individualized Education and 504 Planning provides a scheduled opportunity to incorporate safety goals, develop, and review ISPs.

- For individuals with Individualized Education Plans (IEPs), crisis plans and instructional goals may be incorporated into the IEP or developed as a separate Individual Safety Plan (ISP).
- It is important to note that every individual with an IEP or 504 Plan does not necessarily require an ISP. The needs of each unique person (with or without an IEP or 504 Plan) must be evaluated and planned for individually.

Needs of individuals change.

- Consider temporary disabilities (e.g. sprained ankle, concussion, etc.), emerging issues (e.g. newly developed sensitivities, recent trauma exposure), new/updated diagnoses and conditions (e.g. pregnancy, asthma, seizure disorder, hearing impairment, PTSD), as well as increasing or decreasing levels of cognitive and/or physical capability of individuals when planning for safety.
- For individuals with an ISP due to temporary accessibility or functional needs (e.g. broken leg and needs crutches for a limited period, thus not on an IEP or 504), it is essential to plan for periodic review of the ISP to address any changes in status or as directed by the individual's physician.
- ISPs must be updated as needed, and at a minimum, annually. Safety planning teams should coordinate individual assessment of individual needs for the development and updating of ISPs in conjunction with Individual Education Planning (IEP/504 planning) meetings.

Staff should be trained and have access to equipment and supplies necessary to enact ISPs.

- Staff members (including substitute teachers, bus drivers, aides, etc.) who work with or near individuals or other staff members with an ISP should have access, training, and equipment, and supplies necessary to enact ISPs.
- It is recommended that ISPs are carried by or located near individuals or staff members with an ISP, and are accessible electronically via an emergency application.
- Any supplies or equipment required for the ISP should be readily available, in an emergency kit or "Go-Kit," and/or carried by the individual as deemed appropriate. (See Appendix E: Individual Go-Kit Checklist)

Adults in charge.

- Individuals with access and functional needs should have an identified adult trained and equipped to implement the plan in an emergency. In addition, the plan should designate secondary adults in the event that the primary adult is absent or otherwise unable to act.
- Substitute personnel placed in charge of an individual with an ISP (e.g. teachers, aides, or paraprofessionals) must be familiarized with and prepared to implement the ISP.
- Students and children must not be placed in charge or have responsibility for their peers or other adults with special needs.
- Through group practice and education, students and children will naturally learn
 to work cooperatively and help one another during emergency drills and exercises.
 However, it is not safe or appropriate to assign students and children adult
 responsibilities as this can lead to unintended physical and/or psychological harm if a
 child/student "helper" or "buddy" is unable to successfully assist a peer or adult during
 a drill or actual emergency.

Equal opportunity and equal access = safety for all.

- Individuals with access and functional needs must have the same opportunities to access and benefit from emergency programs, services, and activities as people without disabilities.
- Modification to rules, policies, practices, and procedures may be required to provide equal access to emergency programs and services for individuals with access and functional needs.
- Neither individuals with access and functional needs nor their families may be charged to cover the costs of measures necessary to ensure equal access and nondiscrimination.



THE INCLUSIVE SAFETY PLANNING PROCESS

Step 1: Gather Your Team



Inclusive school safety planning requires all hands on deck. In other words, it takes a team. In order to include a variety of diverse perspectives and expertise, planning teams should represent multiple disciplines and perspectives from within the community, such as educators, school resource officers, nurses, public safety, mental health providers, parents, custodians, and disability advocates.

Safe and Sound Schools created the TEAMS Framework for Inclusive Safety Planning to help safety planning teams consider and plan for the safety of all community members. Using the TEAMS Framework, safety planning teams can organize and prepare for the needs of regular community members such as students, campers, and staff, as well as itinerant and visiting community members, such as volunteers, parents, delivery personnel, substitutes, and guests.

TEAMS identifies five key categories of consideration in planning and preparing for the needs of individuals with access and functional needs: T-Transportation & Mobility, E-Emotional, Mental & Behavioral Health, A-Auxiliary Communication, M-Medical Health, and S-Security & Supervision. The framework also provides definitions and examples of need to help safety planning teams gather and get started, and build a team to successfully plan and prepare with inclusivity in mind.

TEAMS FRAMEWORK FOR INCLUSIVE SAFETY PLANNING

Support Category	Definition	Examples of Need
Transportation & Mobility	Accommodations necessary to support an individual's movement to safety, alternative location, or protective position during and after a crisis.	Individuals in wheelchairs (manual and electric), with crutches, requiring lift and/or stair equipment, medically fragile individuals, pregnant individuals, etc.
Emotional, Mental & Behavioral Health	Accommodations, personnel, procedures, services, or specialized preparation required to ensure an individual's emotional well-being and/or behavioral health during a crisis.	Individuals with ADHD, sensory disorders, anxiety, emotional challenges, trauma history, PTSD, cognitive or intellectual impairment, etc.
A Auxiliary Communication	Accommodations, personnel, equipment, and or specialized training required to assist an individual to receive, understand, and relay information during a crisis.	Individuals with speech or cognitive disabilities and impairments, visual impairment/blindness, deaf/hard of hearing, etc., individuals who speak a language other than English.
M Medical Health	Medicine, medical care, specialized training, equipment, or medical protocols required to ensure an individual's safety during a crisis.	Individuals with medical conditions such as asthma, allergies, diabetes, medical fragility, seizure disorders, traumatic brain injury, physical injury or impairment, etc.
Security & Supervision	Additional equipment, training, protocols, and personnel required to maintain accountability and security of an individual during and after a crisis.	Individuals for whom traditional lockdown presents a physical, sensory, or emotional challenge, those who cannot remain quiet or stationary, individuals who are known to elope (run away) or initiate self-evacuation in a crisis, etc.

Step 2: Identify Special Needs of Individuals Within Your Community



As multi-disciplinary safety planning teams continually gather to develop, revise, improve their safety plans, and consider individuals who have access and functional needs during a crisis, the first—and most important step in the process—is to identify individuals who may have access and functional needs within the community.

Some support needs may be easier to identify than others. Special Education or English Language Learning (ESOL/ELL/ESL, etc.) programs are an excellent place to begin accounting for access and functional needs in your community. However, it is critically important to look beyond these programs to identify other safety support needs that may exist within the community and reach out to community members who can identify additional needs.



To facilitate this process, set a schedule to regularly survey parents and staff members, with extra attention given to special educators, counselors, psychologists, social workers, and nurses to help identify students, children, staff, volunteers, and families who may have additional support needs (See Appendix A: Inclusive Safety Planning Survey, and pictured below).

This survey can be completed collaboratively (such as by grade level/related arts teams, special education teams, and/or health/mental health service providers) or individual staff members. Once the survey has been completed, individuals or parents of individuals will need to be contacted to initiate the Inclusive Planning Process. It is recommended that this process be coordinated and supervised by a designated person or group, such as the director of safety, school psychologist, or the school/facility's safety planning team.

INCLUSIVE SAFETY PLANNING SURVEY

APPENDIX A

Using the TEAMS Framework for Inclusive Safety Planning, list individuals who may require an Individualized Safety Plan (ISP). This form can be completed collaboratively (such as by grade level/related arts teams, special education teams, or health service providers).

Support Category	Individuals who may benefit from an Individualized Safety Plan	Person(s) Responsible for Coordinating
	1. Angelo Rivera	1. Shawn Jackson
	2. Monica Mejia	2. Shawn Jackson
Transportation	3. Bryan Williams	3. Shawn Jackson
& Mobility	4.	4.
A	1. Landon Blake	1. Sydney Supulveda
	2. Brandon Clark	2. Sydney Supulveda
Emotional, Mental	3.	3.
& Behavioral Health	4.	4.
	1. Lily Ann Potts	1. Katherine Sullivan
Α	2. Marissa Agustin	2. Katherine Sullivan
Auxiliary	3.	3.
communication	4.	4.
	1. Emilia Gray	1. Heather Olson
M	2. Jessica Halcomb	2. Healther Olson
Medical	3.	3.
Health	4.	4.
	1. Charlie Thompson	1. Daniel O'Brien
S	2. Miguel Gomez	2. Daniel O'Brien
Security &	3. Monique Harvey	3. Daniel O'Brien
Supervision	4.	4.

Step 3: Build Individual Teams



With individual safety planning, it takes a specialized team of people who know and work with the individual to ensure the best plan, an Individual Safety Planning Team. These include parents, bus drivers, aides, paraprofessionals, teachers, nurses, counselors, emergency response providers, and any additional support staff who work with the individual. It is important to establish a team lead and core working members, in addition to other members who may advise or assist the group with specific challenges and solutions. Once the individual safety planning team is assembled, they review and discuss the TEAMS framework as it pertains to the individual's needs. Ensure that specialized duties and assigned roles are reflected in the Individual Safety Plan.



Step 4: Create an Individual Safety Plan



The Individual Safety Planning Team can use the Individual Safety Plan template pictured below (See Appendix B: Individual Safety Plan template) to document required safety accommodations and develop an action plan for completion. We offer this template as a means of organizing the planning process and ensuring accountability. As always, it is important to consider the specific local requirements and site-based resources available to meet individual needs.

Through the collaborative planning process, specific needs and required accommodations for the individual can be identified and planned for. While each individual will have unique support needs, the chart on the following page provides a general guide for Individual Safety Planning Teams developing ISPs. Although the list of accommodations is not exhaustive, it is intended to generate discussion, ideas, and problem-solving among Individual Safety Planning Team.

INDIVIDUAL SAFET	YPLAN		APPI	ENDIX B	
Today's Date: <u>September 22</u>	., 2021 E	Date of Next Revie	N: January 19,	2022	
Individual: Anthony M. Esper	anza	X Student/Child	☐ Staff	☐ Other	
Planning Team Members					
Freddy Thompson, Principal		Michael Gientry	Counselor		
Angela Ferrara, Teacher		Phillis Brooks, N	urse		
<u>Juanita Esperanza, Parent</u>		Tony Esperanza,	Parent		
	Individual In	nformation			
Individualized Education Pla	n: 🛛 Yes 🗌 N	No 504	Plan: 🗌 Yes	▼ No	
Illulvidualized Education Pla					
	English: Yes	□No			
Primary language other than	n English: 🗌 Yes	□ No			
Primary language other than If yes, please indicate: N/A					
Primary language other than If yes, please indicate: N/A Identified educational disab	lities or specialize	ed needs:	ocial/personal sk	cills.	
Primary language other than If yes, please indicate: N/A Identified educational disab Disabilities affect his comm	lities or specialize	ed needs:			
Primary language other than If yes, please indicate: N/A Identified educational disab	lities or specialize mication and langua lls and self-help s	ed needs: age development, sa kills. Requires can	eful supervision	when	
Primary language other than If yes, please indicate: N/A Identified educational disab Disabilities affect his commo	lities or specialize mication and langua lls and self-help s	ed needs: age development, sa kills. Requires can	eful supervision	when	
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INDIVIDUAL SAFETY ACCOMMODATIONS AND SUPPORTS

Support Category	Examples of Accommodation–may include, but are not limited to:
Transportation & Mobility	 Procurement of relevant adaptive equipment and/or vehicles to facilitate safe transport (wheelchairs, sleds, stair chairs, etc.) Staff training with adaptive equipment Training and introduction opportunities for emergency responders and individuals Additional practice opportunities for individual, assigned support staff, and emergency responders
Emotional, Mental & Behavioral Health	 Prior preparation, instruction, and practice opportunities for required emergency procedures and activities (See companion Especially Safe Teaching & Training Guide) Identification and practice of calming/regulation strategies Designated quiet spaces or separate locations for individual during emergency procedures such as lockdown, reunification, etc. Cueing mechanisms, tools, or strategies to facilitate appropriate response/ reduce stress when practicing/enacting emergency procedures Comfort items (such as books, headphones, fidgets, quiet toys, etc.) Staff training to support individual before, during, and after emergency practice and crisis situations
Auxiliary Communication	 Translation of emergency information via digital, auditory, pictorial, or braille signage. Use of lighted or vibrating alert systems Augmentative communication device/technology Signage and directions provided in individual's first language Translators for individual and family members Staff training in alternate/augmentative communication
M Medical Health	 Personal Go-Kit located on or near individual Staff training for administration of medication, first aid, care, and monitoring of individual's medical condition Staff training with required medical equipment or protocols for individual Toileting accommodations/accessible restrooms
Security & Supervision	 Designation of multiple, specific, securable locations for lockdown (lockable from the inside with ADA/fire code compliant hardware) and shelter-in-place Door open alarms, location monitoring devices for individuals who may elope/wander Training for designated staff/personnel assigned to individuals at risk of elopement/wandering or with difficulty enacting lockdown Use of service animals to deter and detect wandering Designated quiet spaces or separate locations for individual during emergency procedures such as lockdown, reunification, etc. Additional practice opportunities for individual and assigned staff

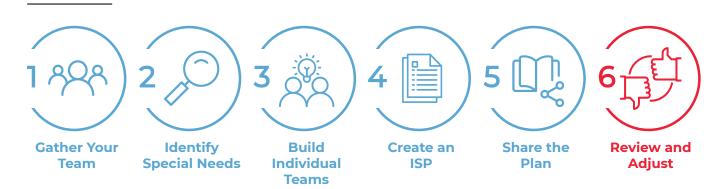
Step 5: Share the Plan



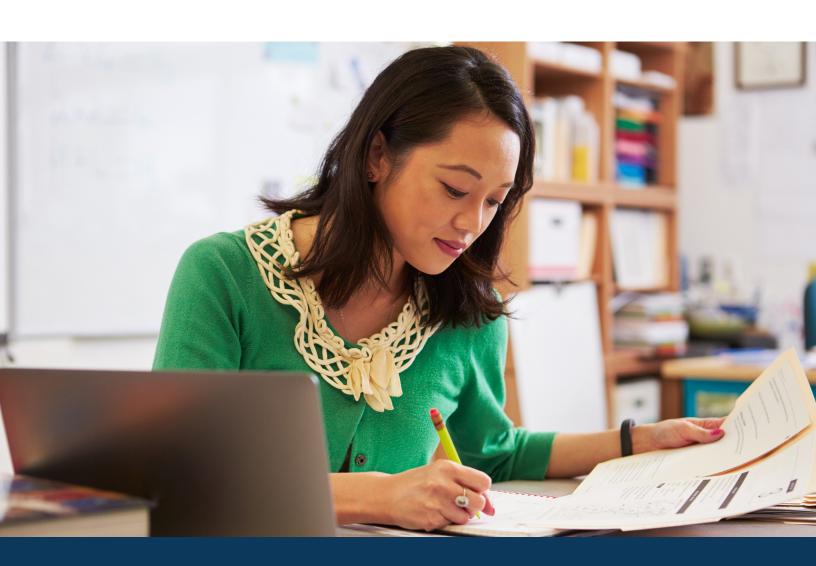
Once the plan is developed, it is critically important that it be shared with all staff who work with the individual, or who may interact with the individual during a crisis. This includes parents, staff, substitutes, mental health and emergency response personnel, as well as others identified in the planning process. Additionally, it will be necessary to consider changes in staff, substitutes, or emergency response agencies. Minimally, an annual "check-in" is recommended with all assigned staff and emergency response personnel and/or agencies, to ensure continuity of the ISP. In order to ensure this process, it is critically important to review <u>FERPA</u> with personnel and reassure staff members and safety professionals that sharing the ISP among relevant stakeholders is allowable under the law.



Step 6: Review and Adjust the Plan



Set a schedule for annual reviews of all Individual Safety Plans. For those receiving special education services, this can be done at the IEP/504 annual review meeting. A review must also be done as new information is learned, an individual's needs change, or when a student transitions to a new school. The Individual Safety Plan is a living document and is only effective if it is used and referred to by the Individual Safety Planning Team.



HAZARD / PROTOCOL SPECIFIC PLANNING

In addition to the development of a general Individual Safety Plan, teams may determine the need for threat/hazard specific plans for individuals. For example, in the case of an individual with multiple and complex needs, planning and preparing according to each specific emergency scenario may be necessary (See Appendix C: Individual Safety Planning-Hazard/Protocol Specific). Developing specific plans according to required emergency protocols can be helpful in planning, teaching and training activities for individuals and groups of individuals with special needs during crisis (See the companion Teaching and Training Guide.

INDIVIDUAL EMERGENCY GO-KITS

Planning teams may elect to assemble individual emergency 'Go-Kits' or portable kits for individuals who require specific equipment, communication devices/materials, comfort items, medication, etc. during a crisis. Such kits should serve all-hazard scenarios, and be portable, easily located, kept with/near the individual, and regularly restocked as items may expire or require updating (See Appendix D: Individual Go-Kit Checklist).





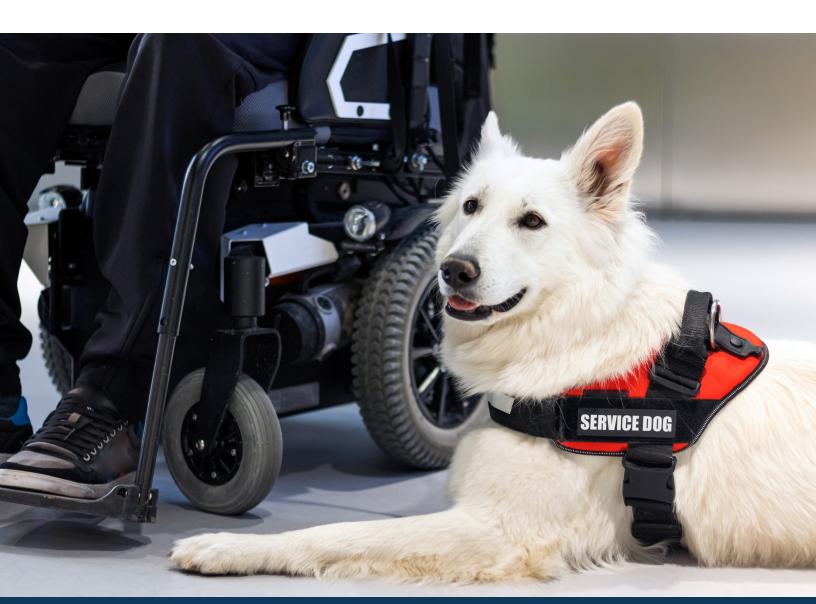
ESSENTIAL QUESTIONS FOR INCLUSIVE PLANNING & PREPARATION

Before good answers, come good questions. The following question lists are organized according to the TEAMS Framework and are designed to provoke thoughtful planning and consideration, as well as uncover additional needs.

While these questions are not exhaustive and cannot represent the unique needs of all individuals in your educational setting, we encourage planning teams to consider them as a starting point for continual problem solving and improvement in the inclusive safety planning process (See Appendix E for checklist versions of the Essential Questions). We invite the input of additional questions and considerations to benefit other planning teams and individuals with access and functional needs (See Invitation to Contribute section of this guide to share feedback and additional contributions to Especially Safe).

General Considerations

- 1. Have emergency service personnel been included in planning and familiarized with access and functional needs within the community?
- 2. Have emergency service personnel assessed the building and campus for accessibility?
- 3. Do the plans 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?
- 4. Do emergency plans consider service animals that may accompany an individual with special needs?
- 5. Have plans been practiced with the staff and individuals? Emergency response providers? Volunteers?
- 6. What if a crisis happens during lunch or recess? Arrival or Dismissal? Passing times? Off-campus/on a field trip? How will the individual get to safety?





Transportation and Mobility

- 1. Have the building(s), campus, and any designated evacuation locations been assessed for accessibility by emergency response providers (i.e. fire, police, emergency medical services) with specific individuals and ISPs in mind?
- 2. Are identified primary and secondary locations accessible to individuals with a mobility disability?
- 3. Have individuals with mobility disabilities (including temporary disabilities such as a broken bone) and physical conditions that may impact mobility (such as pregnancy, asthma. etc.) been identified?
- 4. What accommodations will be needed for individuals with a mobility disability, using a wheelchair, a walker, crutches, etc., to enter and exit the building, access other areas in the facility and on campus?
- 5. Are there any obstacles or trip hazards that make entering or exiting the building difficult?
- 6. Are appropriate way-finding aids or guides installed to assist individuals with visual and/or auditory impairments in evacuating or moving to a safe location?
- 7. What training and equipment is required to assist individuals with mobility or physical disability to a safe location? Does debris or other obstructions block the path to safety?
- 8. Do areas of refuge and lockdown locations allow room for individuals in wheelchairs? Service animals? With Aides?
- 9. What redundancy (back-up) measures are in place to ensure the security of individuals who may not be able to quickly move to a safe position during crisis?
- 10. What transportation accommodations are needed to safely move individuals from one site to another? Or one location in the building to another?

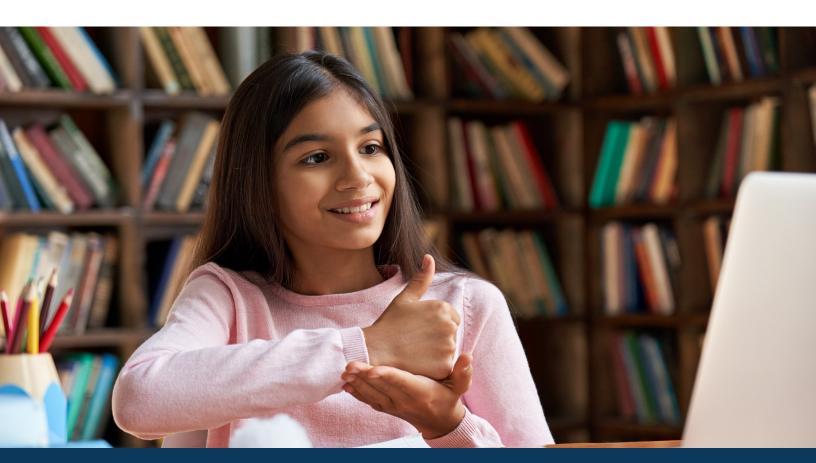
Emotional, Mental, and Behavioral Health

- Do emergency plans consider the need for separate, quiet spaces for individuals experiencing difficulty, anxiety, or sensory overload?
- 2. Are students, children, and staff who have reactions to certain sensory stimuli (i.e., noise, external confusion, uncomfortable proximity to others) accounted for in crisis plans?
- 3. What measures are in place to protect those who react to sensory stimuli during an emergency?
- 4. What types of support items and/or technology are required to comfort individuals with emotional and/or sensory challenges (e.g. comfort items, fidgets, headphones, etc.) during a crisis?
- 5. Does the individual need emotional or behavioral supports during a crisis? Who will provide this support?
- 6. Has preparation for individuals who may have adverse reactions to police/emergency responders taken place? Do plans include supports to enable positive interactions with police/responders during a crisis?
- 7. What plans and measures are in place to help individuals remain as quiet and calm as possible during a crisis? If it is not possible for individuals to remain quiet during a lockdown procedure, do emergency plans provide for a secure or separate location for students/children and staff?
- 8. Does the individual need additional supports to comprehend and perform the necessary actions for each emergency protocol? Who will provide this support? What materials might be required to prompt or cue the individual to perform necessary actions?
- 9. Have individuals with trauma histories, experience, and/or PTSD been identified? What types of preparation are required to support these individuals during and after a crisis?
- 10. Have staff members been assigned and trained to support individuals with sensory, emotional, and behavioral challenges during crisis?



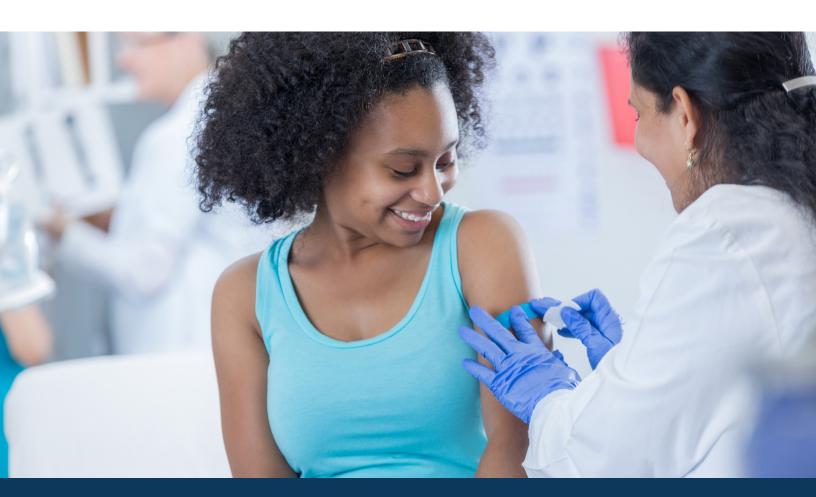
Auxiliary Communication

- 1. What measures will be implemented to ensure communication with all students/children and staff?
- 2. Are there students, staff, and members of the community (including parents and volunteers) who communicate other than verbally?
- 3. Are there individuals who speak a language other than English and will require a translator? Pictorial instructions?
- 4. Does your school/campus have personnel trained in sign language? How many? Is it enough for the size of your school/campus? What types of redundancy plans have been developed?
- 5. Are there staff members who speak other languages, including sign language, who could be utilized to provide translation services to English Language Learners?
- 6. Are there any technological devices required to alert or assist the deaf or hard of hearing in communicating during an emergency (e.g. visual alarms, notification devices, signage)?
- 7. What communication supports, equipment, or assistive technology are required to support individuals with communication and/or cognition support needs?
- 8. Have relevant communication support materials, equipment and training been provided to staff who work with individuals?



Medical

- 1. Are required medications readily available and accessible to responsible staff, or individual if appropriate, during shelter in place or evacuation scenarios?
- 2. Is there a plan to ensure an adequate supply of critical medication? Does the plan include secondary supply locations?
- 3. If there are medications that have temperature requirements, is there a way to transport those medications to maintain the proper temperature? What equipment is needed to transport medications (lock box, rolling cooler, etc.)
- 4. Do primary and secondary off-site or on-campus locations have refrigeration and adequate power supply (battery, generator, etc.) in the case of a power outage to regulate medication temperatures and power medical devices?
- 5. Who is trained and authorized to administer medication for the individual? Are there others who have been or should be cross-trained if the primary person responsible is unavailable?
- 6. Who is trained to administer first aid and CPR?
- 7. Do the plans 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?
- 8. Have relevant medical equipment, materials and training been provided to aides and all other educators who work with the individual?



Security and Supervision

- Have individuals at risk for elopement/ running away been considered as part of the emergency plans?
- 2. Are there plans in place for individuals who may elect to self-evacuate? Has a pre-designated gathering location been identified and shared with the Individual Safety Planning Team?
- 3. What plans and measures are in place to help individuals remain as quiet and calm as possible during a crisis?
- 4. If it is not possible for individuals to remain quiet during a lockdown procedure, do emergency plans provide for a secure location for students/children and staff?
- 5. Have staff members been assigned and trained to support individuals with sensory, emotional, cognitive and/or behavioral challenges during crisis?
- 6. What types of support items and/or technology are required to comfort, calm, and help quiet individuals with sensory, cognitive, and/or behavioral challenges (e.g. comfort items, fidgets, headphones, etc.) during a crisis?
- 7. What redundancy (back-up) measures are in place to ensure the security of individuals who may not be able to quickly move to a safe position during crisis?
- 8. What accommodations or additional supports are needed to help ensure a room can be secured if a person has mobility or accessibility challenges (e.g. safe room, training to barricade a locked door using environmental resources, furniture, etc.)? See Classroom Door Security & Locking Hardware in Resource Toolbox.



Additional Considerations for Inclusive Planning

In addition to planning for the access and functional needs within the school/campus community, it is important to consider additional safety and support needs related to specific groups of people. Some of these needs include, but are not limited to:

- Refugees and newly immigrated individuals
- Persons of color/with adverse experience or negative relationships with police/ responders
- Gender diverse/transgender individuals
- Religious & culturally diverse individuals/groups

In planning and preparing to support individuals and groups with additional safety support needs, communication and outreach are essential to ensure that staff and emergency responders are aware of any accommodations necessary to successfully support the needs of individuals and groups whose cultures, beliefs, and experiences may affect their response to and recovery from crisis.



ESPECIALLY SAFE RESOURCE TOOLBOX

HELPFUL TRAINING RESOURCES

Kindergarten through 12th Grade (K-12) and Higher Education (Higher Ed) —

- IS-368: Including People With Disabilities & Others With Access and Functional Needs in Disaster Operations Online Course. The purpose of this course is to increase awareness and understanding of the need for full inclusion of disaster survivors and FEMA staff who are people with disabilities, and people with access and functional needs. (FEMA Emergency Management Institute)
- IS-505: Religious and Cultural Literacy and Competency in Disaster Online Course.

 The course provides emergency management professionals as well as, faith and community leaders active in disaster with the religious literacy and competency tools needed to learn how to effectively engage religious and cultural groups and their leaders throughout the disaster lifecycle. (FEMA Emergency Management Institute)
- Addressing Access and Functional Needs in School and IHE Emergency Operations
 Plans. This PDF is a webinar resource list consisting of hyperlinks to on-line training
 opportunities addressing access and functional needs.
- Integrating the Needs of Students and Staff with Disabilities and Other Access and Functional Needs Training Package. The training outlines several approaches for integrating the needs of students and staff with disabilities and other access and functional needs into each step of the emergency operation planning process. (REMS TA Center)

Higher Ed Only -

• Emergency Planner Disability Trainings and Resources. The Ohio Disability and Health Program has produced a one-hour training for first responders and emergency planners on inclusive disaster planning for people with disabilities (The Ohio State University).

ADDITIONAL RESOURCES

Everyday Living – K-12 and Higher Ed -

- ADA Standards: Accessible Routes, U.S. Access Board
- <u>Disability Resources</u>, U.S. Department of Labor
- Effective Communications for People with Disabilities: Before, During, and After Emergencies, National Council on Disability
- Office of Disability Integration and Coordination, Federal Emergency Management Agency
- People With Disabilities, National Fire Protection Association

K-12 Only

Helping Children With Disabilities Cope With Disaster and Traumatic Events, U.S.
 Centers for Disease Control and Prevention

Planning and Preparation for Emergencies – K-12 and Higher Ed

- Access and Functional Needs Fact Sheet, U.S. Department of Education's Readiness and Emergency Management for Schools Technical Assistance Center (REMS TA)
- Aiding Individuals With Service Animals During an Emergency, U.S. Department of Labor
- Addressing Access and Functional Needs (AFN) in School and Higher Education
 Emergency Operations Plans (EOPS), REMS TA Center free online training
- Classroom Security Considerations, iDig Hardware
- Emergency Alerts for People With Disabilities, National Center for Accessible Media
- Earthquake Preparedness Guide for People With Disabilities and Others With Access and Functional Needs, Earthquake Country Alliance
- Effective Emergency Management: Making Improvements for Communities and People With Disabilities, National Council on Disability
- Effective Emergency Preparedness Planning: Addressing the Needs of Employees With Disabilities, U.S. Department of Labor
- Emergency Evacuation Planning Guide for People With Disabilities, National Fire Protection Association
- Emergency Management Research and People With Disabilities: A Resource Guide, U.S. Department of Education
- Emergency Planning for People With Access and Functional Needs, New York City Citizen Corps
- Guidelines for School Security, Partner Alliance for Safer Schools

- Opening the Door to School Safety, Door Security & Safety Foundation
- Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups, U.S. Centers for Disease Control and Prevention
- Preparing the Workplace for Everyone: Accounting for the Needs of People with Disabilities, Interagency Coordinating Council on Emergency Preparedness and Individuals With Disabilities
- <u>Public Service Announcements for Disasters</u>, U.S. Centers for Disease Control and Prevention
- Supporting Students with Disabilities During School Crises, A Teacher's Guide, Clarke, L., Embury, D., Jones, R. & Yssel, N.
- <u>Tips for Evacuating Vulnerable Populations</u>, Florida Division of Emergency Management
- Training, Drilling, and Exercising Toolkit, Texas School Safety Center

K-12 Only —

- Access and Functional Needs Community of Practice Forum, REMS TA Center. Login or register here: https://rems.ed.gov/COP/REMSCOPforum/topics.aspx?ForumID=101.
- Best Practice Guidance for Armed Assailant Drills in Schools, National Association of School Resource Officers, Safe and Sound Schools & National Association of School Resource Officers
- Children in Disasters Guidance, U.S. Department of Homeland Security
- **Emergency Management in Nontraditional School Settings**, REMS TA Center
- Integrating Students With Special Needs and Disabilities Into Emergency Response and Crisis Management Planning, REMS TA Center
- Personal Emergency Evacuation Planning Tool for School Students With Disabilities, National Fire Protection Association
- Principles for Creating a High-Quality School Emergency Operations Plan, REMS TA Center
- School Safety Drills and Exercises for Students with Autism Spectrum Disorder (ASD): Tips and Resources for Educators. National Association of School Psychologists
- School Crisis Prevention and Intervention, The PREPaRE Model, 2nd Edition, (pp. 129-135) National Association of School Psychologists

Higher Ed Only -

- Emergency Planner Disability Trainings and Resources, The Ohio State University
- <u>Principles for Creating a High-Quality Higher Ed Emergency Operations Plan</u>, REMS TA Center

RESOURCES FOR SPECIFIC AUDIENCES

Disabilities ——

 Protection and Advocacy for People With Disabilities, National Disability Rights Network

- Emergency Warnings for People With Hearing Loss, National Weather Service
- American Sign Language Course on Emergency Management and Deaf or Hard of Hearing Populations: Rochester Institute of Technology, REMS TA Center

Medical Health Needs _____

- Asthma in Schools, U.S. Centers for Disease Control and Prevention
- <u>Emergency Information Form for Children With Special Needs</u>, American College of Emergency Physicians and American Academy of Pediatrics
- Sample Emergency Information Form for Children With Special Needs, American College of Emergency Physicians and American Academy of Pediatrics
- Epilepsy in Schools, U.S. Centers for Disease Control and Prevention
- Food Allergies in Schools, U.S. Centers for Disease Control and Prevention

- <u>Limited English Proficiency Emergency Preparedness Resources</u>, U.S. Department of Justice
- Promoting Emergency Preparedness Among Non-English Speaking Students,
 REMS TA Center

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INVITATION TO CONTRIBUTE

Whether in school, at summer camp, in religious education, or at work, Safe and Sound Schools is committed to ensuring that every child and every community member is safe to learn and grow in their educational setting. This is a mission that requires all hands, hearts, and minds. We invite you to share your experiences, professional and personal knowledge, additional ideas, and feedback to serve this mission with us; and we invite you to share this guide and its companion, The Teaching & Training Guide with your peers and community members.

Please email <u>info@safeandsoundschools.org</u> to share your contributions, help us continually improve this body of work, and ensure that every member of our learning communities is safe and sound.

APPENDIX

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INCLUSIVE SAFETY PLANNING SURVEY

Using the TEAMS Framework for Inclusive Safety Planning, list individuals who may require an Individualized Safety Plan (ISP). This form can be completed collaboratively (such as by grade level/related arts teams, special education teams, or health service providers).

Support Category	Individuals who may benefit from an Individualized Safety Plan	Person(s) Responsible for Coordinating
Transportation & Mobility	1. 2. 3. 4.	1. 2. 3. 4.
Emotional, Mental & Behavioral Health	1. 2. 3. 4.	1. 2. 3. 4.
Auxiliary Communication	1. 2. 3. 4.	1. 2. 3. 4.
M Medical Health	1. 2. 3. 4.	1. 2. 3. 4.
Security & Supervision	1. 2. 3. 4.	1. 2. 3. 4.

INDIVIDUAL SAFETY PLAN

APPENDIX B

loday's Date:	Date of Nex	Date of Next Review:		
Individual:	Studen	nt/Child	☐ Other	
Planning Team Members				
	Individual Information	1		
Individualized Education Plan	n: 🗌 Yes 📗 No	504 Plan: 🗌 Yes	☐ No	
Primary language other than	English: Yes No			
If yes, please indicate:				
Identified educational disabi	lities or specialized needs:			
	The state of the s			
Identified medical disabilities	s, conditions, impairments, o	or injuries:		
Which amorganous protoco		naidavatian fav varu	. ICD2	
Check all that apply:	ols and hazards require co	nsideration for your	150?	
☐ Earthquake	☐ Evacuation/Return to Building	☐ Reunificatio		
☐ Fire ☐ Severe Wind & Weather	☐ Lockdown	☐ Other:		
☐ Elopement (Wandering)	□ Tsunami	Other:		
☐ Shelter-In-Place	☐ Wildfire	Other:		

Use the TEAMS planning framework to identify and arrange for necessary supports.

Support Category	Equipment, Technology and/or Material Supports	Personnel, Service Animal, Peer Support	Training
G			
Transportation & Mobility			
E			
Emotional, Mental & Behavioral Health			
A			
Auxiliary Communication			
M			
Medical Health			
Security & Supervision			
·			

Action Plan

Support Category	Action Items	Person(s) Responsible
Transportation & Mobility	1. 2. 3. 4.	1. 2. 3. 4.
Emotional, Mental & Behavioral Health	1. 2. 3. 4.	1. 2. 3. 4.
Auxiliary Communication	1. 2. 3. 4.	1. 2. 3. 4.
M Medical Health	1. 2. 3. 4.	1. 2. 3. 4.
Security & Supervision	1. 2. 3. 4.	1. 2. 3. 4.

APPENDIX B

This plan was reviewed by:		
Relation to individual		

INDIVIDUAL SAFETY PLAN: HAZARD/PROTOCOL SPECIFIC

APPENDIX C

*Use the TEAMS Planning Chart to identify required supports for specific emergency protocols (i.e. Lockdown, Fire, Tornado, etc.)

Individual plan for (select one)				
 □ Earthquake □ Fire □ Severe Wind & Weather □ Elopement (Wandering) □ Shelter-In-Place Individual's Name: 	☐ Evacuat Building ☐ Lockdov ☐ Tsunam ☐ Wildfire	vn i	□ To □ Of	eunification ornado ther: ther: ther:
Category and/o	nt, Technology or Material pports	Personnel, Sei Animal, Peer Su		Training
Transportation & Mobility				
Emotional, Mental & Behavioral				
Auxiliary Communication				

INDIVIDUAL SAFETY PLAN: HAZARD/PROTOCOL SPECIFIC

APPENDIX C

M			
Medical Health			
S			
Security & Supervision			
	ow to summarize the ste expectations of individua		
protocol. Check of	nedical, and material sup f items that have been o	obtained and list where t	
Item		Location	
<pre></pre>			
П			

INDIVIDUAL SAFETY PLAN: HAZARD/PROTOCOL SPECIFIC

APPENDIX C

List responsible and back up staff required to	support the individual.
This plan was	reviewed by:
Name	Relation to individual

Today's Date:	Date of Next Review:
Health and Hygiene Items	Additional Items
Items such as: Hand wipes Basic first aid kit Personal wipes/toilet needs Gloves/plastic bags Allergy safe snacks Medication Food & water for 24 hours Clothing change – if possible	
Comfort Items	Additional Items
Items such as: ☐ Fidgets ☐ Straws ☐ Sensory balls/putty/chews ☐ Earplugs/headphones ☐ Weighted vest/blanket	
Equipment and Devices Items	Additional Items
Items such as: Additional batteries for devices/equipm Device charger(s) Headphones/earphones for music Device/Board for communication Seat belt/vest – adapters for transportation Special feeding/drinking equipment Transfer Belt Other special medical equipment	
Seasonal/Outdoor Items	Additional Items
Items such as: ☐ Winter blankets ☐ Hats/Gloves ☐ Sunscreen ☐ Rain poncho ☐ Umbrella	

Emergency Contacts Relation to Individual: _____ Number: Notes: ____ Name: _____ Relation to Individual: _____ Number: ____ Name: Relation to Individual: _____ Number: ____ Notes: Name: Relation to Individual: _____ Number: ____ Notes:

General Considerations

	Have emergency service personnel been included in planning and familiarized with access and functional needs within the community?
	Have emergency service personnel assessed the building and campus for accessibility?
	Do the plans 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?
	Do emergency plans consider service animals that may accompany an individual with special needs?
	Have plans been practiced with the staff and individuals? Emergency response providers? Volunteers?
	What if a crisis happens during lunch or recess? Arrival or Dismissal? Passing times? How will the individual get to safety?
No	otes:

Transportation and Mobility

	Have the building(s), campus, and any designated evacuation locations been assessed for accessibility by emergency response providers (i.e. fire, police, emergency medical services) with specific individuals and ISPs in mind?
	Are identified primary and secondary locations accessible to individuals with a mobility disability?
	Have individuals with mobility disabilities (including temporary disabilities such as a broken bone) and physical conditions that may impact mobility (such as pregnancy, asthma, etc.) been identified?
	What accommodations will be needed for individuals with a mobility disability, using a wheelchair, a walker, or crutches, etc., to enter and exit the building, access other areas in the facility and on campus?
	Are there any obstacles or trip hazards that make entering or exiting the building difficult?
	Are appropriate way-finding aids or guides installed to assist individuals with visual and/or auditory impairments in evacuating or moving to a safe location?
	What training and equipment is required to assist individuals with mobility or physical disability to a safe location? If debris or other obstructions block the path to safety?
	Do areas of refuge and lockdown locations allow room for individuals in wheelchairs? Service animals? With aides?
	What redundancy (back-up) measures are in place to ensure the security of individuals who may not be able to quickly move to a safe position during crisis?
	What transportation accommodations are needed to safely move individuals from one site to another? Or one location in the building to another?
No	otes:

Emotional and Behavioral Health

	Do emergency plans consider the need for separate, quiet spaces for individuals experiencing difficulty, anxiety, or sensory overload?
	Are students, children, and staff who have reactions to certain sensory stimuli (i.e., noise, external confusion, uncomfortable proximity to others) accounted for in crisis plans?
	What measures are in place to protect those who react to sensory stimuli during an emergency?
	What types of support items and/or technology are required to comfort individuals with emotional and/or sensory challenges (e.g. comfort items, fidgets, headphones, etc.) during a crisis?
	Does the individual need emotional or behavioral supports during a crisis? Who will provide this support?
	Has preparation for individuals who may have adverse reactions to police/emergency responders taken place? Do plans include supports to enable positive interactions with police/responders during crisis?
	What plans and measures are in place to help individuals remain as quiet and calm as possible during a crisis? If it is not possible for individuals to remain quiet during a lockdown procedure, do emergency plans provide for a secure or separate location for students/children and staff?
	Does the individual need additional supports to comprehend and perform the necessary actions for each emergency protocol? Who will provide this support? What materials might be required to prompt or cue the individual to perform necessary actions?
	Have individuals with trauma histories, experience and/or PTSD been identified? What types of preparation are required to support these individuals during and after a crisis?
	Have staff members been assigned and trained to support individuals with sensory, emotional, and behavioral challenges during crisis?
No	otes:

Auxiliary Communication

	What measures will be implemented to ensure communication with all students/children and staff?
	Have you identified students, staff, and members of the community (including parents or volunteers) who communicate other than verbally?
	Are there individuals who speak a language other than English and will require a translator? Pictorial instructions?
	Does your school/campus have personnel trained in sign language? How many? Is it enough for the size of your school/campus? What types of redundancy plans have been developed?
	Are there staff members who speak other languages, including sign language, that could be utilized to provide translation services to English Language Learners?
	Are there any technological devices required to alert or assist the deaf or hard of hearing in communicating during an emergency (e.g. visual alarms, notification devices, signage)? What redundancy measures are in place to ensure that an alert is received?
	What communication supports, equipment, or assistive technology are required to support individuals with communication and/or cognition support needs?
	Have relevant communication support materials, equipment and training been provided to staff who work with individuals?
Notes:	
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ESSENTIAL QUESTIONS FOR INCLUSIVE PLANNING & PREPARATION

APPENDIX E

Mental Health

	Is the medication individuals may require always with them, staff, or in the health office or administration office?	
	Is there a plan to ensure an adequate supply of critical medication? Does the plan include secondary supply locations?	
	If there are medications that have temperature requirements, is there a way to transport those medications to maintain the proper temperature? What equipment is needed to transport medications (lock box, rolling cooler, etc)?	
	Do primary and secondary off-site or on-campus locations have refrigeration and adequate power supply (solar, generator, etc.) in the case of a power outage to control climate for medically fragile individuals? To regulate medication temperatures and power medical devices and equipment (wheelchairs, suctioning equipment, nebulizers, oxygen, etc.)?	
	Who is trained and authorized to administer medication for the individual? Are there others who have been or should be cross-trained if the primary person responsible is unavailable?	
	Who is trained to administer first aid and CPR?	
	Do the plans 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?	
	Have relevant medical equipment, materials and training been provided to aides and all other educators who work with the individual?	
Notes:		

Security and Supervision

	Have individuals at risk of elopement/running away/hiding been considered as part of the emergency plans?
	Are plans in place for individuals who may elect to self-evacuate? Has a predesignated gathering location been identified and shared with individuals, their parents, and their Individual Safety Planning Team?
	What plans and measures are in place to help individuals remain as quiet and calm as possible during a crisis?
	If it is not possible for individuals to remain quiet during a lockdown procedure, do emergency plans provide for a secure location for students/children and staff?
	Have staff members been assigned and trained to support individuals with sensory, emotional, cognitive and/or behavioral challenges during crisis?
	What types of support items and/or technology are required to comfort, calm, and help quiet individuals with sensory, cognitive, and/or behavioral challenges (e.g. comfort items, fidgets, headphones, etc.) during a crisis?
	What redundancy (back-up) measures are in place to ensure the security of individuals who may not be able to quickly move to a safe position during crisis?
	What accommodations or additional supports are needed to help ensure a room can be secured if a person has mobility or accessibility challenges (e.g. safe room, training to barricade a locked door using environmental resources, furniture, etc.)? See <i>Classroom Door Security & Locking Hardware</i> in Resource Toolbox.
No	otes:

Additional Considerations for Inclusive Planning

In addition to planning for the access and functional needs within the school/campus community, it is important to consider additional safety and support needs related to specific groups of people. Some of these needs include, but are not limited to:

	Refugees and newly immigrated individuals Persons of color/with adverse experience or negative relationships with police/ responders Gender diverse/transgender individuals Religious & culturally diverse individuals/groups			
Notes:				



Safe and Sound Schools www.safeandsoundschools.org