



*Division of Services for Aging and
Adults with Physical Disabilities*

Disaster Readiness Planning Template For Providers of Services

Name: _____

Organization: _____



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Introduction

The attacks of 9/11 and Hurricane Katrina showed service providers, like other community organizations, how important it is to be ready for emergencies and disasters. By building readiness activities into their organizational routines, providers who serve vulnerable individuals in community based settings, nursing homes, group homes, or other programs can reduce risks to safety and well being. Providers must ensure that they are ready to shelter in place or evacuate, and restore normal routines after the immediate emergency ends.

The readiness routines provided in this package is a depiction of the cyclical process of planning that is the basis for the Readiness Planning Template. It depicts the five major areas for implementing the routine, along with two preliminary steps to be completed at the onset of the planning (leadership initiation and selection of the readiness coordinator)

This *Readiness Planning Template* is designed for persons served and the staff and management of provider organizations for people who are aging or people with physical disabilities. It focuses on helping providers start immediately to improve their readiness for emergencies and disasters. A great benefit for the organization is that you will know how ready you are for hazards you have identified. This *Template* will help providers who serve some of our most vulnerable citizens do exactly what emergency responders and planners have called for so often - improving overall community readiness.

This approach does not conflict with the emergency preparedness activities and organization of Homeland Security, FEMA, or your local emergency responders and Emergency Management Agency. All of these organizations are primarily responsible for preparing emergency managers and responders to respond to emergencies. They have all called repeatedly for individuals, groups, and public and private organizations to take more responsibility for preparing themselves for disasters.

You also will be able to take action yourself instead of waiting for responders who may be slow to reach you when a major emergency overwhelms their routines. It is important to stress to everyone that the focus on “readiness” means an emphasis on changing routines to be ready for emergency departures from the routine; an emphasis on taking action throughout the organization, not just writing a written plan; and an emphasis on being ready to shelter in place or evacuate, and then restore normal routines as efficiently as possible. Readiness routines will always build on existing activities, and will always include analysis of risks, organizational changes to reduce (or “mitigate”) those risks, and other planning, drills, and exercises to respond to emergencies and restore normal routines.

What is a Planning Template?

All provider organizations, from small homes to large, multi-location corporate facilities, need to be ready when disaster strikes. This *Template* is written to allow service providers of any size to improve their readiness. For smaller programs, steps such as forming a readiness working group must, of course, be adapted to your circumstances. Only one person may be available to take the lead for improved readiness. Successful use of this *Template* depends on adapting every phase of readiness to your organization's circumstances, whatever the size of your operation.

The *Template* does not begin with a process of writing a complicated plan that then has to be implemented. Instead, it provides activities you can do right away to evaluate and improve your organization's readiness. As you do that, you fill out tables provided here to document what you have done and to guide future actions. These documents together become your written plan, developed from the particular activities and routines of your organization, and its circumstances.

To be effective your readiness activities must become routine by being practiced regularly. Readiness routines will include drills, meetings, exercises, discussions, and other regular activities suited to your organization. As these activities are repeated, they form a *readiness* routine made up of activities performed during the course of the year as part of the normal operational and management routines of your organization. Making these activities routine and frequent is crucial to organizational readiness; if you wait until a disaster threatens to try sheltering in place or evacuating, your organization and your residents may pay a high price for deciding what to do at the last minute. Readiness can often be improved initially by making simple changes in routines that the organization already performs regularly; once the readiness cycle is established, it will provide regular ways to improve your readiness, and to adapt to changes in organizational needs, regulations, or identified hazards.

To establish and maintain an effective routine of readiness activities, provider organizations should have a *Readiness Coordinator* to lead the effort, and if possible a *Readiness Working Group* that represents management, staff, and the people served. These are needed to seek input and build support from throughout the organization. The title of the *Coordinator* and the *Working Group*, and the best people to serve in these roles will vary from provider to provider, just as the particular form and content of readiness will vary with the character of the organization, its location, and other factors.

How to Use the Template

To begin, your organization needs a clear picture of what it is already doing and how it needs to improve. The *Readiness Planning Template* provides a set of *Readiness Indicators* to help you assess how prepared your organization is for a disaster like Katrina or smaller emergencies like a power outage or a local fire. Doing this assessment will start you on the road to establishing an improved readiness cycle for your organization, and will make future self-assessments a regular part of your organization's routines.

The *Template* will direct your attention to important topics for building up your readiness activities. It is meant to stimulate your action, thinking, and planning, but not to impose on your organization a cookie-cutter model of exactly what you should do. No such general plan could apply to all organizations and all circumstances. The *Template* helps you take responsibility for finding and doing what is right for your organization and setting up a process of continually improving your readiness for disasters.

The first steps are to select a leader in the organization to be the *Readiness Coordinator*, and a *Working Group* of people representative of staff, consumers, and management. (Your organization may already have a Safety Committee or a group with a different name that can do this work.) The coordinator and the working group members should complete the *Readiness Indicator Assessment* individually and then discuss their ratings to arrive at a group assessment. The Working Group should then work through the sections of the *Template* to conduct a more detailed assessment of organizational readiness, specify what readiness activities are already going on, and how to improve them.

Each section of the *Template* contains a *Table of Readiness Indicators*, expanded to include space for noting actions to be taken as next steps, who should be responsible for those steps, and target dates for taking them. The working group and the coordinator will have started taking action when they start working through the sections of the *Template*, since they will identify actions to improve readiness routines.

Of course, the working group should consider how various possible steps relate to each other, which should be taken first, and what the organization can afford to do. These subjects will come up naturally once you start discussing what you should do.

The five sections of the *Template* also contain some forms and other worksheets that might be of help to your organization. These are examples of what you might use, and may have to be altered to fit with your activities. They may also give you ideas of other forms and techniques that would be more appropriate for your organization.

Each section is meant to help you do an important set of activities, like identifying the emergency needs of both staff and the persons served; they are presented in a workable sequence here, but the sets of activities will overlap in practice, and a different sequence may make more sense for your organization.

The tables of readiness indicators provide a flexible framework for identifying and planning the work of establishing a full and effective cycle of readiness activities. But using the framework should not be reduced to a mechanical process of filling out a form that makes it unnecessary to think carefully about what should be done and the best ways to do it. The tables are not substitutes for discussion, thought, investment and work, but supports for those activities.

Since each organization has its own particular characteristics and circumstances, you should feel free to add new readiness indicators as needed and use them in the process. The *Template* and its tables are designed both for the first time the organization establishes the cycle of readiness routines, and for subsequent cycles. The coordinator and the working group can continue to use the tables to develop organizational readiness that reflects the particular circumstances, characteristics, needs and operations of the provider organization.

As the working group works through the table in each section of the *Template*, they will produce written records that document work completed and work to be done. The filled-out tables will constitute a written plan, developed in conjunction with ongoing activities of the organization, which will guide further development of readiness routines.

The *Disaster Readiness Planning Template* provides a framework for service provider organizations to achieve the following purposes:

- See how much has to be done
- Take action and set readiness priorities
- Make readiness routines a permanent part of your organization
- Practice and document routines in normal times to be ready for extraordinary times
- Produce a written emergency plan to support readiness routines and meet licensing requirements

Getting Started: Readiness Indicator Assessment

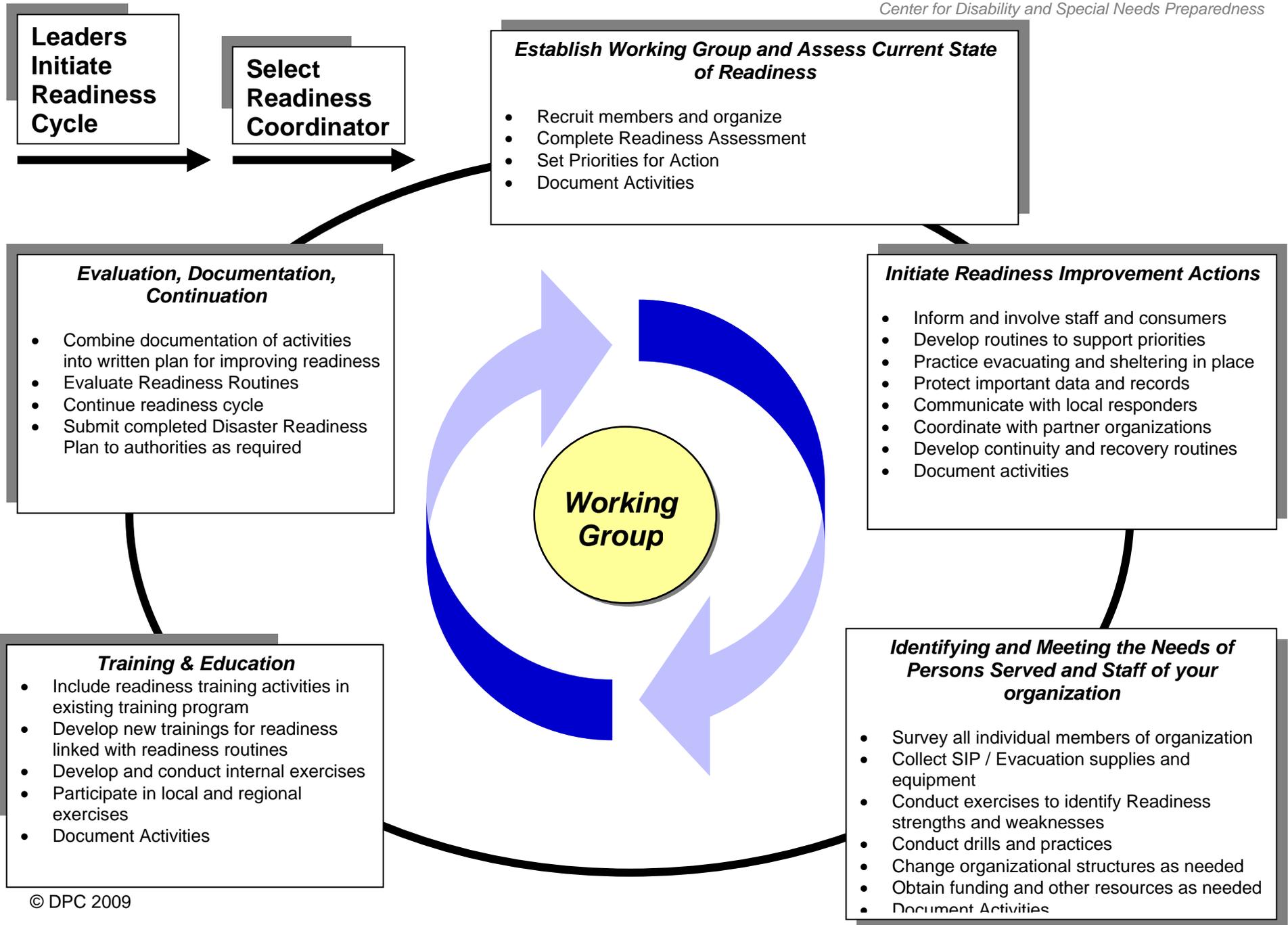
The *Readiness Indicator Assessment* is designed to help an organization self-assess how ready it is for disasters. Each of the readiness indicators identifies an activity that usually should be part of the organization's ongoing cycle of activities that prepare it for disasters. For a full assessment of your organization's readiness, all of the organization's stakeholders (persons served, staff, management, and others) should be represented effectively in the assessment process.

The best way to familiarize yourself with readiness indicators and their role is to do an assessment of your organization. Doing an initial, individual assessment is also part of the process of improving the readiness activities of your organization. A more complete and reliable assessment depends on sharing and combining assessments by a number of people from throughout the organization. This is one of the most important jobs of the Working Group. Each member should complete the assessment, and then the whole group should arrive at a shared group assessment through discussion of their assessments.

How To Do the Assessment

To complete the assessment, first rate on a scale from 0 to 9 how important meeting the readiness indicator is for your organization. Then rate your organization's readiness from 0 to 9 for each indicator. Zero means no action has been taken and 9 means full, ongoing practice of the activity is happening now in your organization, or that a particular activity has been completed. If you don't know the status for an indicator, insert DK for "Don't Know".

These indicators are all drawn from accepted practices in the field of emergency preparedness and response, but refocused to emphasize practical action by providers of services to persons who are aging or persons with physical disabilities. While presented below in one sequence, many refer to activities that overlap each other and can be initiated in different orders. Your organization's particular readiness activities should be developed to fit the characteristics of your organization. You should add any additional indicators you think are needed to assess the readiness of your organization.



Getting Started: Readiness Indicator Assessment

Readiness Indicators	Rating			
Section 1: Organizing Activities	How Important 0 - 9	Readiness 0 - 9	Priority ?	Notes
1.1: Leaders provide staff and persons served (consumers) with information and direction on improving the organization's disaster readiness routines (the readiness cycle)				
1.2: Coordinator selected to lead the Readiness Working Group and coordinate process of recruiting members				
1.3: Readiness Working Group established, including persons served and staff with disabilities or special needs				
1.4: Working Group first meeting held and work schedule set for the next 12 months				
1.5: Persons served and staff demonstrate understanding and support for readiness cycle				
1.6: Resources of funds and staff time budgeted for readiness cycle, including individual risk assessment and readiness development				
1.7: Protocol set for documenting readiness activities as they occur, and drafting sections of written readiness plan				
1.8: Organization staff members help individual consumers and their support networks develop their disaster readiness routines				

Section 2: Priority Activities	How Important 0 - 9	Readiness 0 - 9	Priority ?	Notes
2.1: Disaster readiness planning and practices are established as part of organizational routines				
2.2: Disaster response team and Incident Command Structure (ICS) established				
2.3: Readiness includes discussion and practice of routines to evacuate to an outside shelter				
2.4: Readiness includes discussion and practice of routines to shelter in place for up to 5 days				
2.5: Readiness includes discussion and practice of routines to ensure continuity of operations during a disaster				
2.6: Readiness includes discussion and practice of routines to restore normal routines after a disaster (recovery)				
2.7: External threats to the organization like storms, floods, industrial accidents, and terrorist attacks have been identified and prioritized				
2.8 Steps to mitigate, or reduce, risks from threats have been <i>identified</i>				
2.9: Steps to mitigate risk <i>accomplished</i> , such as modifying buildings and grounds, schedules, or transportation practices				
2.10: Local emergency managers have been contacted to discuss the organization's disaster risks and routine readiness activities				
2.11: Routine established for communicating with emergency responders				
2.12: Routine established for holding drills and exercises				
2.13: Written records routinely kept of risk analysis and mitigation, drills and exercises, and communication with local emergency agencies				
2.14: Routine set for informing licensing authorities of emergency events, readiness routines, and written plans				
2.15: Important personal and organization documents and data backed up and stored off site and/or online				
2.16: List made of emergency phone numbers, email addresses, and other contact information and updated regularly				

Section 3: Identifying and Meeting the Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	Priority ?	Notes
3.1: Equal priority given to persons at greatest risk in an emergency, such as staff with disabilities or consumers needing total support				
3.2: Persons served have been asked what concerns them and what help they will need in a disaster				
3.3: Staff have been asked what concerns them, whether they will work in a disaster, and what help they will need				
3.4: Staff have been surveyed about the needs of the persons served, including total and partial supports needed				
3.5: Persons served participate in Working Group discussions and activities				
3.6: Lines of ICS authority and roles in disaster response and recovery, for both staff and consumers, established and routinely re-examined				
3.7: Routine established for communicating with local or regional disaster planning groups, and other service providers				
3.8: Arrangements made with other agencies, and with emergency services and facilities, to coordinate responses in a disaster				
3.9: Needed communication equipment and skills to send accessible disaster alerts to all staff and consumers, and communicate during disasters, have been identified				
3.10: Needed emergency communication equipment has been acquired and management, staff, and consumers trained to use it				
3.11: Ways established to communicate with emergency responders, family members, and others when phones and computers are out service				
3.12: Procedure established to evacuate everyone from all or parts of facilities, either to facility grounds or to an off site location				
3.13: Practices performed of procedures for evacuating everyone				
3.14: Changes needed in facilities and organizational routines to facilitate evacuation and sheltering in place have been identified				
3.15: Changes needed in facilities and organizational routines to facilitate evacuation and sheltering in place have been accomplished				

3.16: Equipment and supplies to evacuate to a shelter have been acquired and are regularly updated (for example, "Go Kits")				
3.17: Equipment and supplies to shelter in place for 5 days have been acquired and are regularly updated				
3.18: Routines established to regularly update and document needs for special food, medicines, and health equipment in evacuations				
3.19: Off-site shelter/facility identified out of the immediate area, such as at a partnering facility, that can be used for an extended period of time				
3.20: Routines established for providing transportation in evacuations, such as contracts signed or buses acquired for transportation to a shelter				
3.21: Arrangements made to accommodate the medical equipment, medications, and other needs of staff and consumers at an off site shelter				
3.22: Routine established to determine need for staff coverage in a disaster, including accompanying consumers to shelters				
3.23: Routine established to provide staff coverage in a disaster, including accompanying consumers to shelters				
3.24: Consumers have ID cards with important information kept current				
3.25: Procedure established and equipment acquired to physically secure the facility when sheltering in place or evacuating				
3.26: Means arranged to contact families of consumers and staff concerning disasters				
3.27: Counseling resources identified to aid workers and consumers after a disaster				
3.28: Staff trained to identify and report dangers when returning to a damaged facility				
3.29: Staff trained in restoring normal routines (recovery phase) after an emergency				
3.30: Management familiar with local, state, and FEMA recovery programs and requirements, especially application forms and other paperwork				

Section 4: Training and Practice	How Important 0 - 9	Readiness 0 - 9	Priority ?	Notes
4.1: Staff regularly receives training in emergency first aid and CPR				
4.2: Staff regularly receives training in fire prevention and the use of fire equipment by the local fire department or by security personnel				
4.3: Staff regularly receives training to operate emergency equipment and know where equipment is located				
4.4: Staff and consumers regularly are trained in how to communicate in disaster situations				
4.5: Staff and consumers regularly receive training in disaster response actions for sheltering in place, evacuation, and restoring normal routines				
4.6: Readiness trainings include evaluation of staff and consumer performance of readiness routines				
4.7: Disaster readiness routines and readiness trainings are developed in coordination with each other				
4.8: Emergency drills and exercises of different scale, and including staff and consumers, are held regularly to test readiness routines				
4.9: Following drills and exercises, "hotwash" debriefing is done with consumers and staff to identify and document "lessons learned"				
4.10: Local emergency planners or responders are invited to give advice about the organization's disaster readiness exercises				
4.11: Staff and consumers participate in local and regional exercises				
4.12: Staff are trained to help individual consumers and their support networks develop disaster readiness routines				

Section 5: Periodic Evaluation, Documentation, and Continuation	How Important 0 - 9	Readiness 0 - 9	Priority	Notes
5.1: The Working Group evaluates all readiness routines at regular intervals, and documents achievements and needed changes				
5.2: Annually or semi-annually, disaster readiness improvements needed, made, or not yet made are reviewed and summarized in writing				
5.3: Written schedule set to incorporate improvements, especially drills and exercises, into readiness routines during the next annual cycle				
5.4: The Working Group uses the documentation of the year's activities to compose or revise a written disaster readiness improvement plan to support subsequent readiness planning and practice				
5.5: The Working Group uses the documentation of the year's activities to compose or revise a written disaster readiness improvement plan to meet the requirements of licensing agencies				
5.6: A process is established to research new developments in threats, and in equipment and practices to prepare for them				
5.7: The Working Group and organizational leaders evaluate the Working Group itself and initiate changes to it and its responsibilities as needed				
5.8: The Working Group prepares an annual written report, including a budget proposal and the written disaster readiness improvement plan, and submits it to the organization's leadership				

Section 1: Organizing

Your organization already has administrative and operational routines to carry on the normal activities of providing care to those you serve. Everything your organization does, from supplying food and medicine to arranging social events and trips, requires routines of administration, staff support, and participation by those you serve. For your organization to be ready for emergencies, it needs effective readiness routines such as drills, checks of safety equipment, inspection of buildings and grounds, and other regular readiness activities.

To demonstrate support for readiness and to make needed readiness activities part of the normal routine of the organization, it is almost always necessary to name a Readiness Coordinator to initiate activities and involve staff and persons served. In a large enough organization, it is very important to also have a Working Group of staff and consumers to contribute to establishing and maintaining readiness routines. For small providers, a simpler approach may be all that is possible. Each organization should do what is needed given its size and circumstances, and do as much as possible of what is recommended in this Template. This section will help you make any organizational changes you need to start improving your readiness.

Important subjects included here are:

- Selection of the *Readiness Coordinator* and the *Working Group*
- Top leadership support and communications
- Building support among management, staff, and the people served
- Changing organizational routines to support shelter in place, evacuation, and restoration of normal routines
- Gathering and storing needed supplies and equipment
- Finding resources of funding and staff time to support readiness

The Working Group should complete the work of this section by using the Table of Readiness Indicators to restate its ratings of how ready the organization is for each of the readiness indicators in Section 1. Then discuss and decide what the next steps should be for each indicator, who should be responsible for taking those steps, and what a reasonable target date is for completing them.

You should rely on your knowledge of your organization to tell you which steps are most important to take right away, within the limits of funds and staff time available to you. Remember that you are initiating an ongoing process and it is not necessary to complete everything at once, although it is necessary to demonstrate that some steps are being taken successfully toward improved readiness. Otherwise, people will lose faith in the process, which will make real progress slower and more difficult. You must not only cause something important to happen, but people throughout the organization have to be aware that it is happening. Leadership support for this process is essential.

Reaching out to all people in the organization is also essential, to encourage them to participate or at least support the improvement of your readiness routines. It is particularly important to involve staff and consumers, even if you might question that they can make much of a contribution. It will be important for them to feel included, and more people than expected may make valuable contributions to the process. It is vitally important not to leave people out of sheltering or evacuation activities because they pose more difficult problems than others. If

you establish readiness routines that will accommodate even the most difficult to serve of your consumers, you will probably be better prepared to serve everyone else.

Particular steps that are necessary to make this process work include the following:

- Select and recruit participants
- Respond to immediate dangers
- Allocate resources for Working Group
- Accommodate persons with disabilities/special needs
- Schedule work activities
- Set format for record keeping and reports
- Document Activities in chosen format

You will probably be able to identify the more important organizational steps for your organization, and will discover others as your Working Group carries on its activities.

This section also contains a *Working Group Membership and Schedule* that you can use to keep track of the group members, or alter to better serve your needs, and a form for listing the first organizing actions you decide to take.

Organizing: Readiness Assessment and Action Steps

Readiness Indicators	Assessment and Action Steps				
<i>Section 1: Organizing Activities</i>	How Important 0 - 9	Readiness 0 - 9	Don't Know	Next Steps	Date
1.1: Leaders provide staff and persons served (consumers) with information and direction on improving the organization's disaster readiness routines					
1.2: Coordinator selected to lead the Readiness Working Group and coordinate process of selecting members					
1.3: Readiness Working Group established, including persons served and staff					

Readiness Indicators	Readiness Progress				
<i>Section 1: Organizing</i>	How Important 0 - 9	Readiness 0 - 9	Don't Know	Next Steps	Date
1.4: Working Group first meeting held and work schedule set for the next 12 months					
1.5: Persons served and staff demonstrate understanding and support for readiness					
1.6: Resources of funds and staff time budgeted for readiness, including individual risk assessment and readiness development					

Readiness Indicators	Readiness Progress				
<i>Section 1: Organizing</i>	How Important 0 - 9	Readiness 0 - 9	Don't Know	Next Steps	Date
<p>1.7: Protocol set for documenting readiness activities as they occur, and drafting sections of written readiness plan</p>					
<p>1.8: Organization staff members help individual consumers and their support networks develop their disaster readiness routines</p>					
<p>Additional Indicators</p>					

Form 1a: *Readiness Working Group Membership and Schedule*

Meeting Schedule	Date	Time	Location	
Readiness Coordinator	Position		Phone #	Email
Working Group Members	Position		Phone #	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section 2: Priority Actions

This section focuses on what you should do first after the Working Group is organized and meets and develops a common assessment of organizational readiness. The shared assessment will give you a good picture of current readiness and help you see what actions are needed. If a lot of actions are needed; this section will help you set priorities.

Of course, if any hazards need to be dealt with right away, the Working Group should take what action they can to reduce those dangers or get ready to handle them. They should bring them to the attention of the leadership of the organization and suggest how they should be managed. They can also contact outside responder agencies or the local emergency management agency for advice.

The Coordinator should make sure that everyone in the Working Group understands that you will be using the Readiness Template, and the basic ideas of readiness built into the Template. They should also understand that while the Template will help them structure their work, the group must use the framework supplied by the Template to develop an approach to readiness adapted to their own organization. Besides the Readiness Indicators in the table for this section, the group should consider adding any other indicators needed.

The group should discuss hazards that staff and consumers in their organization are concerned about, no matter how likely or unlikely the group thinks they are. The Working Group should also begin the process of determining how to analyze the risks involved in such hazards, and how to reduce, or mitigate, them. Having completed the Readiness Indicator Assessment, you have already begun your own process of identifying risks and ways to mitigate them by becoming more ready for them. Emergency planning and response agencies in your area may be able to help you analyze and mitigate risks associated with different kinds of hazards. Risk analysis and mitigation will be a continuing activity of the Working Group, and it will be very useful to make a start on this process with advice from experts. If your state or local planners and responders do not have sufficient staff time available to help you, information about risk analysis and mitigation is available on the Internet. FEMA's web site is a good place to start: www.fema.gov.

The Group should start working right away to improve organizational readiness to handle small emergencies, to shelter in place or evacuate if necessary, and to restore normal routines after an emergency or disaster has interrupted the organization's routines.

Since regular communication with local emergency planners and responders will be an important part of your readiness, if you don't already have good communications established with those agencies you should reach out to them as soon as possible. It would be a good idea to have the person who will be your primary point of contact with emergency response agencies be in charge of making connections with them. It may be very useful to share a copy of the Readiness Template with responders to help them understand how you are approaching this process.

Priority Actions: Readiness Assessment and Action Steps

Readiness Indicators	Readiness Progress				
	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
Section 2: Priority Actions					
2.1: Disaster readiness planning and practices are established as part of organizational routines					
2.2: Disaster response team and Incident Command Structure (ICS) established					
2.3: Readiness includes discussion and practice of routines to evacuate to an outside shelter					

Readiness Indicators	Readiness Progress				
<i>Section 2: Priority Actions</i>	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>2.4: Readiness includes discussion and practice of routines to shelter in place for up to 5 days</p>					
<p>2.5: Readiness includes discussion and practice of routines to ensure continuity of operations during a disaster</p>					
<p>2.6: Readiness includes discussion and practice of routines to restore normal routines after a disaster (recovery)</p>					

Readiness Indicators	Readiness Progress				
Section 2: Priority Actions	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>2.7: External threats to the organization like storms, floods, industrial accidents, and terrorist attacks have been identified and prioritized</p>					
<p>2.8: Steps to mitigate, or reduce, risks from threats have been <i>identified</i></p>					
<p>2.9: Steps to mitigate risk <i>accomplished</i>, such as modifying buildings and grounds, schedules, or transportation practices</p>					

Readiness Indicators	Readiness Progress				
<i>Section 2: Priority Actions</i>	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>2.10: Local emergency managers have been contacted to discuss the organization's disaster risks and routine readiness activities</p>					
<p>2.11: Routine established for communicating with emergency responders</p>					
<p>2.12: Routine established for holding drills and exercises</p>					

Readiness Indicators	Readiness Progress				
<i>Section 2: Priority Actions</i>	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>2.13: Written records routinely kept of risk analysis and mitigation, drills, and exercises, and communication with local emergency agencies</p>					
<p>2.14: Routine set for informing licensing authorities of emergency events, readiness routines, and written plans</p>					
<p>2.15: Important personal and organization documents and data backed up and stored off site and/or online</p>					

Readiness Indicators	Readiness Progress				
Section 2: Priority Actions	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>2.16: List made of emergency phone numbers, email addresses, and other contact information and updated frequently</p>					
<p>Additional Indicators</p>					

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The Department of Homeland Security, through the use of the National Response Plan and the National Incident Management System, recommends that all emergency planning be conducted using an all hazards model. Many aspects of a response remain consistent independent of the cause of the emergency. Treating mass injuries and needing to re-establish electricity are as likely to be components of a hurricane response as they are to be part of the response to an explosion. Therefore, it is prudent to plan for general issues instead of specific threats. Nevertheless, knowing what risks are specific to you and your location can help in tailoring your plan and best allocating your resources. Below are some examples of threats that may exist in your area. The list is not exhaustive, but rather is to serve as a point to begin the brainstorming process. Your team, once assembled, will be able to compile an appropriate list. The examples below are divided into three categories to help frame the discussion. The first is natural hazards. Second are man-made but unintentional hazards (accidents), and third are man made intentional hazards (attacks).

A. Natural Hazards

- Hurricanes (<http://hurricane.csc.noaa.gov/hurricanes/pop.jsp>)
- Earthquakes (<http://www.homerisk.com/cgi-bin/hr1pg1.cgi>)
- Tornados (<http://www.tornadoproject.com/safety/shelters.htm>) *need to edit content
- Forest Fires (<http://geomac.usgs.gov/#>)
- Avalanches (<http://geosurvey.state.co.us/avalanche/Default.aspx?tabid=41>)
- Flooding (<http://www.environment-agency.gov.uk/subjects/flood/826674/829803/858477/?version=1&lang=e>)
- Mud Slides (<http://geohazards.cr.usgs.gov/>) *not quite up yet
- Pandemics i.e. avian flu (H5N1) (http://www.who.int/mediacentre/factsheets/avian_influenza/en/index.html)

B. Man-made Unintentional Hazards:

- Home Fire (<http://www.nfpa.org/index.asp>)
- Monoxide Exposure
(<http://www.nfpa.org/itemDetail.asp?categoryID=280&itemID=18270&URL=Research%20%20Reports/Fact%20sheets/Home%20safety/Carbon%20monoxide%20poisoning>)
- Chemical Spill (<http://www.epa.gov/epahome/commsearch.htm>)

C. Man-made Intentional Hazards

- Explosion (<http://www.bt.cdc.gov/masstrauma/explosions.asp>)
- Release of a Biological Weapon (<http://www.bt.cdc.gov/agent/agentlist.asp>)
- Release of a Chemical Agent (<http://www.bt.cdc.gov/chemical/>)
- Nuclear/Radiological Detonation (<http://www.bt.cdc.gov/radiation/>)

Section 3: Identifying and Meeting the Needs of Persons Served and Staff

The true foundation of organizational readiness is found in the disaster needs of everyone who is part of the organization. Management, staff, the persons served, their family members and others concerned with their safety, all have disaster needs to take into account. The successful functioning of the organization during an emergency or disaster, and its survival and recovery afterwards, depend on identifying the full range of organizational needs in an emergency or disaster and taking action during normal, non-emergency times to be ready to meet those needs.

The staff and management have great responsibility for keeping safe the persons served by the organization. But many people served by providers can be active participants in readiness activities. If asked, they can communicate their needs or worries when a storm, or fire, or loss of power threatens. Many may be able to contribute to the efforts of the Working Group in improving readiness, not only by participating in drills but also by taking part in discussions of what should be done to improve readiness. And in fact, treating persons as if they had nothing to say or contribute makes staff work harder in the long run, and the organization less able to act in disasters.

The Readiness Indicators in the table for this section focus on assessing and addressing the particular needs of staff and the people served by your organization, involving both groups in the Working Group and readiness activities, identifying physical changes needed in facilities, and determining and acquiring the equipment and supplies needed to shelter in place or evacuate.

The indicators also cover establishing routines that will regularly examine and meet the changing needs of your organization for special foods, medicines and health equipment; for staff supports to ensure coverage during emergencies and disasters; to update emergency information cards for the persons you serve; to make changes in communication equipment and skills; and to re-examine needs for shelter in place and evacuation equipment and supplies.

The Working Group should proceed by discussing their ratings using the table of indicators, and by considering both the needs they already know of and next steps to get a more complete and detailed determination of organizational needs. Staff should talk to the people they serve and document their answers, both individually and as overall patterns of answers. A consumer survey form like the example provided in this section, and adapted to your organization, should be very helpful in this work.

Remember that when asking a consumer about his or her needs it is a good idea to ask specific questions rather than opened-ended ones. The question, "*Hey, Bob, are you going to need any help if we have an emergency?*" may elicit an entirely different response than, "*Bob, if you can't get out of the building using the elevator are you going to need some help going down the stairs?*" By talking to individual consumers and evaluating their needs, you will be able to determine what should be part of your readiness activities for specific individuals.

Three forms are included here that could be used to discover disaster needs: *Form 3a* is for staff to give their opinion of each consumer's needs; *Form 3b* is designed for individuals who receive services, and allows them to express what they consider their needs to be in an

emergency; and *Form 3c* enables staff to report their own needs. *Form 3d* is for consolidating the data collected in the other forms and *Form 3e* is an opportunity to provide more detail to the aggregate information in *Form 3d*.

Here are some important points to consider as you work on identifying needs in disasters:

- One of the merits of creating a general *Consumer Self-Assessment of Needs (Form 3a)* survey form and distributing it to everyone. A sample of what this form might look like can be found below. This form and the *Organization's Evaluation of Individual Consumer Needs (Form 3b)* complement and validate each other. *Form 3c (Staff Readiness Needs Identification)* identify the resources available from staff members.
- Consumers should also be involved as much as is practically possible with the development of your agency's readiness routines. This will not only produce valuable ideas but can also reveal concerns and anxieties that may need to be addressed. This process of inclusion also has the benefit of making people vested in the success of the project.
- Look at client needs as a whole. Use *Forms 3d* and *3e* to see how all the individual requirements in aggregate impact your organization and its resources. If a number of people have mobility issues, how will this shape your evacuation routines? If the elevator is not usable what does this mean for exiting the building? Will the "buddy" system work? Can they be carried out? Do you need to acquire specialized equipment? Do people need to be relocated? What reasonable accommodations can be made? The allocation of resources to address these issues may have ramifications for other readiness activities.
- Address staffing. What can you do to encourage employees to report to work during a major emergency? In a major disaster, employees will be concerned about their families and their own safety. What can you as a provider do (and put in your plan) that can help resolve some of these conflicts? One approach some providers have adopted is to allow employee's families and pets to stay at the facility under certain conditions.
- Sheltering in place may well be the best course of action. Determine what supplies would be required to sustain people for five days. Do you have a back up generator for electricity? If you don't, should you get one? If you have one is there sufficient fuel to run it for five days? Look at what non-perishable food would be needed. We aren't talking necessarily three meals a day here – this is an emergency. How much water is needed? How will you handle human waste? The Red Cross and FEMA websites can help you determine what supplies are needed.
- Arrange transportation to an alternate site. If your organization is a nursing home, group home, hospital, or other care facility you need to plan for evacuating to another site. While this may be a daunting task it is nevertheless one you can't avoid addressing. Not only is there the transportation component, there is also the need for a place to go. Look at what cooperative agreements you might be able to arrange with other facilities that are outside the immediate area. Also look at what your transportation needs would be – how many wheelchairs, etc. Depending on public transportation is probably not a good idea. Talk with people at a county or state level to find out what other transportation options there may be. This may be a difficult matter to resolve. However, staying put may not be an option and you should be ready to leave if necessary.

The readiness indicators in the table below will help you organize activities to make your organization better prepared to handle important areas like the following:

Communication – with emergency services, families of consumers and staff, and other authorities

Katrina showed everyone how cell phones, landlines, computers, and the internet can all fail in a major disaster. Communication was also a tremendous problem in the 9/11 attacks and many other emergencies that did not get the widespread coverage of 9/11 and Katrina. One option to consider may be satellite phones (which are relatively inexpensive). They may provide your organization at least a partial solution to this problem. New technology may create other options.

Transportation – of several kinds, including means to transport staff and consumers to shelters

Staffing – maintaining sufficient staff during an emergency at your facility and at an alternate site or emergency shelter

Survey your staff to determine the likelihood of them being available for work. A sample survey is provided as an example in this section.

Evacuation – getting staff and persons served out of the building and out of the area

Sheltering – in place and at an alternate shelter

People face extra problems by not having proper identification and legal papers, including prescriptions for their medicines. They also lack minimal emergency evacuation supplies. The Red Cross and FEMA websites can help you decide what should be included in “Go Kits” or in shelter supplies for the people your organization serves, and for staff and their families.

Accommodations – arrangements to meet medical and behavioral needs at shelters or other locations

Recovery – steps to restore normal routines

Experts say that while short term recovery is difficult and important, real recovery after a disaster could take five or ten years. There are steps you can take to ensure you have the records, documents, and data that are critical to your operations backed up and stored off-site. Approaches to restoring normal operations can also be found in some discussions of “continuity of operations” in emergencies and disasters. Recovery for individuals you serve and for your whole organization can go more smoothly and rapidly if you make readiness for recovery part of your readiness. This should also include familiarity with legal aspects of emergency response and recovery, including the

resources offered through federal programs like FEMA and the information needed to fill out their forms to ensure the quickest possible delivery of support.

Many of these areas don't lend themselves to quick, easy solutions. Some, such as emergency transportation, communicating with emergency services, and staff coverage may require your best thinking and a persistent team effort to be successful. You almost certainly will have to reach beyond your organization to include partnering and cooperative arrangements with other agencies or "sister facilities." Volunteer organizations such as The Community Emergency Response Team (CERT) or Voluntary Organizations Active in Disaster (VOAD) are examples of valuable partners that could be very helpful in a crisis.

The table of readiness indicators in this section has the largest number of indicators of all the sections, but many more could be added. As in the other sections of this Template, the indicators supply a framework to help your Working Group structure its efforts, but the indicators are not exhaustive of all that you could consider. The indicators included point you toward important areas, but the nature of your organization and its circumstances will lead you to adapt the indicators to your own needs and perhaps add new ones.

Identifying and Meeting Organizational Needs

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
3.1: Equal priority given to persons at greatest risk in an emergency, such as staff with disabilities or consumers needing total support					
3.2: Persons served have been asked what concerns them and what help they will need in a disaster					
3.3: Staff have been asked what concerns them, whether they will work in a disaster, and what help they will need					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
3.4: Staff have been surveyed about the needs of the persons served, including total and partial supports needed					
3.5: Persons served participate in Working Group discussions and activities					
3.6: Lines of authority and roles in disaster response (ICS) and recovery, for both staff and consumers, established and routinely re-examined					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.7: Routine established for communicating with local or regional disaster planning groups, and other service providers</p>					
<p>3.8: Arrangements made with other agencies, and with emergency services and facilities, to coordinate responses in a disaster</p>					
<p>3.9: Needed communication equipment and skills to send accessible disaster alerts to all staff and consumers, and communicate during disasters, have been <i>identified</i></p>					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.10: Needed emergency communication equipment has been <i>acquired</i> and management, staff, and consumers trained to use it</p>					
<p>3.11: Ways established to communicate with emergency responders, family members, and others when phones and computers are out service</p>					
<p>3.12: Procedure established to evacuate everyone from all or parts of facilities, either to facility grounds or to an off site location</p>					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.13: Practices performed of procedures for evacuating everyone</p>					
<p>3.14: Changes needed in facilities and organizational routines to facilitate evacuation and sheltering in place have been <i>identified</i></p>					
<p>3.15: Changes needed in facilities and organizational routines to facilitate evacuation and sheltering in place have been <i>accomplished</i></p>					

Readiness Indicators	Readiness Progress				
<i>Section 3: Identifying and Meeting Needs of Persons Served and Staff</i>	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.16: Equipment and supplies to evacuate to a shelter have been acquired and are regularly updated (for example, "Go Kits")</p>					
<p>3.17: Equipment and supplies to shelter in place for 5 days have been acquired and are regularly updated</p>					
<p>3.18: Routines established to regularly update and document needs for special food, medicines, and health equipment in evacuations</p>					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.19: Off-site shelter/facility identified out of the immediate area, such as at a partnering facility, that can be used for an extended period of time</p>					
<p>3.20: Routines established for providing transportation in evacuations, such as contracts signed or buses acquired for transportation to a shelter</p>					
<p>3.21: Arrangements made to accommodate the medical equipment, medications, and other needs of staff and consumers at an off site shelter</p>					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
3.22: Routine established to <i>determine need</i> for staff coverage in a disaster, including accompanying consumers to shelters					
3.23: Routine established to <i>provide</i> staff coverage in a disaster, including accompanying consumers to shelters					
3.24: Consumers have ID cards with important information kept current					

Readiness Indicators	Readiness Progress				
<i>Section 3: Identifying and Meeting Needs of Persons Served and Staff</i>	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
<p>3.25: Procedure established and equipment acquired to physically secure the facility when sheltering in place or evacuating</p>					
<p>3.26: Means arranged to contact families of consumers and staff concerning disasters</p>					
<p>3.27: Counseling resources identified to aid workers and consumers after a disaster</p>					

Readiness Indicators	Readiness Progress				
Section 3: Identifying and Meeting Needs of Persons Served and Staff	How Important 0 - 9	Readiness 0 - 9	D/K	Next Steps	Date
3.28: Staff trained to identify and report dangers when returning to a damaged facility					
3.29: Staff trained in restoring normal routines (recovery phase) after an emergency					
3.30: Management familiar with local, state, and FEMA recovery programs and requirements, especially application forms and other paperwork					

Form 3a: Organization’s Evaluation of Individual Consumer Needs

Consumer Name:	Level of Support Needed			
Activity	None	Some	Moderate	Total
• Can cognitively participate in planning				
• Can communicate with EMS expressively and receptively				
• Knows where supplies are located				
• Can participate in drills				
• Can independently evacuate building				
• Can operate safety equipment				
• Can acquire needed adaptive equipment				
• Knows where to shelter				
• Can communicate needs and concerns				
• Can receive emergency warning, directives and information				
• Can follow instructions during an emergency				
• Avoids hazards (recognizes danger)				
• Can perform ADL (average daily living skills)				
• Can access public transportation				
• Can phone family, physician, critical support people				
• Can provide contact information to others				
• Can regulate own medications				
• Can communicate medical needs e.g., for dialysis, oxygen				
• Exhibits adaptive responses to changes in routine and environment (absence of maladaptive behavior)				
•				
•				

Form 3b: Consumer Self Assessment of Needs

Name:		Date:
Potential Areas of Assistance	Yes/No	Notes
Do you have trouble hearing?		
Do you have trouble seeing?		
Can you get out of the building without help?		
If you have to, can you get out of the building using the stairs?		
Is there anything you would like help with?		
Is it hard for you to talk to new people?		
Is it hard for you to tell people when you need something?		
Do you sometimes get confused when things are different?		
Are you allergic to anything?		
Do you take any pills?		
Do you sometimes get confused when there are loud noises or flashing lights?		
What do you like to take with you when you leave?		
What would you need if you had to stay in your room for a few days?		
What scares you about emergencies?		

Form 3c: Staff Readiness Needs Identification

Name:		Date:
Knowledge, Skills, and Abilities	Yes/No	Additional Comments
• Available to participate in Working Group		
• Have knowledge/experience communicating with EMS		
• Know where supplies are located		
• Available to participate in drills		
• Can independently evacuate building		
• Trained to operate safety equipment		
• Your family has a Readiness Plan		
• Know where to seek shelter		
• Can receive emergency warning, directives and information		
• Trained to recognize potential hazards		
• Can access public transportation		
• Can legally drive an automobile		
• Have a communication plan for your family		
• You have an adequate supply of your medications		
• Can communicate any medical needs to EMS		
• Have certain medical conditions that are worsened by stress or fatigue		
• Have physical limitations that prevent extreme exertion		
• Have pets that need tending to if you are forced to stay at work		
•		
•		
•		

Form 3d: Aggregate Assessment of Organization

	# of Consumers that:	# of Staff that:	Mitigating Actions	Planned Date
1. Have difficulty receiving audio alerts and information				
2. Have difficulty receiving visual alerts and information				
3. Have difficulty exiting the building without elevators				
4. Have difficulty exiting the building with elevators				
5. Require medications regularly				
6. Have dietary restrictions				
7. Need to travel with durable medical equipment				
8. Will be trained in Readiness procedures				
9. Can be called upon as surge capacity aide				

Form 3e: Individuals Listed by Special Need or Capacity in Emergencies

Individuals with a Special Need or Capacity	Staff or Consumer	Location(s)	Times on Premises	Notes
Difficulty with Audio Alerts				
1.				
2.				
3.				
4.				
5.				
Difficulty With Visual Alerts				
6.				
7.				
8.				
9.				
10.				
Difficulty Exiting Building without using Elevator				
11.				
12.				
13.				
14.				
15.				
Difficulty Exiting Building				
16.				
17.				
18.				
19.				
20.				

Requires Regular Medication				
21.				
22.				
23.				
24.				
25.				
Dietary Restrictions				
26.				
27.				
28.				
29.				
30.				
Need Medical Equipment				
31.				
32.				
33.				
34.				
35.				
People Trained in Readiness Skill				
36.				
37.				
38.				
39.				
40.				
People Available as Surge Capacity Aides				
41.				
42.				
43.				
44.				

Form 3f: Staff Survey

Balancing Client and Family Safety in a Disaster

Confidential

This organization is trying to reduce any conflict between work and family that staff would face if our area were hit by a very serious emergency like a category 5 hurricane, a bomb attack, or a very dangerous virus release. Staff members are likely to feel a conflict between coming to work to keep consumers safe, and staying home to keep themselves and their family safe. Please answer the following questions as honestly as you can. Do not include your name.

Questions:	Yes	No
1. In a serious disaster like a big hurricane or a terrorist attack, would you be likely to report to work?		
Willing to stay for multiple shifts?		
2. If you could bring your family with you in an emergency would you report to work? (They would be fed and sheltered here.)		
Willing to stay multiple shifts?		
3. If you could bring your pet(s) to work as well as your family, would you report to work?		
Willing to stay multiple shifts?		
4. Would you evacuate to a shelter with consumers if you could bring your family and pets with you?		

Section 4: Training & Practice

This section emphasizes the importance of training and practice in developing readiness throughout your organization.

The best way to become proficient at something is through repetition, or practice. Coaches, music teachers, and the military all stress practice as the essential part of training, although training also includes classroom education to communicate knowledge and information. Disaster readiness is very much the same. The ability to respond to an emergency improves through training that emphasizes practice. The staff and persons served by your organization will be better prepared to respond to an emergency if they practice skills and drills that apply information and knowledge.

Practice includes drills and exercises of different scales. Full-scale exercises like evacuating a large facility are often costly and in many cases may be unnecessary. Instead your organization should hold smaller drills and tabletop exercises. These can be done frequently, and larger functional and full-scale exercises much less frequently. Regular practice will result at a lower cost and with less disruption of other routines. Discussion of your drills and tabletop exercises will help staff and consumers understand what is needed and work together.

Using The Readiness Indicator Table in this section will help you develop a readiness training program that fits your organization. Trainings should be repeated at regular intervals to keep information fresh and current. Situations change and trainings should change to keep up.

Exercises are an important part of training, but it is not necessary to exercise to the fullest each time. Drills and small-scale exercises can often be more valuable than full-scale exercises. Experience has shown that full-scale exercises should only be held after simpler trainings and small-scale exercises have taken place. Therefore, a gradually escalating series of exercises should be instituted. Each exercise, independent of scale, provides an opportunity to evaluate policies, procedures, roles, and responsibilities. Experts identify five levels of exercises:

- A. Orientation – Stakeholders (management, staff, and persons served) are introduced to the organization's plans and procedures. For example, leadership and decision making structure during an emergency could be introduced to the staff during an orientation.
- B. Drill – Stakeholders practice one specific activity such as exiting a building during a fire.
- C. Tabletop Exercise – Stakeholders sitting around a table are taken through stages of an emergency scenario, with more information being revealed in each stage. The participants discuss what should be done and how. Roles are not assumed and this does not take place in real-time, so a day-long response to an emergency, for example, might be covered in 60 to 90 minutes.

- D. Functional – Selected stakeholders proceed through a response in real time with roles assumed but without a fully staged emergency. This level of exercise is typically limited to management and helps them practice communication and decision making in pressure situations.
- E. Full-Scale – Stakeholders assume roles and respond to a simulated emergency that takes place under controlled conditions.

Below is a chart of 11 emergency scenarios and the scales of exercises that would be appropriate for practicing responding to each one. The chart indicates that all exercises would work well at the Orientation, Tabletop, and Full-Scale levels; some exercises also work well at the Drill and Functional level.

SCENARIO	Orientation	Drill	Tabletop	Functional	Full-Scale
Local Evacuation	X	X	X		X
Shelter-in-Place	X		X		X
Distance Evacuation	X		X	X	X
Mass Injury	X	X	X		X
Electrical Outage	X	X	X		X
Communication Outage	X		X	X	X
Infection Control	X		X		X
Technological Failure	X	X	X		X
Interruption of Supplies	X		X	X	X
Community Outreach	X	X	X	X	X
Nearby Avian Flu Outbreak	X	X	X		X

It is important to include representatives of all the stakeholders in each type of exercise. Input from everybody is required for meaningful feedback. Along similar lines, every effort should be made to participate in local, regional, and state exercises. By participating in larger exercises, you will be able to improve communication and coordination with other participating agencies, responders, and emergency planners. The exercises could become activities or excursions that some of your consumers enjoy and look forward to.

Standard training programs on specific emergency-related activities already exist that might be useful if added to your current training program. When you determine your needs, the Red Cross and local EMS/EMA can help you find information about these programs.

Steps for Completing This Section

1. Review staff training needs
2. Identify trainings to meet the needs. Some will currently exist through organizations like the Red Cross and FEMA. Others may be specific to your organization and need to be developed internally. First Aid/CPR, fire prevention, emergency equipment operation, risk communication, evacuation and shelter in place, and restoring normal routines are all topics that should be included.
3. Make a training chart that includes what training will take place, the participants, dates and times, and the method of assessment.
4. Develop a series of exercises related to the knowledge/skills/abilities taught in your trainings. Make sure to develop exercises that vary in scale and focus of different components. One scenario may provide several areas for doing drills, but you should use more than one scenario to develop a variety of exercises.
5. Develop a schedule for exercises. Exercises of different sizes and scales should be held. On your schedule identify the number of participants, who the participants will be, the scale of the exercise, and the source for exercise materials. Make sure to vary the scale of the exercises.
6. Contact local and regional emergency planners and responders. If possible, use them as a resource in developing your exercises. Invite them to participate when exercises are held. Ask them to alert you to regional exercises that you can/should participate in.
7. Develop a reporting system to provide feedback after exercises so that trainings can be improved. The *Practice Processing Form* is provided below as an example.

Training and Practice: Assessment and Action Steps

Readiness Indicators	Readiness Progress				
Section 4: Training & Practice	How Important 0 – 9	Readiness 0 - 9	D/ K	Next Steps	Date
4.1: Staff regularly receives training in emergency first aid and CPR					
4.2: Staff regularly receives training in fire prevention and the use of fire equipment by the local fire department or by security personnel					
4.3: Staff regularly receives training to operate emergency equipment and know where equipment is located					

Readiness Indicators	Readiness Progress				
<i>Section 4: Training & Practice</i>	How Important 0 - 9	Readiness 0 - 9	D K	Next Steps	Date
<p>4.4: Staff and consumers regularly are trained in how to communicate in disaster situations</p>					
<p>4.5: Staff and consumers regularly receive training in disaster response actions for sheltering in place, evacuation, and restoring normal routines</p>					
<p>4.6: Readiness trainings include evaluation of staff and consumer performance of readiness routines</p>					

Readiness Indicators	Readiness Progress				
<i>Section 4: Training & Practice</i>	How Important	Readiness 0 - 9	D K	Next Steps	Date
<p>4.7: Disaster readiness routines and readiness trainings are developed in coordination with each other</p>					
<p>4.8: Emergency drills and exercises of different scale, and including staff and consumers, are held regularly to test readiness routines</p>					
<p>4.9: Following drills and exercises, “hotwash” debriefing is done with consumers and staff to identify and document “lessons learned”</p>					

Readiness Indicators	Readiness Progress				
<i>Section 4: Training & Practice</i>	How Important 0 - 9	Readiness 0 - 9	D K	Next Steps	Date
<p>4.10: Local emergency planners or responders are invited to give advice about the organization's disaster readiness exercises</p>					
<p>4.11: Staff and consumers participate in local and regional exercises</p>					
<p>4.12: Staff are trained to help individual consumers and their support networks develop disaster readiness routines</p>					

Form 4a: Practice Processing Form

Type of Drill/Exercise (Scale)	Date:
Scenario Presented:	
Participants:	
Strengths of your Organization:	
Weakness of your Organization:	
Potential Mitigating Steps:	
Topics for Further Discussion with your Readiness Working Group:	
Suggestions for Future Exercise Development:	

Section 5: Evaluation, Documentation, Continuation

This final section will help you make sure that the readiness routines you have started in your organization, including the position of Readiness Coordinator and the Readiness Working Group, are firmly established in the routines of the organization and are regularly evaluated and improved. Repeated practice and exercises are most important for discovering how you should adapt your readiness activities to meet changes in hazards and related needs of consumers and staff. Your focus should continue to be on taking needed action and practicing readiness routines.

It is also necessary that top leadership continue to support the process, written reports document what has been accomplished and what will be done next, regulatory requirements are met, and necessary funding is sought.

The readiness indicators included in the table for this section have been selected because they point to key activities for revising and continuing your readiness. Others could be included. You should add any indicators that are appropriate for your organization.

If your state regulatory agency requires that you have a written emergency plan, it may accept your Working Group's version of the *Template* as your written plan, since it is obviously an active planning process that contains documentation of your activities. However, if a particular format for a written plan is required, the documentation that you have kept through the year should be translatable into the required form. For your own purposes, it may be helpful or necessary at the end of a readiness cycle to prepare a year-end written report of what has been accomplished and what should be done next. Included in this section is *Form 5a (Readiness Activities Review and Revision Documentation Form)* that may be useful in summarizing the documentation that the working group produces during the cycle.

It will also be clear from the experience of the working group and coordinator if changes need to be made in the participants in the group, and if staff and persons served need to improve their participation. The group should always keep in mind that staff with disabilities or special needs, and the most vulnerable of the persons served, should be participants in readiness routines and in the working group, or at least well represented in the group.

Evaluation, Documentation, and Continuation: Assessment and Action Steps

Readiness Indicators	Readiness Progress				
Section 5: Evaluation, Documentation, Continuation	How Important 0 - 9	Readiness 0-9	Don't Know	Next Steps	Date
<p>5.1: The Working Group evaluates all readiness routines at regular intervals, and documents achievements and needed changes</p>					
<p>5.2: Annually or semi-annually, disaster readiness improvements needed, made, or not yet made are reviewed and summarized in writing</p>					
<p>5.3: Written schedule set to incorporate improvements, especially drills and exercises, into readiness routines during the next annual cycle</p>					

Readiness Indicators	Readiness Progress				
<i>Section 5: Evaluation, Documentation, Continuation</i>	How Important 0 - 9	Readiness 0-9	Don't Know	Next Steps	Date
<p>5.4: The working group uses the documentation of the year's activities to compose or revise a written disaster readiness improvement plan to support subsequent readiness planning and practice</p>					
<p>5.5: The working group uses the documentation of the year's activities to compose or revise a written disaster readiness improvement plan to meet the requirements of licensing agencies</p>					
<p>5.6: A process is established to research new developments in threats, and in equipment and practices to prepare for them</p>					

Readiness Indicators	Readiness Progress				
<i>Section 5: Evaluation, Documentation, Continuation</i>	How Important 0 - 9	Readiness 0-9	Don't Know	Next Steps	Date
<p>5.7: The Working Group and organizational leaders evaluate the Working Group itself and initiate changes to it and its responsibilities as needed</p>					
<p>5.8: The Working Group prepares an annual written report, including a budget proposal and the written disaster readiness improvement plan, and submits it to the organization's leadership</p>					

