

# Emergency Planning for Students with Special and Functional Needs within the Context of School and Community Planning



## MSBA Emergency Planning for Students with Special Needs Task Force

This document of Guiding Questions for emergency planning is intended for use any time that a school conducts emergency planning, reviews existing plans, practices or trains on a district's plans, or debriefs after an incident or hearing of an incident.

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To Missouri School Districts:

Visiting with school administrators around the state, the Missouri School Boards' Association (MSBA) discovered that many schools do not routinely include special services representatives and nurses on their emergency planning teams or consider the nature of disabilities and medical conditions represented by students and staff when creating, reviewing, and practicing emergency response plans. In the fall of 2012, MSBA convened a task force comprised of an impressive group of individuals representing different disciplines, expertise and experiences critical to the emergency planning process for students with special needs.

MSBA's ***Emergency Planning for Students with Special Needs Task Force*** initially had two goals: 1) to create a list of questions that should be addressed each time individuals or a committee creates, reviews, and/or trains on emergency procedures; and 2) to compile an electronic file of resources to inform the questions and support districts in improving their emergency planning process considering the unique needs of each person within the school community. Resources that currently exist within our state and nation would be identified and made accessible to schools through the MO Center for Education Safety.

At this time, the electronic resource file is an on-going project, which will continue to grow as resources are added to the collection. It is our hope that this file along with the guiding questions will be a valuable resource for school districts for years to come. We challenge schools to continue to explore ways to create a culture of preparedness for schools within the context of communities and communities in cooperation with schools.

MSBA wishes to thank the Task Force participants and consultants for their time, expertise and the fruits of their labors. It is our hope that all students and staff will be safe to the greatest extent possible in any emergency or crisis situation. Working together within our communities and in concert with our state agencies, we believe this is possible.

Sincerely,

Carter D. Ward, Ph.D.  
Executive Director

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## **Schools as a Vital Part of Community-wide Emergency Preparedness**

Schools clearly play a vital role in the lives of their students, parents and staff. Indeed, schools are an integral part of the social fabric and can provide invaluable leadership and guidance within their communities. This is especially true in the area of emergency preparedness. It is important for every Missouri community to carefully prepare for emergencies before they occur and to work toward increased resilience and recovery capacity after disaster strikes. To accomplish this most effectively, schools must partner with emergency management, businesses, health care, private and not-for-profit entities in the planning process. The Federal Emergency Management Agency (FEMA) is taking a preparedness approach called Whole Community, which focuses on helping local leaders develop a shared understanding of community needs and capabilities, increased integration of community resources, increased individual and collective preparedness and a higher level of readiness and resilience that ultimately strengthens other communities, the state and the entire nation. It takes everyone!

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# Emergency Planning for Students with Special and Functional Needs within the Context of School and Community Planning

## *Guiding Questions*

### **Response Phase of an Emergency**

A good emergency plan should address preparedness, response, recovery and mitigation. The response phase of an emergency lays the foundation for, and usually determines how, an emergency is handled throughout the life of the emergency. Good decisions by both internal site leadership, as well as, external response leadership are most important in the response phase of an emergency. These decisions need to be based on accurate situational awareness information, coupled with a solid plan which has been tested and exercised. A good emergency plan, which supports decision making, can often make a huge difference in the outcomes, including minimizing the loss of life in the response phase of the emergency.

The Response Phase of an emergency will usually last from several hours to several days and end when the situation at the scene of the emergency is stabilized. It does not mean that the scene has necessarily returned to normal. More often than not, execution of the response phase of the emergency plan will need to be adjusted as the emergency unfolds, as all eventualities of an emergency cannot be foreseen in the planning process for an emergency. Most situations can be effectively dealt with as the emergency unfolds if the plan sticks to “basic” emergency response principals and allows for leadership decision making on how those response principals are executed, based on good situational awareness.

The response phase, while not the only part addressed in any emergency plan, should be the basis of the plan. The emergency plan should describe who, what, when, where and how internal resources will be utilized. It should also establish realistic expectations for external resources and assets and how they will respond and be utilized. The three “Cs” - communication, coordination, and collaboration--should establish the baseline of the emergency plan. Testing and exercising the plan with different scenarios, while stressing the plan to failure, can insure that any weak links are fixed and not become evident for the first time as the emergency unfolds.

Once stability has been achieved at the location of an emergency, mitigation and recovery efforts can begin. A vital step following an actual emergency should be to critique the emergency plan, make adjustments to the plan and re-test, to insure an organization has the best emergency plan possible.

Resources: FEMA **Multi-hazard Emergency Planning for Schools:**

<http://training.fema.gov/EMIWeb/emischool/EL361Toolkit/siteIndex.htm>

RAND Promising Practices Network Emergency Planning Resources for Organizations Serving Children: <http://www.promisingpractices.net/resources/emergencyprep/>

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## **Coordination of Emergency Response**

1. Have you involved outside emergency services and other public safety agencies in your emergency planning and yearly review?
2. Have you engaged your local or regional Emergency Medical System (EMS) and local or regional hospital as part of your emergency preparedness?
  - a. Have you shared your plan in a collaborative manner with them?
  - b. Do you have a name and number for emergency contacts?
3. Have you participated in outside agency emergency exercises whenever possible?
4. Is your emergency plan exercise program inclusive of outside emergency services and other public safety agencies, as well as your staff (including substitute teachers, bus drivers, maintenance staff, etc.) and conducted yearly?
5. Is there one or more designated on-site and off-site locations for sheltering school children?
6. Have you trained your staff including substitute teachers, bus drivers, maintenance staff, etc.) on the plan on a yearly basis?

7. Does everyone with an assigned duty or duties have a backup if, for any reason, they cannot perform their responsibilities?
8. Is your shelter-in-place (SIP) plan universally designed to include any person who may be on your premises at the time of an emergency, including but not limited to:
  - a. Students (including students from other schools), patrons, and parents;
  - b. Individuals with medical, physical and mental health needs;
  - c. Students with food sensitivities/allergies;
  - d. Individuals with mobility needs;
  - e. Individuals with sensory disabilities;
  - f. Individuals with limited English proficiency?
9. Has the district's shelter-in-place plan been reviewed at least annually by district staff and changes made as appropriate?
10. Does the plan include the four (4) elements of evacuation information that people need?
  - a. Notification (What is the emergency?)
  - b. Way finding (Where is the way out?)
  - c. Use of the way out (Can I get out by myself, or do I need help?)
  - d. Assistance (What kind of assistance might I need?)
11. Have building administrators practiced the SIP plan with all responsible persons under their supervision?
12. Is staff member training documented at least annually on the shelter-in-place plan?
13. Is there an accountability system in place to ensure the location of every child is known to the appropriate staff?
14. Does the SIP plan have necessary supervision to address all anticipated and unanticipated students' needs?
15. Does the accountability plan cover all locations and settings where students are under the supervision of school staff—i.e. buses, bathrooms, locker rooms, off-site locations, work sites, field trips, etc.?

16. Does the plan include how responsible people will get their information in various settings?
17. Does the plan include how information will be communicated to first responders?
18. Have you arranged for a communication protocol between school and parents and have parents been informed of this protocol?
19. Does your SIP have a cascade of communications beginning with who determines the SIP will be implemented?
20. Does the emergency plan detail how the following groups of persons will be informed?
  - a. How staff will be informed?
  - b. How students will be informed?
  - c. How parents will be informed?
  - d. How first responders will be informed?
  - e. How the community will be informed?
21. Does the plan include the provision for reunification when the SIP is no longer necessary?
22. Does the reunification plan have enough flexibility that if a parent or other responsible caregiver can take custody of a child, the child is released to the responsible party?
23. Does your plan include special and functional needs populations in the context of all hazard planning?
24. Does your plan include the possible need for sheltering in place (SIP) for up to 72 hours and the demands of special and functional needs populations in shelter in place, including extended sheltering situations?

## **Planning Ahead for Students/Staff with Special and Functional Needs**

Consideration of the people with special needs in the planning stage of development of an emergency plan is vital to ensuring the safety and well-being of all students and staff during an emergency. In every aspect of the planning phase attention should be paid to the individual and unique needs of every student and staff member. This is especially true for those with physical, emotional, cognitive and sensory-based disabilities who may require additional staff, resources or equipment than those without disabilities. This planning cannot be limited to just students with IEPs-- districts, building-level teams and individual teams should consider students with 504 plans and staff needs as well. When districts integrate the needs of children and adults with disabilities and others with access and functional needs into their district-wide planning initiatives, they maximize resources, meet their obligations and strengthen their ability to prepare for, protect against, respond to, recover from and mitigate all hazards.

Some examples of areas of your emergency plan that may require individual addendums for those with needs that will challenge the generic plan may include:

- evacuation – who will be responsible to ensure those with ambulatory needs are moved to the appropriate area;
- shelter in place – who will ensure those with sensory and cognitive needs remain quietly in one area;
- shelter in place over an extended time – where will food for those with specific diets or sensory input challenges be kept and who will be responsible to gather them;
- tornado – what accommodation is needed for those with sensitivity to sound and who will be responsible to ensure the person(s) remain still ?

These are just some examples but the possibilities are numerous. Included in this resource are many questions your district can and should use to develop an emergency plan that ensures safety for all students and staff.

Because the needs of those with disabilities are often the responsibility of the nursing, counseling, and/or special education departments, you are highly encouraged to include members from these departments on your emergency planning team. These professionals are trained to consider the unique needs of individuals and can bring that perspective to your district/building plans. Creating an individual safety plan for each person with specific needs that includes exact details and assigns responsibilities to a specified person and an alternate person is highly recommended. The staff from these departments will be vital in considering the intricate details of those individual plans.

What we have learned from the tragedies in Rolla, Jackson, New Orleans and other districts across the country is that districts must be more purposeful and inclusive in planning for emergencies to ensure the safety and well-being of all staff and students.

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### **Management of Disability Factors**

25. Does the plan consider the five (5) general categories of disabilities?

- Mobility impairments \_\_\_\_\_
- Visual impairments \_\_\_\_\_
- Hearing impairments \_\_\_\_\_
- Speech and/or language impairments \_\_\_\_\_
- Cognitive impairments \_\_\_\_\_

26. What modifications does your district plan need to address the specific, individual needs of students?

27. Is the medical information available on individual children sufficient for emergency planning, including up to 72 hours of shelter-in-place (SIP)?

28. Is the place where disability and medical specific information ( i.e., Individual student health plans; individual student medical emergency plans; medication information; safety plans; special transportation needs) are stored or maintained included in emergency plans/binders? What means is there to access the above information in a crisis?

29. How do students' daily support plans need to be modified in an emergency including up to 72 hours of SIP?

Consider additional needs in the following areas in a crisis:

- a. Staffing \_\_\_\_\_
- b. Sensory \_\_\_\_\_
- c. Equipment \_\_\_\_\_
- d. Space \_\_\_\_\_
- e. Transport \_\_\_\_\_

30. What training and practice do you provide students with disabilities and staff who support them relative to disaster routines/emergency planning?
- f. How do you pre-teach disaster routines to students?
  - g. What additional practice is necessary for students with special needs?
  - h. Who is responsible for conducting that training/practice on a routine basis?
31. Have you pre-planned for parents of students with special needs?
- a. Have all parents of students with special and functional needs been notified of the plans for their children?
  - b. Is there a system for proper identification of children?
  - c. Have parents been informed of how reunification with their child(ren) will take place?
32. Have you included all off-site locations where students, including students with disabilities, are the responsibility of the school in the emergency plans, including work sites, extra-curricular activities, etc.?
33. Has your plan(s) been reviewed by various stakeholders, i.e. special education coordinators/directors, counselors, nurses, etc., to ensure all student/staff needs are addressed?

## School Health Services (School Nursing)

The terms emergency and disaster are often interchanged, but for the purposes of this discussion, an emergency is a dangerous event that normally can be managed at the local level. Disasters are distinguished from emergencies by the greater level of response required. Dealing with emergencies is one of the most anxiety-provoking roles of the school nurse. A school nurse must be prepared to handle emergencies on a daily basis. They are held to the same standard as nurses in other nursing specialties when providing emergency care. In addition, school nurses are integral members of the school crisis team, and are often first responders, providing emergency management as well as long-term support, and managing physical and emotional first aid. They are resident experts in bioterrorism and communicable diseases.

Being prepared for disasters and emergencies requires individualized attention to students with special healthcare needs. The planning process for disasters and emergencies and provision of care for 72 hours onsite begins at the time of school registration. Provisions must be made for medications, nursing procedures, special diets, supplies and equipment. Consideration for assisting these students in getting to safety must be included. An individualized health care plan and an emergency Action Plan (EAP) should be in place for all students requiring accommodations during a potential event. School staff must be trained on the EAP.

School nurses are in a pivotal position. They are trusted and respected. Their comprehensive and broad education provides an excellent background for being a first responder. It is the position of the National Association of School Nurses that “school nurses provide leadership in all phases of emergency preparedness and management and are a vital part of the school team that develops emergency response procedures for the school setting, using an all-hazards approach” (NASN 2012).

School nurses are key to medical planning for schools. They are important for disease surveillance and reporting and in mitigation efforts. School nurses are the link to the public health community. They are looked to as major communicators to student, staff and parent groups regarding health risks and they are often the link to the mental health community.

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## Management of Medical Conditions & Planning for Medical Emergencies

34. Are persons familiar with special populations within the school part of your emergency planning process, such as school nurses, special education administrator, 504 coordinators, and mental health professionals?
35. Is the medical information available on individual children sufficient for emergency planning, including up to 72 hours of shelter-in-place (SIP)?
36. Does your emergency plan take into consideration or plan for the unique medical and mental health conditions of staff?
37. Is the place where medical and disability specific information ( i.e., Individual student health plans; individual student medical emergency plans; medication information; safety plans; special transportation needs) are stored or maintained included in emergency plans/binders? What means is there to access the above information in a crisis?
38. Are there emergency medical kits available for SIP to address specific medical needs of students and staff?
  - i. What medical conditions are present among students and staff? (Diabetes, asthma, heart conditions, severe allergies, oxygen dependency, special toileting needs, others: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.)
  - j. Are the locations of the kits noted in the plan?
  - k. Is the person(s) responsible for securing the kit(s) and getting it/them to the needed location during a SIP noted in the plan and practiced?
  - l. Is sustainment of the medical supplies in the kit(s) addressed in the plan?
39. Does your plan include the possible need for sheltering in place (SIP) for up to 72 hours and the special demands of special and functional needs populations in extended sheltering situations?
40. Do you have individualized plans for students with health care needs to be utilized in a shelter in place crisis, including how they can be accessed during the emergency?
41. Are you familiar with “Ready in 3” from the Department of Health and Senior Services-- a program that promotes emergency planning and preparedness at all levels from

individual families to organizations? (“Ready in 3” provides tools, templates, and other resources to facilitate emergency preparedness and is a valuable resource for schools especially when working in a collaborative manner with community agencies.)

42. Do you utilize current best practices when you develop/ review emergency plans for students with special and functional needs?

43. For general sheltering in your facility, do you utilize current best practice guidelines based on lessons learned from other schools in your state, such as Joplin and Caruthersville?

## **Legal and Policy Considerations in Emergency Planning for Special Needs**

The purpose of school crisis planning is to develop an effective response to crisis situations to protect the safety of students, staff and the community. Fear of a lawsuit should never be the primary reason a school district undertakes crisis planning, but there are legalities to consider in the development and execution of any plan.

School districts have a legal duty to take all reasonable precautions to protect the students entrusted to their care, and developing and properly executing a crisis plan is part of fulfilling that duty. School districts are not expected to use every means humanly possible to protect students, but they must do all that is reasonable. The courts recognize that schools are working with limited resources and give deference to school decisions that are reasonable under the circumstances.

Policy is the mechanism by which school districts implement their legal responsibilities. It is imperative that Boards of Education, by policy, require district administrators to develop plans for responding to crisis situations and support development of those plans with adequate resources (see MSBA policy EBCA).

A district's legal duty to its students is not discharged simply by developing a plan—the district must also adequately train those required to implement the plan and, when circumstances require, follow the plan. Failure to properly implement a crisis plan may invite liability. A checklist can be an effective planning tool, but it can also be a roadmap for a lawsuit if it is not followed. Districts should work closely with local law enforcement groups and other first responders when developing a crisis plan. Doing so will result in a better plan that is likely to be more credible to the courts.

School districts are also bound by laws dictating confidentiality of certain student and staff information, including the Family Educational Rights and Privacy Act (FERPA) and the Americans with Disabilities Act (ADA). Both FERPA and the ADA allow for the release of information in a health and safety emergency, but there are restrictions on how much and to whom information can be released. Any portion of the crisis plan that allows for private information about students or staff members to be released must comply with board policy and law.

This section includes resources chosen to guide a school district through the legal and policy issues associated with emergency planning.

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Board Development and Board Services

## **Policy and Legal Issues**

44. Does the district have a policy approved by the Board of Education regarding emergency plans?
45. Does the policy include provisions for the plan to be reviewed by local (community or regional) and state emergency planning personnel?
46. Does your plan allow for compliance with FERPA, Section 504, and ADA in terms of release of information in an emergency?
47. Does the policy require an emergency response plan that includes a shelter-in-place provision?
48. Has the district's shelter in place plan been reviewed at least annually?
49. Have building administrators practiced the SIP plan with all responsible persons under their supervision?
50. Does the policy authorize the use of community resources in cooperation with community emergency responders?
51. Does the policy include provision to provide first responders with a copy of the emergency plan including the shelter-in-place (SIP) plan?
52. Does the SIP include mental health preparation for teachers and others who work the SIP plan?

## Recovery Phase

The Recovery Phase is an important aspect when planning an emergency response. The recovery plan describes who, what, when, where and how to get your school back up and running following a disaster or emergency. The planning should include both short-term and long-term efforts.

Short-term operations include restoring vital services such as water, gas, electric, computer systems, transportation and communications. It includes life sustaining efforts, such as providing first-aid, food, water and basic living essentials. Other short-term planning efforts to be implemented following an incident include assessing damage, debris clean-up and preparing the facility for reentry, or if necessary, identifying temporary classroom locations.

Once stability is achieved, long-term operations focus on returning the school and community to normal operations and reducing future vulnerability. These efforts may include the reconstruction of facilities, assessing the need for system upgrades, re-establishing usual business and fiscal operations, returning to a typical academic schedule, and attending to the long-term social and emotional needs of the students, faculty, staff and parents/guardians. The goal of the Recovery Phase is to minimize the disruption of operations and to ensure some level of organizational stability and an orderly recovery.

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### Getting Back to Business and Long-term Consequences

1. Is “Continuity of Operations” and recovery planning a component of your overall emergency plan?
2. Are things like identification of sources for emergency generators, debris removal, restoration of utilities and other lifelines etc., documented in the plan?
3. Have you considered the mental health needs and the immediate reaction adults should make following a crisis?

4. Does the SIP include care for caregivers to support the physical and emotional needs of staff and students following a crisis?
5. Is there a plan to debrief/deescalate with students and staff after the emergency or crisis?