Disability Accommodation Disaster Risk Assessment Framework

Guide



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Disability Accommodation Disaster Risk Assessment Framework
Guide

A practical tool to support frontline disability accommodation staff and managers to make placement decisions during emergencies.

Background



Disability accommodation providers have a responsibility to plan ahead, and to make sound decisions quickly when conditions change.

This framework was co-designed with disability accommodation providers who attended workshops in Townsville, Southport, Brisbane and online in early 2026.

Disability accommodation providers who attended the workshops had experience during disasters and shared – what worked, what didn't work, and what they wished they had known. This experience is embedded throughout this framework.

This framework is designed to support disability accommodation providers to:

- Identify what assumptions are built into current plans (for example, that a staff member will be contactable, that a generator will start, or that a road will stay open)
- Guide decisions under changing conditions
- Enable reflection over time, and
- Strengthen emergency preparedness.

This framework is designed to be used after organisations have had the opportunity to reflect on their organisational emergency preparedness.

The Organisational Emergency Preparedness (OEP) eLearning supports this reflection and is strongly recommended before undertaking or revisiting this assessment.

Link to eLearning module: OEP eLearning Modules | Collaborating 4 Inclusion

The framework was developed by Queenslanders with Disability Network (QDN), in partnership with the University of Sydney's Collaborating4Inclusion research team and National Disability Services (NDS), with funding from the Department of Families, Seniors, Disability Services and Child Safety.

This framework is written for frontline disability accommodation staff and managers. Frontline staff will mainly use Steps 1-4 during day-to-day planning and while an emergency is unfolding; managers and those with decision-making authority will find Steps 3 and 5, and the Key Principles, most relevant for approving actions and embedding learnings afterwards.

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Before you use this framework

You don't need everything to be perfect before using this framework, but it works best if you have a few basics ready first.

What helps before you begin:

- Your organisation has a Business Continuity Plan (BCP)
- Each person you support has a Person-Centred Emergency Plan (P-CEP).

Link to Workbook: Person-centred emergency preparedness (P-CEP) Workbook

This framework supports both plans but does not replace them.

First, take a few minutes to reflect

- Before you start scoring, pause and speak with at least one other person in your organisation, from a different role.
- This step matters and helps avoid false confidences.
- There are no right or wrong answers.

Discuss

- [ ] What have you already dealt with?
  - Any emergency that put pressure on your usual operation.
- [ ] What decisions were hardest to make?
  - Where did details seem unclear or rushed?
- [ ] What did you assume would work, but did not?
  For example, did we assume:
  - Staff could get to work?
  - The generator would start?
  - Roads would stay open?
- [ ] What do you not know yet, but would want to know in an emergency?
- [ ] What would worry you most if conditions quickly changed?
- [ ] Where would staff have to improvise because there is no plan?
- [ ] What have people with disability who you support told you, directly or through family/carers, about what worked and did not work for them in past disruptions?

Notes

Why this reflection matters

What you notice here will:

- Help you score more honestly in Steps 1 and 2.
- Raise risks which numbers alone cannot capture.
- Allow assumptions to become visible before tested under pressure.

Make a few notes. You'll come back to them.

SIL Client:

"I was already out at my Day Program when we decided it would be best for me to go to the Respite House for a few days just in case the water got close to my home. My team checked my PCEP and knew what I would need for a few nights away from home, including my sleep breathing machine. A staff member collected my go bag and a few personal things and brought them to me and they let my family know where I had gone. I had a great few days at the Respite House until it was safe for me to go back home. "

How to use this framework

This framework works best when:

- It is completed with input from at least two people, and
- Differences in views are noticed, not smoothed over.

When people view things differently, that is useful information, not a problem.

?>> What comes next

Once you've reflected:

- Move through the five steps in order.
- Use scoring as a guide, not an answer.
- Return to your notes if things do not quite fit.

This framework is a snapshot, not a final judgement.

It's designed to be revisited as conditions change and after emergencies pass.

Your Framework: The five steps

This framework moves through **five** simple steps.

- [ ] Work through them in order.
- [ ] You can do Steps 1 and 2 ahead of time as part of your regular planning and so you are not starting when under pressures.





Step 1 - The property

Look at each property you support.

- Rate risk areas as: Low, Medium, High or Critical.
- This gives you an overall risk level for that property.

Reminder: Do one assessment per property.



Step 2 - The people you support

Look at each person individually.

- Rate their needs across key areas (e.g., health, mobility, support needs).
- Rate each need as either Low, Medium, High, or Critical.
- This will give you an overall risk level for each person.

Reminder: Do one assessment per person.



Step 3 - Deciding on actions

Bring the two together.

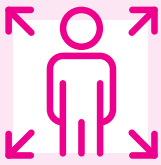
- The property risk (Step 1)
- The risk for the people you support (Step 2).

Use the matrix to guide what to do next:

- Assess and observe.
- Prepare.
- Act.
- Escalate immediately.

The matrix also helps you:

- Think through relocation options
- Record your decisions.



Step 4 - Managing during the emergency

Use this step while the situation is unfolding. It helps you:

- Plan and adjust staffing.
- Communicate with people and families.
- Monitor changes.
- Update your decisions as needed.

Reminder: Review your assessment regularly during an emergency (e.g., every few hours).



Step 5 - After the emergency

When the situation is over, take time to reflect.

- What worked?
- What did not?
- What would you change?

Use this to:

- Update your plans (BCP and P-CEP).
- Improve your next response.

This framework helps you make decisions earlier and not react when you are under pressure.

Timing matters

Providers who can act quickly and responsively make decisions early, and often days before an emergency.

Waiting for 24 hours before an emergency can limit your options. For example:

- Roads may already be affected.
- Transport may be harder to find.
- Places to relocate may be full.



Key Principles

Decision-making and consent

Start with the person you support.

- It is important for a person with disability to be included in decisions about them, so seek their views first.
- Recognise and build on the person's own strengths, preferences and existing coping strategies, not only their support needs.
- Involve families, carers, or decision makers in discussions, as needed.
- Record decisions and why they were made.

Plan for situations where communication is down:

- Staff may need to act without immediate guidance.
- Be clear about who can make decisions and when.

Think about what you are assuming:

- Who will be contactable?
- How long will decisions take?
- Is consent already covered in these situations?

Communication

Expect communication to be disrupted, so:

- Be ready to act without real time advice.
- Share information early with the people with disability, their families, carers and decision makers.
- Use clear and simple communication, when required (e.g. Easy Read).
- Have backup options (e.g. radios, apps).

Make sure escalation is clear

- Who to contact?
- In what order?

Staff safety and wellbeing

Staff safety needs active planning, so:

- Do not assume staff will prioritise themselves.
- Decide early when staff should go home or stay.
- Check in regularly with staff and decision makers (e.g. morning and evening).

Plan ahead for

- Extra staffing, if needed.
- Situations where staff are affected by the emergency and cannot work.

Funding and resources

Be ready for extra costs, so:

- Keep records of all additional spending.
- Ensure staff understand how to claim emergency costs.
- Plan early if you or other providers may need extra support.

Step 1: The property

These scores are a starting point for discussion, not a final answer. Different people may score differently, and that difference is useful.

If scores differ between people, record both. Differences often highlight **important assumptions or risks** that need attention.

It is important to consider what assumptions you are making as you score each factor. For example: power supply, staff availability or road access.

Understanding the action labels

Each risk factor in this framework is labelled as Preventative, Contingent, or Improvisational. These labels tell you what kind of preparation is possible and appropriate.



Preventative
You can act now to reduce this risk.



Contingent
Depends on how the situation unfolds.



Improvisational
Staff will need to make decisions in the moment.

Most risks involve more than one type of risk factor.

For example – where a factor is labelled ***Preventative/Contingent***, it means there are actions you can take now, and responses you will need to make on the day.

Property Risk Assessment Table

Name: _____ (staff completing the tables)

Address: _____

Reference: _____ **Date:** _____

Instructions for Use:

1. For each category, place an "X" in the column that corresponds to the applicable level for the property.
2. At the end of the table, count the number of "X"s in each column and record them in the "Summary of Risk Levels" table.
3. Use the summary to determine the overall risk level:
   - **Low:** All categories marked as "Low".
   - **Medium:** At least one "Medium" and no "High" or "Critical".
   - **High:** At least one "High".
   - If there is any category scored "Critical", the overall risk level must be High.

Category	Criteria	Low	Medium	High	Critical
Flooding likelihood  Likelihood of flooding based on historical data, flood maps, or local knowledge.	AEP < 1% (Annual Exceedance Probability – the chance of flooding at this property in any given year; check yours via the Queensland Government's flood mapping tools **OR** No flood history **OR** not in a flood zone. AEP 1% – 10% **OR** Minor flood history **OR** located in a fringe flood zone.				
	AEP 10%– 50% **OR** Known flood zone **OR** significant risk of flooding during heavy rainfall.				
	AEP 50% **OR** High-frequency flooding **OR** property is highly vulnerable to catastrophic flooding events.				

Category	Criteria	Low	Medium	High	Critical
Road and evacuation access  Availability and reliability of evacuation routes during disasters.	Multiple access routes with no history of closures or significant vulnerability to flooding.				
	One main route with some history of closures or moderate vulnerability to flooding.				
	Single access route with a high likelihood of closure based on historical data or known vulnerabilities.				
	High certainty of isolation during a disaster based on historical data or current conditions (e.g., flooding).				
Structural integrity  Condition of the property and its ability to withstand disasters (e.g., storms, floods).	Building is structurally sound; no known vulnerabilities.				
	Minor structural vulnerabilities; may require minor repairs to withstand disasters.				
	Significant structural vulnerabilities; likely to sustain damage during disasters.				
	Severe structural vulnerabilities: building is unsafe or uninhabitable during disasters.				

Category	Criteria	Low	Medium	High	Critical
Disaster type and severity  For more information about types of disasters, visit the Queensland Government website at Types of disasters - qld.gov.au. Local knowledge will play a vital role in determining the level of risk for the property. Find out more about severity details Interim Queensland Prevention, Preparedness, Response and Recovery Disaster Management Guideline.	Tropical low, minor localised storm, short-term power outage (<4 hours), minor flooding, routine disruption, no threat tsunami warning.				
	Category 2-3 cyclone, significant storm/flood, power outage (4-24 hrs), heatwave, smoke event.				
	Category 4-5 cyclone, major flooding, significant bushfire threat, power outage (24+ hrs), pandemic-level issues.				
	Catastrophic or rapidly escalating event, extended isolation, cascading failures (for example heavy rain causing nearby landslide).				
Power and energy security 	Generator/backup power, fuel stocked, serviced within 12 months, registered essential provider.				
	Generator available but not recently serviced.				
	Registered essential provider, no backup OR power already out, no medical-critical equipment affected.				
	Medical-critical equipment reliant on mains power, with no backup.				

Category	Criteria	Low	Medium	High	Critical
Fire risk  Risk of fire due to location, vegetation, or other factors.	Low fire risk; no history of bushfires or flammable vegetation nearby.				
	Moderate fire risk; some flammable vegetation nearby; minor history of bushfires.				
	High fire risk; significant flammable vegetation nearby; history of bushfires in the area.				
	Extreme fire risk; property surrounded by flammable vegetation; recent or ongoing bushfire activity.				
Supplies and stockpile readiness  Availability of essential supplies (e.g., food, water, medication) for residents and staff.	Supplies sufficient for at least 7 days; no anticipated disruptions to resupply.				
	Supplies sufficient for 3–7 days; some risk of resupply delays.				
	Supplies sufficient for less than 3 days; high risk of resupply delays.				
	Supplies exhausted or unavailable; no resupply possible due to isolation or other factors.				

Count the number of "Xs" in each column and record them in the "Summary of Risk Levels" table.

Summary of Risk Levels

Risk Level	Low	Medium	High	Critical
Count				

Use the summary to determine the overall risk level:

- **Low:** All categories marked as “Low”.
- **Medium:** At least one “Medium” and no “High” or “Critical”.
- **High:** At least one “High”.
- If there is any category scored “Critical”, the overall risk level must be High.

Low Accommodation Risk

Property is well positioned and structurally sound. No immediate threat to evacuation routes or services. Monitor and prepare.

What assumptions is this rating based on?

Medium Accommodation Risk

Some risk factors are present. Begin active review of shelter in place vs relocation. Heightened monitoring is required.

What would need to change for this to become High?

High Accommodation Risk

Multiple risk factors. Relocation should be strongly considered. Activate BCP and relocation planning immediately.

What is your organisation assuming it can manage that may be beyond its control?

Notes

? What this means in practice

Use the prompts below to record a brief response. There are no right answers. The goal is to make **consequences visible** before an emergency, not after.

For the people with disability you support, what would be the immediate impact on their safety, health, and daily life?

Safety: _____

_____

Health: _____

_____

Daily Life: _____

_____

For your staff and volunteers, what pressures would they face, and what might they be asked to manage alone?

Staff pressures: _____

_____

Staff may need to manage alone: _____

_____

Volunteer pressures: _____

_____

Volunteers may need to manage alone: _____

_____

For service continuity, which supports or services would be most difficult to maintain, and for how long could you sustain them?

Support/services most difficult to maintain: _____

_____

How long can this be sustained: _____

_____

What is the single consequence you are most concerned about that the scoring above may not fully capture?

_____

_____

_____

_____

_____

This brief response supports your risk ratings but does not replace them. Return to this response when conditions change, and after the emergency to reflect on whether your assumptions were the same.

_____

_____

_____



Step 2: The people you support

These scores are a starting point for discussion, not a final answer. Different people may score differently, and that difference is useful.

If scores differ between people, record both. Differences often highlight **important assumptions or risks** that need attention.

It is important to consider what assumptions you are making as you score each factor. For example: their P-CEP reflects current needs, staff availability and if their decision-maker will be reachable.

This assessment works best when it captures what is already working well for this person, not only where things could go wrong.

Alongside each score, note the strengths, existing supports and coping strategies this person already draws on (for example: a strong family network, a well-established routine, a trusted support worker, or their own experience managing past disruptions).

These are often what will carry a person through an emergency, and knowing about them in advance helps staff build on what already works rather than starting from scratch under pressure.

Always document the basis for scoring and the participant's substitute decision-maker's views.

As in Step 1, each domain is labelled Preventative, Contingent or Improvisational to indicate what kind of preparation is possible. See page 12 for a full explanation of these labels.

Parent (SIL and Day Program client):

"Our son did not have to evacuate, but his SIL supports and access to Day Program services were impacted in the flood. We know our provider had and practiced organisational plans however we did not know the level of detail. We were pleased that they had assessed risks for every client and location, and that they did daily check-ins with everyone, including client families and staff. As a family we felt well connected to what was happening with our son's SIL staff and his day program regarding closures, we were offered alternate supports and information about when services would return to normal."

Participant Risk Assessment Table

Name: _____ (staff completing the tables)

Name: _____ (person you support)

Reference: _____ **Date:** _____

Instructions for Use:

1. For each category, place an "X" in the column that corresponds to the applicable level for the participant.
2. At the end of the table, count the number of "X"s in each column and record them in the "Summary of Risk Levels" table.
3. Use the summary to determine the overall risk level:
   - **Low:** All categories marked as "Low".
   - **Medium:** At least one "Medium" and no "High" or "Critical".
   - **High:** At least one "High".
   - If there is any category scored "Critical", the overall risk level must be High.

Category	Criteria	Low	Medium	High	Critical
Mobility and evacuation 	Independent, can self-evacuate.				
	Needs some assistance/ 1 support.				
	Full assistance, specialised transport needed.				
	Non-ambulant and complex equipment.				
Medical device dependency  	No power-dependent devices.				
	Some devices, short battery back-up.				
	Critical devices (e.g., suction oxygen).				
	Life sustaining devices, no battery.				

Category	Criteria	Low	Medium	High	Critical
Behavioural and communication 	Communication needs, managed behaviours.				
	Limited communication, some BSP triggers.				
	Complex PBSP, high escalation risks in new setting.				
	Extreme risk in disrupted environment.				
Medication and health  	Stable, supply more than 2 weeks on hand.				
	Stable, limited supply or refrigeration needed.				
	Complex regiment, frequent monitoring required.				
	Acute/unstable health, immediate medical access needed.				
Decision-making capacity  	Can understand, retain and communicate choices.				
	Partial capacity, needs supported decision-making.				
	Limited capacity, relies on substitute decision-maker.				
	No capacity, high guardianship complexity.				
Support network 	Strong formal and informal networks available.				
	Some formal support, limited informal.				
	Formal support only, family unavailable.				
	Isolated, no support network accessible.				

Category	Criteria	Low	Medium	High	Critical
Views and preferences 	P-CEP plan in place, preferences documented.				
	Preferences known informally, not documented.				
	Preferences unknown, substitute or supported decision-maker needed.				
	No plan, no supported decision-maker accessible, high dispute risk.				
Pets and assistance animals 	No pets/assistance animals.				
	Pet with alternate care arranged.				
	Assistance animal with no back-up plan.				
	Participant refused evacuation without animal, no venue accepts.				

Count the number of "Xs" in each column and record them in the "Summary of Risk Levels" table.

Summary of Risk Levels

Risk Level	Low	Medium	High	Critical
Count				

Use the summary to determine the overall risk level:

- **Low:** All categories marked as "Low".
- **Medium:** At least one "Medium" and no "High" or "Critical".
- **High:** At least one "High".
- If there is any category scored "Critical", the overall risk level must be High.

Low Participant Risk

Person is largely independent or well-supported. Can shelter in-place if accommodation risk is low-medium. Maintain contact and monitor.

What assumptions is this rating based on?

Medium Participant Risk

Person draws on some existing supports (e.g. family, carers, established routines), alongside vulnerabilities that need active management. Build additional support around what already works: maintain family/carer contact, review relocation options, and increase support staffing ratios as needed.

What would need to change for this to become High?

High Participant Risk

Provider support is the primary or only support currently available. Identify and record what already supports this person day-to-day (routines, communication approaches, trusted staff) so it can be maintained under pressure. Early proactive decisions are necessary to ensure participant safety. Hospital involvement may be required. Escalate immediately.

What is your organisation assuming it can manage that may be beyond its control?



Notes

? What would this mean for the people we support?

Use the prompts below to record a brief response. There are no right answers. The goal is to make **consequences visible** and concrete before an emergency, not after.

For this person, what would be the immediate impact on their safety, wellbeing, and dignity?

What strengths, existing supports or coping strategies does this person already have that staff can build on?

For the staff supporting them, what decisions would they face, and do they have the authority and capacity to make them?

For your organisation, what would it mean for your ability to support this person and others at the same time?

What is the consequence you are most worried about that this scoring does not fully capture for this person?

Where a participant has a P-CEP plan, check whether it addresses the consequences you have identified here. If it does not, update it before the emergency.



Step 3: Deciding on actions

The decision matrix combines:

- The property risk (Step 1).
- The risk for the people you support (Step 2).

The matrix helps guide decisions; it does not replace judgement. Use it alongside your knowledge of the situation, timing, and local conditions.

This assessment is a snapshot in time. It should be updated as conditions change.

Accommodation Risk Level	Participant Risk Level		
	Low	Medium	High/ Critical
Low	Assess & Observe	Assess & Observe	Prepare
Medium	Assess & Observe	Prepare	Action required
High	Prepare	Action required	Escalate immediately

Assess and Observe

- Continuously assess the situation by gathering and reviewing updated information (e.g., weather forecasts, flood warnings, participant needs).
- Observe for any changes in conditions that may escalate the risk level.
- Ensure communication channels are open and functioning to receive updates from authorities and staff.
- Document any changes in risk levels or conditions.

Prepare

- Take proactive steps to mitigate risks and prepare for potential escalation. Examples:
  - Pre-position supplies (e.g., food, water, medications).
  - Review and communicate evacuation plans with staff and participants.
  - Increase staffing levels or adjust rosters to ensure adequate coverage.
  - Test communication systems and ensure all staff and participants are aware of emergency protocols.

Act

- Implement planned actions to address the identified risks.
- Examples:
  - Begin relocating participants to safer locations if conditions are worsening.
  - Activate elements of the Business Continuity Plan (BCP) or Person-Centred Emergency Plans (P-CEP).
  - Notify families, carers, and relevant authorities about the situation and planned actions.

Escalate Immediately

- Take urgent action to protect the safety and wellbeing of participants and staff when risks reach a critical level.
- Examples:
  - Evacuate participants immediately to pre-identified safe locations.
  - Contact emergency services for assistance.
  - Activate full emergency response protocols, including notifying all relevant stakeholders.

Worked example

A property is scored High (Step 1) and a person supported there is scored Critical (Step 2). Reading across the matrix, High property risk and High/Critical participant risk gives "Escalate immediately – Evacuate now/escalate". This means staff should not wait for conditions to worsen further: begin evacuation planning immediately, notify families and decision-makers, and contact emergency services if needed.

This section is **as important** as the scoring. It helps show risks and consequences.

To support your decision, consider what actions you will need to take.

- What are the relocation options?
- What aspects of your BCP will be required?
- Record your decisions and why.

Consider the risks that cannot be managed by your organisation alone.

- Where is shared responsibility needed to reduce risks?
- What external support do you need to reduce risks?
- What information do others' need from our organisation before emergencies?

Prioritising when resources are limited

If several properties or people need action at the same time and you cannot act on all of them at once, use the risk levels from Steps 1 and 2 to decide where to act first:

- Act first on anyone scored Critical, for either the property or the person – these need attention before anything else.
- Next, prioritise High-risk combinations where the matrix points to relocation or evacuation.
- Where risk levels are similar, prioritise based on: how much warning time you have, whether backup arrangements (power, transport, alternative accommodation) are already in place, and how quickly conditions are expected to change.
- Record which decision you made and why, so it can be reviewed later and used to inform future planning.

Worked example

One property is scored High and another Critical, and you do not have enough staff or vehicles to act on both straight away. Address the Critical property first, then return to the High property once immediate safety is secured.



Step 4: Managing during the emergency

Workforce Planning

The following guidance supports your workforce planning during a disaster. It should be read with and inform your BCP.

Decision-making authority

- Authorise frontline staff to make safe decisions if communication is lost and record the decisions.
- Scenario-based training builds confidence for staff who may not have been through a disaster previously and may not trust their own judgement.
- Clear escalation path must be agreed in advance including who do you call and in what order?
- Have one point of contact for each site to reduce conflicting communications.

Know your workforce before the emergency

- Map where all staff live, e.g. which flood zones, which road dependencies.
- Record staff skills or knowledge beyond their role e.g. camping experience, SES membership, nursing background, vehicle type.
- Ask staff in advance who is willing to stay on-site during an emergency and do not assume.

Rostering

- Begin pre-rostering additional staff at earliest notice of the emergency.
- Plan for 4-5 days of double staff.
- Confirm incoming staff can travel safety to work each day.
- Include additional staff to stay with participants during a hospital stay to support health workers and participant safety.

Staff wellbeing

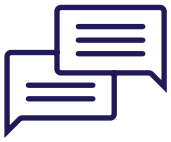
- Have a designated staff member on the emergency management team to manage staff welfare during the disaster – not service delivery.
- Put in place staff welfare checks in morning and evening.
- Have up to date staff family contact details and communicate with staff families if staff must remain on site, including information about their safety and when the next update will be provided.
- Plan for fatigue from the beginning for staff on-site 4-5 days.

New or unfamiliar staff

- Require a minimum number of shifts to have been completed and signed off on Positive Behaviour Support Plans (PBSP) before staff work alone with participant.
- Emergency plans walk-through must be part of first shift induction.
- In a fire evacuation scenario, if three staff were meant to be onsite and two have left due to personal emergencies, remaining staff may be alone with participants who require hoisting. Plan for a scenario like this.

Cross-organisation staff sharing

- Formalise network agreements, MOUs, or similar arrangements.
- Communicate with staff regarding any arrangements.
- Share staff contact details with consent, and agree the principle of mutual aid in writing, as part of planning.



Communication

The following guidance supports your communication during a disaster. It should be read with, and inform your BCP.

Communication infrastructure

- Assess the feasibility of pre-activating Starlink satellites service at the start of the disaster season to confirm functionality and connectivity before mobile networks fail.
- Have two-way radios or walkie-talkies available and functioning.
- Ensure at least one channel remains if towers drop for when staff are with different mobile providers.
- Printed emergency contact list and participant folder in every location.

Communication protocols

- One named communication lead per outlet to send updates.
- One named senior manager as single point of contact across all outlets.
- Confirm and communicate a shared single point of contact with all staff in advance.
- Staff location tracking (refer to "lone worker" app).
- Pre-agreed check-in times communicated to all staff from first notice of the emergency.
- Consider communicating to both personal and work email to avoid staff missing important emails when not on shift.

Communicating with participants

- Social stories for participants who respond well to them, e.g. cover the scenario of being at a different location, not being able to go somewhere, the lights not working.
- Easy Read guides developed pre-emergency and accessible to staff in printed form in emergency kits.
- P-CEP conversations before the emergency ensure participants are prepared.
- Regular verbal updates by familiar staff to support co-regulation reducing escalation, and anxious staff not escalating anxious participants.

Communicating with families and decision makers

- Notify families at earliest notice of an emergency.
- Regular email updates with weather map and status, if possible.
- Document decisions and communicate reasoning to families promptly.
- Ensure families know they may not be able to visit during the emergency and why.
- If relocating a participant, notify the family of where, when, with whom and why, before the move, if possible.



Evacuation Plan

- If you do need to evacuate participants, consider what options are available and most appropriate, e.g. sheltering-in-place with family and/or carers, evacuating to another outlet operated by your organisation, or another provider's property.
- Consider what assumptions each option depends on, e.g. does the receiving site have a vacancy, has consent been pre-obtained, do you need to have a MOU in place?
- Consider the logistics of evacuation
  - Do you have a fleet of accessible vehicles?
  - Will the vehicles be suitable to transport the person's support equipment?
  - Is the vehicle suitable to evacuate people with their pets?
  - Will they travel with other participants?
  - Will they travel with the staff?



Reviewing and updating during the emergency

Use the below timeline as a template to assist in your actions before, during and after an event. Use scenario planning to add specific tasks for your organisation.

Timeline

1

Season start (pre-event)

- [ ] Complete property and participant risk assessments.
- [ ] Review and update all P-CEP plans, including pet plans.
- [ ] Conduct scenario-based staff training, including power outage drills.
- [ ] Service and test all generators – check fuel levels, oil and battery packs.
- [ ] Check and restock emergency kits, including medication supplies.
- [ ] Test radio communications.
- [ ] Map staff home locations and availability.
- [ ] Identify and pre-arrange location options.
- [ ] Pre-obtain consent from guardians/OPG for alternative sites.

- [ ] _____
- [ ] _____
- [ ] _____

Timeline

2 Weather warning or emergency alert issued

- [ ] Reassess risks with updated forecasts.
- [ ] Distribute Easy Read guides and social stories to participants.
- [ ] Contact families to advise of event forming.
- [ ] Identify which staff live in high-risk flood or access zones.
- [ ] Pre-roster extra staff coverage (don't wait for the last 24 hours).
- [ ] Brief all staff on roles, authority to act and communication plan.
- [ ] Confirm relocation site vacancies and accessibility.
- [ ] Confirm accessible transport and vehicle fuel.
- [ ] Begin moving vulnerable participants proactively (don't wait for the last 24 hours).
- [ ] Stock 1-week non-perishable food per participant preferences.
- [ ] Ensure butane cooker or BBQ is available at each site.
- [ ] Secure outdoor hazards (e.g., trees, furniture).
- [ ] _____
- [ ] _____
- [ ] _____

3 24 hours before

- [ ] Confirm shelter in-place or evacuate for each property.
- [ ] Confirm incoming staff travel safety.
- [ ] All devices charged: hoists, wheelchairs, ventilators, phones.
- [ ] Activate communication plan – single lead per location.
- [ ] Update shared tracking system with all participant locations.
- [ ] Notify families of any relocations before they occur.
- [ ] _____
- [ ] _____
- [ ] _____

Timeline

4 During event

- [ ] Review and update property and participant risk every 2 hours.
- [ ] Welfare checks at decided times in morning and evening.
- [ ] At a designated time each morning confirm incoming shift can travel safely.
- [ ] Monitor BOM continuously as conditions change rapidly.
- [ ] Document all decisions with time and rationale.
- [ ] Dedicated staff member doing staff welfare checks.
- [ ] Contact families of staff stuck on site.
- [ ] _____
- [ ] _____
- [ ] _____

5 Post-event

- [ ] Welfare check all participants and staff.
- [ ] Assess property before returning participants.
- [ ] Chase power restoration – do not assume priority list worked.
- [ ] Document all additional costs immediately.
- [ ] Do not agree to deduct costs from participant plans.
- [ ] Structured staff debrief within 1 week.
- [ ] Update BCP and all plans with lessons learned.
- [ ] Share learnings with NDS and sector partners.
- [ ] Connect participants to post-disaster grants.
- [ ] _____
- [ ] _____
- [ ] _____



Step 5: After the emergency

Use this step after any disaster, emergency, near miss, or significant disruption including events that were managed well. The goal is to turn experience into organisational learning and improvement, not assign blame.

Conduct a structured debrief within one week of the emergency with frontline staff and staff closest to the decisions with the most important observations.

Work through the following prompts as a team:

- Acknowledge staff.
- Share what went well.
- What risks occurred ?
  - How closely did the risks match what you anticipated in Steps 1 and 2?
- Which assumptions turned out to be wrong?
  - At what point did that become clear?
- Whose knowledge or judgement proved most important?
  - Is the knowledge documented?
- Where did staff have to improvise?
  - Were staff supported to do so?
- What will you do differently in your BCP or P-CEP plans?
- Were there risks or pressures that sat beyond your organisation's control?
  - Who needs to know about them?

Document the outcomes of the debrief.



Update your plans

After the debrief, update the following to reflect what you learned:

- The Property Risk Assessment Table (Step 1) – if a property's actual risk during the emergency didn't match its score, adjust the scoring or criteria.
- Participant P-CEP plans (Step 2) – if a person's support needs played out differently than expected.
- Your BCP – for any organisational or staffing gaps identified.

Document what changed and why, so the update trail is clear. Share relevant learnings with NDS, QDN and your local provider network so your experience can help others.

After completing this assessment

This framework captures a point-in-time view of preparedness and is a snapshot, not a conclusion. It should be revisited after learning, reflection, discussion, and real-world disruption, particularly where assumptions, decision pressures, or system boundaries have shifted.

Preparedness is strengthened through ongoing reflection, not completion.



Glossary

BCP (Business Continuity Plan)

Your organisation's plan for continuing to operate during and after a disruption.

P-CEP (Person-Centred Emergency Plan)

An individual plan describing how a specific person will be supported during an emergency.

AEP (Annual Exceedance Probability)

The likelihood of a flood of a given size occurring at a property in any given year, expressed as a percentage.

PBSP (Positive Behaviour Support Plan)

An individual plan describing strengths to support a person's behaviours of concern.

MOU (Memorandum of Understanding)

A written agreement between organisations, e.g., for mutual aid or emergency accommodation arrangements.

QDN
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NDS National Disability Services

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