



## Individual Emergency Action Plan (I-EAP)

### Privacy Act Statement

**Authority:** Sections 501, 504, and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, 794, 794d.

**Purpose:** To collect, use, maintain, and disclose information to determine whether individuals are eligible for a reasonable accommodation.

**Routine Uses:** This information is collected and maintained by USAID. Information collected in connection with a request for reasonable accommodation is confidential. It is shared only with Agency officials or Agency contractors who need to review the information to make determinations on a reasonable accommodation request.

**Disclosure:** Supplying the information is voluntary on your part. However, without requested information, USAID will not be able to process requests for reasonable accommodation.

**SORN:** USAID-32 Reasonable Accommodation Records

### PURPOSE

The purpose of the form is to be used during the Interactive Process as defined in ADS Chapter 111 - Procedures for Providing Reasonable Accommodation for Individuals with Disabilities, section 111.3.1.3 and in accordance with ADS 524 Emergency Management, section 524.3.4.1 Requesting a Reasonable Accommodation for a Disability to determine what, if any, accommodation should be provide and to develop an Individual Emergency Action Plan (I-EAP).

### GENERAL INFORMATION

By completing this form, the Reasonable Accommodation Requestor acknowledges that the information provided within this request will be kept confidential to the limited degree; however, the Office of Civil Rights (OCR)/Reasonable Accommodation Manager (RAM) must engage with one or more internal and/or external entities to determine whether a reasonable accommodation is available or effective, including but not limited to the requestor's supervisor, AMS Officer/EXO, the respective Bureau or Independent Office's Occupant Emergency Coordinators (OEC) and Area Monitor for Individual Needing Assistance, and HCTM, M/MS, GC/EA, M/CIO, SEC, or third party accommodation providers, if necessary.

## DEFINITIONS

**Area Monitor for Individuals Needing Assistance:** Area Monitor for Individual Needing Assistance is a volunteer who work within proximity of and are paired with the Reasonable Accommodation Requestor to provide emergency evacuation assistance and shelter-in-place (SIP) assistance.

**Bureau or Independent Office Occupant Emergency Coordinator (OEC):** Oversee the day-to-day occupant emergency program activities for each Bureau or Independent Office, including ensuring the Reasonable Accommodation Requestors identified as requiring assistance during an evacuation or shelter-in-place have a customized plan that includes the assistance required, the name of the person(s) volunteering to assist them, the method for maintaining accountability, the type of equipment required (if any), and the evacuation route from the assigned Reasonable Accommodation Requestor's workspace.

**Deciding Official:** First-Line Supervisors for an employee or a personal services contractor (PSC) and HCTM officials (for Direct-Hire applicants or matters within the Foreign Service Center's purview).

**Reasonable Accommodation Requestor:** Reasonable Accommodation Requestor: A USAID direct-hire employee or personal services contractor (PSC) who has a need for emergency evacuation assistance.

Note: If the Reasonable Accommodation Requestor is a Contractor Employee (Institutional Support Contractors) USAID plays a support and consultative role when these individuals seek accommodation from their employer entity. Contractor employees may be covered in some circumstances; such determinations will be made on a case-by-case basis.

**Reasonable Accommodation Manager (RAM):** Serves as a technical advisor to the USAID workforce on all disability issues.

Note: This role does not replace or substitute the role of emergency first responders (Fire, Emergency Medical Services, or Police) and Area Monitors for Individuals Needing Assistance shall not put themselves in peril to facilitate emergency assistance beyond initial attempts to evacuate or shelter-in-place (SIP) the Reasonable Accommodation Requestor.

## DESCRIPTION OF EVACUATION ASSISTANCE AND LIMITATIONS

- Available to provide assistance based on common work schedules.

- An Area Monitors for Individuals Needing Assistance may call 9-1-1 for the Requestor, when possible and not impeding their own safety.
- Excluding physical carry transport, Area Monitors for Individuals Needing Assistance may escort a Reasonable Accommodation Requestor to an emergency exit or area of refuge) (e.g., as a sight-guide or pushing a wheelchair, etc.).
- The Area Monitors for Individuals Needing Assistance may escort the Reasonable Accommodation Requestor to a possible place of refuge. A possible place of refuge is a location (inside stairwell landing) that provides protection from the hazard or threat (to the safest extent possible for both the Area Monitors for Individuals Needing Assistance and the Reasonable Accommodation Requestor).
- Area Monitors for Individuals Needing Assistance may escort the Reasonable Accommodation Requestor to an exterior Evacuation Assembly Site (EAS), and, when conditions are safe to do so, remain with the Reasonable Accommodation Requestor until re-entry to the building is provided or until professional first responders assume the Area Monitors for Individuals Needing Assistance role.
- Communication – Upon each person’s individual option, the Reasonable Accommodation Requestor and Area Monitors for Individuals Needing Assistance may exchange contact information (email, mobile telephone), if desired.
- An Area Monitors for Individuals Needing Assistance shall never jeopardize his or her own safety or practice physical carry assistance that may harm himself or herself or the Reasonable Accommodation Requestor.

**ASSISTANCE PROVIDED BY PROFESSIONAL FIRST RESPONDERS**

- This form does not address assistance provided by professional emergency responders: Fire fighters, Emergency Medical Technicians (EMTs), Police, or other emergency responders. Professional emergency responders are trained to provide:
  - Lift and carry evacuation assistance.
  - Rescue or response in the midst of imminent danger or threat.

Instructions: To be completed by Requestor's Supervisor or Administrative Management Services (AMS) Officer, and/or Bureau/Independent Office (B/IO) Occupant Emergency Coordinator (OEC)

Requestor Information	Facility Information
Name:	Primary Facility:
Primary Telephone:	Floor:
Mobile Telephone:	Office/Cubicle:
Email:	

### ASSISTANCE REQUEST

Date of Reasonable Accommodation Request:
Date Request Referred to B/IO OEC:
Reasonable Accommodation Needed For (check one): <input type="checkbox"/> Building Evacuation <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Real World Incidents
Type(s) of Reasonable Accommodation Needed (check all that apply): <input type="checkbox"/> Mobility Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Speech or Language <input type="checkbox"/> Temporary Impairments <input type="checkbox"/> Other (Please Specify):

Provide a Description of the Emergency Evacuation Assistance Requested

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**I-EAP Start Date and End Date**

Start Date:	End Date:
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**PERSONAL GO-KIT**

The Requestor maintains a personal go-kit with essential items. Identify the item and the date added to the kit. Be sure to check and go through your kit on a regular basis to ensure items are in working condition and perishables have not expired.

<b>Location of Go-Kit</b>		
<b>Items: <i>These are suggestions</i></b>	<b>Date Added</b>	<b>Last Checked</b>
Food		
Water		
Medicine		
Equipment: (communication equipment, hearing and vision aids, or mobility equipment, etc.).  List equipment:		

## OCCUPANT NOTIFICATION

Notification Planning	YES	NO	N/A	Comments
Are there emergency notification devices (strobes, alarms, fire control announcement, etc.) appropriate for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know the location of each emergency notification device/system and understand its meaning/function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If phones are used to report emergencies, are emergency numbers posted near telephone, on boards, or other conspicuous locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a way for a person with a hearing or speech impairment to report an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a unique signal (sound, light, header) to indicate an emergency message?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## WAYFINDING

Navigation Planning	YES	NO	N/A	Comments
Is there a continuous and unobstructed path of exit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List all exits and indicate the nearest exit.				
Where is the established outside evacuation assembly site?				

Is there a usable circulation path clearly marked to show the route to leave the building or to relocate to some other space within the building in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is each exit marked with a clearly visible sign reading "EXIT" in all forms (visual, tactile, Braille)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is every doorway or passage that might be mistaken for an exit marked "NOT AN EXIT" or with an indication of its actual use in all forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are signs posted and arranged along a circulation path to adequately show how to get to the nearest exit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all the signs clearly indicate the direction of travel in all forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### COURSE OF ACTION

Course of Action Planning	YES	NO	N/A	Comments
Are circulation paths always free of obstructions, including furniture and equipment, so everyone can safely exit the building during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all interior doors, other than fire doors, readily open from the inside without keys, tools, or special knowledge and require less than 5 pounds of force to unlatch and set the door in motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are exit signs not obstructed or concealed in any way, particularly for people with vision impairments who need to find and feel the sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the emergency escape path clear of obstacles caused by construction or repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### TYPE OF ASSISTANCE NEEDED

Assistance Planning	YES	NO	N/A	Comments
Can you evacuate yourself without aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If not, what specific devices or aid would you require?				
Where is the device located?				
What does the monitor(s) need to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the monitor(s) need any training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the training been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Where will the monitor(s) meet the person requiring assistance?				
When should the person requiring assistance contact the monitor(s)?				



**WORK SCHEDULE**

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Work Hours					
Lunch Breaks					

**FUTURE WORK SCHEDULE PLANNING**

It is the Requestors responsibility to notify the B/IO Occupant Emergency Coordinator and their assigned monitor(s) in advance of any changes to their work schedule and hours of work.

**NUMBER OF AREA MONITOR FOR INDIVIDUALS NEEDING ASSISTANCE**

How many monitor(s) are needed?	
How will the monitor(s) be contacted in an emergency?	

**ASSIGNED AREA MONITOR FOR INDIVIDUALS NEEDING ASSISTANCE**

Name	Phone	Cell	Email

**SERVICE ANIMAL**

Service Animal Planning	YES	NO	Comments
Do you have a Service Animal?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the requestor discussed with emergency management personnel his or her preferences with regard to evacuation and handling of the service animal?	<input type="checkbox"/>	<input type="checkbox"/>	

What is the best way to assist the service animal if it becomes hesitant or disoriented?	
Where are extra food and supplies kept for the service animal?	

## **EVACUATION**

The requestor will evacuate by using these instructions:

- Contact assigned monitor immediately
- Two options exist:
  - Wait and Rescue
  - Relocate to the stairwell for wait and rescue
- A B/IO Floor or Area/Stairwell will evacuate the facility and notify response officials to rescue you

## **SHELTER-IN-PLACE PROCEDURES**

If a shelter-in-place is ordered for the facility, relocate to the designed shelter-in-place location. The floor plan provides the shelter-in-place locations.

## **COMMUNICATIONS AND ACCOUNTABILITY**

The individual will follow these steps following any emergency:

- Conduct accountability check with the Evacuation Accountability Monitor at the assembly area or shelter-in-place location.
- If you are unable to contact the Evacuation Accountability Monitor, contact your supervisor and/or assigned monitor and notify them for accountability purposes.

## REFUGE AREAS AND EMERGENCY ASSEMBLY SITE LOCATION

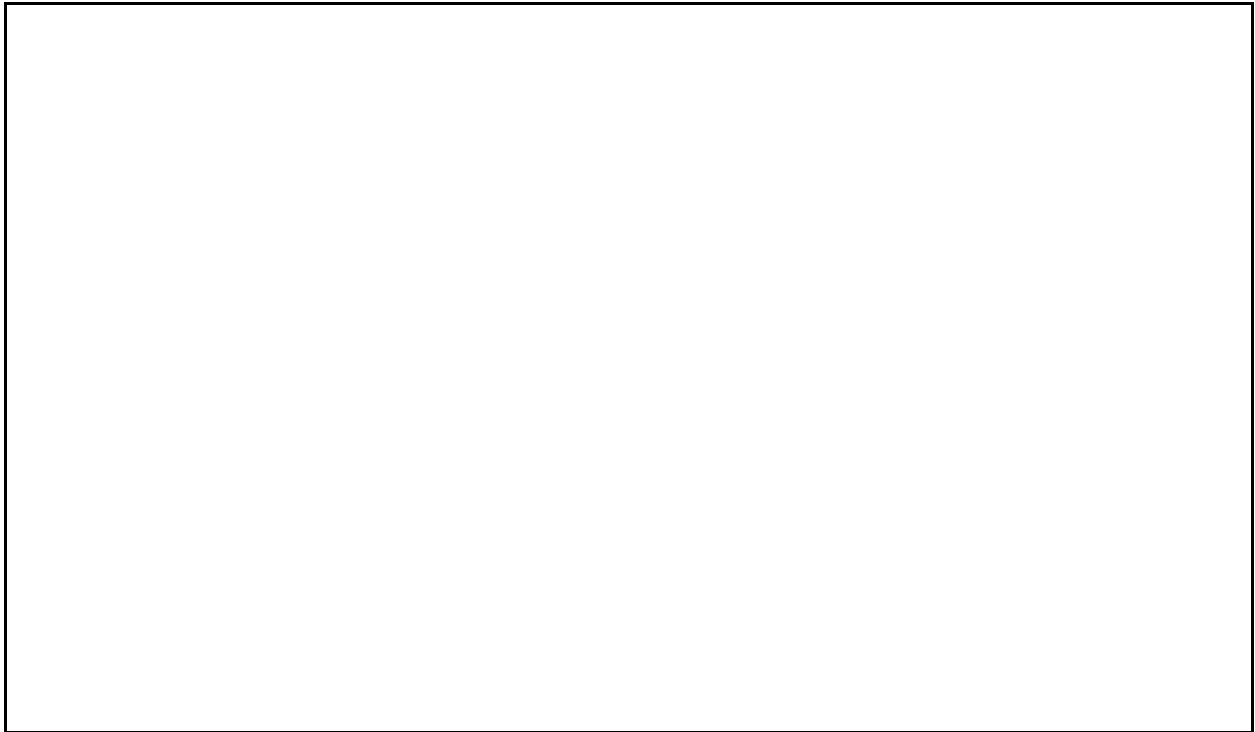
Description of Potential Refuge Areas and Evacuation Assembly Site location. If helpful, attach maps or images to depict the location.

<b>Internal Refuge Area (Primary and Backup)</b>	<b>Shelter-in-Place Area (Primary and Backup)</b>	<b>External Evacuation Assembly Site</b>

### Map showing Evacuation Map Floor Plan with Refuge and Shelter-in-Place Locations



**Map showing Evacuation Assembly Site**



**ADDITIONAL PLANNING NOTES:**

Please briefly describe the type of assistance needed to perform emergency actions as defined in your I-EAP.



**KEY FACILITY CONTACTS**

Life/Safety Emergencies	<b>9-1-1</b>
USAID SOC RRB	202-712-5644
USAID SOC UAB	202-916-2500
USAID Command Center	202-712-1234 opt 7
B/IO Occupant Emergency Coordinator	
Evacuation Accountability Monitor	

**APPROVAL**

Name of Deciding Official	Signature of Deciding Official	Date Reasonable Accommodation Provided
OCR Log Number	Acknowledgement of Receipt OCR/RAM	Date of Receipt