EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME,										
THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS										
Target Date	Date Completed									
		 Be Responsible and Be Prepared! By being prepared and staying informed, you can prevent or reduce harm to yourself, your family members and loved ones, or persons for whom you advocate. Note: If you are receiving dialysis treatment, please refer to the Centers for 								
		Medicare & Medicaid Services (CMS) guide, <i>Preparing for Emergencies: A Guide for People on Dialysis</i> , which can be accessed at: www.Medicare.gov/Publications/Pubs/pdf/10150.pdf								
		• Survival Supplies Kit: You need a survival supply kit that will provide for your needs for at least 3 days and up to 10 days. Consider two kits: In one kit put everything you will need to stay where you are and survive on your own for a period of time. The other kit should be a lightweight smaller version that you can take with you if evacuation from your place of residence is necessary. Be sure to bring this kit with you. The kit should be stored in a sturdy, easy-to-use container, and include the following recommended items:								
		Basic Supply Kit Items								
		 Food (label and date, use compact lightweight food, that does not require refrigeration, cooking or preparation; store in plastic bags) 								
		 Water (1 gallon per person for each day; include enough for pets and sanitation, label and date, or purchase bottled water) 								
		✓ First aid kit (keep one kit in your home and one in your car) Medications and medical supplies for at least 5 - 7 days (glasses or contact lens, eye wash, hearing aid batteries, etc., as well as over-the-counter supplies, e.g., aspirin, fever/pain relievers, anti-diarrhea medication, emetic, [to induce vomiting], antacids, sterile gauze pads 2-3 inches, sterile roller bandages, adhesive bandages, antiseptic spray, hydrogen peroxide, rubbing alcohol, petroleum jelly, latex gloves, scissors, tweezers, safety pins, etc.).								
		 Wear a medical emblem (bracelet or necklace noting diagnosis, such as "Diabetes," "Dialysis," "Hemophilia," etc.) 								
		✓ Manual can opener, utility knife								
		✓ Cell phones, phone chargers								
		 Emergency contact names and numbers 								
		 Identification (photocopies of identification, driver's license, Social Security card, Medicare card, other health insurance information, credit cards) 								
		✓ Cash and coins								
		 Sanitation-related items (soap and water, or alcohol-based hand sanitizer, basic personal hygiene items such as toothbrush, toothpaste, denture needs, soap, shampoo, feminine products, wipes, etc., bathroom tissue, facial tissue, paper towels, dust mask, garbage bags, bleach, etc.) 								
		✓ Portable, battery-powered radio or weather radio, plus extra batteries								
		✓ Flashlight, extra batteries								
		Blankets, towels, inflatable pillows, air mattresses, sleeping bags								

EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS					
Target Date	Date Completed	,, _,, _			
Date	Completed	 ✓ Extra clothing (depending on weather, include waterproof coats, ponchos, boots, warm coats, gloves, sturdy shoes, heavy socks, hat, mittens, scarf) ✓ Whistle, air horn, or other noisemaker to signal for help 			
		Other Recommended Supply Kit Items			
		 Important documents in a waterproof container (photocopies of birth certificate, marriage certificate, medical condition, allergies, and prescription needs, including glasses, serial number for pace maker, immunization records, stocks, bonds, bank accounts, deeds, title, mortgage papers, will) 			
		 Extra copies of prescriptions (ask your doctors, and let them know they are for your emergency kit) 			
		 Special equipment you will need, such as a transfer board and/or other assistive device 			
		 Plastic measuring cups, paper or plastic plates, plastic spoons, forks, knives Maps (state & local), compass 			
		✓ Paper, pencils, pens			
		✓ Tape (duct / masking)			
		✓ Tool kit (hammer, screw driver, pliers, wrench, utility knife, rope)			
		 Ice chest if your medications need to be cold (keep your ice trays filled in your refrigerator in case you need ice) 			
		Candles and matches in a waterproof container (Note: do not use matches if there is a gas leak, chemical exposure, oxygen tank or any other condition or substance that would make a flame dangerous)			
		✓ Fire extinguisher			
		• Emergency Plan: Write down and discuss with your family, friends, and caregiver what you will do when a disaster occurs. Do not just depend on one person. Include a minimum of three people in your network. Ask a variety of questions, such as:			
		"If there were no power, what would I need to stay safely at home?			
		 "If the roads were blocked for several days and no one could reach my neighborhood, who close by would check on me?" 			
		 "How could I make sure that I would have enough food and medicines on hand if something happened unexpectedly?" 			
		• Record the answers and make sure everyone who has a role in your emergency plan has a copy of the plan and knows where you keep your medical supplies.			
		• Give at least one member of your network a key to your house or apartment.			
		Consider all potential hazards that could affect your area, such as:			
		✓ Hurricanes			
		✓ Floods			
		✓ Tornadoes			

RECC	-	EMERGENCY PLANNING CHECKLIST DED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS
Target Date	Date Completed	
		House fires or wild fires
		✓ Blizzards
		✓ Chemical spill/release
		 Radiation exposure (nuclear)
		✓ Pandemic
		✓ Etc.
		 Your plan should consider an interruption of necessary utilities, supplies, transportation, and access to your family or caregiver. Become familiar with the emergency plans of your community, caregivers, and workplace. Plans must be constantly reviewed and updated, as changes occur.
		• Health Care Planning: Discuss your emergency plans with your health care provider(s).
		Home Health Care: If you receive home health care services, ask your home health provider the following questions:
		How will services continue to be delivered during and after a disaster?
		 Will your home health aide or personal care worker stay with you (e.g., at your home, evacuation route, or medical needs shelter) during a disaster? (Some medical need shelters may require an aide for people with disabilities.)
		Uuring many disasters, large areas lose electrical power. Discuss with your provider and/or family members what you will need to do if you need electricity for medical equipment, keeping medicine cold, air conditioning, warmth, and other affected circumstances.
		• Pets / Service Animals: Have a safe place planned for your pets. Generally, only service animals are allowed in an emergency shelter.
		 Be sure to get your pet or service animal's food, medications, food and water bowls, cat litter, cages, collars, with rabies tags, leashes.
		 Call your vet or humane society for more help on how to care for your pets during a disaster.
		• Evacuation: Some disasters may require that you evacuate your residence. Plan for where you will go if you do have to evacuate. Consider the following:
		Who will be responsible for assisting you in evacuating?
		What transportation method will you use in evacuating?
		✓ What route will you take?
		Do you know alternate routes, in case roads are closed or damaged?
		Who is your emergency point of contact, if separated from your family?
		 Post emergency contact numbers near all phones. Pre-program emergency numbers if your phone has auto-dial capability.
		 Plan for how you will have the equipment or supplies that you will need if you evacuate.

Emergency Preparedness for Every Emergency						
EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS						
Target Date	Date Completed					
		Evacuate if told to do so, and leave as early as possible.				
		✓ Get cash before evacuating. Banks and ATMs may be closed after the disaster.				
		 Fill up your car with gas and check your oil and tires before evacuating. Make sure you have jumper cables, a jack, and a spare tire. 				
		 Lock up your home and unplug small appliances. Call your utility company to learn how to turn off utilities properly, and ask what is required to have them turned on again. 				
		If possible, evacuate to the home of family or friends outside the affected emergency area. Next check out a motel or hotel in an area outside the affected emergency area. As a last resort, go to a public shelter. Remember: shelters are emergency locations and not designed for comfort.				
		 Be ready to give brief, clear, and specific instructions and directions to rescue personnel, either orally or in writing. For example, say or write these instructions: 				
		 "Please take my— (oxygen tank, wheelchair, gamma globulin from the freezer, insulin from the refrigerator; communication device from under the bed." 				
		 "I am blind/visually impaired. Please let me grasp your arm firmly." 				
		 "I am deaf. Please write things down for me." 				
		Choose one or two contacts that do not live in the area, where people can call in their locations and leave messages, so members can find each other.				
		• Medical Needs Emergency Shelter: If you or your loved one will be going to a designated medical needs emergency shelter, remember the following tips:				
		Persons who qualify to stay at a medical needs shelter generally include those who require moderate care and/or assistance with activities of daily care, such as patients who are:				
		 wheelchair-bound 				
		 dependent on electricity to operate medical equipment 				
		 requiring assistance with medication injections or simple dressing changes 				
		 receiving dialysis 				
		 receiving hospice services 				
		 have mild dementia, without abusive or wandering behavior 				
		 Contact your community resources so you and/or your family members are informed where the medical needs emergency shelter is located and any requirements, such as caregivers to accompany persons with certain 				

September 2007

Page 4

have the necessary supplies at the shelter

✓ Consider how you will get to the emergency shelter – public transportation and

✓ Take your emergency supply kit with you, so your family and/or caregivers will

disabilities.

taxis may not be available

EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS					
Target Date	Date Completed				
		 If you normally use an electric wheelchair, obtain a manual wheelchair as a back-up 			
		 Be sure to let the shelter know if you use a service animal, and if the animal needs time to adjust 			
		 Be considerate and helpful to others in the shelter 			
		Remain in the shelter until the local authorities say it is safe to leave			
		• Shelter-in-Place (i.e., a place near to or where you are when a sudden emergency – such as a tornado, earthquake, chemical release occurs): If you are planning or instructed to shelter-in-place during an emergency, consider the following:			
		 Make sure you and all your family members are aware of your shelter-in-place location, and have a designated alternate location if you cannot get home 			
		 Close and lock / board windows and doors 			
		 Turn off ventilation systems, water and gas 			
		 Seal gaps under windows and doors 			
		 If you or your loved one is a resident in a long-term care facility, or other type of facility, be sure you understand the "shelter-in-place" plan (see separate checklist for people living in a long-term care facility) 			
		 Special Medical Needs Shelter Accommodations: Consider the following accommodations or additional items that may be necessary at a medical needs shelter: ✓ Sign language interpreter ✓ Personal aide ✓ Sign indicating, "I read others' lips" ✓ Text Telephone (TTY) ✓ Large print materials ✓ Braille materials ✓ Recorded materials 			
		 Someone to read and explain information to me Communications device (for example, augmentative communication devise, work or picture board, artificial larynx, etc.) 			
		• Disease Control and Prevention: During a disaster, follow basic disease control and prevention techniques, including:			
		Wash your hands using soapy water or hand sanitizer for 10-15 seconds before eating, drinking or preparing food. Wash your hands after changing diapers, going to the bathroom, or coming in contact with any of the following items that may carry disease:			
		 coughs, sneezes, blood, pus, urine, and other body fluids from people and animals 			
		 food that has not been properly cleaned or handled, or has come in contact with unclean surfaces or raw meat or juices, or has not been stored at the 			

EMERGENCY PLANNING CHECKLIST RECOMMENDED TOOL FOR PERSONS WITH MEDICAL NEEDS LIVING AT HOME, THEIR FAMILY MEMBERS, GUARDIANS & CAREGIVERS						
Target Date	Date Completed					
		right temperature or in protective containers unpurified water 				
		 animal and/or insect bites or scratches, handling live or dead animals 				
		 dirty nails, sharp rusty edges and other items that can pierce or scrape the skin 				
		 clothing, dishes, beddings and other objects contaminated with body fluids, dirt, flood water and other potential carriers of disease 				
		 Keep cuts, scrapes, or wounds clean. If the injured area becomes red, swollen or hot to the touch, or if you develop a fever, see your health care provider. 				
		 Rinse fruits and vegetables well; use soap or disinfectant to clean areas where you have placed or cut raw meat. 				
		 If food has been cooked or refrigerated, do not eat if it has been left at room temperature for more than two hours. 				
		 Cook ground poultry to an internal temperature of 165 degrees Fahrenheit and poultry parts to 170 degrees Fahrenheit to kill avian flu virus. Cook eggs thoroughly. 				
		• Emergency Preparedness Drills: Periodically review and discuss your emergency plan and supplies with your family members, and/or health care provider.				
		• Emergency Plan Review: Review your emergency plan each year, or during peak disaster seasons, such as hurricane season. Consider the following:				
		 Review your needs and update your survival kit as you and/or your family member's needs change 				
		 Review and update all contact information 				
		 Review and update all medical information (an easy way to have a list of medicines ready for an emergency is to put a copy of the drug information that comes with your prescription in a plastic bag; replace the copies each year or when your prescription changes) 				
		 Review and updated important documents and information 				
		\checkmark Change stored food and water supplies, and label each item by the date stored				

	ut out t	his page	and m	ake copies	for each	family	membe	r or repro	esentative.
Emergency R	eferenc	e Card fo	r Indiv	viduals with	Medical	Needs	l ivina :	at Home	& Their Caregivers
Name:		Date of Birt				Blood Type:			
Street Address:				City				State	Zip Code
Personal medica Allergies I have:	l inform	ation that	emerge	ency respon	ders need	to knov	N :	•	
Medications I tak	ke:								
Prescription Name		Do	sage (for	r example, 50 m	g)	Freque	ency (for e	xample, twic	e per day)
Other conditions	5:								
				ency Phone			t 911)		Dharra Narrahan
Local Dept. Ambulance		Phone Num	ne Number Emergency Doctor		ontacts	Name			Phone Number
Fire			Doctor						
Police				Doctor					
County Health				Clinic / Facili	ty				
Emergency Manage	ement			Pharmacist					
Local Red Cross				Dentist Veterinarian					
		Fa	milv a	nd Friends	– Emerge	ency C	ontacts		
	Name		Phone				Name		Phone
Family Member			Home: Work: Cell:		Friend / Neighbor				Home: Work: Cell:
Family Member			Home: Work: Cell:		Friend / Neighbor				Home: Work: Cell:
Family Member	ember		Home: Work:		Friend / Neighbor				Home: Work: Cell:
Family Member	Member		Cell: Home: Work:		Friend / Neighbor				Home: Work:
Family Member			Cell: Home: Work:		Friend / N	eighbor			Cell: Home: Work:
Family Member	Family Member		Cell: Home: Work: Cell:		Friend / N		leighbor		Cell: Home: Work: Cell: