

Family Emergency Planning

Emergency Preparedness for Families of Those with Special Needs



Source:



FEMA

Your Family Emergency Plan

The likelihood that you and your family will recover from an emergency tomorrow often depends on the planning and preparation done today. While each person's abilities and needs are unique, every individual can take steps to prepare for all kinds of emergencies from fires and floods to potential terrorist attacks. By evaluating your own personal needs and making an emergency plan that fits those needs, you and your loved ones can be better prepared. This guide outlines commonsense measures individuals with disabilities, and others with access and functional needs, and the people who assist and support them can take to start preparing for emergencies before they happen. Preparing makes sense for people with disabilities, others with access and functional needs and the whole community.

1. Prepare a Kit:

The first step is to consider how an emergency might affect your individual needs. Plan to make it on your own, for at least three days. It is crucial that you and your family think about what kinds of resources you use on a daily basis and what you might do if those resources are limited or not available. This booklet provides you with a checklist of items that you will need for the whole family, as well as things specific to different disabilities. Gather these items and place them somewhere that everyone can find them.



2. Make a Plan:

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life. If there are people who assist you on a daily basis, list who they are and how you will contact them in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require accessible transportation be sure your alternatives are also accessible. If you have tools or aids specific to your disability, plan how you would function without them. For example, if you use a communication device, mobility aid, or service animal, what will you do if these are not available? If you require life-sustaining equipment or treatment such as a dialysis machine, find out the location and availability of more than one facility. For every aspect of your daily routine, plan an alternative procedure. This booklet includes an outline of a plan for you to create. Keep a copy of your plan in your emergency supply kits and a list of important information and contacts in your wallet. Share your plan with your family, friends, service providers and others in your personal support network.

3. Be Informed:

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit and making an emergency plan are the same regardless of the type of emergency. However, it's important to stay informed about what might happen and know what types of emergencies are likely to affect your region. For more information about specific types of emergencies, visit www.ready.gov.

Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. Above all, stay calm, be patient and think before you act. With these simple preparations, you can be ready for the unexpected.

In addition to your personal preparedness, consider getting involved in neighborhood and community emergency preparedness activities. Assist emergency planners and others in considering the preparedness needs of the whole community, including people with disabilities and others with access and functional needs. Communities are stronger and more resilient when everyone joins the team. People with disabilities often have experience in adapting and problem solving that can be very useful skills in emergencies.



Be sure to make copies of this plan for everyone in your family and your emergency contacts. Keep everything for your kit somewhere accessible to everyone in the family and make sure that everyone knows where to find the kit. An electronic version of this booklet can be found at awsfoundation.org.



Prepare a Kit



Basic Needs Checklist

Be sure to set reminders to change items that need to be updated periodically!

DATE	CHECK	ITEMS
		Water: One gallon per person per day for at least three days (drinking & sanitation)
		Food: Three-day supply of non-perishable food (Include can opener if needed)
		Battery-powered radio with extra batteries
		Battery-powered cell phone charger
		Flashlight with extra batteries
		First aid kit
		Whistle to signal for help
		Dust mask to help filter contaminated air
		Plastic sheeting and duct tape to shelter-in-place
		Moist towelettes
		Garbage bags and plastic ties for personal sanitation
		Wrench or pliers to turn off utilities
		Local maps
		Pet food and extra water

Medications

If anyone in the family takes medications, be sure to have enough on hand to last a week. Keep a copy of your prescriptions and dosage/treatment information with the kit.

MEDICATION/MEDICAL SUPPLIES	DOSAGE/USAGE INSTRUCTIONS

Allergies

Keep a laminated copy of allergies in the kit to easily notify emergency responders.

FAMILY MEMBER	ALLERGIES

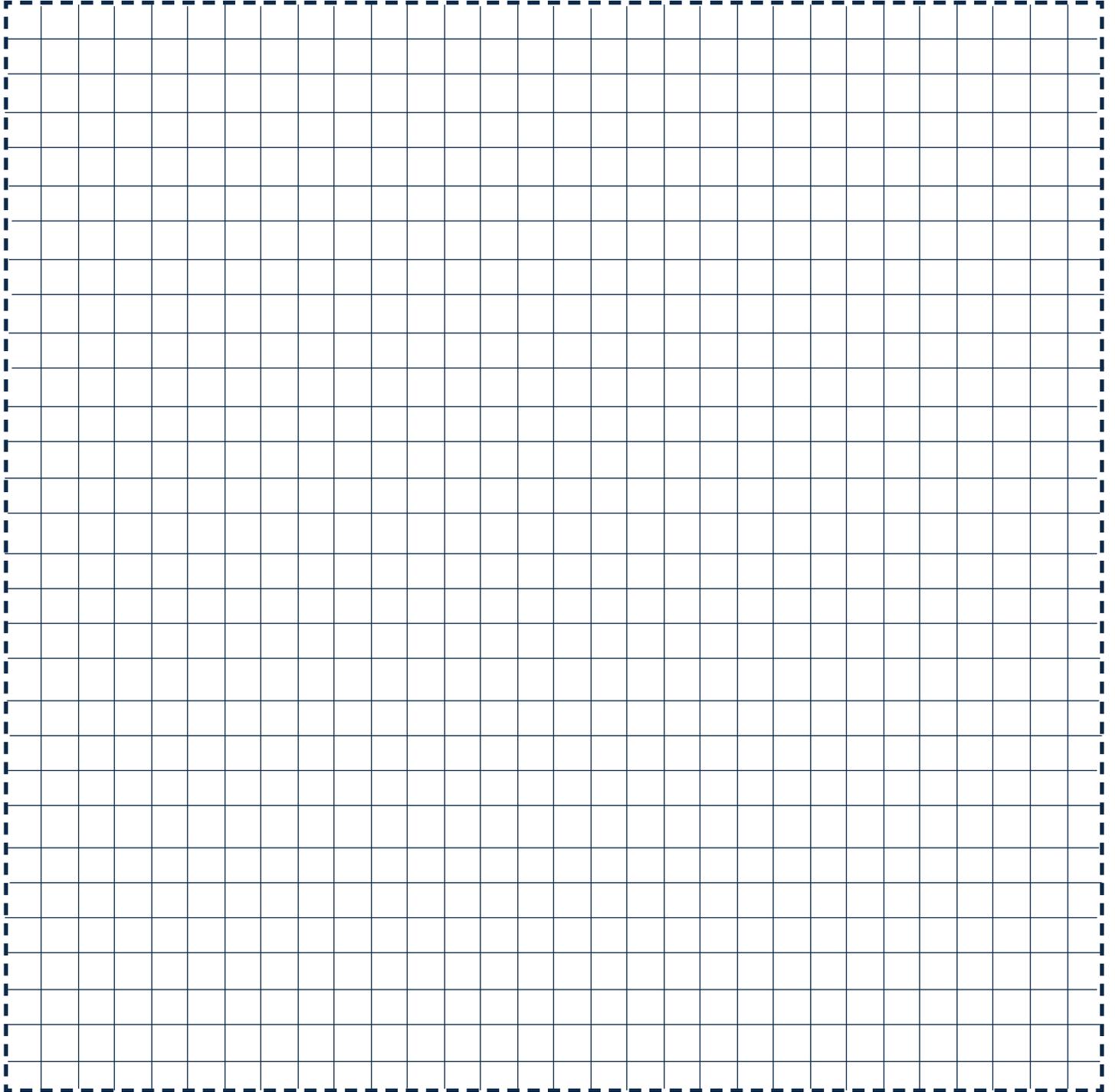
Special Needs Checklist

Items are specific to a disability or health care need. Not all areas will apply to each family. It may be helpful to cross out items you do not need to easily keep track of what you do need.

DATE	CHECK	ITEMS
		Extra eyeglasses
		Extra hearing aids (if possible)
		Extra batteries for hearing aids
		Battery-powered charger for motorized wheelchair or other devices
		Medical alert tags or bracelets
		Supplies for service animal (food, water, animal first aid)
		Personal communication board for those who need assistance with hearing or speaking
		Extra oxygen (if possible)
		Extra insulin (if possible)
		Manual wheelchair in case motorized wheelchair cannot be used
		Put important information on portable thumb drive



Draw an evacuation plan from your home, including at least two possible exits. Also include a meeting spot outside of your home. Cut this out, make copies and place it somewhere that is easily accessible. Be sure that everyone in the family has knowledge and access to this entire plan.





Family Communication Plan

Make sure children keep a copy of this with them so that they or someone caring for them knows how to reach someone in an emergency.

HOME: _____	MY CELL: _____
PARENT: _____	ADULT: _____
CELL: _____	HOME: _____
WORK: _____	CELL: _____
PARENT: _____	NEIGHBOR: _____
CELL: _____	HOME: _____
WORK: _____	CELL: _____
SIBLING: _____	SIBLING: _____
CELL: _____	CELL: _____

Parents/Guardians: keep a copy of this information in a safe place. Be sure to keep all of the information up to date.

SCHOOL: _____	SCHOOL: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE: _____	PHONE: _____

TEXT, DON'T TALK!

If possible, text instead of calling. Texts get through easier and will not tie up phone lines.



Medical Contacts

DOCTOR: _____ PHONE: _____	DOCTOR: _____ PHONE: _____
PEDIATRICIAN: _____ PHONE: _____	DENTIST: _____ PHONE: _____
SPECIALIST: _____ PHONE: _____	SPECIALIST: _____ PHONE: _____
PHARMACIST: _____ PHONE: _____	VET: _____ PHONE: _____

Insurance Information

MEDICAL INSURANCE COMPANY: _____	
PHONE: _____	POLICY #: _____
HOMEOWNERS/RENTAL INSURANCE COMPANY: _____	
PHONE: _____	POLICY #: _____





Important Family Information

Keep this information in a safe place that is easily accessible to you, but still hidden from others. Be sure it is updated when necessary. It may be a good idea to make a copy before you fill in the information.

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

IMPORTANT MEDICAL INFORMATION: _____

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

IMPORTANT MEDICAL INFORMATION: _____

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

IMPORTANT MEDICAL INFORMATION: _____

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

IMPORTANT MEDICAL INFORMATION: _____

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____

IMPORTANT MEDICAL INFORMATION: _____

Notes

A large rectangular area with a dashed border, containing 25 horizontal lines for writing notes.



