

My Safety

My Responsibility

My Plan

A family guide on emergency preparedness

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My Safety, My Responsibility, My Plan is a program to train individuals with intellectual and developmental disabilities or special health care needs to understand what to do in an emergency and to prepare a **Personal Emergency Plan**. When the individual lives with family, he or she must also be part of a **Family Emergency Plan**. This guide explains what the family must do, what information is needed, and how to develop communication, transportation, and evacuation plans. More detailed information about types of emergencies and being prepared can be found in the **My Safety, My Responsibility, My Plan** training program.

The Family Emergency Plan

The first step for families in planning for emergencies is to sit down together to discuss various aspects of their plan. How will they communicate with each other in different locations? It is best to utilize as many forms of communication as possible: telephone land line, cell phone, text messages, and e-mail since one or more of those may not be working in an emergency. It is a good idea to have a cell phone charger that can be used in your car in case you do not have electricity for awhile. Consider registering for emergency alerts in your area; that is when the municipality lets you know that there is an emergency via a phone call, text message, or e-mail message. Find out if your community has a registry that informs first responders about your family member's special needs.

Families should designate two meeting places: one immediately outside the home where the family will gather if they must vacate the home quickly. The second is a location where they will meet if they cannot go back to their home. Arrangements must be made for family members who cannot get there on their own, including children. Coordinate transportation and evacuation plans with key people at all the places that family members may be during the day. Families need to discuss the emergency plans of schools, day programs, and work sites that family members attend. Find out who is the person responsible for your family member's safety. Make sure you know where each family member will be located in an emergency and how you will be contacted. Give them the name of a back-up person to pick up your family members if you cannot get to them. If the family member with special needs is in school, then the Individualized Educational Plan (IEP) should include emergency plans while in school as well as while

being transported. Adults should have these plans included in their Individualized Service Plan (ISP).

The family should have two persons that each family member can contact if they cannot reach each other to let them know they are safe. One contact should be local and one should be out-of-town since it is sometimes easier to get through on long distance calls than local lines. The local contact might also be called by the place where your family member is located if they cannot reach you. Include the phone numbers of any supports needed for your family member with disabilities. This may include the utilities company if you need electricity to run equipment. It is a good idea to contact the utilities company ahead of time and to have a back-up generator if possible.

Families that have pets should consider where they can go in an evacuation. If you cannot bring them with you, make arrangements with friends, relatives, or a kennel ahead of time. Remember that service animals must be allowed to accompany the persons they service even if you go to a shelter that does not allow animals.

All of this information on communication, transportation, evacuation plans, contacts, and pets should be recorded on the **Family Emergency Plan** form.

Family Health Information

Health information should be recorded for every family member. There are various health forms available, including the Emergency Information Form for Children with Special Needs (<http://www.aap.org/advocacy/eif.doc>), which must be completed with the physician. The **Family Emergency Health Information Form** included here provides space for all family members including those with special needs. It contains medical categories as well as space for daily living, mobility, communication and emotional needs. If your family member receives routine medical treatment at a hospital or clinic or in-home, identify alternative providers in case you must evacuate the area.

Daily living and mobility needs can be included on the **Family Emergency Health Information Form**. If you need to provide more detailed

information on devices or specific instructions in these areas use the separate form **Daily Living and Mobility Needs**. Include information on service animals such as ID or license numbers and vaccination dates.

It is important to discuss with family members how they might feel or behave during an emergency. If any behavior, feelings, or specific directions should be explained to first responders, write them down on the **Communication/Emotional Needs** form from the perspective of the individual.

Fire Safety

Families need to discuss the escape routes from their home in case of a fire. This should include two exits. Make sure that the windows are not nailed or painted shut. Learn how to remove the screen quickly and easily. If windows have security bars, make sure they have a quick release device so they can be opened. Check that any fire escape is in working condition. Plan how to escape from a second floor if the door is blocked. You may want to get a collapsible ladder. You can also get advice from your local fire department. Draw the floor plan of your home with the escape routes on the **Escape Plan** form. Hang the **Escape Plan** where all family members can easily see it. Practice your escape route with your family. It is important to have **fire drills** as often as possible.

In case of a fire, it is important to **get out fast**. Stay low to the floor since smoke rises. Keep your mouth covered. Look for the way out of the room. If a door is hot, do not open it; there may be fire on the other side of it. Try another way out. If a family member cannot walk and a wheelchair is not nearby, you may be able to drag the person in a blanket. Discuss this ahead of time with a physician or therapist. If you cannot get out, put a cloth under the door to keep smoke out. Call 911. Signal rescuers at the window with a light-colored cloth. If you catch fire, do not run. Stand still, drop to the floor, and roll over to put out the fire. A person in a wheelchair must lock the chair, drop to the floor, and roll over.



Lock, Drop, and Roll From *Fire Safety for Children with Special Needs*, Riley Hospital for Children

Place the following in a folder that is kept in your Go-Bag. Keep it updated.

- Family Emergency Plan
- Family Emergency Health Information Form
- Daily Living/Mobility Needs if appropriate
- Communication/Emotional Needs if appropriate
- Important documents
- Photos or photo IDs

Supplies Needed in an Emergency

The family should have a **Basic Supplies Home Kit** in the home to use in case you must stay in your home for some days without electricity and/or heat. You should also have a smaller kit or **Go-bag** to take if you must evacuate for a few days. The basic supplies include some items that you normally keep in the home. However, it is a good idea to keep them all in one place for easy access. The most important item is water. You can store water in clean plastic soda bottles. If you run out of water and it is still not available during an emergency, you can purify water with household bleach by adding 16 drops for each gallon or 8 drops per liter (soda bottle) of water.

Think about how your family will spend their time in case there is no electricity. Have board games and favorite books available. Get back-up batteries for CD players, televisions, computers and other devices that can be used for entertainment. Review the **Basic Supplies Home Kit Checklist** and the **Go-Bag Checklist** for full lists of items to have in an emergency.

Keep at least a week supply of medications and medical supplies on hand. Put three days worth of medication in your **Go-Bag**, along with copies of prescriptions, in case you must leave quickly. Consider putting extra medication with a copy of prescriptions and health information into your family member's daily backpack as well. Discuss this with your family member's school or day program as part of their emergency plan. Ask your physician how to get extra medications and what to do about medications that must be refrigerated.

Things for Families to Do

Besides gathering supplies, there are other activities that need to be done to ensure the safety of all family members, especially those who have special health care needs. For example, record information on any medical or mobility devices and show others how to use them. **Things for Families to Do** lists these tasks.

Review and Update

Once all the tasks are accomplished and all the items are gathered, it is important to review the plan with the family on a regular basis. Remember to keep information, medication, and food items up-to-date.

References

All information is based on the principles set by FEMA, the Department of Homeland Security, the American Red Cross and the U.S. Fire Administration. Specific documents and references are listed in the **References and Resources** section.

Basic Supplies Home Kit Checklist

Review this **Checklist** to make sure you have everything you need if you cannot leave your home for a few days.

* Water, 3 – day supply _____ Household bleach (unscented) _____

Food, 3-day supply (does not need refrigeration or heat) _____

Manual can opener _____

Medications (7 day supply) _____

Medical supplies: Catheters _____ Tubing _____ Syringes _____

Diabetes supplies _____ Inhalator _____ Nebulizer _____ Oxygen _____

Dressings _____ Other _____

Over-the-counter medications: Pain reliever _____ Laxative _____ Antacid _____

Vitamins _____ Other _____

Radio, battery-powered or wind-up _____ Batteries _____

Flashlight, battery-powered or wind-up _____ Batteries _____

Batteries for electronic equipment for entertainment _____

Whistle _____ Blankets to keep warm _____

Personal Hygiene Items: Shampoo _____ Soap _____ Toothpaste _____

Deodorant _____ Toilet Paper _____ Sanitary supplies _____ Denture

cleaner and case _____ Contact lens cleaner and case _____

First Aid Supplies: Bandages _____ Sterile gauze _____ Tape _____ Scissors _____

Tweezers _____ Alcohol _____

Extra set of clothes _____

Baby supplies (if needed) _____

Pet supplies (if needed) _____

Go-bag Checklist

Bottled water _____ Snacks _____ Comfort item _____

Medications _____ Copies of prescriptions, empty Rx bottles _____

Other medications: Pain killer _____ Antacid _____ Laxative _____ Other _____

Personal Items – small sized: Shampoo _____ Soap _____ Deodorant _____

Tissues _____ Toothbrush _____ Toothpaste _____ Denture solution _____

Comb or brush _____ Moist towelettes _____ Hand sanitizer _____

Sanitary supplies _____ Toilet paper _____ Extra eyeglasses and case _____

Contact lens case and cleaner _____ Extra contact lens _____

Hearing aid batteries _____

Medical supplies: Catheters _____ Tubing _____ Syringes _____ Inhalator _____

Diabetes supplies _____ Mask _____ Other _____

First Aid Kit: bandages, cleansing wipes, antiseptic

Extra set of clothes or underwear _____

Cash _____ ATM card _____ Credit card _____

Cell phone _____ Cell phone charger _____

Leisure activity item (e.g. book, iPod) _____

Extra batteries or charger for electronic devices (e.g. iPod) _____

Baby supplies (if needed) _____

Important documents: Copy of birth certificates _____ Photos/Photo ID _____

Copy of medical insurance cards _____ SSI/SSDI Award Letter _____

Health directives _____ Guardianship papers _____ Proof of address _____

Home insurance information _____ Bank account numbers _____

Folder that includes emergency plan, health information, daily living/mobility/communication/ emotional needs, documents, photos

Things for Families to Do

1. Discuss communication, evacuation, and transportation plans with family ____
2. Identify support and contact persons ____
3. Talk to support persons about how they can assist your family member ____
4. Give at least one support person the key to your home ____
5. Discuss emergency plans with family members' school, day program and/or work site ____
6. Get information on any medical, communication, daily living, or mobility devices or special vehicles ____
7. Show support persons how to use devices or vehicle ____
8. Ensure that necessary back-up exists for equipment that uses electricity ____
9. Learn how to shut off utilities ____
10. Contact utilities company if needed ____
11. Sign up for emergency alert and special needs registry ____
12. Make plans for pets ____
13. Complete **Family Emergency Plan** ____
14. Get information on medical history, immunizations, medications ____
15. Discuss medication and/or medical treatment needs with physician or service provider ____
16. Identify alternate sites for ongoing medical treatment ____
17. Complete **Family Emergency Health Information and Daily Living/Mobility Needs** (if needed) ____
18. Discuss with family member how he or she might feel during an emergency (if appropriate); include on **Communication/Emotional Needs** form ____
19. Discuss above needs with support persons, first responders, others ____
20. Call or visit town hall or fire department to discuss needs of family member ____
21. Get items from checklists for **Basic Supplies Home Kit** and **Go-bag** ____
22. Make copies of important documents (see checklist) to include in folder ____
23. Get photos or photo IDs of all family members ____
24. Draw a floor plan of home with two exit routes on **Escape Plan** form ____
25. Review escape plan and practice fire drills periodically with family ____
26. Put forms and documents in folder and place in **Go-bag** ____
27. Keep **Go-bag** in a spot where you can get it quickly ____

Family Emergency Plan

Contact Information: Review with your family how you will contact each other. If you cannot reach each other then call:

| | | |
|--|----------------|------|
| Contact Person: | relationship | |
| Telephone numbers: home | cell | work |
| Address | E-mail address | |
| Out-of-town Person: | | |
| Telephone numbers: home | cell | work |
| E-mail address | | |
| Physician Name/Number: | | |
| Utility company (if needed) number: | | |
| Other: | | |

| |
|--------------------------------|
| Meeting Places: |
| Immediately outside home: |
| Place to go if cannot go home: |

List places such as work, school, or day programs for each family member. Include contact person and where each will go if cannot remain in place (evacuation location).

| | | |
|----------------|---------------------|--------------|
| Family Member | Place | Phone number |
| Contact Person | Evacuation location | |
| Family Member | Place | Phone number |
| Contact Person | Evacuation location | |
| Family Member | Place | Phone number |
| Contact Person | Evacuation location | |
| Family Member | Place | Phone number |
| Contact Person | Evacuation location | |
| Family Member | Place | Phone number |
| Contact Person | Evacuation location | |

Transportation: who will gather family members? Include back-up. If you don't have a car, what alternate means are available? Identify routes.

| | |
|--|--------------|
| Pet Plan: Write down where you will bring your pet. | |
| Veterinarian/ Kennel/Other | |
| Address | Phone Number |

Family Emergency Health Information

Complete a separate sheet for each family member

| FAMILY INFORMATION | | | |
|--|---------------|--------------|------------------------|
| LAST NAME: | | Address: | |
| Phone Number(s): | | | |
| Pharmacy/Address: | | | |
| Pharmacy Phone Number: | | Fax Number: | |
| CONTACT/Phone Number: | | | |
| FAMILY MEMBER NAME | Date of Birth | Blood Type | |
| | | | |
| LEGAL GUARDIAN/Phone Number: | | | |
| MEDICAL INSURANCE | Policy Number | Group Number | |
| | | | |
| | | | |
| PHYSICIAN(S) | Phone Number | Address | Fax Number |
| | | | |
| | | | |
| ALLERGIES / REACTION | | | |
| | | | |
| MEDICAL CONDITIONS/DIAGNOSIS/BASELINE DATA | | | |
| | | | |
| | | | |
| ONGOING MEDICAL TREATMENTS/LOCATION/ALTERNATE SITE | | | |
| | | | |
| | | | |
| IMMUNIZATIONS | | | |
| Type/ Dates | | | |
| | | | |
| | | | |
| CURRENT MEDICATIONS | | | |
| Medication/ Dosage/ Frequency/Time Taken / Doctor who Prescribed | | | |
| | | | |
| | | | |
| MEDICAL/ MOBILITY AIDS/DEVICES | | | |
| Name | Vendor | Phone Number | Electricity/Batteries? |
| | | | |
| | | | |
| DAILY LIVING AIDS/INSTRUCTIONS/SERVICE ANIMAL | | | |
| | | | |
| | | | |
| COMMUNICATION DEVICES | | | |
| Name | Vendor | Phone Number | Electricity/Batteries? |
| | | | |
| | | | |

Family Emergency Health Information

SAMPLE

Complete a separate sheet for each family member

| FAMILY INFORMATION | | | |
|--|----------------|---|---------------------------|
| LAST NAME: Smith | | Address: 34 Oak Street, Valhalla, NY 10532 | |
| Phone Number(s): 914-552-5553 Lee's Cell: 917-555-6543; Mary's cell: 917-555-1234 | | | |
| Pharmacy/Address: Health Pharmacy, White Plains, NY | | | |
| Pharmacy Phone Number: 914-888-8888 | | Fax Number: 914-888-8866 | |
| CONTACT/Phone Number: Mary Jones, 914-123-1356 | | | |
| FAMILY MEMBER NAME | | Date of Birth | Blood Type |
| Lee Smith | | 2/14/78 | B positive |
| LEGAL GUARDIAN/Phone Number: John and Mary Smith, 914-333-3332 | | | |
| MEDICAL INSURANCE | | Policy Number | Group Number |
| Aetna | | 345678JKL | S28 |
| Medicaid | | DR12345M | |
| PHYSICIAN(S) | Phone Number | Address | Fax Number |
| Dr. Michael Brown | 914-777-7777 | 12 Main St., Yonkers, NY 10332 | 914-777-7722 |
| Maria Gomez, neurologist | 914-666-9999 | Health Clinic, White Plains, NY | 914-666-9900 |
| ALLERGIES / REACTION | | | |
| amoxicillin - causes rash; bee stings - difficulty breathing | | | |
| MEDICAL CONDITIONS/DIAGNOSIS/BASELINE DATA | | | |
| Cerebral palsy; intellectual disability; Seizure disorder; asthma Orthopedic abnormalities: kyphosis, abnormal left hip and shortened left leg; Major hip surgeries; pin remains in left hip | | | |
| ONGOING MEDICAL TREATMENTS/LOCATION/ALTERNATE SITE | | | |
| nebulizer; twice daily at home; dialysis, White Plains Health Clinic (alternate: Danbury Hospital, CT.) | | | |
| IMMUNIZATIONS | | | |
| Type | Dates | Type | Dates |
| Tetanus | 10/01/09 | Influenza | 10/01/09 |
| PPD (Mantoux) | 10/01/09 | Hepatitis B | 2/10/08, 3/12/08, 9/1/08 |
| CURRENT MEDICATIONS | | | |
| Medication | Dosage | Frequency/Time Taken | Doctor who Prescribed |
| Lamictal | 200mg. | 2times daily/a.m. & p.m. | Dr. Gomez |
| Albuteral | 500 mg. | As needed | Dr. Brown |
| MEDICAL/ MOBILITY AIDS/DEVICES | | | |
| Name | Vendor | Phone Number | Electricity/Batteries? |
| Nebulizer | MedEquip, Inc. | 212-333-2232 | Needs elec. No batt. |
| Motorized wheelchair | Mobility, Inc. | 914 567-5678 | Needs elec, Back-up batt. |
| DAILY LIVING AIDS/INSTRUCTIONS/SERVICE ANIMAL | | | |
| Uses eyeglasses; Needs food chopped; cannot chew, cannot use straw Service dog - Pepper, License # 303KLM, Rabies vaccine 9/15/09 | | | |
| COMMUNICATION DEVICES | | | |
| Name | Vendor | Phone Number | Electricity/Batteries? |
| Bluebird II | MedEquip, Inc. | 212-333-2232 | Rechargeable batt. |

Family Emergency Health Information

Daily Living/Mobility Needs

Family Member Name:

| | | | | |
|--|--------|--------------|------------|--------------|
| Mobility equipment needed: | | | | |
| Type | Vendor | Phone Number | Batteries? | Electricity? |
| | | | | |
| Type | Vendor | Phone Number | Batteries? | Electricity? |
| | | | | |
| People who know how to work equipment: | | | | |

| | | | | |
|--|--------|--------------|------------|--------------|
| Daily living equipment needed: | | | | |
| Type | Vendor | Phone Number | Batteries? | Electricity? |
| | | | | |
| Type | Vendor | Phone Number | Batteries? | Electricity? |
| | | | | |
| People who know how to work equipment: | | | | |

| | | |
|-------------------------------|--|------------------------|
| I have a service animal named | | who must stay with me. |
| License or ID Number: | | |
| Vaccinations: | | |

| |
|-------------------|
| I need HELP with: |
| |

| |
|-------------------------|
| To HELP me eat, I need: |
| |

| |
|---------------------------|
| SAFETY PRECAUTIONS |
| |

Family Emergency Health Information

SAMPLE

Daily Living/Mobility Needs

Family Member Name: Lee Smith

Mobility Equipment Needed:

| Type | Vendor | Phone Number | Batteries? | Electricity? |
|----------------------|--------------|--------------|---------------|--------------|
| Motorized wheelchair | MobilityInc. | 914 567-5678 | Yes (back-up) | Yes |

| Type | Vendor | Phone Number | Batteries? | Electricity? |
|------|--------|--------------|------------|--------------|
|------|--------|--------------|------------|--------------|

People who know how to work equipment: Mary Jones and John Smith

Daily living equipment needed:

| Type | Vendor | Phone Number | Batteries? | Electricity? |
|------------|--------------|--------------|---------------|--------------|
| Hoyer lift | MobilityInc. | 914 567-5678 | Yes (back-up) | Yes |

| Type | Vendor | Phone Number | Batteries? | Electricity? |
|------|--------|--------------|------------|--------------|
|------|--------|--------------|------------|--------------|

People who know how to work equipment: Mary Jones and John Smith

I have a service animal named Pepper **who must stay with me.**

License or ID Number: 303KLM

Vaccinations: Rabies, 3/19/09

I need HELP with:

Getting on and off the toilet,
Getting in the bathtub, washing my back.
Brushing my teeth.

To HELP me eat, I need:

My food must be chopped up, I can't chew well. I must use a spoon.

SAFETY PRECAUTIONS

I am unsteady without a walker and need assistance.
In an emergency I may need to be carried.

Family Emergency Health Information

Communication/Emotional Needs

Family Member Name:

| | | | |
|--------------------------------------|----------------------------------|-----------------------------------|-----------------|
| I understand (language) | I can read words | pictures | Braille |
| I use sign language | I use hand/head movements | | |
| I use a Communication Device: | | | |
| Type | | | |
| Vendor Name/Phone | | | |
| Batteries/Electricity: | | | |
| I have a hearing problem | | I have a visual impairment | |
| I wear eyeglasses | contact lenses | hearing aids | dentures |

During an emergency I may FEEL or ACT:

To help CALM me, I would like a first responder to:

I need to bring _____ with me to help me feel better.

Family Emergency Health Information

SAMPLE

Communication/Emotional Needs

Family Member Name: Lee Smith

I understand English I can read words pictures Braille

I use sign language I use hand/head movements X

I use a Communication Device:

Type: Bluebird II

Vendor Name/Phone: MedEquip 212-333-2232

Batteries/Electricity: rechargeable batteries; also AC backup

I have a hearing problem yes I have a visual impairment no

I wear eyeglasses contact lenses hearing aids X dentures

During an emergency I may FEEL or ACT:

I get upset when I am rushed and I may not want to move.

When I am upset I may not be able to understand what you are saying.

I get confused when I feel stressed and I may try to run away.

To help CALM me, I would like a first responder to:

Speak slowly and calmly. Use simple sentences.

Give me directions step-by-step.

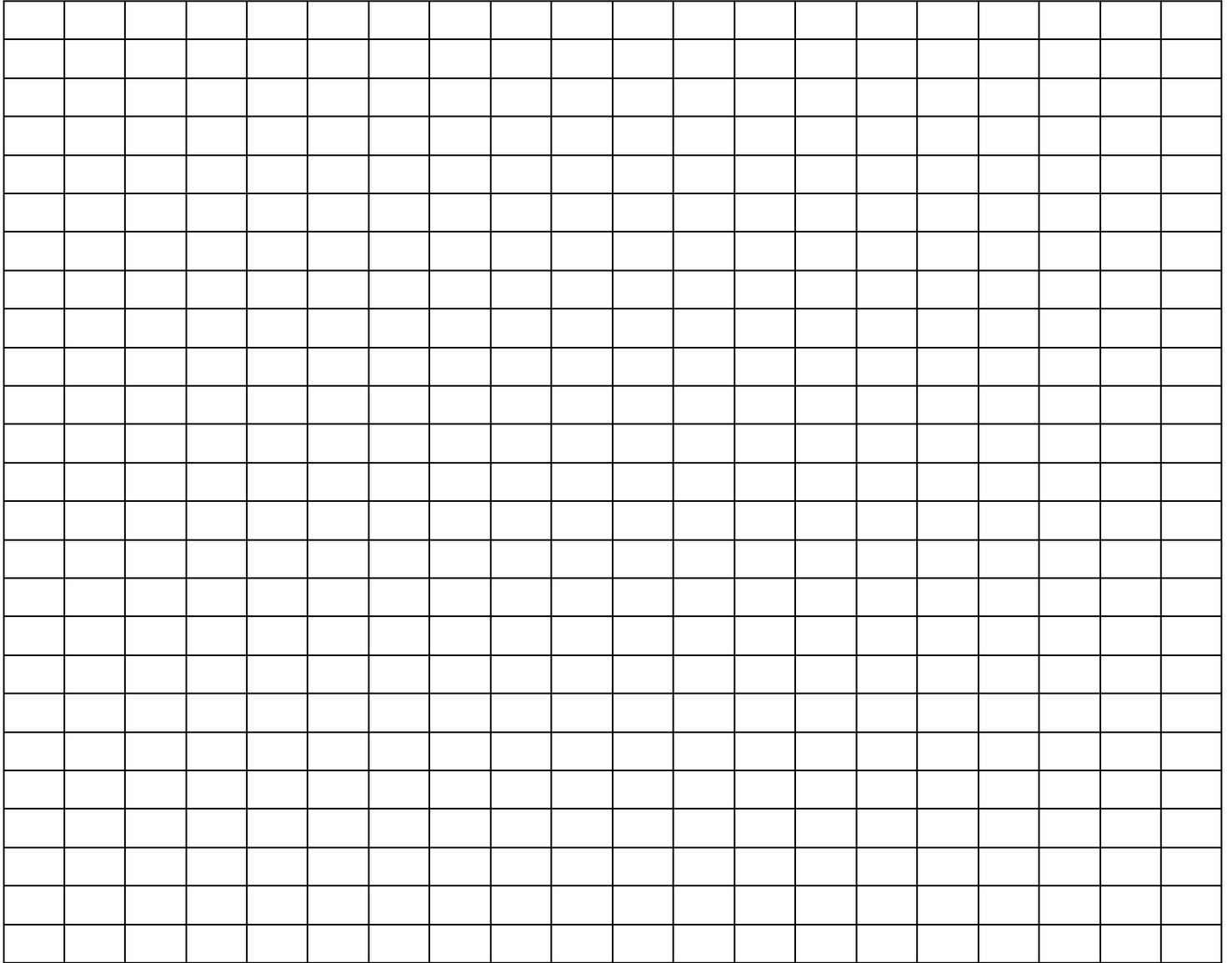
Do not push me; take me gently by the arm.

Do not leave me alone.

I need to bring my photo album with me to help me feel better.

Escape Plan

Draw a floor plan of your home with escape routes. Include two exits.

A large grid consisting of 20 columns and 20 rows of squares, intended for drawing a floor plan of a home with escape routes.

Meeting place nearby _____