

COUNTY OF LOS ANGELES
STAY SAFE!
STAY IN CONTROL!



EMERGENCY PLANNING FOR PERSONS WITH DISABILITIES, SENIORS
AND OTHERS WITH ACCESS AND FUNCTIONAL NEEDS (AFN)



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Why Prepare for an Emergency?

You are less likely to have problems in either large or small emergencies if you are prepared. A power failure or your pharmacist running out of your medications are examples of small emergencies. Large emergencies affect a wide area, overload emergency services, and may mean that you have to be self-sufficient for a week or more.

Systems that people rely on may not work in a major disaster. Things can be even harder for people with disabilities and functional limitations. For example, your ability to get to exits or to gather up your personal items and emergency supplies may be reduced. People with vision or hearing loss or speech disabilities can have more trouble than usual in communicating, especially when regular systems are down or overloaded. These problems can occur just when communication may be crucial to survival and safety. Planning is important in order to deal with these problems.

Avoid the common tendency to not think about and plan for possible emergencies. You need to plan for all kinds of hazards. These include



Grocery store with empty shelves after storm.

chemical, biological and radiological events, explosions, transportation accidents, fires, floods, earthquakes, mudslides, tornadoes, power outages, etc. Make your plans, then practice, evaluate and update them.

Preparing takes time and effort. You might want to do a little at a time. The important thing is to start. The more you do, the better you can protect yourself.

Purpose of This Guide

You should read this Guide if you are a person with disabilities, a senior, or have other access and functional needs. This Guide is for everyone who has trouble walking, hearing, seeing, breathing, understanding, learning, or responding quickly. These reduced abilities can be temporary or permanent. They can be due to conditions such as allergies, age or disability. Throughout this Guide the terms “people” or “individuals” refer to this varied group of people. If your family member is in a nursing facility or has home hospice care, make sure you contact them regarding their emergency procedures.

Use this Guide with other preparedness information such as the County of Los Angeles Emergency Survival Program (ESP) material and American Red Cross information.



Hand of wheelchair user on tire.



Older person's hands on a cane.



Boy using assistive equipment.

Ability Self-Assessment

As you read the General Assessment section, use this checklist to think about your abilities to start making a plan for the help you will need in an emergency. Next, go through all of the other sections that apply to you and complete the checklists. Then, develop strategies to address what you have learned about your needs and abilities. Include the appropriate actions that will need to be taken for you in your emergency preparedness plan.

GENERAL ASSESSMENT

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know where all the fire alarms and extinguishers are in the places where you are regularly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you activate the fire alarms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you work a fire extinguisher?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you practiced working a fire extinguisher?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know where the gas and water shut-off valves are at your home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you get to the gas and water shut off valves and use the right tool to turn them off?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have instructions and tools available so other people can turn off the utilities if needed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a standard telephone (one that does not need electricity) and do you know where it is?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know the location of ALL the exits in places you are regularly?

Ability Self-Assessment

GENERAL ASSESSMENT CONT'D

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you evaluated your ability to use them?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you practiced using these exits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you make an inaccessible exit accessible by using a portable ramp? If yes, have you considered getting one?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you thought about how you will evacuate if you can't use your own vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you thought about how you may be able to help others in an emergency? (For example, if you have no or low vision you might be able to guide people through darkened spaces. If you are a calm person you might be able to help others avoid panic.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you checked with your local city or county to see if they have a registration for seniors, persons with disabilities and others with access and functional needs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you planned for what you will do if your service animal becomes confused, frightened or disoriented? Are there other ways you can get around? (For example, by using sighted guides or members of your support team who can offer emotional support.)

Ability Self-Assessment

TRAVEL

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In hotels/motels/cruise ships and other temporary lodgings: Do you think about whether you want a room on a higher floor, perhaps with a view, or on a floor where evacuation is easier for you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you tell the staff upon check in that you will need help if there is an emergency and tell them what kind of help you may need?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a significant hearing loss, do you ask for a room with visual alarms that are tied to the fire alarm system, doorbells and telephones?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you check the location of all exit routes (usually posted on the back of the guest room door)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you track escape routes by counting the number of doors between your room and the emergency exit? Maps may be confusing unless you check them out before you need them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you use self-administered medical treatments, do you carry enough equipment and fluids in case there is a delay when you are traveling?



Wheelchair user wonders at lake and mountains.



Person uses assistive device to water ski.



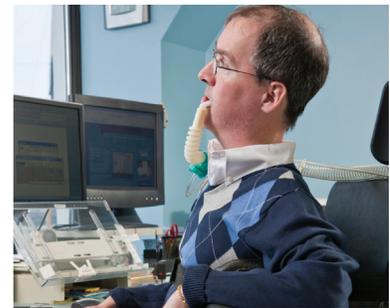
Wheelchair user enjoys a day at the beach.

Ability Self-Assessment

EVACUATING A SITE AFTER USUAL BUSINESS HOURS

Determine your risks if you are sometimes in a building after usual working hours (when there are fewer people around to help you).

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you contact other people after hours, including staff in the security or emergency control center?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know how to reach emergency personnel in case of an emergency?



Wheelchair users at work.

Ability Self-Assessment

CONSIDERATIONS FOR PEOPLE WITH VISION DISABILITIES

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you rely on sound clues to get around (such as the hum of the copy machine by an elevator), will you be able to get yourself to safety if they are missing? You can't count on these clues if the electricity goes off or alarms are blaring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there signs with raised and Braille characters that designate exits, direction to exits, and information on exit routes? Are floors designated by raised and Braille numbers or letters, including floor level signs in stairwells?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you read the emergency signs in print or Braille?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you wear contact lenses, do you either keep glasses with you or keep clear goggles in your emergency supply kit in case smoke, dust or fumes become painful or dangerous?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you use the two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you taught your support team how to serve as "sighted guides" if needed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you marked your utility shut-off valves at home with fluorescent tape or large print or Braille labels?

Ability Self-Assessment

CONSIDERATIONS FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you practiced having people communicate emergency information to you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you practiced using the two-way communication devices to make sure the system works?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know the locations of text telephones or amplified telephones?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do emergency alarm systems have audible and visible features (visual strobes)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are newer types of displays (TV monitors or scrolling text signs) available at your workplace? Will they work if the power goes out?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know the location of TV monitors or scrolling text signs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a portable communication device (PDA, pager, laptop, portable TTY)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does it have a battery backup? (When buying a portable device consider one that uses standard, off-the-shelf batteries.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If available, do you know how to use text-messaging to access emergency information?

Ability Self-Assessment

CONSIDERATIONS FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How will you communicate if there is no interpreter or if your hearing aids are not working?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you carry paper and pens with you?

CONSIDERATIONS FOR PEOPLE WITH HEARING & VISION DISABILITIES

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a support team? Since the audible alarms or flashing lights won't work for you, it is critical that you have a support team.

CONSIDERATIONS FOR PEOPLE WITH SPEECH DISABILITIES

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you determined how you will communicate if you do not have use of your usual communication device?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep with you a copy of a word or letter board, paper and pens, and pre-printed phrases usable in an emergency?

Ability Self-Assessment

MEMORY, JUDGMENT, LEARNING & UNDERSTANDING DISABILITIES

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you practiced how to communicate your needs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you thought about how you might react in an emergency and how you will cope with any unhelpful reactions? Prepare your support team to help you with planning these strategies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you prepared emergency information in a way that is easy for you to understand? You may want to break down the information into a step-by-step outline. This will help you remember what to do during a disaster.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your Emergency Health Information give rescuers important information about you if they find you unconscious or unable to communicate? Does it explain the best method to help you?



Woman using sign language.



Visual communication card.

Ability Self-Assessment

ASSISTIVE DEVICE USERS

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What will it take to get your wheelchair or other equipment out of the building?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you told your support team how to operate and safely move your equipment if necessary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you labeled equipment with simple instruction cards on how to operate it (for example, how to “free wheel” or “disengage the gears” of your power wheelchair)? Attach the cards to your equipment. Laminate them for durability.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you keep a copy of these instructions with you and have you shared copies with your support team?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you thought about your options if you are not able to evacuate with your assistive device?

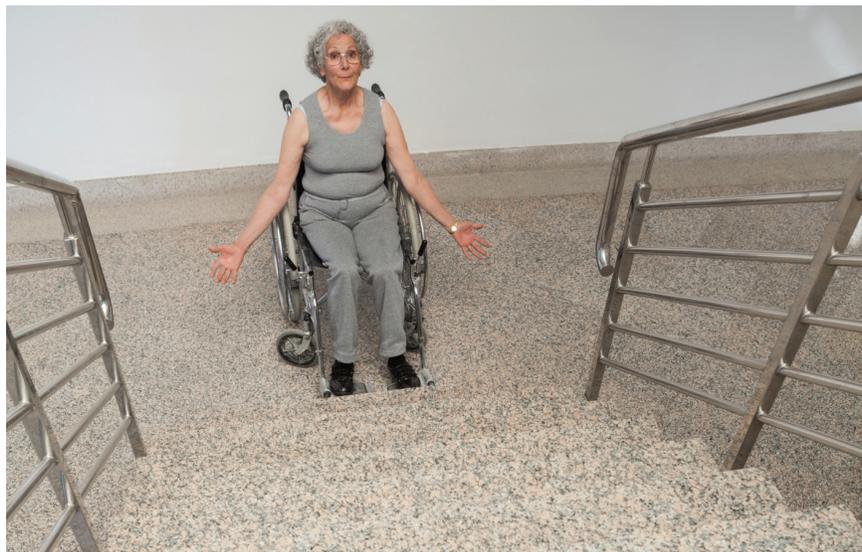


Four-wheel mobile device.

Ability Self-Assessment

PHYSICAL/MOBILITY

- | Yes | No | N/A | Task |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you know the location of all exits and have you thought about your ability to use them? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to independently evacuate from the site? How long will it take you? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will you need someone to help you walk down stairs quickly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Would it be faster if you used an evacuation device or were carried? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you know where all evacuation devices (used for people who can't go up and down stairs on their own) are stored? Have you practiced using them? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can you get in and out of evacuation devices by yourself or do you need help? |



Wheelchair user stuck at bottom of stairwell with hands out.

Ability Self-Assessment

PHYSICAL/MOBILITY CONT'D

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you absolutely had to, could you bump down the stairs on your buttocks, crawl, etc.? Will you need something to strap on to protect your buttocks, gloves to protect your hands, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know where emergency assembly areas and areas of refuge/rescue assistance are located?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you activate a fire alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you give quick instructions about how to safely carry you if needed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do your instructions on how to safely carry you include any areas of vulnerability/concern regarding how to remove you safely from your chair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it realistic for you to ask to be lifted in your chair (how much does it weigh with you in it)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a lightweight device you can use if you cannot evacuate with your wheelchair, respirator, or other power device?

Ability Self-Assessment

ALLERGIES, MULTIPLE CHEMICAL SENSITIVITIES, RESPIRATORY CONDITIONS

Yes	No	N/A	Task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you carry supplies with you based on your worst days:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industrial respirator with gas-mist filters?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masks?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inhaler?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine gum you can offer to smokers who will want to smoke around you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your Emergency Health Information clearly explain your sensitivities and reactions and the most helpful treatments as well as those that are harmful? You may not be able to describe your needs during an emergency so be specific. Other conditions (disorientation, aphasia, panic) may be diagnosed and treated as something other than chemical sensitivity.

Establish a Support Team

Build a support team of people who will help you in an emergency if necessary. They should be people who are regularly in the same area as you. The first people to assist in an emergency are often your neighbors, friends and co-workers. These people, not professional first responders, make 70% of rescues in major disasters.



One little girl pushes another little girl in wheelchair.

The support team approach is based on the idea that if everyone is trained, everyone can help! When you train many people, you create a universal team.

Build support teams with many people at every place where you spend a large part of your day: at work, home, school, community or senior center.

Practice with different people to figure out who will best be able to help you. Traits to look for may include people who are:

- Strong
- Calm
- Listen well
- Communicate clearly
- Can guide you safely
- Attend to important details

Work with people who are dependable and have the physical and emotional ability to assist you reliably.

Establish a Support Team

DO NOT RELY ON ONE PERSON

Do not depend on any one person. Buddy systems (choosing and training one person to assist you in an emergency) have weaknesses. You and your buddy may not be able to contact each other quickly in an emergency.

If you rely on personal assistance services (attendants), they may also not be available when you need them. Therefore, it is important that your support team include other people.



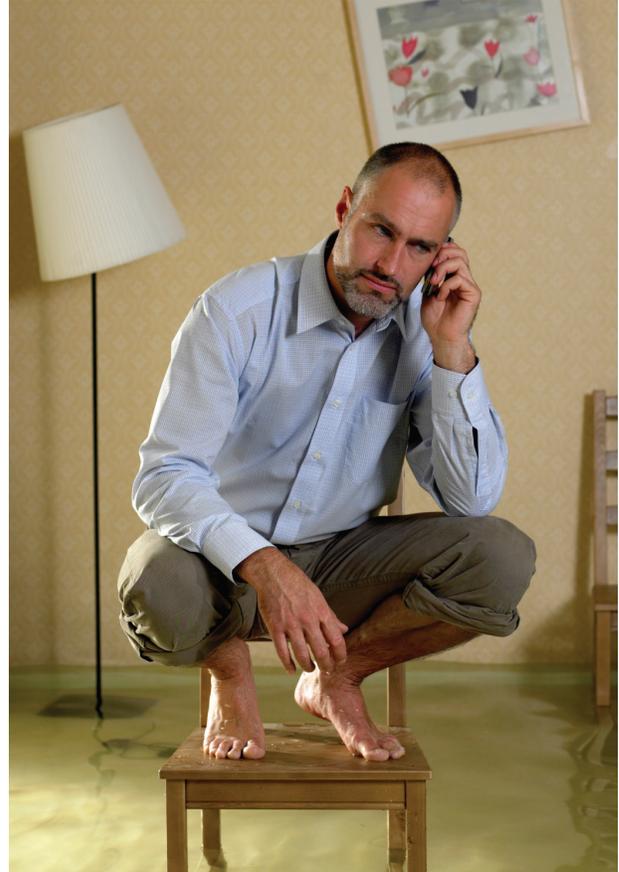
Three men discuss emergency plans.

Establish a Support Team

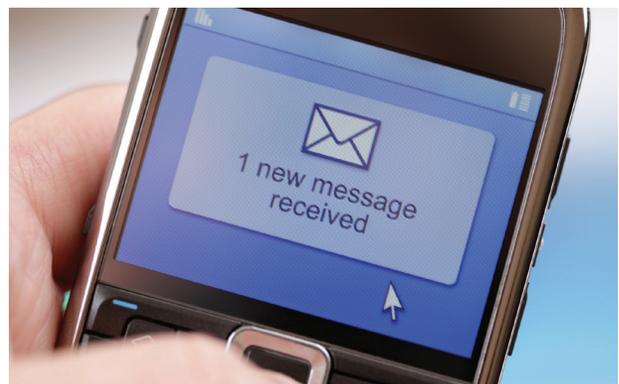
PLAN MULTIPLE WAYS TO GIVE AND GET INFORMATION

Different communication systems work differently. In an emergency, some may work when others fail. The more systems you have available to you, the more likely it is that you will be able to contact other people. How many of these systems do you have?

- E-mail
- Internet
- Pagers
- Text messaging
- A standard phone that does not need electricity (most new phones, including cordless ones, need to be plugged into an electrical outlet)
- Cell phone
- Low cost two-way radios
- Portable radio and batteries



Man squats on chair using phone.



Cell phone receives a new message.

Establish a Support Team

GIVE QUICK INFORMATION ON HOW TO BEST HELP YOU

In spite of your best planning, sometimes you have to build a support team on the spot. Think about what you will need, how you want it done, and what kind of people you want to work with if you have a choice. Be ready to give people who may not know you all the information they need to be able to help you without causing injury. Be clear, specific and concise with your directions. Think about how much detail is necessary. Be ready with additional instructions if necessary.

Practice giving these instructions using the least amount of words possible. For example:

- *“Take my oxygen tank; right side of green bookcase. I can breathe without it for 15 minutes.”*
- *“Take my communication device from the table by the wall.”*
- *“Take my manual wheelchair.”*
- *“I can use steps independently, carry my other crutch and walk in front of me.”*
- *“I’m blind. Let me take your left arm above the elbow and I’ll follow you out.”*



Teen points upward. Go-bag hangs on wheelchair.

Establish a Support Team

GIVE QUICK INFORMATION ON HOW TO BEST HELP YOU

- *“The traditional ‘firefighter’s carry’ is hazardous for me because of my respiratory condition. Carry me by...”*
- *“You have to carry me out. Get an evacuation chair hanging at the top of ‘stairway two’ and I will tell you what to do next.”*

If communicating may be a problem, consider carrying preprinted messages with you, for example:

- *“I am deaf and do not speak, I use American Sign Language. Use gestures or write instructions using simple words.”*
- *“I cannot speak, but I do hear and understand. I use a communication device. I can point to simple pictures or key words. You will find a communication sheet in my wallet.”*
- *“I may have trouble understanding what you tell me. Speak slowly and use simple words.”*
- *“I have a psychiatric disability. I may become confused in an emergency. Help me find a quiet place and I should be fine in about 10 minutes.”*
- *“Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.”*

Create Emergency Plans

LIFE-SUPPORT DEVICES THAT DEPEND ON ELECTRICITY

Contact your local electric company about your power needs for life-support devices (home dialysis, suction, breathing machines, etc.) in advance of a disaster. Some utility companies will put you on a “priority reconnection service” list. However, even with this “priority reconnection service”, your power could still be out for many days following a disaster.

It is vital that you have power backup options for your equipment. Talk to equipment suppliers about your power options (backup batteries, generators, etc.). Also, let your fire department know that you are dependent on life-support devices.



Home generator.

Create Emergency Plans

BATTERY POWERED DEVICES

Plan how you will recharge batteries if the electricity is out. Check with your vendor/supplier to see if there are alternative ways to charge batteries (for example, by connecting jumper cables to a vehicle battery or by using a converter that plugs into your vehicle's cigarette lighter).

Also, plan for other options, for example, sometimes you can substitute a car battery for a wheelchair battery but it will not last as long as a wheelchair's deep-cycle battery.

HOME PLANS

Houses or apartment buildings are often less safe than high-rise office buildings. People are more likely to die in a fire at home than at work, and that risk is even greater for people with disabilities. So it is important to identify all the ways you can exit your home. Also, use the ideas about making your home safer in the self-assessment checklist to develop your plans.

WORK, SCHOOL, VOLUNTEER SITE PLANS

Plan how you will evacuate and where you will go if an evacuation is ordered. Learn and understand the emergency plans for family members and significant others in schools, day care centers and residential, assisted living, and nursing facilities.

Tag devices (wheelchairs, walkers, etc.) with your name, address, phone number, device serial number and manufacturer's name in case you have to leave them behind.

Create Emergency Plans

PRACTICE YOUR PLANS

Practice is important. It increases skill and confidence in your ability to cope in an emergency.

Practice dealing with different conditions and unexpected situations, such as blocked paths or exits.

PRACTICE WITH YOUR SUPPORT TEAM

Make time to talk about and practice parts of your plan with your support team. This allows you and your team to focus on the parts of the plan that need more practice.

Don't assume you'll know how to use an evacuation device when you need it. Make sure you and your support team practice using it.



Two men fist bump.

Create Emergency Plans

EMERGENCY CONTACTS

Your emergency plans should include a list of out-of-state friends or relatives that household members can call if you are separated during a disaster. It is often easier to call outside of the affected area after an emergency, because long distance phone lines are often free when local phone lines are jammed. Make sure to complete your Out-of-State Contact List on page 35. Make copies of your list and place one in each of your emergency kits.

MORE RESOURCES TO HELP DEVELOP YOUR EMERGENCY PLANS:

American Red Cross

- *Your Evacuation Plan*,
www.redcross.org
- *Family Disaster Planning*,
www.redcross.org
- *Food and Water in an Emergency*,
www.redcross.org
- *Get Prepared*, www.redcross.org
- *Safe and Well for Reuniting Families*,
www.redcross.org



**American
Red Cross**

National Organization on Disability

- *Prepare Yourself*,
www.nod.org/emergency



County of Los Angeles

- *ESP Family Steps to Survival*,
www.espfocus.org
- *Emergency Survival Guide*,
www.espfocus.org
- *Specific Needs Awareness Planning*,
www.espfocus.org



Assemble Your Emergency Supplies

Prepare different kits for different places and situations. Tailor your emergency supplies to your needs and abilities. It is ideal to plan for your supplies to last for up to two weeks (medication syringes, ostomy bags, catheters, padding, etc.). Do what is realistic for you. Know what you are able to carry in a fanny pack, backpack or drawstring bag hung from a wheelchair, scooter or other assistive device. If you can only carry a 3-day supply of insulin in your kit that you will grab-and-go then that is what's right for you. Plan for what you can do.



HOME KIT

A “home kit” is your large kit with water, food, first aid supplies, clothing, bedding, tools, emergency supplies, and disability-specific items. It includes all the things you would most likely need if you had to be self-sufficient for days either at home or in an evacuation shelter.



CARRY ON YOU KIT

A “carry on you” kit is for the essential items you need to keep with you at all times. This kit will include items such as essential medications, breathing treatments and cash.

Assemble Your Emergency Supplies



GRAB-AND-GO KIT

“Grab-and-go kits” are easy-to-carry kits you can grab if you have to leave home (or school, workplace, etc.) in a hurry. They have the things you cannot do without but are not so big or heavy that you cannot manage them. This kit will include items such as power bars, an emergency poncho, a flashlight, etc.



BEDSIDE KIT

A “bedside kit” has items you will need if you are trapped in or near your bed and unable to get to other parts of your home. This kit will include bottled water, a whistle, flash light, a granola bar, etc.

Assemble Your Emergency Supplies

EMERGENCY FOOD

It is important to choose emergency food that:

- You like
- Is ready-to-eat (does not need to be kept cold, prepared, or cooked)
- You are able to open (no breakable containers; if it is in cans, be sure you have a manual can opener in your kit)
- Is in containers you are able to pick up and drink from (not too heavy)
- Has a long shelf life

For more information: See American Red Cross, Food and Water in an Emergency, <http://www.redcross.org>



▶ See American Red Cross, Food and Water in an Emergency, <http://www.redcross.org>

Assemble Your Emergency Supplies

MEDICATIONS

- Plan for a possible 3 - 14 day disruption in your ability to get prescriptions refilled.
- Ask your doctors which of your medications are critical or life sustaining and which ones you can do without for a few days or weeks. Ask your doctors how you can get an emergency supply of medications. If you cannot get an emergency supply, ask if it would be safe to go without one dose periodically until you have saved enough for an emergency.
- Get extra copies of prescriptions and put them with your emergency documents in all your kits.
- Rotate your medications. Take older ones out of your supply kit and use them before the expiration date. Replace them with a fresh supply.
- Ask your pharmacist about the best way to store your medications. Some are heat or cold sensitive.
- If you get medications or treatments (such as methadone, dialysis, infusion, chemo or radiation therapy, etc.) from a clinic or hospital, ask your health care provider what you should do in case of an emergency.
- If you are a smoker, be aware that smoking is not allowed in shelters. Consider putting nicotine gum or patches in your evacuation kit if getting to an outside smoking area might be difficult for you.
- Life in cramped, unheated shelters can increase the chances of pneumonia, influenza and colds. Stock your kit with any vitamins or medications you take to guard against getting sick and to cope with being sick.
- Make a list of all prescriptions and include: name, prescribing physician, dosage, frequency, description (what it looks like), and why you take it. Also, since doctor's prescriptions can change often, make sure to add a date.

Assemble Your Emergency Supplies

EMERGENCY DOCUMENTS

Store your emergency documents in sealed plastic freezer bags to keep them dry. Below is a list of documents to keep in your emergency kit:

- Copies of prescriptions
- Contact list of family, friends, work associates and out-of-state contacts
- Emergency Health Information. This gives rescuers information about you if they find you unconscious or unable to give them information. It includes data about your medications, equipment, allergies, communication limitations, preferred treatment, medical providers, and important contact people. (See “Emergency Health Information: Savvy Health Care Consumer Series”, www.cdihp.org)
- A list of model and serial numbers of your equipment (pacemakers, hearing aids, communication devices, scooter, wheelchair, batteries, etc.)
- Insurance and benefits cards (health insurance, Medicaid, Supplemental Security Income [SSI]). If you get benefits from Social Security (SSI or Social Security Disability Insurance), include a copy of your most current award letter
- Send copies of these documents to your out-of-state contact person (seal and mark them “open in an emergency for [name] only”)



Emergency documents. Driver's Licence, Social Security Card, cash and health card.

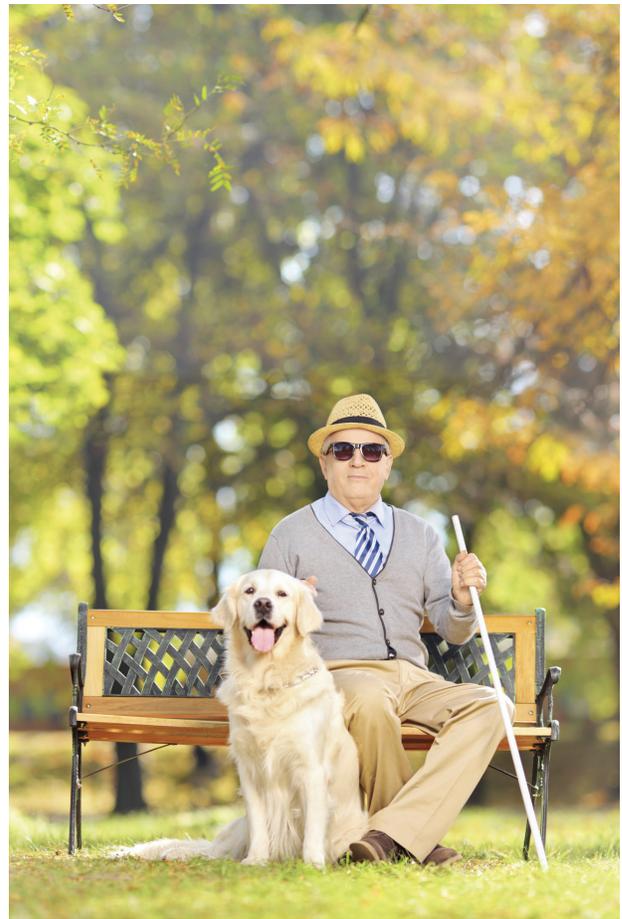
Assemble Your Emergency Supplies

SERVICE ANIMAL SUPPLIES

Keep a current photo of your service animal in the event that you are separated.

Pack the following list of supplies in a pack that your animal can carry:

- Bowl for water and food
 - Food
 - Blanket for bedding
 - Plastic bags and paper towels for disposing of feces
 - Neosporin ointment for minor wounds (ask your veterinarian if there is anything specific you should include for your animal.)
 - A favorite toy
 - Extra harness leash (and other important items for managing a nervous or upset animal)
- Pad protectors (for hot asphalt, hot metal stairs, broken glass)
 - Current identifications and licenses (Make sure the animal's tag has your telephone number and that of an out-of-state contact person.)



Man sits on park bench with service animal.

What to Keep in Your Emergency Supplies

Now that you know which emergency supplies to assemble, review the sections below to check whether you have all of the correct items in each of your kits.

 = Home

 = Carry on You

 = Grab-and-Go

 = Bedside

GENERAL SUPPLIES	
   	White distress flag or cloth, whistle, flashlights and/or glow sticks
   	Written identification of your disability-related or health condition, or medical tags or bracelets
   	Store kits securely in a set place so they are easy to find.
   	Emergency health information
   	Signaling device you can use to draw attention to you if you need emergency assistance (whistle, horn, beeper, bell(s), screecher)
  	First aid kit
  	Essential medications
  	Extra batteries for oxygen, breathing devices, hearing aids, cochlear implants, cell phone, radios, pagers, PDAs
  	Copies of prescriptions
  	Cell phone

What to Keep in Your Emergency Supplies

 = Home

 = Carry on You

 = Grab-and-Go

 = Bedside

GENERAL SUPPLIES (CONTINUED)		
  	Keep important items in a consistent, convenient and secured place, so you can quickly and easily get to them. (Items such as teeth, hearing aids, prostheses, canes, crutches, walkers, wheelchairs, respirators, communication devices, artificial larynx, sanitary aids, batteries, eye- glasses, contact lens with cleaning solutions, etc.)	
  	Emergency food	
  	Assorted sizes of re-closeable plastic bags for storing, food, waste, etc.	
  	Sturdy work gloves to protect your hands from sharp objects you may try to lift or touch by mistake while walking or wheeling over glass and rubble	
  	Small battery-operated radio and extra batteries	
 	Supplies for a service animal including food, identification tags, proof of vaccinations, and veterinarian contact information	
 	Solar chargers for cell phones.	
 	Standard telephone (most new phones, including cordless ones, need to be plugged into an electrical outlet)	
 	Flashlights and extra batteries. (People with limited reach or hand movement should consider low cost battery-operated touch lamps.)	

What to Keep in Your Emergency Supplies

 = Home

 = Carry on You

 = Grab-and-Go

 = Bedside

GENERAL SUPPLIES (CONTINUED)	
	Other medications
	Lightweight flashlight (on key ring, etc.)
	A container that can be attached to the bed or nightstand (with cord or Velcro) to hold hearing aids, eyeglasses, cell phones, etc., oxygen tank attached to the wall, wheelchair locked and close to bed. This helps prevent them from falling, flying or rolling away during an earthquake or other jarring, jolting event
WHEELCHAIR OR SCOOTER USERS	
   	A patch kit or can of “sealant” to repair flat tires and/or an extra supply of inner tubes for non-puncture-proof wheelchair/scooter tires
   	Pair of heavy gloves to use while wheeling or making your way over glass and debris
 	Extra battery for your motorized wheelchair or scooter
 	Jumper cables or specific recharging device to be connected to an automobile’s cigarette lighter
 	Spare cane or walker

What to Keep in Your Emergency Supplies

 = Home

 = Carry on You

 = Grab-and-Go

 = Bedside

WHEELCHAIR OR SCOOTER USERS (CONTINUED)	
	If available, keep a lightweight manual wheelchair for backup
	Keep needed equipment close to you so you can get to it quickly
SPEECH OR COMMUNICATION ISSUES	
   	Small picture board, pad of paper and pen, or other augmentative devices that can help communicate needs
   	Alternate power source or spare batteries for communication device
	If you use a laptop computer for communication, consider getting a power converter that plugs into the cigarette lighter of a vehicle
HEARING ISSUES	
   	Have a pre-printed copy of key phrase messages handy, such as, “I use American Sign Language (ASL),” “I do not write or read English well,” “If you make announcements, I will need to have them written simply or signed”
   	Small picture board, pad of paper and pen, or other devices that can help communicate needs

What to Keep in Your Emergency Supplies

 = Home

 = Carry on You

 = Grab-and-Go

 = Bedside

HEARING ISSUES (CONTINUED)	
   	Hearing aid batteries
  	Alternate power source or spare batteries for communication device
 	Consider getting a weather radio, with a visual/text display that warns of weather emergencies
VISION ISSUES	
   	Mark your disaster supplies with fluorescent tape, large print, or Braille
   	Extra pair of dark glasses, if medically required
  	Have high-powered flashlights with wide beams and extra batteries
 	Folding mobility cane
 	Food, medicine, plastic bags, and other items for your service animal
MULTIPLE CHEMICAL SENSITIVITIES, BREATHING CONDITIONS	
   	Towels, masks, industrial respirators or other supplies you can use to filter your air supply
  	N95-rated particulate filter mask (protects against dust, radiological dust and biological agents)

▶ See also: American Red Cross, Disaster Supply Kits, <http://www.redcross.org>

Out-of-State Contact List

Keep a list of out-of-state friends or relatives that household members can call if you are separated during a disaster. It is often easier to call outside the affected area after an emergency because long distance phone lines are often free when local phone lines are jammed. List contacts in priority order (the first person reached should call others on the list to let them know you are ok). Give each person on your contact list a copy. Keep a copy with all of your other emergency supplies.

NAME : _____ E-MAIL : _____
.....
ADDRESS : _____
.....
HOME # : _____ CELL # : _____ WORK # : _____
.....

NAME : _____ E-MAIL : _____
.....
ADDRESS : _____
.....
HOME # : _____ CELL # : _____ WORK # : _____
.....

NAME : _____ E-MAIL : _____
.....
ADDRESS : _____
.....
HOME # : _____ CELL # : _____ WORK # : _____
.....

- ▶ TIP: If you use telephone relay services, be sure your out-of-state contacts know that 7-1-1 is the universal code for these calls. This code can be used by anyone anywhere in the county for voice-to-TTY calls.

Out-of-State Contact List

NAME : E-MAIL :

ADDRESS :

HOME # : CELL # : WORK # :

NAME : E-MAIL :

ADDRESS :

HOME # : CELL # : WORK # :

NAME : E-MAIL :

ADDRESS :

HOME # : CELL # : WORK # :

NAME : E-MAIL :

ADDRESS :

HOME # : CELL # : WORK # :

- ▶ TIP: If you use telephone relay services, be sure your out-of-state contacts know that 7-1-1 is the universal code for these calls. This code can be used by anyone anywhere in the county for voice-to-TTY calls.

Are You Prepared?

PREPAREDNESS CHECKLIST

ABILITY SELF-ASSESSMENT (Page 3)

- | | | |
|--|---|---|
| <input type="checkbox"/> General Assessment | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Assistive Device Users |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Hearing & Vision | <input type="checkbox"/> Physical/Mobility |
| <input type="checkbox"/> Evacuating a Site | <input type="checkbox"/> Speech Disabilities | <input type="checkbox"/> Allergies, Multiple Chemical Sensitivities |
| <input type="checkbox"/> Vision Disabilities | <input type="checkbox"/> Memory, Judgment, Learning & Understanding | |

ESTABLISH A SUPPORT TEAM (Page 15)

- | | |
|--|---|
| <input type="checkbox"/> Do Not Rely on One Person | <input type="checkbox"/> Plan Multiple Ways to Give & Get Information |
| <input type="checkbox"/> Giving Quick Information | |

CREATE EMERGENCY PLANS (Page 20)

- | | |
|--|---|
| <input type="checkbox"/> Life-Support Devices That Depend on Electricity | <input type="checkbox"/> Work, School, Volunteer Site Plans |
| <input type="checkbox"/> Battery Powered Devices | <input type="checkbox"/> Practice Your Plans |
| <input type="checkbox"/> Home Plans | <input type="checkbox"/> Practice with Your Support Team |

ASSEMBLE YOUR EMERGENCY SUPPLIES (Page 24)

- | | | |
|---|--|--|
| <input type="checkbox"/> Carry On You Kit | <input type="checkbox"/> Bedside Kit | <input type="checkbox"/> Service Animal Supplies |
| <input type="checkbox"/> Grab-and-Go Kit | <input type="checkbox"/> Medications | <input type="checkbox"/> Emergency Food |
| <input type="checkbox"/> Home Kit | <input type="checkbox"/> Emergency Documents | |

WHAT TO KEEP IN YOUR EMERGENCY SUPPLIES (Page 30)

- | | | |
|---|---|--|
| <input type="checkbox"/> Disability Specific Supplies | <input type="checkbox"/> Hearing Issues | <input type="checkbox"/> Multiple Chemical Sensitivities, Breathing Conditions |
| <input type="checkbox"/> Wheelchair or Scooter Users | <input type="checkbox"/> Vision Issues | |
| <input type="checkbox"/> Speech or Communication Issues | <input type="checkbox"/> General Supplies | |

OUT-OF-STATE CONTACT LIST (Page 35)



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