

## Personal Emergency Planning for People with Access and Functional Needs

Disasters can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs will be met if you evacuate quickly or shelter in place. Taking responsibility by creating a disaster plan and to-go bag is the first step in maintaining your health and independence. All your information should be current and because it is personal keep it in a safe but handy place in your home.

Identify your capabilities now and what assistance you may need after a disaster by filling out this information sheet. Think in terms of everyday necessities but also your unique needs which may include medications, assistive devices, service animals and support services. Skip those that don't pertain to you.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Network Contact: \_\_\_\_\_

Emergency contact - name and phone number of person that does not live with you: \_\_\_\_\_

Emergency contact out of State - name and phone number: \_\_\_\_\_

Agency/Personal Care Attendant name and phone number: \_\_\_\_\_

Evacuation/transportation support name and phone number: \_\_\_\_\_

Primary Physician name, phone number and fax: \_\_\_\_\_

Pharmacy name, phone number and fax: \_\_\_\_\_

Insurance name, phone number and contact information: \_\_\_\_\_

Allergies and Sensitivities/Reactions: \_\_\_\_\_

Dietary Restrictions:

Check: Medications are taken by me \_\_\_\_ Medications are given to me by someone else \_\_\_\_

List of current medications - include dosage, frequency and how taken. Check those that need refrigeration. Copy form if addition space is needed.

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Medical Devices/Assistive technology vendor name and phone number:

Backup batteries/electricity needed?

Daily living equipment vendor and phone number:

Backup batteries/electricity needed?

I have low to no hearing. I use sign language \_\_\_\_\_ can read \_\_\_\_\_ use pictures \_\_\_\_\_

I have low to no vision. I use Braille for reading \_\_\_\_\_

I wear eyeglasses \_\_\_\_\_ contact lenses \_\_\_\_\_ hearing aids \_\_\_\_\_ dentures \_\_\_\_\_

I have a service animal named \_\_\_\_\_ who must evacuate with me.

Veterinarian name, phone number and fax:

I need help with:

To help calm me during an emergency:

Safety Precautions:

Go-bag Checklist: suggested items, determine what meets your needs.

Completed information sheet \_\_\_\_\_ bottled water \_\_\_\_\_ snacks \_\_\_\_\_ comfort items \_\_\_\_\_  
medications \_\_\_\_\_ other medications: pain reliever \_\_\_\_\_ antacid \_\_\_\_\_ other \_\_\_\_\_  
personal items: travel size shampoo/rinse \_\_\_\_\_ soap \_\_\_\_\_ deodorant \_\_\_\_\_ tissues \_\_\_\_\_  
toothbrush \_\_\_\_\_ toothpaste \_\_\_\_\_ denture solution \_\_\_\_\_ contact solution \_\_\_\_\_ contact  
case \_\_\_\_\_ extra eyeglasses and case \_\_\_\_\_ extra contacts \_\_\_\_\_ hearing aid batteries \_\_\_\_\_  
comb or brush \_\_\_\_\_ moist towelettes \_\_\_\_\_ hand sanitizer \_\_\_\_\_ first aid kit \_\_\_\_\_ food and treats  
for service animal \_\_\_\_\_ play toys \_\_\_\_\_ waste disposal bags \_\_\_\_\_ bedding \_\_\_\_\_ extra leash or  
tie \_\_\_\_\_ medical supplies: catheters \_\_\_\_\_ tubing \_\_\_\_\_ syringes \_\_\_\_\_ inhaler \_\_\_\_\_ diabetes  
supplies \_\_\_\_\_ mask \_\_\_\_\_ other \_\_\_\_\_ extra set of clothing/underwear \_\_\_\_\_ cash \_\_\_\_\_ credit  
card \_\_\_\_\_ cell phone/charger \_\_\_\_\_ copies of important documents: birth  
certificate \_\_\_\_\_ photo id \_\_\_\_\_ health insurance card \_\_\_\_\_ home/car insurance \_\_\_\_\_ guardianship  
papers \_\_\_\_\_ proof of address \_\_\_\_\_ bank account numbers \_\_\_\_\_

Consider a water proof go-bag and that it is light enough for you to grab as you evacuate.

Sheltering in Place Checklist: suggested items if you cannot leave home for a few days.

3 day supply of water\_\_\_ 3 day supply of nonperishable ready to eat food\_\_\_  
water for sanitation\_\_\_ manual can opener\_\_\_ 7 day supply of medication\_\_\_ other  
medications\_\_\_ pain reliever\_\_\_ antacid\_\_\_ vitamins\_\_\_ laxative\_\_\_ other\_\_\_ 7 day supply  
of medical supplies\_\_\_ battery operated radio\_\_\_ extra batteries\_\_\_ battery operated  
flashlights\_\_\_ extra batteries\_\_\_ whistle\_\_\_ personal hygiene items\_\_\_  
shampoo/conditioner\_\_\_ soap\_\_\_ toothpaste\_\_\_ deodorant\_\_\_ toilet paper\_\_\_ paper  
towels\_\_\_ trash bags\_\_\_ blankets\_\_\_ first aid kit\_\_\_ bleach\_\_\_ matches\_\_\_ candles\_\_\_  
baby supplies\_\_\_ pet supplies\_\_\_

If you are storing these supplies make sure they are in a sealed water proof container,  
preferably placed high off the ground. Creating and maintaining these supplies may be  
too expensive. Determine what you will need to maintain your health. Work with your  
providers, family, friends or faith based groups to help you create a shelter in place kit.

### Next Steps

Have an action plan with family, providers and vendors letting them know how they can  
support you should you need to evacuate or shelter in place. Have at least three different  
means of transportation if you don't have your own vehicle. Make sure all your identified  
support people know that they are in your plan. Consider giving a copy of your house key  
to one of your support people if you are comfortable with that. Contact local utilities  
companies if you are dependent on power for assistive devices. Learn how to shut off  
your utilities. Review your plan with your support system at least annually and keep all  
important information current.

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