

Registration with Emergency Services

Some communities have developed procedures for people with disabilities to register in order to let Emergency Management personnel know who you are and maybe what your needs are. This may be the E-911 registration, part of a city census, or a separate procedure. This information will be kept confidential and used only in case of emergency.

Please consider registering if you have the opportunity.



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Personal Emergency Preparedness Plan

Cities and town governments are responsible for planning and responding to a disaster.

Individuals should also prepare themselves, their families, and their caregivers.

Be part of the solution.

PLAN NOW! PLAN TOGETHER!

Service Animal Information:

Practice Your Plan

Practice your plan and make changes based on new information.

Locate the nearest accessible shelter. Contact the shelter manager whenever possible to discuss potential accommodation needs.

Discuss with your family and support network any other accommodations you need to plan for ahead of a disaster.

List plan modifications here after practicing your plan:

List additional considerations and accommodations here:

Go-Bag

Collect a Go-Bag of critical supplies and personal items in case you have to leave immediately. Leave the Go-Bag close to the door/exit. Tell your support network where it is.

(Check off the list as you collect items for your “go bag.”)

- Documents collected from the previous list
- Include food for specific diets
- A manual can opener
- A flashlight and extra batteries
- Information you or someone else might need about your disability or health condition
- Cash (as much as you can afford)
- Sanitation and hygiene items
- First aid kit
- Whistle
- Change of clothes (consider potential weather conditions—coat, boots, mittens, etc.)
- Small cooler with ice packs (kept in freezer until ready to go)
- Supplies for cleaning respiratory or other equipment (vinegar, water, liquid detergent, a dish pan and paper towels)
- Sunscreen
- Any other specific items you need (hearing aid batteries, ostomy supplies, extra inhaler, urinary bag and tubing, etc.)
- Food, vaccination information and veterinary contact for service animal

Community Emergency Plan

Emergency Planning is done for typical Community Hazards

Hurricane	Fires
Winter storms	Floods
Explosions	

Who is the Emergency Management Director?

Name:

Office address:

Phone number:

Email:

The community where you live has responsibility for planning and responding to a disaster affecting its residents.

The community needs to:

- be able to communicate with all residents.
- provide shelters to all residents when necessary
- provide transportation to those who need assistance
- store and replenish supplies with fresh food and medication & track expiration dates
- practice their plan

Questions you need answers for before a disaster strikes:

Does the emergency plan address your needs?

Do you know how the community plans to notify you of an approaching disaster?

Do you know what your community evacuation plan is?

Shelters

Where is your neighborhood shelter? Does it meet your minimum accessibility requirements?

Shelter location(s):

Shelter manager number to contact (this may be the local emergency manager):

Is there a TTY/TDD available if you need it?

What is the TTY/TDD number?

Is the shelter accessible?

Does the shelter have signs in Braille?

Will you deliver additional equipment or supplies in threatening weather or other emergency?

How should I store equipment such as oxygen cylinders?

What supplies will I need for my cleaning equipment? Ask for a written procedure for cleaning the equipment.

What is vendor's plan to replenish my equipment and supplies after the storm/disaster?

Important Documents

Make copies of important documents: (Check off list as you collect information) Keep in a waterproof, portable container.

- Birth certificates
- Licenses
- Social security card
- Bank/credit cards
- Passports
- Insurance information (health, car, home, etc.)
- Wills/deeds
- Stocks/bonds
- Prescriptions
- Immunization information
- Proof of address
- Inventory of household valuable goods
- Other _____

Ask your doctor or health care provider about . . .

Medication

- What are substitutes for my medication?
- A list of most important medications or equipment that needs to be replaced immediately
- How much of my medications shall I keep for an emergency?
- How do I reach my doctor in an emergency when the telephone may be out?
- Who is my doctor's backup?
- What else do I need to think about?

Ask your equipment vendor . . .

If you use life-supporting technology or equipment:

- Do you know how to replace equipment fast?
- What do you need to do if the electricity fails?

Possible options might include the following:

- Substitutions for treatment or equipment
- Purchasing portable battery operated equipment
- Buying a DC inverter (Before buying, check with your medical equipment vendor to assure compatibility)

Contact your vendor now to ask about service during power outages. Ask your medical supply vendor:

Will my backup supply last at least 48 hours? If not, find out what to do to get at least 48 hours of back up.

Personal Plans

Individuals also bear a responsibility for preparing themselves and their families/caregivers for disasters.

Individuals should:

- develop a personal, family (guardian) readiness plan that includes evacuation and care of pets
- assemble supplies and needed information for use in disasters when sheltering in place or evacuation is required
- assemble a Go-Bag with essential items, supplies and information
- develop an evacuation plan for home, work and anywhere else you spend any prolonged period of time
- know where the nearest accessible shelters are
- store and replenish supplies with fresh food and medication & track expiration dates
- practice your plan

Support Network: A support network is important. Write your list including work, home, cell numbers as well as addresses and email information.

A recommendation is to have a contact who lives far way and won't be impacted by the disaster for everyone to call.

Name:
Phone Numbers — Home:
Work: **Cell:**
Email address:
Address:

Name:
Phone Numbers — Home:
Work: **Cell:**
Email address:
Address:

Name:
Phone Numbers — Home:
Work: **Cell:**
Email address:
Address:

How will your support network notify you of an approaching disaster? How will you notify your support network?

Describe support network notification process here:

Health Care Provider Name	Specialty	Phone Number	Fax Number	Comments

Equipment

List model numbers, vendor contact information and any other information needed to secure any equipment or assistive devices you will need whether at home or in a shelter.

Equipment/ supplies	Model number	Vendor	Vendor Contact #	Comments

Health Care Providers

In an emergency your support network or emergency personnel need to know who your health care providers are.

Evacuation plan: How would you leave your home and town if necessary? Does your support network know your plans? Consider at least two routes out whenever possible.

Route 1

Route 2

Public transportation may be interrupted or unavailable depending on the disaster. Will your support network help?

List alternate transportation plan from your support network here:

Medical Concerns

List any tests or treatments you take on a regular basis that will need to continue even in an emergency

Tests/ treatments	How often	How long can I go without	Comments
Ex. Blood test	1 time a week	? days	Coagulation therapy

Current Medications

Include names and doses of all medications including over the counter products. Please use additional paper if necessary.

Medication	Dose	Route (by mouth, injection, etc.)	How often You Take	Prescrip- tion = (P) Over the Counter = (O)	Renewal Date

List any ALLERGIES you may have to medications, food, or other allergens (ex. latex gloves or products)

Allergy: Do not give this medication!	Type of reaction

Make copies of prescriptions for your Go-Bag.