



Every person wants to be able to respond to an emergency or disaster.

The Preplowans program will help persons with disabilities take the time before an emergency occurs to plan for survival at home, in a shelter, or elsewhere.

Preplowans 

FEMA recommends that everyone be prepared to be on their own for three days.

- **Be informed**
- **Make a Plan**
- **Build a Kit**

7 Steps

to personal emergency preparedness

- 1 Know the types of emergencies that could happen and what to do.
- 2 Complete a personal assessment.
- 3 Develop a personal support network.
- 4 Gather emergency papers and medical information.
- 5 Keep a 3-7 day supply of medications and supplies on hand.
- 6 Make an emergency supply kit.
- 7 Make your home, school, and work safer.

Preparing for an emergency or disaster can seem overwhelming, but not everything needs to be done at once. You may want to begin with the tasks that will be most important to you for any emergency.

Some plan is better than no plan

You can do it!

Step 1

KNOW THE TYPES OF EMERGENCIES THAT COULD HAPPEN AND WHAT TO DO



Emergency/Disaster	What to Do
Fire	Smoke detector on every floor and outside bedrooms. Change batteries every 6 months. Check to see if you can hear the alarm. In case of fire, remain calm, drop to the floor and crawl to get the cleanest air. Identify and practice evacuation routes in your home. Know the meeting place.
Tornadoes	Stay informed. Know the safe place in your home like under a sturdy table in the basement. If no basement, go to a small interior room or a room on the opposite side from a tornado. Stay away from windows. Practice to be sure you can get there and stay there, or identify if help is needed.
Flash Floods	Know your risk and stay informed. If you are told to leave, don't wait. Have a transportation plan. Identify higher ground that you can evacuate to. Stay away from floodwater. Even a shallow depth of fast-moving floodwater produces dangerous force.
Extreme Heat	Stay informed. Drink plenty of fluids. If your home does not have air conditioning, find schools, libraries, theaters and other community facilities near your house that you can go to during the hottest part of the day. Think about what you will do if power is lost, especially with health or communication devices.
Severe Winter Storms	Listen to your television or radio for emergency messages. Travel only if needed. Be ready to shelter at home with emergency supplies for 3 days. Plan for no services coming to your home. Plan for loss of power.
Biological Threat (example: an influenza epidemic)	Watch TV, listen to the radio, or check the Internet for official news. Find out (1) if you are in the group or area that have been exposed, (2) if you show any signs of the disease, and (3) who is distributing medications or vaccines and how to get them.
Hazardous Materials Incidents	Public health officials will provide the information based on the specific incident. In the meantime, use your personal emergency support network and emergency kit as necessary.
Bomb/Nuclear Threats	Listen for public officials to provide safety information based on specific incident. You may be asked to "shelter-in-place" in which case you will stay inside your home until further notice. Use your emergency supply kit if needed.

ACTION STEPS I NEED TO TAKE: _____

Step 2



COMPLETE A PERSONAL ASSESSMENT

All of us have basic needs—safe food, water, shelter—and needs in daily life (to go to the bathroom, bathe, dress ourselves, communicate). Each of us also has unique personal needs that should be considered when preparing for an emergency.

The cornerstone of preparedness planning for everyone, but especially for people who have disabilities, is a clear understanding of their needs and abilities.

The questions in this section ask what you can do and what assistance, support, medical equipment, or assistive technology you use every day. Your answers will suggest the help you may need before, during, and after an emergency. “No” answers will point to action steps that you will want to take to get ready for a disaster.

- Keep in mind that you will be planning to meet basic needs.
- Plan as if you are having a bad day because of your disability.
- If you use Assistive Technology (AT) devices, plan to take those, as well as any low-tech versions that do not need power.
- If you need someone to assist with tasks, that person should be part of your emergency support network.



ALERT AND WARNING How are you going to find out about an emergency or disaster and what are you going to do about it?

CHECK ALL THAT APPLY					
	No	Yes	Independently	With AT	Needs Assistance
Are you on a community "registry or list to be notified by phone, email, text message and/or TTY?					
Do you know the TV and radio stations that have weather and emergency information?					
Is there a smoke detector on each floor and in each bedroom where you live?					
Do you check if they work each month?					
Do you change their batteries every 6 months?					
Can you hear the smoke detector or building warning system?					
Can you hear the community warning sirens?					
Can you get (hear/see) information from TV and/or radio about current weather or disaster situations?					

ACTION STEPS I NEED TO TAKE: _____



EVACUATION: You may need to leave your home for a period of time during a disaster. Think about what you would do if your mobility devices are not working or the building elevators are not working. How will you communicate during an evacuation if your hearing aid or communication devices are lost or damaged?

CHECK ALL THAT APPLY					
	No	Yes	Independently	With AT	With Assistance
Can you transport yourself somewhere else, such as a shelter?					
If needed, do you have a specially equipped vehicle or accessible transportation?					
Do you have a family plan to meet or communicate after a disaster: in your neighborhood, out of the neighborhood, and out of town?					
Can you leave your home quickly if required to evacuate?					
Can you hear directions and information from others?					
Can you give directions or information to others?					

ACTION STEPS I NEED TO TAKE: _____



TAKING SHELTER: In some cases, you will be able to or need to take shelter at home, or you may have to leave your home. This might be for a few hours or up to many days and weeks.

Community shelters may be available, but they are often overcrowded, noisy, and not necessarily a helpful place for someone who has a disability. Depending on your needs, it might be more accessible, easier or safer to go to the home of a family member, neighbor, or friend in your town or out of town. You might be able to go to a home with a person who has needs like yours.

	No	Yes
Do you have a place to go for a few hours that meets your needs?		
Do you have place to go for a few days to weeks that meets your needs?		
Do you have more than one option available for each of the above and possible out-of-town options?		
Have owners of these places agreed to provide shelter to you in case of a disaster or emergency?		

ACTION STEPS I NEED TO TAKE: _____



PERSONAL CARE and ACTIVITIES OF DAILY LIVING

Consider how you will do the activities listed below. Think about what you will do or need if your assistive technology/medical devices have no power or if support services are not able to come to your home. Can you explain your personal care and treatments to another person?

CHECK ALL THAT APPLY					
Can you:	No	Yes	Independently	With AT	Needs Assistance
Communicate Tell others your information and needs?					
Receive information from others?					
Give directions to others about care and treatments?					
Move around home or shelter?					
Do errands, shop for food and medicine?					
Take medicines?					
Prepare food?					
Eat/drink?					
Bathe and do personal grooming?					
Get dressed?					
Go to the bathroom?					
Do medical treatments: catheter, dressing changes, blood sugar tests, other__					
Care for pets or service animal?					

ACTION STEPS I NEED TO TAKE: _____



ELECTRICITY-DEPENDENT MEDICAL EQUIPMENT

To plan for power failure, you may need to have a generator or charging device, which you should plan to take along with your medical equipment to the home of your emergency support network member or to a community shelter. Keep extra batteries on hand. Know if your durable medical devices have battery backup and how long the backup will last, and maintain a re-charging schedule even if they are not in use. You will also want to ask your doctor what to do if power is lost to life-sustaining devices like a ventilator.

CHECK ALL THAT APPLY			
	No	Yes	Not applicable/Don't know
If your power company has a priority list, are you registered? (A priority list is kept by a utility company to determine who to return service to first after an outage.)			
Do you have a generator or solar/car battery charger?			

Do you have the following medical equipment or assistive technology, and how are they powered?					
	No	Yes	Battery	Recharging Battery	Plugged in
Wheelchair/scooter					
Communication device					
Dialysis machine					
Oxygen					
Heart monitor					
Electrical lifts					
Other: _____					
Do you have directions for the equipment that you can share?					
Can you tell someone else how to operate the equipment?					

ACTION STEPS I NEED TO TAKE: _____



MEDICAL SUPPLIES

Include enough medical supplies in your emergency kit for three days, whether you take shelter at home or somewhere else. You may need to set up a rotation plan so supplies in the kit do not get out of date.

List the medical supplies that you use, such as catheters or dressing supplies.

ACTION STEPS I NEED TO TAKE:



ASSISTIVE TECHNOLOGY DEVICES: If you use assistive technology (AT), you will want to take these devices and/or have extra ones in your emergency kit to take with you when you evacuate. Think about back-up devices or low-tech alternatives in case the AT devices are damaged or lost. Remember that there may be no electricity to recharge batteries.

List all AT devices, such as wheelchairs, hearing aids, glasses, walkers, transfer boards, shower chair/bench, or communication devices:

ACTION STEPS I NEED TO TAKE:

Step 3



DEVELOP A PERSONAL SUPPORT NETWORK

Who will assist you during and after a disaster if you cannot? A personal support network can help you maintain independence and possibly even survive a disaster. Anyone in your support network needs to be prepared to function for at least three days without formal assistance, meaning that your home and community-based services may not be available to provide services, treatments, or supplies.

Before an emergency occurs, talk with anyone you would like to be part of your personal support network. Make sure they are able and willing to provide the needed supports. Clearly describe what is involved in alerting, evacuating, or transporting you and providing shelter, personal care, and treatments. Explain the assistance that might be needed after a disaster, such as transportation to services or basement cleanup after a flood.

People to consider asking to be part of your Personal Support Network:

Having more than one person for a personal support network is important. Someone may not be available when help is needed, or they may be able or willing to provide only some of the needed support. We recommend that you have at least three people in your emergency support network, with a primary and back-up person for each task. Make sure support network members are trustworthy since they will have access to your home and personal health information.

- Family
- Friends
- Neighbors
- Roommates
- Personal care attendants
- People from church, temple, or place of worship
- Teachers
- People who have similar support needs
- Classmates or co-workers

When you complete your plan for a Personal Support Network:

- Attach written directions for assistance with care, activities of daily living, or treatments, and directions for operating medical equipment and assistive technology devices.
- Provide a full copy to everyone in the network so they have each other's contact information and roles. Give network members a house key, if needed.
- Keep a copy in your Emergency Kit and/or "Take & Go Bag".

Make an annual calendar reminder to contact your support network once a year to be sure they are still willing and able to provide your needed supports, and then share the updated plan.

EMERGENCY SUPPORT NETWORK

This plan is for (Name):

Date completed:

Address

City, State, Zip

Home Phone:

Cell:

Work/School Phone:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: () _____ Cell: () _____ Work/School Phone: () _____

Name: _____ Relationship: _____

Home Phone: () _____ Cell: () _____ Work/School Phone: () _____

NETWORK MEMBER

Name: _____ Relationship: _____

Home Phone: () _____ Cell: () _____ Work/School Phone: _____

Address: _____

TASKS	Primary	Backup	NO	NOTES
Alerting / warning				
Evacuation: fire				
Evacuation: tornado				
Evacuation: other location or shelter				
Provide short-term shelter				
Provide long-term shelter				
Help with care if shelter at home				
Help with care in Network home				
Help with care in shelter				
Transportation to return home				
Recovery				

EMERGENCY SUPPORT NETWORK

This plan is for (Name): _____ Date completed: ____ / ____ / ____
 Address: _____ City, State, Zip _____
 Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
 Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: (____) _____

Name: _____ Relationship: _____
 Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: (____) _____

NETWORK MEMBER

Name: _____ Relationship: _____
 Home Phone: (____) _____ Cell: (____) _____ Work/School Phone _____
 Address: _____

TASKS	Primary	Backup	NO	NOTES
Alerting / warning				
Evacuation: fire				
Evacuation: tornado				
Evacuation: other location or shelter				
Provide short-term shelter				
Provide long-term shelter				
Help with care if shelter at home				
Help with care in Network home				
Help with care in shelter				
Transportation to return home				
Recovery				

EMERGENCY SUPPORT NETWORK

This plan is for (Name):

Date completed:

Address:

City, State, Zip_____

Home Phone:_____ Cell(_____)_____

Work/School Phone:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: (____) _____

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: (____) _____

NETWORK MEMBER

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work/School Phone: _____

Address: _____

TASKS	Primary	Backup	NO	NOTES
Alerting / warning				
Evacuation: fire				
Evacuation: tornado				
Evacuation: other location or shelter				
Provide short-term shelter				
Provide long-term shelter				
Help with care if shelter at home				
Help with care in Network home				
Help with care in shelter				
Transportation to return home				
Recovery				

Step 4



GATHER EMERGENCY PAPERS AND MEDICAL INFORMATION

During an emergency or disaster it is possible you will:

- become separated from other family members
- become incapacitated and unable to speak
- lose assistive devices or medical equipment/supplies
- lose important personal papers—either temporarily or permanently (your home and records may be destroyed or you may not be able to return there)

This information that you pull together will help you:

- get the services you need immediately after the disaster or as you recover from the disaster
- contact friends and family members
- replace lost items after the disaster
- it will also help emergency responders know about your needs if you are not able to communicate

Emergency Papers to be made or copied should include:

Contact information – family members

List of meeting places (neighborhood, out-of-neighborhood, and out-of-town)
on family emergency plan

Contact information - local and out-of-town family and friends

Identification: Social Security card/number, driver's license, passport

Health/medical insurance policy number and contact information

Other insurance policy numbers and contact information: home, vehicle, life

Legal papers: wills, deeds, marriage and/or birth certificates, medical or
other power of attorney, guardianship, or conservatorship papers

Inventory of household goods: list, photos, or video

Important school papers like diplomas, certificates, and licenses ○

Bank account and other financial information

Pharmacy contact information

Veterinarian and/or kennel contact information

Case manager contact information

Lists of medical information should be made for each family member, service animal(s), and pet(s).

- Date of Birth (DOB)
- Medical conditions
- Allergies
- Dietary needs or restrictions
- Communication difficulties or recommendations
- Medical insurance policy number and contact information
- Current medications, dosage, pharmacy contact information
- Description of treatments
- Medical equipment: size, style, serial number, provider contact information (e.g. wheelchair, glasses, hearing aid, communication device, glucometer, pacemaker, or suction machine)
- Medical supplies: size, serial number, provider contact information (e.g. oxygen, catheters, wound care)
- Contact information - doctors
- Contact information - community and home service providers, including case manager

HOW AND WHERE TO STORE THE INFORMATION:

Be careful where and how you store this private information. It can be created and stored in paper or electronic formats (example: USB), but keep papers safe and dry in a waterproof container. Because you do not know where you will be before, during, or after a disaster, it is recommended that you store all of this information in multiple places, for example:

- Emergency Supply Kit (STEP 6)
- “Take and Go” Bag (STEP 6)
- A location in the house that is easy and quick to get to during an emergency evacuation (if not the “Take and Go” Bag)
- At least one other place in town (example: at work or in your purse/wallet)
- At least one out-of-town location. This could be with family, friends, or on the Internet.
- Family Contact and Individual Medical Information Lists should also be attached to the Personal Support Network forms you developed in STEP 3 and kept on file in school or work settings.

EMERGENCY FAMILY CONTACT INFORMATION FOR _____

Home Address: _____

Home Phone: _____

Name: _____ **DOB:** _____ **SSN:** _____

Address: _____

Cell phone: _____ **Email:** _____

Phone: _____

Alternate address (example: workplace): _____

Alternate phone: _____

Medical Info: _____

Name: _____ **DOB:** _____ **SSN:** _____

Address: _____ [same as above

Cell phone: _____ **Email** _____

Phone: _____

Alternate address (example: workplace): _____

Alternate phone: _____

Medical Info: _____

Family members and others living in home:

Name: _____ **DOB:** _____ **SSN:** _____

Address: _____ [same as above

Cell phone: _____ **Email:** _____

Phone: _____

Alternate address (example: workplace): _____

Alternate phone: _____

Medical Info: _____

Name: _____ **DOB:** _____ **SSN:** _____

Address: _____ same as above

Cell phone: _____ **Email:** _____

Phone: _____

Alternate address (example: workplace): _____

Alternate phone: _____

Medical Info: _____

Family Emergency Plan Meeting Place

NEIGHBORHOOD EMERGENCY MEETING PLACE:

Name _____

Address: _____

Telephone Numbers: _____

Email: _____

OUT-OF-NEIGHBORHOOD EMERGENCY MEETING PLACE OR CONTACT:

Name _____

Address: _____

Telephone Numbers: _____

Email: _____

OUT-OF-TOWN EMERGENCY MEETING PLACE OR CONTACT:

Name _____

Address: _____

Telephone Numbers: _____

Email: _____

IMPORTANT INFORMATION			
	Name	Phone	Policy Number
Doctor			
Doctor			
Doctor			
Pharmacy			
INSURANCE:			
Medical			
Home/Rental			
Auto			
Veterinarian			
Other			
Other			
Other			

MEDICAL INFORMATION LIST

Name: _____ **DOB:** _____
Address: _____ **Home Phone:** _____
Emergency Contact 1: _____ **Phone:** _____
Emergency Contact 2: _____ **Phone:** _____

Allergies:	Blood Type:
Medical Conditions:	
Primary Physician:	Telephone:
Specialist:	Telephone:
Specialist:	Telephone:
Hospital:	
Health Insurance	
1.	Policy/Personal Number
2.	Policy/Personal Number
Special Dietary Needs or Restrictions:	
Medications and Dosages	
Pharmacy:	Telephone:
1.	Dosage:
2.	Dosage:
3.	Dosage:
4.	Dosage:
5.	Dosage:
6.	Dosage:
8.	Dosage:

Communication Difficulties or Recommendations:
Physical Limitations and Accommodations:
Treatments (attach specific directions as needed):
Medical Supplies (name, size, style, serial number, supplier contact):
Medical Equipment (name, size, style, serial number, supplier contact):
Adaptive Equipment (name, size, style, serial number, supplier contact):
Contact Information - Home and Community Service Provider:
Other:

Step 5



MEDICATIONS AND TREATMENT SUPPLIES

Try to keep a **3 to 7-day supply of medications** and supplies on hand at all times. This can be difficult, especially with insurance restrictions.

Prescriptions for medicine and supplies should be filled as early as possible.

Talk to your doctor or pharmacist about what to do if you do not have enough medications on hand.

Talk to your doctor or service providers about what to do if you do not have enough treatment supplies on hand or are unable to get your treatments.

Check if your pharmacy and supply retailer have back-up systems so your medicine or supply needs could be met through retailers in other towns. If not, consider getting prescription orders from your doctor to be filled in an emergency.

ACTION STEPS I NEED TO TAKE: _____

Step 6



BUILD AN EMERGENCY SUPPLY KIT

Everyone should make plans and have supplies to take care of themselves for at least 3 days at home. Remember during a disaster or emergency you may not have power (electric/gas) or water supplied to your home. Part of your home may be destroyed or you may have to take shelter in only part of your home.

Depending on your home situation, and your abilities and needs, your emergency supply kit could be stored in:

- a plastic tub or crate with wheels
- an under-bed storage device
- extra-large sealable bags

You will already have many items around your home that can be stored with the kit. You may also have duplicate items that you can put in the kit. If getting all the items at one time is a problem, purchase some each month until the kit is complete. Label all items in the kit with your name, including the storage devices. Review the kit items periodically for completeness and replace any outdated items.

You might have a sheet on the “Take and Go” container listing the items you need to get from other parts of the house, for example, medicines.

“Take and Go” Bag

You will want some items from the emergency kit with you if you need to evacuate to a shelter or a home in your support network. By storing certain kit items in a “Take and Go” bag, you will be able to leave your home quickly with the things that are most important to your care and independence.

Depending on your abilities and the number of items, your “Take and Go” bag could be a

- suitcase with or without wheels
- plastic tub or crate with wheels
- backpack
- wheelchair bag
- a vest with many pockets

BASIC EMERGENCY KIT SUPPLIES

For taking shelter at home:

- Water—at least one gallon per person and per pet/service animal per day for at least three days, stored in a plastic container
- Food—at least three days of nonperishable food that does not need heat or cooling for preparation. Choose foods that your family will eat, taking into account any special diets or allergies. Mark foods with dates and replace if necessary. Choose foods with pop-tops or that open without a can opener, if possible
- Disposable eating utensils, plates and cups; can opener
- First Aid Kit and manual on basic first aid
- Matches in waterproof container
- Blanket for each person (example: emergency blanket or sleeping bag)
- Hand sanitizer
- Paper towels
- Plastic garbage bags, ties
- Disinfectant detergent
- Household chlorine bleach
- Toilet options: plastic bucket with tight lid, toilet paper, grocery bags, garbage bags and hand sanitizer
- Shovel, saw, hammer, pliers, or other useful tools
- Signal flare
- Fire extinguisher
- Entertainment: book, cards, games



“Take and Go” Items:

- Your **Emergency Papers, Medical Information Lists, and Personal Support Network papers** in a waterproof container
- Radio—wind-up type or keep extra batteries
- Flashlights—wind-up type or keep extra batteries
- A whistle to signal for help
- Paper and pencil
- Money
- Rain gear or poncho
- Personal care items: soap, shampoo, toothbrush, toothpaste, hairbrush, deodorant, towel, lip balm, lotion, sunscreen, female hygiene items
- One set of extra clothing and shoes for each person (preferably long pants and sleeves)

Extra considerations for people with special needs

These items in your “Take and Go” bag would be specific to your needs.

Medicines, kept either in emergency kit or a location that makes them easy to add to “Take and Go”
Medical supplies: catheters, oxygen tubing, wound care, or DM testing
Extra eyeglasses/case/prescription and magnifier
Contact lens supplies
Hearing aid batteries
Communication device batteries
Picture communication board, dry erase board
Any assistive technology for Activities of Daily Living
Wheelchair repair kit: duct tape, super glue, can of tire inflator, tools
White cane
Earplugs or muffs to reduce noise stimulation
Plastic sheeting or garbage bags and tape to create visual isolation area
Alternative activities for stimulation, diversion, or calming
Other _____

Service Animal or Pet Emergency Supply Kit

Label items with pet and owner information, including:

Food (you may need food for taking shelter elsewhere) and water for 3 days
Pet-related emergency papers, medical information, and vaccination information



"Take and Go" Bag

Medicines
Water and food container
Collar/leash
Service harness, pack, or cape
Sanitation: kitty litter and box for cat, plastic bags to collect animal waste, large paper bag/ties, and hand sanitizer
Newspapers
Towel
Disinfectant towelettes
Rug
Entertainment (like a chew toy)
Travel crate

ACTION STEPS I NEED TO TAKE: _____

Step 7



MAKE YOUR HOME, DAYCARE, SCHOOL, WORK, AND CAR SAFER

Talk to staff at your school or work about their emergency plan and specifically about the emergency plan for you.

Know **emergency evacuation routes** and **safe places** for each setting you are in during the day.

Check hallways, stairwells, doorways, windows, and other areas for problems that may keep you from safely leaving a building during an emergency.

Move or secure furniture and items that block or could block evacuation paths.

Install at least one **smoke alarm** on each floor in your home and test them every month.

Know the difference between a **tornado watch** and a tornado **warning** and how to correctly respond to each.

Know where your home's controls are for water, electricity, gas, and sewer and how and when to turn them off during an emergency.

Keep an **emergency supply kit** anywhere you spend time (example: in your car and workplace)

ACTION STEPS I NEED TO TAKE: _____



This publication was supported by the Cooperative Agreement #1U59DD000949-01 from the Centers for Disease Control & Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



We would like to acknowledge that the Preplowans project and booklet was adapted with permission from the "Ready Now! Emergency Preparedness Tool Kit for People with Disabilities" materials by the Oregon Office of Disability and Health, Center on Community Accessibility, Institute on Disability and Development, Oregon Health and Sciences University.

We would like to acknowledge that this booklet was adapted from work of the University of Iowa College of Public Health's Design Center for the PrepKids Project.