

EMERGENCY PREPAREDNESS

FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

CREATE A NETWORK OF SUPPORT

TO HELP YOU IN CASE OF AN EMERGENCY.



Plan how you will **communicate** if you have a communication disability.



Plan for your **transportation** if you need help evacuating.



Plan how you will evacuate with any **assistive devices**.

PREPARE FOR A POWER OUTAGE IF YOU USE ELECTRIC MEDICAL DEVICES.



talk to a health care provider about what to do



identify an alternative power source for devices



inform your emergency contacts of the plan

WHAT TO INCLUDE IN AN EMERGENCY PREPAREDNESS KIT

- Contact information for important people and care providers
- A list of medicines you need, dosage instructions, and any allergies
- Styles and serial numbers of all medical and assistive devices
- Need-to-know information for first responders and others who might need to help you



Food, water, and essentials for you and pets or service animals



Medicines, medical supplies, batteries, and chargers



Copies of Medicaid, Medicare, and other insurance cards

I HAVE A DISABILITY

MY DISABILITY MAY MAKE IT DIFFICULT FOR ME TO COMMUNICATE WITH YOU.

My name is:

What you need to know about my disability:

When helping me, please DO:

When helping me, please DO NOT:

I use the following assistive devices:

Important information about my devices:

Emergency contacts for me:

IMPORTANT MEDICAL INFORMATION

Name:

I prefer to be addressed as:

Phone:

Birthdate:

Blood type:

Medical conditions:

Health care provider names and contact information:

Medicines and dosages:

Allergies:

Medical/assistive devices:

Emergency contact information:

Date of last tetanus shot:

Recent surgeries

Dietary restrictions:

Do you have an advance directive? Yes No

If so, where is it located?

Service animal information:

Other important things to know about me: