Be Prepared, Have a Plan: Emergency Preparedness Toolkit

For persons with disabilities
Adapted and Endorsed by the Wisconsin Council on Physical Disabilities
About the Wisconsin Council on Physical Disabilities (CPD)

• Created by the state legislature in 1989.

• **Vision:** The Council envisions a world where all persons with physical disabilities have access to the same opportunities and life choices as any other Wisconsin resident.
About the Wisconsin Council on Physical Disabilities (CPD)

- Has five major responsibilities:
  - Develop a state plan for services to people with physical disabilities.
  - Advise state agencies on programs and policies that affect people with physical disabilities.
  - Promote public understanding of the abilities and concerns of people with physical disabilities.
  - Encourage development of programs to prevent physical disabilities.
  - Submit recommendations in an annual report to the legislature.
Presenters

• Ben Barrett, CPD Chair
• Karen Secor, CPD Emergency Preparedness Chair, Member-at-Large
History on Council’s Involvement in Emergency Preparedness

- The Council has been working on emergency preparedness for over 11 years.
History on Council’s Involvement in Emergency Preparedness

• CPD has an Emergency Preparedness Committee

• Karen Secor, Chair of the CPD Emergency Preparedness Committee, serves on Wisconsin’s Emergency Preparedness Advisory Committee as physical disability representative

• CPD developed an Emergency Preparedness Toolkit, customized for people with disabilities
Your best chance of survival is to have a plan and be prepared

• This toolkit is the first step you can take to be prepared and informed!

• Here are some things you can do to get started:
  • Set up a meeting
  • Take responsibility
  • Plan ahead
  • Discuss how you will communicate with each other
  • Make plans for your pet(s)/service animal(s)
  • Have an evacuation plan and practice evacuating your home twice a year
  • Choose who you will make contact with during a disaster
  • Pack emergency supplies that will last for 5 days
  • Be resourceful
  • Be informed
Overview of the Emergency Preparedness Toolkit

• The toolkit serves as a resource tool providing all people, especially those individuals with physical or other disabilities, emergency preparedness information including tips, checklists, wallet card, visual communications tool, and other resources to be prepared and have a plan for emergencies and natural disasters.

• This toolkit also serves as a resource tool for professionals and volunteers who may assist people with disabilities during an emergency situation.
ACTIVITY WITH BAG

• Everyone was given a bag when they came to this workshop.....
Emergency Preparedness Checklists

• It is important to plan for what you need to have available for different types of emergencies. This toolkit includes four checklists to help you identify what you need.

• These include a:
  • General Checklist
  • Disability Checklist
  • Car Checklist
  • Important Documents Checklist
General Checklist

EMERGENCY PREPAREDNESS CHECKLIST

GENERAL CHECKLIST

This checklist should help you prepare for natural disasters and/or emergencies before they occur and includes general items you may want to include in your GO BAG (if you need to evacuate) or HOME KIT (if you are home and have to wait on emergency assistance after a natural disaster). Pack your HOME KIT with supplies for at least five days, so you and your family can be prepared with the necessary supplies to survive independently until you can receive emergency assistance. Also see the DISABILITY CHECKLIST, provided in the Be Prepared, Have a Plan: Emergency Preparedness Toolkit, for other items you might want to include in your GO BAG or HOME KIT.

EMERGENCY ITEMS

☐ Important documents (see IMPORTANT DOCUMENTS CHECKLIST, included in the Be Prepared, Have a Plan: Emergency Preparedness Toolkit)

☐ Medications and extra medications

☐ Medical tags (bracelet / necklace / ankle bracelet)

☐ Water (1 gallon / person / day)

☐ Food (non-perishable)

☐ Food (Special Dietary Needs)

☐ Can opener

☐ Whistle

☐ NOAA radio

☐ Download APPS on smart phone (NOAA / weather, compass, flashlight, GPS, etc.)

☐ Matches / lighters (in a waterproof container)

☐ Fire starter kit

☐ Wire Saw

☐ Mess kit

☐ Water purification filtering system

☐ Disposable gloves (sterile and non-sterile)
General Checklist

• This checklist includes general items you may want to include in your GO BAG or HOME KIT.
• Your GO BAG should include items you need if you are to evacuate.
• Your HOME KIT should include supplies needed to survive for at least five days.
This checklist includes medical devices, supplies, and assistive technology devices for people with physical disabilities. Pack items you will need for yourself in your GO BAG. You may need to add additional items or devices to this list to meet your individual and/or family’s needs.

**GO BAG ITEMS**

- Thermal blanket (survival)
- Fire blanket (survival)
- Fire starter kit
- Inverter (12-volt AC to 110 DC)
- 12-volt heater / fan
- Wire saw
- Hand warmers

- Small 12-volt electric pump (120 psi) for car, bicycle, and other sports’ equipment
- Bicycle tire pump and tire repair kit
- WD-40
- Magnifying glass
- Scissors
- Small sewing kit (needle and assorted thread)
- Tablet and pencil / pen

**COMMUNICATION DEVICES**

- Computer and computer software
Disability Checklist

• This checklist includes medical devices, supplies, and assistive technology devices for people with physical disabilities.

• Pack the items you will need for yourself in your GO BAG.

• Additional items or devices may be needed to meet your individual needs.
Car Checklist

EMERGENCY PREPAREDNESS CHECKLIST
CAR CHECKLIST

You may need to evacuate or take shelter in your car. Use this list to determine what you should have in your car for different emergency situations and/or weather events. You will want to monitor your water and food supplies when there is excessive heat and/or freezing temperatures.

**EMERGENCY ITEMS**

- Copy of Medical Emergency Wallet Card
- Water
- Blanket
- Whistle
- Flashlight and batteries or lantern (hand-crank type)
- Tire chains
- Small shovel and non-clumping cat litter or sand
- Tools (pliers, flat and Phillips screwdrivers, and adjustable wrench)
- Wire saw
- Pocket knife
- Electrical and duct tape
Car Checklist

• Use this list to determine what you should have in your car for different emergency situations and/or weather events.

• You will want to monitor your water and food supplies when there is excessive heat and/or freezing temperatures.
Important Documents Checklist

**EMERGENCY PREPAREDNESS CHECKLIST**

**IMPORTANT DOCUMENTS**

Use this checklist to identify important documents and other items that you should take with you if there is a disaster or emergency. Make copies of the documents and other information, and if possible, also copy the information to a Flash Drive. Put the documents in your GO BAG. Store this document and other important items/documents in a waterproof container. **Always keep the originals in a safety deposit box or other safe location!**

You may not need all the information on this list. Put together only those documents you think you will need to protect yourself, your family and your future!

- Family Emergency Planning Form *(provided in your toolkit)*
- Medical Emergency Wallet Card *(provided in your toolkit)*: Make a copy for each family member!
- Family Photo (or current picture of each family member and/or pets)
- Extra Cash
- Copies of Important Keys
- Copies of Vehicle Titles, Leases, Loan Documents, etc.
- Copies of Wills, Living Wills, Health Care Power of Attorney, Financial Power of Attorney, and Trust(s), etc.
- Computer files backed up on CDs, DVD or USB drive
- Copies of Pet Medical Records, Shots, Microchip Information, etc.
Important Documents Checklist

• This checklist helps to identify important documents and other items that you should take with you.
• Make copies of the documents and other information, and if possible, also copy the information to a flash drive.
• Put the documents in your GO BAG.
• Store this document and other important items/documents in a waterproof container.
• Always keep the originals in a safety deposit box or other safe location!
Medical Emergency Wallet Card

Emergency Preparedness Toolkit
Medical Emergency Wallet Card For:

Name: ____________________________

Date of Last Update: ________/

Complete both sides of this card using a pencil. Update the information every six months. Keep the card with you at all times (in your wallet or purse). Keep an extra copy in your GO BAG.

Personal Data
Name: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________ Zip: ____________________________
Phone: ____________________________
Email: ____________________________
Date of Birth: ____________________________ Blood Type: ____________________________
Medical Emergency Wallet Card

• Fill out the information on the WALLET CARD that applies to you. For medication, include dosage, frequency, and specific time you take medication each day.

• Keep your WALLET CARD with you at all times in your wallet or purse. If you have a car, also keep a copy of your WALLET CARD in your CAR KIT.

• All family members in your home should have their own WALLET CARD with their information.

• Review your WALLET CARD every six months and update the information as needed. If you set aside your medication for emergencies, replace/rotate every six months or as medication expires.
This FAMILY EMERGENCY PLANNING FORM is for everyone in your home. Have a family meeting to talk about disasters. Fill out this form together.

When you have finished completing this form, make extra copies. Put a copy in your GO BAG. Everyone in your home should also have one. Put a copy near your phone or on your refrigerator. It should be easy to find.

OUT-OF-TOWN CONTACT NAME: ________________________________ PHONE: ________________________________
EMAIL: ____________________________________________________________________________________________

FAMILY EVACUATION PLAN

Date of last practice evacuation (in case of house fire, wildfire, flood, etc.): _______/_______

1. Is there a family member that has limited mobility or no mobility?  O Yes  O No
   If yes, has the family practiced getting the person out of the home?  O Yes  O No

2. Is there a family member that has a mobility device and/or service animal?  O Yes  O No
   If yes, has the family practiced getting the person out both with AND without the mobility device and/or service animal?  O Yes  O No

3. Is there a family member with a disability who needs assistance?  O Yes  O No
   Person responsible for assisting family member: ________________________________________________________

Date of last review and update of this form: _______/_______
Family Emergency Planning Form

• This form is for everyone in your home. Fill out this form together.

• When you have finished completing this form, make extra copies. Put a copy in your GO BAG. It should be easy to find.

• Develop a FAMILY EMERGENCY PLAN that includes everything your family should consider and do in order to be prepared for different emergencies or disasters. See the Evacuation Guide section of the toolkit.

• If you need assistance, let family, friends, and neighbors know how they may help, and let them know your emergency plan.

• Review the four EMERGENCY CHECKLISTS to determine the items which need to go into the emergency kit(s).
Medical Information and Emergency Health Care Plan

EMERGENCY PREPAREDNESS FORM

MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN

This MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is intended to communicate pertinent medical information and how an emergency responder or other person could assist you in case of an emergency or natural disaster. This form should be completed in conjunction with the MEDICAL EMERGENCY WALLET CARD. You should keep this form with a copy of your MEDICAL EMERGENCY WALLET CARD on you at all times and keep an extra copy of both of these items in your GO BAG. You should update this form every six months or when there is a change in your health status/condition(s).

Date of last review and update of this form:

PERSONAL DATA

Name: ___________________________ Address: ___________________________
Date of Birth: ___________________ Phone Number: _______________________

[Form fields for additional personal data]
Medical Information and Emergency Health Care Plan

• This form includes information on your:
  • Personal Data
  • Emergency Contact
  • Medical/Health History
  • Medical Equipment and Devices
  • Daily and Mobility Skills
  • Preferences and Considerations

• This form should be completed with the Medical Emergency Wallet Card.

• You should update this form every six months or when there is a change in your health status/condition.
Fire Escape Plan

How to Make a Home Fire Escape Plan

- Draw a map of your home. Show all doors and windows.
- Visit each room. Find two ways out.
- All windows and doors should open easily. You should be able to use them to get outside.
- Make sure your home has smoke alarms. Push the test button to make sure each alarm is working.
- Pick a meeting place outside. It should be in front of your home. Everyone will meet at the meeting place.
- Make sure your house or building number can be seen from the street.
Fire Escape Plan


• Pull together everyone in your household and make a plan. Everyone in the household must understand the escape plan.
• A closed door may slow the spread of smoke, heat and fire.
• Install smoke alarms in every sleeping room, outside each sleeping area and on every level of the home.
• If there are infants, elderly, or family members with mobility limitations, make sure that someone is assigned to assist them in the fire drill and in the event of an emergency.
Visual Communications Tool

Quick Communication Tips for Emergency Responders:

- Get the person's attention first.
- Speak to them at eye level.
- Look at the person when you speak. He or she may be able to read your lips.
- Speak slowly with a low-pitched and calm voice.
- Use short, familiar words, such as “What do you need?”
- Ask one question at a time. Also give directions one at a time. Check for understanding after each step.
- Give the person time to respond to your question or follow directions.

List your unique communication equipment needs on your MEDICAL EMERGENCY WALLET CARD, available at https://cpd.wisconsin.gov.
Visual Communications Tool

• The **VISUAL COMMUNICATIONS TOOL** can be used for quick and easy communication during an emergency as stress may make it more difficult to understand others.

• This tool can be used to tell others what you need. They can also use the card to tell you what is going on.

• The **VISUAL COMMUNICATIONS TOOL DOES NOT** substitute for accommodations required by the Americans with Disabilities Act (ADA). Shelters and federal aid programs must provide interpreting services and other public accommodations as required by the ADA.
Tips for Communicating in an Emergency

- Special consideration should be given to the needs of special populations during a crisis.
- Some possible situations or conditions someone may encounter when working with people with disabilities or the elderly include:
  - Delayed Response Syndrome
  - mobility impairments
  - sensory changes (hearing and/or vision loss)
  - service animals
  - chronic illnesses/medications
  - heat and cold (hypothermia, hyperthermia)
  - dementias
  - transfer trauma
  - fear of institutionalization
Tips for Communicating in an Emergency

1. Get the person’s attention first. Speak to them at eye level. Identify yourself and explain why you are there, no matter how obvious it may seem.

2. Look at the person when you speak. Speak slowly with a low-pitched and calm voice.

3. Use short, familiar words, such as “What do you need?”

4. Ask questions that can be answered with a yes or no, if possible.

5. Ask one question at a time. Also give directions one at a time.

6. Give the person time to respond to your question or follow directions.

7. Repeat, rephrase, or write your message if necessary.

8. Ask permission first, before touching the person.

9. Ask before moving a person or a person’s wheelchair/mobility device.
Additional Information
Included in the Toolkit

- Evacuation Planning Guide
  - Evacuating Yourself and Your Family
  - Basic Fire Escape Planning
  - Escape Planning in Tall Buildings
  - Evacuation Procedures/Evacuation Devices
- Tips for Professionals and Volunteers Working with People with Disabilities During Emergencies
  - Communicating with People in Emergency Situations
  - Disability Etiquette
  - Tips for Effective Communication
- Emergencies and Disasters to Plan for by Season
- Other Emergencies and Disasters
- Global Weather
- Frequently Asked Questions
- Basic Rights for People with Disabilities in Emergencies and Disasters
- References and Resources
All Toolkit Materials Available Online

Now Be Prepared, Have a Plan!

- Fill out and carry with you your Medical Emergency Wallet Card
- Pack a GO BAG (take with you everywhere)
- Share emergency plan with family and caregivers
- Have drills for emergencies and natural disasters
- Check GO BAG and emergency kits when time change occurs
Questions
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Contact Information

• You can also contact the Council at:
  • Website: https://cpd.wisconsin.gov
  • Mailing Address:
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    Madison, Wisconsin 53703
  • Phone: 608-266-9354
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