Summary Checklist



Tab 11

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Summary Checklist for Personal Emergency Preparedness

Write the date you finish each part of your emergency preparedness plan in the space provided. Update your checklist regularly.

| 1. | | Make an emergency information list. Include: | \ <u>\</u> |
|----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| | | Medical and emergency contact information | |
| | | Emergency contacts for when you are out-of-town | |
| | | Names and phone numbers of everyone in your personal | network |
| | | Name and number of a relative or friend who lives more t miles away | han 100 |
| D | ate | Completed: | |
| 2. | | Write down the best way to communicate with you on a confidence of paper that you can always carry with you if you have communication difficulties. | ard or piece |
| Di | ate | Completed: | |
| 3. | | Fill out a medical information list. Include: | |
| | | Your medical providers | |
| | | Medicines you use | |
| | | Adaptive and support equipment you use | |

| | Allergies and sensitivities |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Communication or cognitive difficulties |
| Date C | Completed: |
| | Attach copies of health insurance cards and related information to your medical information list. |
| Date C | Completed: |
| f t v | Keep enough of your medicines to last 7 days at all times. Fill your prescriptions at the earliest date possible. Remember: prescriptions for non-narcotic medicines can be used only 1 year after they are written, and narcotic prescriptions can be used for only 6 months. Put reminders on your calendar to check your medications and prescriptions monthly. |
| Date C | Completed: |
| 6. ł | Have extra copies of your prescriptions. |
| Date C | Completed: |
| C | Talk with your doctor or pharmacist about what you should do if you do not have enough medicine during an emergency. Find out how long your medication is usable and what temperature to keep it at. |
| Date C | Completed: |

| | Find out how often you should replace the medications so they can |
|------|--------------------------------------------------------------------------------------|
| | be used for your everyday needs before they expire. Put reminders |
| | on your calendar to switch them out each time you get newer ones. |
| Date | Completed: |
| 9. | Identify safe places to go during a/an: |
| | Earthquake |
| | Fire |
| | Tornado |
| | Flood |
| | Hurricane |
| | Terrorist attack |
| | Tsunami |
| | Wildfire |
| Date | Completed: |
| 10. | Install at least one smoke detector on each level of your home and in every bedroom. |
| Date | Completed: |

Check the expiration dates on your emergency supply of medications.

8.

| 11. | Find utility shutoff valves and switches. Learn how to use them. |
|------|-------------------------------------------------------------------------------------------------------------------------------------|
| Date | Completed: |
| 12. | Identify as many exits as possible from each room in your home and the buildings you spend your time in. |
| Date | Completed: |
| 13. | Make a floor plan of your home that includes your main escape routes to keep posted on the refrigerator or other easy place to see. |
| Date | Completed: |
| 14. | Practice leaving your home from different exits, especially if you are in a building with many stories. |
| Date | Completed: |
| 15. | Decide what type of equipment you will need for help during an evacuation. |
| Date | Completed: |
| 16. | Be ready to give brief, clear, specific instructions and directions to rescue workers. |
| Date | Completed: |

| 17. | If you do not drive, talk with your service coordinator or personal |
|-------|--------------------------------------------------------------------------|
| | agent about how you will leave the area if authorities tell you to leave |
| Date | Completed: |
| 18. | Ask your local Emergency Management Office if transportation |
| | services are available for people with your disability during an |
| | emergency evacuation. Find out how to get the service. |
| Date | Completed: |
| 19. | Learn all about the emergency evacuation plan for work, school, and |
| | any other location where you spend a lot of time. |
| Date | Completed: |
| 20. | Choose a place to stay if you can't go home. |
| Date | Completed: |
| 21. H | ave a care plan for your pet and/or service animal. |
| Date | Completed: |

Source: American Red Cross (2007). *Disaster Preparedness Information*. Retrieved November 2008 from redcross.org

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