# Disaster Plan for Disabled Individuals

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**DIRECTIONS**: In order to prepare for disaster ahead of time, complete this form and bring it with you when you evacuate.

## PERSONAL INFORMATION

1. Name _____ Date of Birth _____

2. Social Security Number _____

3 Street Address _____ Apartment Number _____

4. City _____ State _____ Zip _____

5. Telephone _____ Cell Phone _____ TTY _____

6. Pager Number _____ E-mail address _____

7. Persons to Contact in Emergency:

   Name_____ Relationship _____Phone _____ E-mail _____

   Name_____ Relationship _____Phone _____ E-mail_____

   Name_____ Relationship _____Phone _____ E-mail _____

   Name_____ Relationship _____Phone _____ E-mail _____

8. What is the nature of your disability (if any)? _____

9. Names and ages of people live with you? _____

   _____

10. Are you the primary care giver? YES ❑ NO ❑

11. Describe your pets _____

12. Do you have a service animal? YES ❑ NO ❑

    If YES, what service does it provide? _____

13. Do you have a car or other means of transportation? _____

14. Will you need assistance to evacuate? YES ❑ NO ❑

15. What type of assistance?

_____

_____

16. Which Agencies have you registered with to assist you with evacuation?

_____

_____

## IMPORTANT PAPERS

17. Do you have important documents to take with you?

- ❑ Drivers License or State ID _____
- ❑ Social Security Card _____
- ❑ Proof of Residence (water bill, etc.) _____
- ❑ Insurance Policies _____
- ❑ Will / Living Trust _____
- ❑ Deeds _____
- ❑ Birth and Marriage Certificates _____
- ❑ Tax Records _____
- ❑ Maps _____
- ❑ Plan of Care _____

❑ **Other Important Documents** _____

## COMMUNICATION PLAN

### Family

**18. List your immediate and extended family members.**

**Name Relationship Address Phone e-Mail**

_____

_____

_____

_____

_____

### Additional Contacts

**19. List any other additional contacts you might wish to reach during or after the evacuation:**

**Name Phone(s) e-Mail**

_____

_____

_____

## EVACUATION PLAN

**20. Identify three places where you can go in an emergency (friend's home, motel, shelter)**

**Address** _____ **Phone** _____

**Description of Above Address** _____

**Address** _____ **Phone** _____

**Description of Above Address** _____

Address _____ Phone _____

Description of Above Address _____

21. What preparations have you made for your pets/service animal during the emergency?

Describe: _____

_____

22. Identify your medicines and medical supplies that you have to take with you:

Describe: _____

_____

23. Do you have a first aid kit to take with you?

YES ❑ NO ❑ DON'T KNOW ❑

24. What bedding and clothing, including sleeping bags and pillows will you take with you?

Describe: _____

_____

25. Do you have bottled water to take with you or shelter in place?
(3 gallons or more per person is recommended)

YES ❑ NO ❑ DON'T KNOW ❑

26. Do you have a battery-operated radio and extra batteries to take with you?

YES ❑ NO ❑ DON'T KNOW ❑

27. Do you have food and a can opener to take with you?

YES ❑ NO ❑ DON'T KNOW ❑

**28. Do you have written instructions on how to turn off the electricity, gas, and water?**

YES ❑ NO ❑ DON'T KNOW ❑

**If YES, where are these instructions kept?** _____

_____

## Supply Kit Checklist

**29. Recommended Disaster Supplies Kit Items:**

- ❑ First Aid Kit and essential medications including prescriptions (in the original containers)
- ❑ Canned food and can opener
- ❑ At least 3 gallons of water per person
- ❑ Protective clothing, rainwear, and bedding or sleeping bag
- ❑ Battery-powered radio, flashlight, and extra batteries
- ❑ Special items for infants, elderly, or disabled family members
- ❑ Written instructions on how to turn off electricity, gas and water if authorities advise you to. (Remember, you'll need a professional to turn them back on.)
- ❑ Money, preferably cash (if power goes out, ATM machines won't work)
- ❑ Identification papers
- ❑ Spare car keys and local, state, and regional maps
- ❑ Hurricane Tracking Map
- ❑ NOAA Weather Radio frequency, and local radio frequencies
- ❑ Names, addresses, telephone numbers, and e-mail addresses of family, friends and people who can provide assistance with evacuation
- ❑ Detailed evacuation procedures
- ❑ Plan of Care

## Work Location

**30. Where are you located at work for most of the time?**

**Please name: the building, the floor and the room number.**

_____

_____

**31. Do you routinely use more than one location in this building?**

YES ❑ NO ❑

**If 'Yes' - please provide further details below.**

_____

_____

**32. Do you routinely use other buildings?**

YES ❑ NO ❑

**If 'Yes' - please provide further details below.**

_____

_____

## Awareness of Emergency Exit Procedures

**In The Home?** **At Work?**

**33. Are you aware of the emergency exit procedures which operate in the building(s) in which you work/reside?**

YES ❑ NO ❑ YES ❑ NO ❑

**34. Do you require written emergency exit procedures:**

YES ❑ NO ❑ YES ❑ NO ❑

**34a Do you require emergency exit procedures to be supported by ASL interpretation?**

YES ❑ NO ❑ YES ❑ NO ❑

**34b Do you require the emergency exit procedures to be in Braille?**

YES ❑ NO ❑ YES ❑ NO ❑

**34c Do you require the emergency exit procedure to be on tape?**

YES ❑ NO ❑ YES ❑ NO ❑

**34d Do you require the emergency exit procedures to be in large print?**

YES ❑ NO ❑ YES ❑ NO ❑

34e Do you require the emergency exit procedures as text on a disk?

YES ❑ NO ❑ YES ❑ NO ❑

35. Are the signs which mark emergency routes and exits clear enough?

YES ❑ NO ❑ YES ❑ NO ❑

## Emergency Alarm System

**In The Home?** **At Work?**

36. Can you hear the fire alarm(s) in your place(s) of work/residence?

YES ❑ NO ❑ YES ❑ NO ❑

37. Could you raise the alarm if you discovered a fire?

YES ❑ NO ❑ YES ❑ NO ❑

## Assistance

**In The Home?** **At Work?**

38. Do you need assistance to get out of premises in an emergency?

YES ❑ NO ❑ YES ❑ NO ❑

39. Is anyone designated/employed to assist you to get out in an emergency?

YES ❑ NO ❑ YES ❑ NO ❑

If YES give name(s), location(s) and contact details

_____

_____

40. Is the arrangement with your assistant(s) a formal arrangement?

(A formal arrangement at work is an arrangement specified by the Director/Administrator or written into their job description or where someone is employed to provide support or some other formal procedure.)

YES ❑ NO ❑ YES ❑ NO ❑

40a Are you always in easy contact with those designated to help you?

YES ❑ NO ❑ YES ❑ NO ❑

41. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work/reside and tell them where you were located?

YES ❑ NO ❑ YES ❑ NO ❑

## Getting Out

**In The Home?** **At Work?**

42. Can you move quickly in the event of an emergency?

YES ❑ NO ❑ YES ❑ NO ❑

43. Do you find stairs difficult to use?

YES ❑ NO ❑ YES ❑ NO ❑

44. Are you a wheelchair user?

YES ❑ NO ❑ YES ❑ NO ❑

## MEDICAL INFORMATION

*This information will be required for hospital visits:*

45. List all drugs and medications you are taking (including over-the-counter and herbal remedies):

NAME AMOUNT HOW OFTEN

_____

_____

_____

46. Are you allergic to any medications, foods, or environmental factors?

NAME DESCRIPTION

_____

_____

_____

47. Information about your pharmacy:

NAME ADDRESS PHONE

_____

**48. Alternative source for medications:**
**NAME ADDRESS PHONE**

_____

**49. Your hospital information:**
**NAME OF HOSPITAL ADDRESS PHONE**

_____

**50. Are you an organ donor?** _____

YES ❑ NO ❑

**51. Have you assigned Medical Power of Attorney to anyone?**
**NAME / RELATIONSHIP ADDRESS PHONE**

_____

**52. Who are your doctors?**
**NAME TYPE OF PHYSICIAN PHONE**

_____

_____

_____

**53. List any serious medical operations, surgeries, etc.**
**NAME OF PROCEDURE DATE RESULT**

_____

_____

**54. List any other medical problems:**

_____

_____

**55. Health insurance information:**
**PROVIDER POLICY NUMBER PHONE**

_____

_____

_____

_____

_____

**Thank you for completing this Personal Emergency Evacuation Plan.**

**Your Signature and Date: _____**

## Saffir/Simpson Hurricane Scale

**(Louisiana Homeland Security Emergency Preparedness - http://www.ohsep.louisiana.gov/hurricanerelated/HURRICANECATEGORIES.htm)**

| CAT | Winds & Effects | Surge |
|---|---|---|
| **1** | 74-95 mph<br>(64-82 kt) | 4-5 ft |
| | No real damage to building structures. Damage primarily to unanchored mobile homes, shrubbery, and trees. Also, some coastal flooding and minor pier damage. | |
| **2** | 96-110 mph<br>(83-95 kt) | 6-8 ft |
| | Some roofing material, door, and window damage. Considerable damage to vegetation, mobile homes, etc. Flooding damages piers and small craft in unprotected moorings may break their moorings. | |
| **3** | 111-130 mph<br>(96-113 kt) | 9-12 ft |
| | Some structural damage to small residences and utility buildings, with a minor amount of curtain wall failures. Mobile homes are destroyed. Flooding near the coast destroys smaller structures with larger structures damaged by floating debris. Terrain may be flooded well inland. | |
| **4** | 131-155 mph<br>(114-135 kt) | 13-18 ft |

| | | |
|---|---|---|
| | More extensive curtain wall failures with some complete roof structure failure on small residences. Major erosion of beach areas. Terrain may be flooded well inland. | |
| **5** | 155 mph+<br>(135+ kt) | 18 ft + |
| | Complete roof failure on many residences and industrial buildings. Some complete building failures with small utility buildings blown over or away. Flooding causes major damage to lower floors of all structures near the shoreline. Massive evacuation of residential areas may be required. | |

## Tornado Watches and Warnings:

**A tornado watch** means that conditions are favorable for producing a particular weather event, but that it has not formed yet. Watches alert the public that they need to pay closer attention than usual to the weather, just to be safe. A tornado watch is issued when atmospheric conditions could cause tornadoes to form, although none have formed yet.

**A tornado warning** means that a particular weather event has formed and that it threatens the area under the warning. A tornado warning means that a tornado is actually present and moving in the warn vicinity. Residents should take immediate shelter in a tornado warning.

## Cardiopulmonary Resuscitation

(**http://www.openseason.com/healthclub/cpr/cprabc.html**)

CPR has three basic parts that are distinguished by these easy-to-remember letters: **ABC.**
**A is for airway.** Place victim flat on his/her back on a hard surface. Shake victim at the shoulders and shout "are you okay?" If no response, call emergency medical system -911 then, Head-tilt/chin-lift - open victims' airway by tilting their head back with one hand while lifting up their chin with your other hand.
**B is for breathing.** Position your cheek close to victims' nose and mouth, look toward victims' chest, and Look, listen, and feel for breathing (5-10 seconds). If not breathing, pinch victim's nose closed and give 2 full breaths into victim's mouth (use microshield). If breaths won't go in, reposition head and try again to give breaths. If still blocked, perform abdominal thrusts (Heimlich maneuver).
**C is for circulation.** Check for carotid pulse by feeling for 5-10 seconds at side of victims' neck. If there is a pulse but victim is not breathing, give Rescue breathing at rate of 1 breath every 5 seconds Or 12 breaths per minute. If there is no pulse, begin chest compressions as follows:
Place heel of one hand on lower part of victim's sternum. With your other hand directly on top of first hand, Depress sternum 1.5 to 2 inches. Perform 15 compressions to every 2 breaths. (rate: 80-100 per minute). Check for return of pulse every minute. CONTINUE UNINTERRUPTED UNTIL ADVANCED LIFE SUPPORT IS AVAILABLE.

## Emergency Burn Care

**(Johns Hopkins Bayview Medical Center - http://www.jhbmc.jhu.edu/OPA/baynews/fall1999/burn.html)**

• Run cool water on the area for several minutes. This will cool the burn and prevent or reduce swelling.

• Remove loose clothing on burned area. But if clothing is stuck to the burn, do not try to remove it.

• Cover the burn with a clean, dry bandage or cloth.

• Never put creams or ointments on a burn.

• If the burn is large or serious, lay the victim down and use a cover to help keep him or her warm until help arrives. Use comforting words and try to keep the victim calm.

• Call for emergency help. Be prepared with details such as how the accident occurred, how large the burn is, where it is located and how serious it is.

• Evaluate the degree and severity of the burn.

**Degrees of burn are:**

**First Degree** – Skin is red or pink; it is dry and has no blisters. The area is tender and sore.

**Second Degree** – Skin has blisters, some of which may ooze fluid. The skin has splotchy patches of white to pink to red. The area is very painful.

**Third Degree** – Skin is leathery and dry and is white, brown or charred. There is little or no pain at first.

**Severity of burn:**

**Size of burn** – If the burn area is larger than a silver dollar, see a doctor. In young children, even a smaller burn can be serious.

**Location of burn** – Hands, feet, face or genitalia are critical areas. A doctor should treat even small burns in these areas.

**Age of injured** – For infants, young children and the elderly, even small burns can be fatal.

**Health of injured** – Physical and mental impairments and conditions such as diabetes, etc. can complicate the injury.

**Source of burn** – Smoke inhalation, toxic fumes, electricity or chemicals all complicate a burn injury and require immediate medical attention

## First Aid Basics

**(National Ag Safety Database - http://www.cdc.gov/nasd/docs/d000101-d000200/d000105/d000105.html)**

**GET MEDICAL ATTENTION FOR ALL INJURIES**

It is very important for you to get immediate treatment for every injury, regardless how small you may think it is. Many cases have been reported where a small unimportant injury, such as a splinter wound or a puncture wound, quickly led to an infection, threatening the health and limb of the employee. Even the smallest scratch is large enough for dangerous germs to enter, and in large bruises or deep cuts, germs come in by the millions. Immediate examination and treatment is necessary for every injury.

What is first aid? It is simply those things you can do for the victim before medical help arrives. The most important procedures are described below.

**CONTROL BLEEDING WITH PRESSURE**

Bleeding is the most visible result of an injury. Each of us has between five and six quarts of blood in our body. Most people can lose a small amount of blood with no problem, but if a quart or more is quickly lost, it could lead to shock and/or death. One of the best ways to treat bleeding is to place a clean cloth on the wound and apply pressure with the palm of your hand until the bleeding stops. You should also elevate the wound above the victim's heart, if possible, to slow down the bleeding at the wound site. Once the bleeding stops, do not try to remove the cloth that is against the open wound as it could disturb the blood clotting and restart the bleeding. If the bleeding is very serious, apply pressure to the nearest major pressure point, located either on the inside of the upper arm between the shoulder and elbow, or in the groin area where the leg joins the body. Direct pressure is better than a pressure point or a tourniquet because direct pressure stops blood circulation only at the wound. Only use the pressure points if elevation and direct pressure haven't controlled the bleeding. Never use a tourniquet (a device, such as a bandage twisted tight with a stick, to control the flow of blood) except in response to an extreme emergency, such as a severed arm or leg. Tourniquets can damage nerves and blood vessels and can cause the victim to lose an arm or leg.

**TREAT PHYSICAL SHOCK QUICKLY**

Shock can threaten the life of the victim of an injury if it is not treated quickly. Even if the injury doesn't directly cause death, the victim can go into shock and die. Shock occurs when the body's important functions are threatened by not getting enough blood or when the major organs and tissues don't receive enough oxygen. Some of the symptoms of shock are a pale or bluish skin color that is cold to the touch, vomiting, dull and sunken eyes, and unusual thirst. Shock requires medical treatment to be reversed, so all you can do is prevent it from getting worse. You can maintain an open airway for breathing, control any obvious bleeding and elevate the legs about 12 inches unless an injury makes it impossible. You can also prevent the loss of body heat by covering the victim (over and under) with

blankets. Don't give the victim anything to eat or drink because this may cause vomiting. Generally, keep the victim lying flat on the back.

A victim who is unconscious or bleeding from the mouth should lie on one side so breathing is easier. Stay with the victim until medical help arrives.

**MOVE THE INJURED PERSON ONLY WHEN ABSOLUTELY NECESSARY**

Never move an injured person unless there is a fire or when explosives are involved. The major concern with moving an injured person is making the injury worse, which is especially true with spinal cord injuries. If you must move an injured person, try to drag him or her by the clothing around the neck or shoulder area. If possible, drag the person onto a blanket or large cloth and then drag the blanket.

**PERFORM THE HEIMLICH MANEUVER ON CHOKING VICTIMS**

Ask the victim to cough, speak, or breathe. If the victim can do none of these things, stand behind the victim and locate the bottom rib with your hand. Move your hand across the abdomen to the area above the navel then make a fist and place your thumb side on the stomach. Place your other hand over your fist and press into the victim's stomach with a quick upward thrust until the food is dislodged.

**FLUSH BURNS IMMEDIATELY WITH WATER**

There are a many different types of burns. They can be thermal burns, chemical burns, electrical burns or contact burns. Each of the burns can occur in a different way, but treatment for them is very similar. For thermal, chemical or contact burns, the first step is to run cold water over the burn for a minimum of 30 minutes. If the burn is small enough, keep it completely under water. Flushing the burn takes priority over calling for help. Flush the burn FIRST. If the victim's clothing is stuck to the burn, don't try to remove it. Remove clothing that is not stuck to the burn by cutting or tearing it. Cover the burn with a clean, cotton material. If you do not have clean, cotton material, do not cover the burn with anything. Do not scrub the burn and do not apply any soap, ointment, or home remedies. Also, don't offer the burn victim anything to drink or eat, but keep the victim covered with a blanket to maintain a normal body temperature until medical help arrives.

If the victim has received an electrical burn, the treatment is a little different. Don't touch a victim who has been in contact with electricity unless you are clear of the power source. If the victim is still in contact with the power source, electricity will travel through the victim's body and electrify you when you reach to touch. Once the victim is clear of the power source, your priority is to check for any airway obstruction, and to check breathing and circulation. Administer CPR if necessary. Once the victim is stable, begin to run cold water over the burns for a minimum of 30 minutes. Don't move the victim and don't scrub the burns or apply any soap, ointment, or home remedies. After flushing the burn, apply a clean, cotton cloth to the burn. If cotton is not available, don't use anything. Keep the victim warm and still and try to maintain a normal body temperature until medical help arrives.

**USE COOL TREATMENT FOR HEAT EXHAUSTION OR STROKE**

Heat exhaustion and heat stroke are two different things, although they are commonly confused as the same condition. Heat exhaustion can occur anywhere there is poor air circulation, such as around

an open furnace or heavy machinery, or even if the person is poorly adjusted to very warm temperatures. The body reacts by increasing the heart rate and strengthening blood circulation. Simple heat exhaustion can occur due to loss of body fluids and salts. The symptoms are usually excessive fatigue, dizziness and disorientation, normal skin temperature but a damp and clammy feeling. To treat heat exhaustion, move to the victim to a cool spot and encourage drinking of cool water and rest.

Heat stroke is much more serious and occurs when the body's sweat glands have shut down. Some symptoms of heat stroke are mental confusion, collapse, unconsciousness, fever with dry, mottled skin. A heat stroke victim will die quickly, so don't wait for medical help to arrive--assist immediately. The first thing you can do is move the victim to a cool place out of the sun and begin pouring cool water over the victim. Fan the victim to provide good air circulation until medical help arrives.

**RESPOND APPROPRIATELY TO THE FORM OF POISONING**

The first thing to do is get the victim away from the poison. Then use provide treatment appropriate to the form of the poisoning.  If the poison is in solid form, such as pills, remove it from the victim's mouth using a clean cloth wrapped around your finger. Don't try this with infants because it could force the poison further down their throat. If the poison is a gas, you may need a respirator to protect yourself. After checking the area first for your safety, remove the victim from the area and take to fresh air. If the poison is corrosive to the skin, remove the clothing from the affected area and flush with water for 30 minutes. Take the poison container or label with you when you call for medical help because you will need to be able to answer questions about the poison. Try to stay calm and follow the instructions you are given. If the poison is in contact with the eyes, flush the victim's eyes for a minimum of 15 minutes with clean water.

**KEEP A FIRST AID KIT CHECKLIST**

In order to administer effective first aid, it is important to maintain adequate supplies in each first aid kit. (See Figure 9.) First aid kits can be purchased commercially already stocked with the necessary supplies, or one can be made by including the following items:

- Adhesive bandages: available in a large range of sizes for minor cuts, abrasions and puncture wounds
- Butterfly closures: these hold wound edges firmly together.
- Rolled gauze: these allow freedom of movement and are recommended for securing the dressing and/or pads. These are especially good for hard-to-bandage wounds.
- Nonstick Sterile Pads: these are soft, super-absorbent pads that provide a good environment for wound healing. These are recommended for bleeding and draining wounds, burns, infections.
- First Aid Tapes: Various types of tapes should be included in each kit. These include adhesive, which is waterproof and extra strong for times when rigid strapping is needed; clear, which stretches with the body's movement, good for visible wounds; cloth, recommended for most first aid taping needs, including taping heavy dressings (less irritating than adhesive); and paper, which is recommended for sensitive skin and is used for light and frequently changed dressings.
- Items that also can be included in each kit are tweezers, first aid cream, thermometer, an analgesic or equivalent, and an ice pack.

**REPORT ALL INJURIES TO YOUR SUPERVISOR**

As with getting medical attention for all injuries, it is equally important that you report all injuries to your supervisor. It is critical that the employer check into the causes of every job-related injury, regardless how minor, to find out exactly how it happened. There may be unsafe procedures or unsafe equipment that should be corrected.

**NOTES**