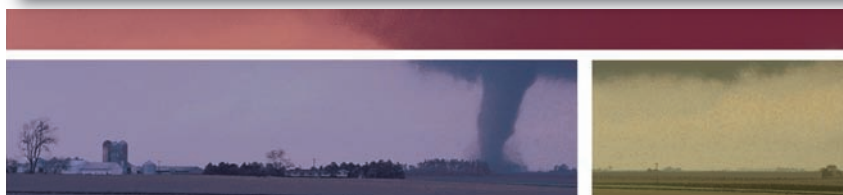




# Emergency Preparedness Tips for Those with Functional Needs



## TIPS

### Senior Disaster Tips

## Disaster Tips for Seniors



The State of Illinois has developed this tip sheet to prepare you for an emergency or disaster. This tip sheet is designed to be used in conjunction with "Preparing for Disaster for People with Disabilities and Other Special Needs" and the "Emergency Health Information Card."

### 1 GET A KIT

In addition to the list of recommended items to include in a Disaster Supplies Kit, which is available at [www.ready.illinois.gov](http://www.ready.illinois.gov), seniors may consider including the following items:

- Extra hearing aids and batteries
- Have a three-day supply of any medication you are prescribed and/or a copy of your prescription medications and dosages. Make sure you have a list of any allergies.
- Extra eyeglasses and hearing aid batteries
- Extra wheelchair batteries, oxygen
- List of the style and serial number of medical devices, such as pacemakers
- Medical insurance and Medicaid/Medicare cards
- List of doctors and relatives or friends who should be notified if you are injured
- Any other items you may need

- List of key phrases for emergency personnel about any special needs such as mobility impairment, visual impairment, hearing impairment, any medical conditions you may have that require special care and any medications that you are prescribed (e.g. “I need an interpreter,” “I need announcements written,” “I am prescribed a medication and know the name of the drug and required dosage”)

## 2 MAKE A PLAN

Create a Personal Assessment. Decide what you will be able to do for yourself and what assistance you may need before, during and after a disaster. Make a list of your personal needs and resources for meeting them in a disaster environment. Some things to consider are:

- Meet with your family members, friends, and building manager to review community hazards and emergency plans. Tell them where you keep your emergency supplies.
- Choose an out-of-town contact. Following a disaster, family members should call this person and tell them where they are. Everyone must know how to contact this person (e.g. TTY, email, pager, instant message, etc.).
- Decide where to meet your household members if you become separated.
- Complete an Emergency Health Information Card. Update it regularly and keep it with you at all times.
- Plan and practice the escape route from your home.
- Plan for transportation if you need to evacuate to a shelter.
- Discuss your plan with family and friends. Discuss who will check on you in the event of an emergency.

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*Check that all of your visual and vibrating alerting devices have battery back-up in the event of a power outage. Replace the batteries every six months.*

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- Make sure that person has an extra key to your home and knows where you keep your emergency supplies.
- Find the safe spots in your home for each type of emergency.
- Have a plan to signal for help.
- Post emergency phone numbers near the phone.
- If you have home health care service, plan ahead with your agency for emergency procedures.
- Teach those who may need to assist you in an emergency on how to operate necessary equipment. Be sure they will be able to reach you.
- Ask your local fire department, police department or emergency management office about emergency special assistance programs. Many communities ask people with a disability to register so assistance can be provided in an emergency.
- Contact your local Area Agency on Aging (AAA) to see if they have a Special Needs Registry. To find your local AAA, please call the Illinois Department on Aging's Senior HelpLine at 1-800-252-8966 or visit their website at: [www.state.il.us/aging/](http://www.state.il.us/aging/)
- Include in your plan the name and phone number of your local Area Agency on Aging.
- Check that all of your visual and vibrating alerting devices have battery back-up in the event of a power outage. Replace the batteries every six months.
- Install audible alarms and visual smoke alarms.
- Secure computers and anchor special equipment. Create a back-up system for important data and store it off-site.

### 3 BE INFORMED

- Learn your community’s response and evacuation plans.
- Learn the emergency plans and procedures that exist in places you and your family spend time (e.g. workplace, school, child care centers). Develop a communication plan with them.
- Ask your city or county how they will warn you of a disaster situation and provide information to you before, during and after a disaster.
- Know which television and radio stations in your area broadcast the Emergency Alert System.

Check Off When Completed	Date	Activity to be Completed
		Put together my Disaster Supplies Kit.
		Completed a Personal Assessment.
		Created a Support Network.
		Arranged an out-of-town contact.
		Completed my Emergency Health Information Card.
		Installed audible alarms and visual smoke alarms.
		Gathered my Emergency Documents.
		Created my Communication Plan.
		Told my family, neighbors, local emergency teams, local fire department what I need in an emergency situation.



## Emergency Health Information Card

1. This card should be duplicated as needed.
2. Cut out the card along the dotted lines.
3. Write in contact information for each household member. Use the back side of this card if you need additional space.
4. Fold the card so it fits into your pocket, wallet or purse.
5. Carry your card at all times so it is available in the event of a disaster or other emergency. Place it near your driver's license, school I.D., etc.



### Emergency Health Information Card

Date Updated:  
Name:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:  
Birth Date:                      Blood Type:  
Health Plan:  
Individual #:                      Group #:

#### Doctor's Name:

Address:  
City, State, Zip:  
Phone:                              Fax:  
E-mail:

#### Pharmacist's Name:

Address:  
City, State, Zip:  
Phone:                              Fax:  
E-mail:

### Emergency Health Information Card

#### Emergency Contact #1:

Relationship:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:

#### Emergency Contact #2:

Relationship:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:

#### Special Conditions:

Medications/Dosages:

Allergies:

Communications/Devices/Equipment/Other:



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