

FROM THE COUNTY OF SAN DIEGO
OFFICE OF EMERGENCY SERVICES



DISASTER

PREPAREDNESS PLAN

FOR PEOPLE WHO MAY NEED ASSISTANCE AND THEIR CAREGIVERS



DISASTER PREPAREDNESS PLAN

INTRODUCTION

This plan is primarily intended to support older adults, people with disabilities, and their caregivers in disaster preparedness planning. It also includes useful information for your family, friends and other support systems.

While each person's abilities and needs are unique, every individual can and should take steps to prepare for all kinds of emergencies. By evaluating your own personal needs and making an emergency plan that fits those needs, you and your loved ones can be better prepared. There are measures everyone can take to start preparing for emergencies before they happen.





CAREGIVERS

Prepare & Plan for Your Home First

As a caregiver, it is essential to have your own disaster preparedness plan. This is an important step in the overall planning process – if you and your family are not prepared it will be difficult to assist your care recipients or anyone else in a time of disaster. Follow the steps in this plan to prepare yourself, your family and your home for a disaster, and then you can work through the guide again with those who may depend on you for care.

CAREGIVERS & RECIPIENTS:

Create a Personal Support Network

The first step in disaster preparedness is identifying people you can rely on for support. A personal support network can include anyone who is able to contact you during an emergency to check that you are OK and provide help if you need it.

Caregivers: a support network is important for those dependent on you, in the event that you can't reach them for any reason. When assisting those under your care in developing a support network, consider nearby friends and neighbors. This network can also help identify and provide the resources you may need to cope effectively with disaster-related issues.

HOW TO IDENTIFY AND CREATE A PERSONAL SUPPORT NETWORK

- Include a minimum of three people
- Your network can include family members, relatives, neighbors, friends, coworkers, and personal attendants
- Add at least one out-of-town family/friend to your list and call with an update on how you are doing during and after a disaster (local phone services may be overburdened, but calls out of the area may be more likely to go through)
- Your network members should be people you trust
- Network members should know your capabilities and limitations
- They should be able to check on you and help you during a disaster
- Organize networks for your home, workplace, volunteer sites, and any other places you spend a lot of time

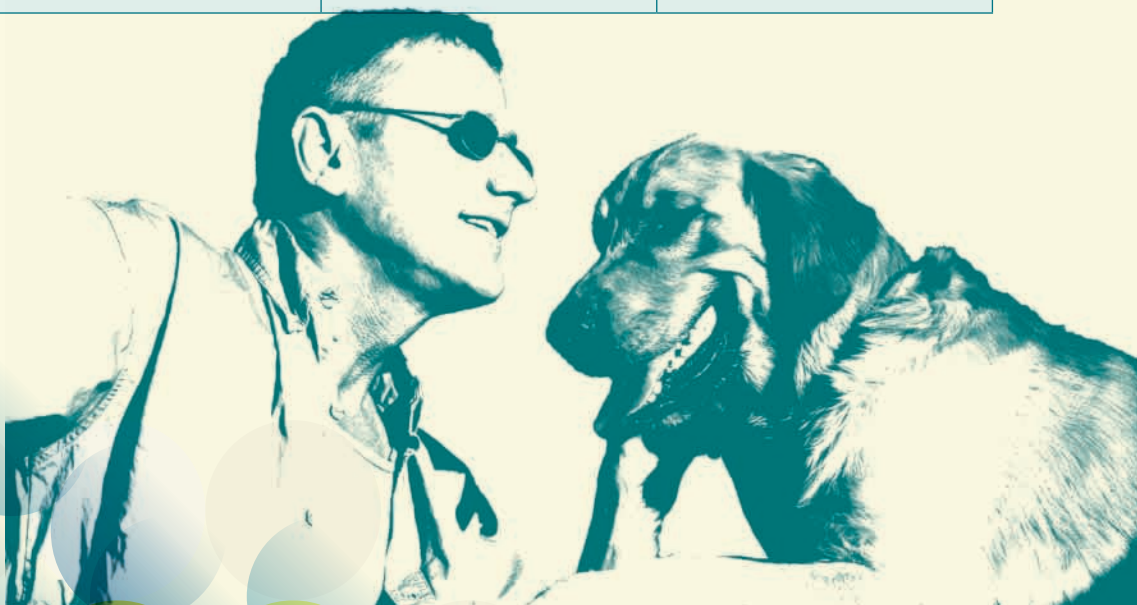
SUPPORT NETWORK

PERSONAL:

NETWORK MEMBERS	HOME PHONE	CELL PHONE
1.		
2.		
3.		
4.		
5.		

OUT OF TOWN:

OUT-OF-TOWN CONTACT(S)	HOME PHONE	CELL PHONE
1.		
2.		
3.		
4.		
5.		





HOW TO COMMUNICATE WITH YOUR NETWORK MEMBERS

- Complete your disaster plan and share it with your network members
- Agree on how you and your network will contact each other during an emergency
- Ask your network to notify you of an emergency you may not know about
- Arrange with your network to check on you immediately if local officials give an evacuation order or if a disaster impacts your location
- Consider giving a trusted member of your network all the necessary keys to get into your home, car, etc. or keep keys in a location that your support network can access
- Give your network your travel dates if you will be out of town
- Choose an emergency meeting place you are familiar with where you and others can reunite after exiting a building
- Keep in mind that phone lines may be inundated and that text messaging and landline phone calls may be a better option during a disaster to communicate with your network

COMMUNICATING ABOUT YOUR EQUIPMENT AND SERVICE ANIMALS

- Be able to explain and show someone else how to operate your equipment
- Ask your network members to practice operating your equipment
- Label your equipment and attach instruction cards on how to use and move each item in case of evacuation; identify critical supplies (such as catheters, colostomy supplies, etc.) that must be taken along; consider placing an envelope with all this information on the front of your refrigerator for easy access and reference – in case you are unable to communicate for some reason
- If you have a service animal, make sure your service animal knows and trusts the people in your network



PREPARING FOR A DISASTER

A personal disaster plan will help you organize your information and plan for what you will need, and activities you will do before, during and after a disaster.

In Your Home

Install at least one smoke detector on each level of your home, outside sleeping areas. If you are deaf or have hearing loss, install a system that has flashing strobe lights to get your attention.

Test smoke detectors or have your caregiver or someone else test them for you once a month by pushing the test button. Change batteries when daylight savings time changes.

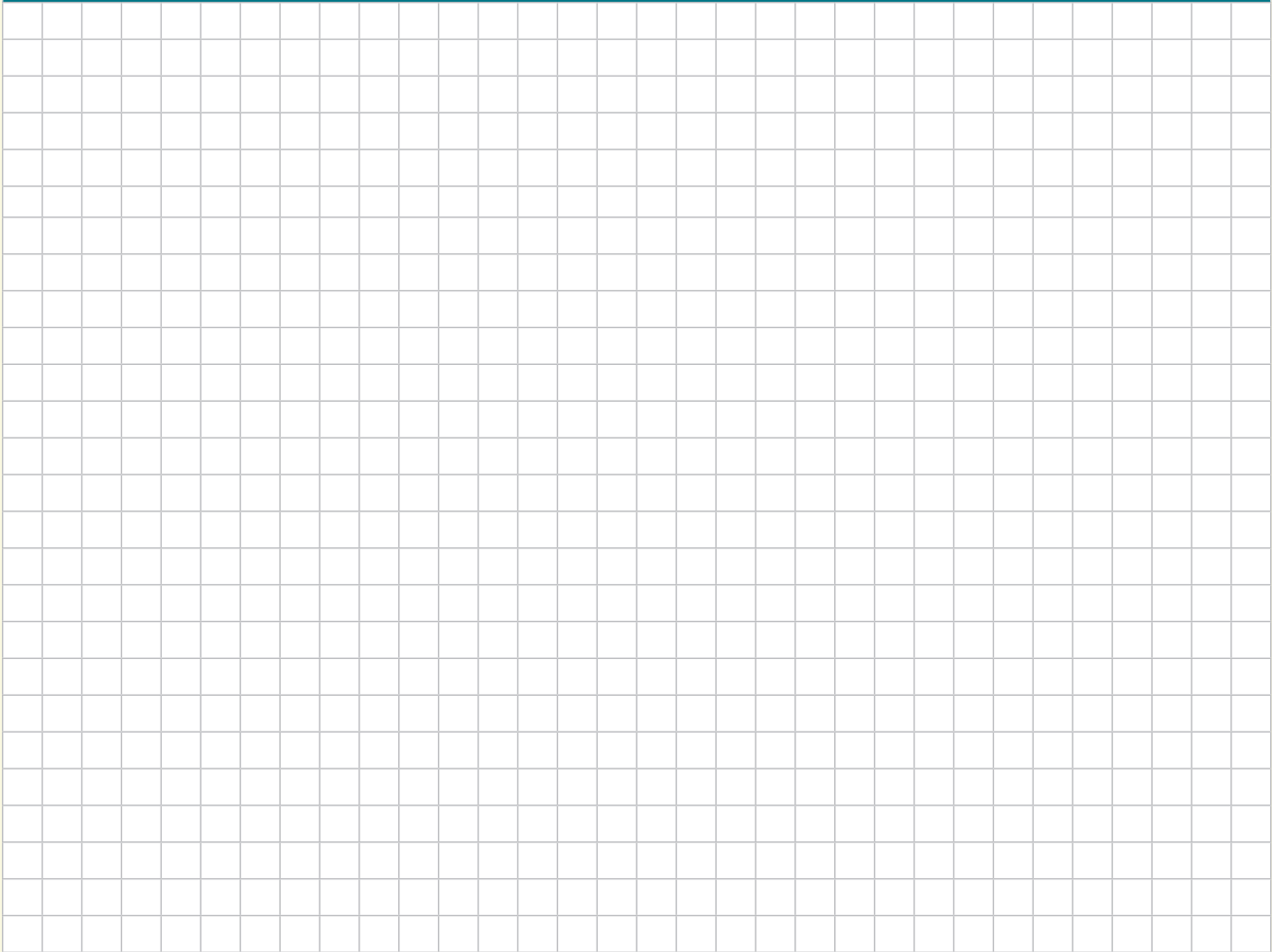
Know the location of main utility cutoff valves and switches in your home. Learn how and when to disconnect them during an emergency. Try to do this yourself (do not practice shutting off the gas). If you cannot locate your utilities, arrange for your network to help.

Turn off utilities only if local officials tell you to do so or if you believe there is an immediate threat to life. If you cannot use the proper tools to turn utilities off at the main valves or switches, turn off the valves under sinks and by the stove. Also turn off all electrical switches in every room. Be sure that the members of your network know the following information:

UTILITY PROVIDER CONTACT INFORMATION	
Gas & Electric	San Diego Gas & Electric: (619) 696-2000, Emergencies: (800) 411-7343
Water	Local City Water Company: ()
Propane	Propane Provider: ()
LOCATION OF EACH UTILITY SHUTOFF VALVE	
Gas Valve	
Electrical	
Main Water Line	
HOW TO TURN OFF EACH UTILITY	
Gas	
Electricity	
Water	
TOOLS REQUIRED TO TURN OFF UTILITIES	
List tools	
Location of tools (who will bring them)	

MAKE A FLOOR PLAN OF YOUR HOME

FLOOR PLAN SKETCH



Prepare an evacuation plan for your home before a disaster happens

Identify as many exits as possible from each room and from the building you are in – identify this on your floor plan above.

Practice your evacuation plan annually using different ways out of your building or home.

Advocate for yourself. Practice how to quickly explain or write to people the best way to guide or move you and your adaptive equipment, safely and rapidly. Be ready to give brief, clear, and specific instructions and directions to rescue personnel, either orally or in writing. Or you can create some pre-written instructions and store with your disaster plan/equipment.

DURING A DISASTER

In this section you will find tips on what to do in each disaster situation to be prepared. You will also identify safe places to go during each type of disaster.

Fires

- Plan two escape routes
- When a door feels hot, do not open
- If trapped, close doors and signal
- If deaf, install vibrating alarms and visual smoke detectors
- If your clothes are on fire Stop, Drop and Roll

Earthquake

- Anchor telephone and life support systems
- Protect your head and neck
- Standing: Drop, sit down, cover your head and neck and hold on to something sturdy
- Using a wheelchair: Go into the doorway, cover head and neck
- Outside: Move away from buildings, streetlights and utility wires
- Trapped: Cover your mouth, tap on the wall or pipe and do not light a match
- Prepare for aftershocks

Severe Weather (Heat or Cold)

Extreme Heat

- Seek air conditioning or a fan
- Take a cool bath
- Drink cool, non-alcoholic, non-caffeinated beverages
- If you feel ill, call a doctor or 9-1-1 immediately

Warning signs of heat stroke vary but can include:

- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness, nausea, confusion, or unconsciousness
- An extremely high body temperature (above 103°F)

Extreme Cold

- Stay indoors
- Wear warm, comfortable, dry clothing
- Watch for frostbite, hypothermia or overexertion
- Do not use a charcoal or gas grill for heat inside your home

Warning signs of hypothermia:

- Shivering, weak pulse
- Slow, shallow breathing
- Progressive loss of consciousness
- Clumsiness, lack of coordination, drowsiness/low energy
- Slurred speech, mumbling, confusion or difficulty thinking
- Poor decision making (e.g. trying to remove warm clothes)

Flooding

- Monitor TV and radio for flood watches or warnings
- Don't go near, swim or drive through flood waters
- Move valuables to upper floors
- Store or tie down outdoor furniture
- If instructed, turn off water and electricity and unplug appliances
- Avoid downed power lines

Tsunami

- Move to higher ground, inland and/or up
- Listen to your radio or TV for emergency instructions
- Leave immediately if ordered to do so
- Do not go sightseeing – stay away from the coast
- Do not return to the hazard zone until local safety officials give the “all clear”

Terrorism

- Report suspicious activities to authorities
- Don't accept packages from strangers
- Monitor TV or radio for information
- Follow instructions from emergency officials
- Be ready for instructions to shelter in place or evacuate
- Remain calm, patient and contact someone in your personal support network

Water Contamination

- When power goes out, water purification systems may not be functioning
- Do not use contaminated water to wash dishes, brush your teeth, wash or prepare food, wash your hands, make ice, or make baby formula
- If using bottled water, be sure it came from a safe source
- If your water is not safe, you need to boil or treat it before use
- Bringing water to a rolling boil for one minute will kill most organisms
- Monitor TV and radio for additional information
- Use only bottled, boiled, or treated water until your supply is tested and safe



Safe Place Identified:

Identify and arrange in advance for an alternate place to stay, such as with friends, family, or at a hotel or motel outside your area if you have been told to leave your home.

TYPE OF DISASTER	CONTACT INFORMATION FOR SAFE LOCATION <i>(Name, phone, address)</i>
Fires	
Earthquake	
Severe Weather	
Flooding	
Tsunami	
Terrorism	

Become familiar with the emergency or disaster/evacuation plan for your office, school, or any other location where you spend a lot of time.

Keep your automobile fuel tank at least half full at all times and stock your vehicle with a small disaster supplies kit that will meet your needs.

Register your cell phone for emergency notifications at AlertSanDiego.org

Resource	Description
ReadySanDiego.org	The official site for extensive resources for emergency preparedness, including the ability to sign up for: AlertSanDiego
SDCountyEmergency.com	The official source of information from the County of San Diego during a large-scale emergency
Call 2-1-1 or visit: 211sandiego.org	The official resource to connect you with community, health and disaster relief services

MEDICAL DEVICES

Decide what type of equipment you may need for assistance during an evacuation. Know the capabilities of your equipment, such as a battery back-up, how long the device can work without power, etc.

List of equipment:

SERVICE ANIMALS AND PETS

Have a plan for your service animal; make sure to bring anything your service animal will need if you leave your home.

Plan for the care of your pets if you have to evacuate your home. **On page 16 of this plan, you will find a list of helpful items that you should prepare to pack for your service animals and pets.*



CHECKLIST FOR PERSONAL DISASTER PREPARATION

There are many parts to a personal disaster plan. Review and update this plan annually.

PERSONAL ASSESSMENT

During an emergency, this checklist will enable your caregivers and support network to better assist you.

I am able to:

- Hear
- See
- Communicate
- Communicate with an assistive device (specify device: _____)
- Walk without help
- Walk with help
- Transfer myself to my wheelchair without help (if applicable)
- Transfer myself to my wheelchair with help (if applicable)
- Prepare my meals
- Feed myself
- Dress myself
- Sit without help
- Sit with help
- Wash/bathe without help
- Wash/bathe with help
- Provide my own sanitary needs without help
- Provide my own sanitary needs with help



PERSONAL ASSESSMENT

Personal Care

Do you need assistance with personal care, such as bathing and grooming? Do you use adaptive equipment to help you get dressed?

My Personal Care Needs

Personal Care Equipment

Do you use a shower chair, tub-transfer bench, epilepsy monitor, changing mats for children, special supportive seats, mobile toilet chairs, or other similar equipment?

My Personal Care Equipment Needs

Adaptive Feeding Devices

Do you use special utensils that help you prepare or eat food independently?

My Feeding Needs

Water Service

What will you do if water service is cut off for several days, or if you are unable to heat water?

My Water Needs

Electricity-Dependent Equipment

During a power outage: How long can your power dependent equipment last? How will you continue to use equipment that runs on electricity? (such as dialysis, electrical lifts, electric wheelchair, oxygen concentrators, etc.) Do you have a generator to recharge your equipment?

My Electricity-Dependent Equipment Needs

Mobility Aids

What will you need if your mobility aids are damaged or destroyed during a disaster?

My Mobility Needs

Communication

Do you have any tools you would need to communicate?

My Communication Needs



Transportation

Do you need a specially-equipped vehicle or accessible transportation?

My Transportation Needs

Shopping

Do you need assistance to get groceries, medications, and medical supplies?

My Shopping Needs

Building Exits

If the elevator is not working or cannot be used, are there other exits?

My Evacuation Needs

Building Accessibility

What will you need if ramps are shaken loose or become separated from the building?

My Building Accessible Needs

Pets

Do you have another caregiver for your pets if you are unable to meet their needs?

My Pet's Needs



Personal Supplies and Equipment

Identify items you use, and describe the item and its location. For example: Dentures – Hall Bathroom

MEDICAL SUPPLIES	LOCATION/DESCRIPTION
Dialysis equipment	
Hearing device/batteries	
Insulin and syringes	
Ostomy supplies	
Other (e.g. cooler and ice packs for any medications that need to be refrigerated)	
Oxygen (Flow rate)	
Sanitary supplies	
Suction equipment	
Urinary supplies	
MOBILITY DEVICES	LOCATION/DESCRIPTION
Braces or Supports	
Cane(s)	
Crutches	
Monitors	
Other	
Prosthetic limbs	
Walker	
Wheelchair <ul style="list-style-type: none"> <input type="checkbox"/> Manual <input type="checkbox"/> Motorized <input type="checkbox"/> Charger or extra battery 	
Wheelchair repair kit	
PERSONAL CARE	LOCATION/DESCRIPTION
Assistive eating utensils	
Contact lenses/supplies	
Dentures	
Dressing devices	
Glasses	
Grooming devices	
Other	
Writing devices	



MEDICAL INFORMATION LIST

PHYSICIAN	
Primary physician	
Telephone number	
Address	
INSURANCE	
Health insurance provider	
Policy number	
HMO provider (if applicable)	
Hospital affiliation	
HEALTH	
Blood type	
Medical power of attorney (if applicable)	
Pharmacy name/location	
Pharmacy phone number	
Prescription numbers	
List all Medications, frequency and dosages you are presently taking (prescription and non-prescription). If medical supplies are needed please list these as well (e.g. diabetic – syringes/size, pill crusher, etc.)	
Allergies and sensitivities	
Specific medical conditions	
Adaptive equipment	
Vendors' contact information for adaptive equipment including phone numbers	

BASIC DISASTER SUPPLIES KIT

A disaster supplies kit contains food, water, tools, and other things you and/or your service animal will need immediately after a disaster strikes. Your kit should have enough food, water, and supplies to sustain you and those you live with for at least three days, preferably seven days or more. Supplies related to your specific needs – including medications you take on a regular basis – should last a minimum of seven days. Your kit should be stored in an easy to access location.

Location of Disaster Supplies Kit:

Six basics you should stock for your home

- Non-perishable food and water (Keep in mind your specific dietary needs)
- Items for your family (such as infant formula, diapers, etc.)
- First aid supplies
- Clothing and bedding
- Tools and emergency supplies
- Special items, like medication
(keep the items that you would most likely need during an evacuation in an easy-to-carry container)



Water

- Store water in plastic containers, such as large soft drink bottles
- Avoid using containers that will decompose or break, such as milk cartons or glass bottles
- A person who is generally active needs to drink at least two quarts of water each day
- Children, nursing mothers, and ill people will need to drink even more
- Store a minimum of three gallons of water for each person in the household (one gallon for each day and for each person – two quarts for drinking, two quarts for food preparation and sanitation)
- Rotate your water every 6 months to ensure it has not been contaminated



Food

- Store at least a three-day supply of nonperishable food. Select foods that require no refrigeration, minimal preparation, or cooking and little or no water (if you must heat food, pack a can of portable fuel source and matches)
- Select food items that are compact
- Include food items similar to what you normally eat and that meet any special dietary restrictions you may have
- Include a selection of the following foods:
 - Ready-to-eat canned meats
 - Canned fruits, dried fruits, and nuts
 - Canned vegetables
- Rotate your food every 6 months to ensure it is safe to eat
- Hand-operated can opener



First Aid Kit

Assemble a first aid kit for your home and one for each car. A first aid kit should include the following:

- Adhesive tape
- Antiseptic
- Assorted sizes of safety pins
- Disposable hand wipes
- Disposable gloves (2 pairs)
- Hand sanitizer
- Needle
- Rubber bands
- Rubbing alcohol
- Scissors
- Sterile 2-inch gauze pads (4–6)
- Sterile 2-inch roller bandages (3 rolls)
- Sterile 3-inch roller bandages (3 rolls)
- Sterile 4-inch gauze pads (4–6)
- Sterile adhesive bandages in assorted sizes
- Sunscreen
- Thermometer
- Tongue blades (2)
- Triangular bandages (3)
- Tube of petroleum jelly or other lubricant
- Tweezers

Location of First Aid Kit:



Nonprescription Drugs

- Activated Charcoal and syrup of ipecac (use if advised by the Poison Control Center)
- Antacid (for stomach upset)
- Antidiarrheal medication
- Antihistamine (allergies)
- Aspirin or non-aspirin pain reliever
- Ibuprofen / Acetaminophen fever reducer
- Laxative
- Vitamins, supplements



Sanitation

- Antibacterial soap, liquid detergent
- Feminine hygiene supplies
- Household chlorine bleach
- Personal hygiene items (toothbrush, toothpaste)
- Plastic bucket with tight lid
- Plastic garbage bags, ties (for personal sanitation)
- Toilet paper, towelettes



Clothing and Bedding

- Blankets or sleeping bags
- Complete change of clothing per person
- Extra socks
- Hat and gloves
- Mylar blanket
- Rain gear
- Sturdy shoes or work boots per person
- Underwear



Items for Service Animals and Pets

- Additional water
- Carrier
- Food
- Identification tags
- Immunization records
- Leash/harness
- Litter/pan/bags/ paper towels
- Medications and medical records



Tools and Supplies

- AM/FM radio: wind up or battery operated
- Batteries (assorted)
- Battery operated flashlight/or wind up (do not use candles)
- Cell phone charger
- Disposable dust masks
- Duct tape
- Heavy cotton or hemp rope
- Heavy work gloves
- Map of the area (for locating shelters)
- Matches in a waterproof container
- Mess kits or paper cups, plates and plastic utensils, any special utensils
- Multi-purpose tool
- Paper towels
- Paper, pencil
- Permanent marking pen
- Plastic storage containers
- Safety goggles
- Sewing kit
- Shutoff wrench, to turn off household gas and water
- Tape, such as duct tape
- Utility knife
- Whistle



Important Family Documents

It is critical to keep copies of all your important documents together so you will not have to scramble to gather them when a disaster strikes. Consider keeping as much as you can electronically and stored on a thumb drive that you can password protect. Remember to take a copy of this plan with you when you evacuate your home. Keep your thumb drive and/or these records in a waterproof, portable container:

- Cash (small bills) or travelers checks
- Copies of photographs
- Copy of passports, Social Security cards, immunization records
- Copy of Supplemental Security Income award letter
- Copy of will, insurance policies, contracts, deeds, stocks and bonds
- Family contact list
- Family records (birth, marriage, death certificates)
- Important telephone numbers
- Information related to operating equipment or lifesaving devices upon which you rely
- Inventory of valuable household goods (see Appendix for a complete list)
- Record of bank account numbers, names, and phone numbers
- Record of credit card accounts

UNDERSTANDING DISASTERS

Know how disaster-related stress may affect you

Experiencing a disaster can be overwhelming. Stress makes many medical conditions worse. It's normal to experience stress and feel overwhelmed, however, not to a point of it becoming debilitating. Everyone is affected by a disaster differently and below are symptoms often experienced by disaster victims.

Psychological and Emotional

- Anxiety
- Irritability, restlessness, over-excitability
- Depression, moodiness, crying
- Anger, blaming
- Feelings of apathy, diminished interest in usual activities
- Feelings of isolation, detachment, estrangement
- Feelings of guilt about surviving
- Denial or constriction of feelings
- Flashbacks or unwelcome memories of the disaster
- An exaggerated reaction to being startled
- Recurrent nightmares about the disaster or about other traumatic events
- Inability to fall or stay asleep
- Sleeping excessively

Thought

- Poor concentration
- Mental confusion
- Slowness of thought
- Inability to express yourself verbally or in writing
- Forgetfulness
- Inability to make judgments and decisions
- Loss of ability to think of alternatives or prioritize tasks





Physical

- Headaches
- Weakness
- Nausea, upset stomach, other gastrointestinal problems
- Muscle soreness
- Hot or cold spells; sweating or chills
- Numbness or tingling in body parts
- Heavy feeling in arms and/or legs
- Feeling a “lump” in your throat
- Chest pains
- Trouble catching your breath; rapid breathing
- Tremors
- Fatigue
- Increase in allergies, colds, or flu
- Heart palpitations

Behavior

- Hyperactivity
- Outbursts of anger or frequent arguments
- Loss of objectivity
- Withdrawal, social isolation, distancing yourself from others
- Increased use of alcohol, tobacco, or other drugs
- Avoidance of activities or places that remind you of the disaster

If any of the above symptoms become debilitating seek professional help or call the Access and Crisis Line at 888-724-7240.



DISASTER SUPPLY CALENDAR

The disaster supplies calendar is intended to help you prepare for disasters before they happen. Using the calendar, you can assemble a disaster supplies kit in small steps over a five-month period. Check off the items as you gather them each week, until completed.

Week 1	Week 2	Week 3	Week 4
<ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 jar peanut butter <input type="checkbox"/> 1 can meat* <input type="checkbox"/> Hand-operated can opener <input type="checkbox"/> Permanent marking pen <input type="checkbox"/> Pet food, diapers, and baby food, if needed <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learn what kinds of disasters can happen in your area and what to do. <input type="checkbox"/> Date each perishable food item using permanent marker. 	<ul style="list-style-type: none"> <input type="checkbox"/> Heavy cotton or hemp rope <input type="checkbox"/> Duct tape <input type="checkbox"/> 1 flashlight with batteries <input type="checkbox"/> Matches in waterproof container <input type="checkbox"/> A leash or carrier for pet(s) <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a personal assessment of your needs and your resources for meeting your needs in a changed disaster environment. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> Feminine hygiene supplies <input type="checkbox"/> Paper and pencil <input type="checkbox"/> Map of the area <input type="checkbox"/> Aspirin or non-aspirin pain reliever <input type="checkbox"/> Laxative <input type="checkbox"/> 1 gallon of water/ pet* <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create a personal support network who can help you identify and obtain the resources you will need to cope effectively with disaster. 	<ul style="list-style-type: none"> <input type="checkbox"/> Patch kit and can of seal-in-air product for the tires of mobility aids <input type="checkbox"/> Clothing* <input type="checkbox"/> Sturdy shoes* <input type="checkbox"/> Extra socks/underwear* <input type="checkbox"/> Extra medications or prescriptions marked "emergency use" <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create the following lists and give copies to your network: emergency information, medical information, disability-related supplies and special equipment, and personal disaster plan.
Week 5	Week 6	Week 7	Week 8
<ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 2 rolls toilet paper <input type="checkbox"/> Toothbrush* <input type="checkbox"/> Toothpaste <input type="checkbox"/> Special food for special diets, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make a floor plan of your home including primary escape routes. <input type="checkbox"/> Identify safe places to go - complete pg. 8 of the plan. <input type="checkbox"/> Practice a fire drill and earthquake drill with your network. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sterile adhesive bandages in assorted sizes <input type="checkbox"/> Safety pins <input type="checkbox"/> Adhesive tape <input type="checkbox"/> Disposable gloves (2 pair) <input type="checkbox"/> Sunscreen <input type="checkbox"/> 2" & 4" gauze pads (6 ea.) <input type="checkbox"/> 2" & 3" Sterile roller bandages (6 ea.) <input type="checkbox"/> Extra hearing aid batteries, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check with child's day care center or school to find out about their disaster plans. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 can ready-to-eat soup (not concentrated)* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> Sewing kit <input type="checkbox"/> Household chlorine bleach <input type="checkbox"/> Extra plastic baby bottles, formula, and diapers, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish an out-of-town contact to call in case of emergency. <input type="checkbox"/> Share this information with your network so they know whom to call. <input type="checkbox"/> Make arrangements for your network to check on you immediately after an evacuation order or disaster. 	<ul style="list-style-type: none"> <input type="checkbox"/> Scissors & Tweezers <input type="checkbox"/> Thermometer <input type="checkbox"/> Liquid antibacterial soap <input type="checkbox"/> Disposable hand wipes <input type="checkbox"/> Petroleum jelly or other lubricant <input type="checkbox"/> 2 tongue blades <input type="checkbox"/> Extra eyeglasses, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place a pair of sturdy shoes and a flashlight by your bed so they are handy in an emergency. <input type="checkbox"/> If blind, store a talking clock and mark your disaster supplies in braille or with florescent tape.

* Purchase one for each member of the household

DISASTER SUPPLY CALENDAR

Week 9	Week 10	Week 11	Week 12
<ul style="list-style-type: none"> <input type="checkbox"/> 1 can ready-to-eat soup* <input type="checkbox"/> Liquid dish soap <input type="checkbox"/> 1 box heavy-duty garbage bags with ties <input type="checkbox"/> Antacid (for upset stomach) <input type="checkbox"/> Saline solution and a contact lens case, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Familiarize your network with any areas on your body where you have reduced sensation. <input type="checkbox"/> Choose a signal with your network that indicates you are okay and have left the disaster site. <input type="checkbox"/> If you have a communication disability, store a word or letter board in your disaster supplies kit. 	<ul style="list-style-type: none"> <input type="checkbox"/> Waterproof portable plastic container (with lid) for important papers <input type="checkbox"/> Battery-powered radio <input type="checkbox"/> Wrench(es) needed to turn off utilities <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take your network on a field trip to the gas meter and water meter shutoffs. Discuss when it is appropriate to turn off utilities. <input type="checkbox"/> Attach a wrench next to the cutoff valve of each utility meter so it will be there when needed. <input type="checkbox"/> Make photocopies of important papers and store safely. 	<ul style="list-style-type: none"> <input type="checkbox"/> Utility knife <input type="checkbox"/> Paper towels <input type="checkbox"/> 1 box quick energy snacks <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Store a roll of quarters for emergency phone calls. <input type="checkbox"/> Go on a hunt with your family to find a pay phone that is close to your home. 	<ul style="list-style-type: none"> <input type="checkbox"/> ID tags for your service animal and/or pets <input type="checkbox"/> Litter/pan <input type="checkbox"/> Extra water <input type="checkbox"/> Current vaccination records <input type="checkbox"/> Medical records for pets medications <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a pet care plan in case of disaster. <input type="checkbox"/> Make photocopies of all vaccination records and put them in your disaster supplies kit.
Week 13	Week 14	Week 15	Week 16
<ul style="list-style-type: none"> <input type="checkbox"/> Whistle <input type="checkbox"/> Multi-purpose tool <input type="checkbox"/> Cell phone charger <input type="checkbox"/> Mylar blanket <input type="checkbox"/> Ibuprofen/ acetaminophen <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a first aid/CPR class <input type="checkbox"/> Arrange to have your water heater strapped to wall studs using perforated metal tape. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 1 package eating utensils <input type="checkbox"/> 1 package paper cups/ plates <input type="checkbox"/> Hand sanitizer <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure your network and neighbors know what help you may need in an emergency and how best to assist. <input type="checkbox"/> Practice using alternate methods of evacuation with your network. 	<ul style="list-style-type: none"> <input type="checkbox"/> Extra flashlight batteries <input type="checkbox"/> Extra battery for portable radio <input type="checkbox"/> Rubber bands <input type="checkbox"/> Labels for your equipment and supplies <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make arrangements to bolt bookcases and cabinets to wall studs. <input type="checkbox"/> Label equipment and attach instruction cards. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> Triangular bandages <input type="checkbox"/> 1 box quick energy snacks <input type="checkbox"/> Dried fruit/nuts <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out if you have a neighborhood safety organization and join it.

* Purchase one for each member of the household

DISASTER SUPPLY CALENDAR

Week 17	Week 18	Week 19	Week 20
<ul style="list-style-type: none"> <input type="checkbox"/> Antidiarrheal medication <input type="checkbox"/> Rubbing alcohol <input type="checkbox"/> Antiseptic <input type="checkbox"/> Syrup of ipecac and activated charcoal <input type="checkbox"/> Vitamins, supplements <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrange for a friend or neighbor to help your children if you are not able to respond or are at work. 	<ul style="list-style-type: none"> <input type="checkbox"/> Double-sided tape or hook-and-loop fasteners (such as Velcro®) to secure moveable objects <input type="checkbox"/> Plastic bucket with tight lid <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrange for someone to secure moveable objects. <input type="checkbox"/> Put away a blanket or sleeping bag for each household member. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 box quick-energy snacks <input type="checkbox"/> Aluminum foil <input type="checkbox"/> Denture care items, if needed. <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your insurance coverages with your agent to be sure you are covered for the disasters that may occur in your area. Obtain additional coverage, as needed. <input type="checkbox"/> Purchase and have installed an emergency escape ladder for upper story windows, if needed. 	<ul style="list-style-type: none"> <input type="checkbox"/> Work gloves <input type="checkbox"/> Safety goggles <input type="checkbox"/> Disposable dust masks <input type="checkbox"/> Get an extra battery/charger for motorized mobility aids <hr/> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out about your workplace disaster plan.

* Purchase one for each member of the household



COMMUNICATION BOARDS

These tools can be added to your emergency disaster kit. They can help improve communications in the event of a disaster.

EZ PICTURE BOARD BY VIDATAK
AN INNOVATION IN PATIENT COMMUNICATION

VIDATAK
EZ BOARD

● I WANT

to sleep	to go home	get out of bed
to be comforted	lights off/on	head of bed up/down
water	it quiet	to turn left/right
lip moistened	call light /remote	to lie down
to be suctioned	tv/video/dvd	to sit up

● I WANT TO SEE

feeling sick	dizzy	sad
choking	tired	frustrated
in pain	cold/hot	afraid
short of breath	hungry/thirsty	angry

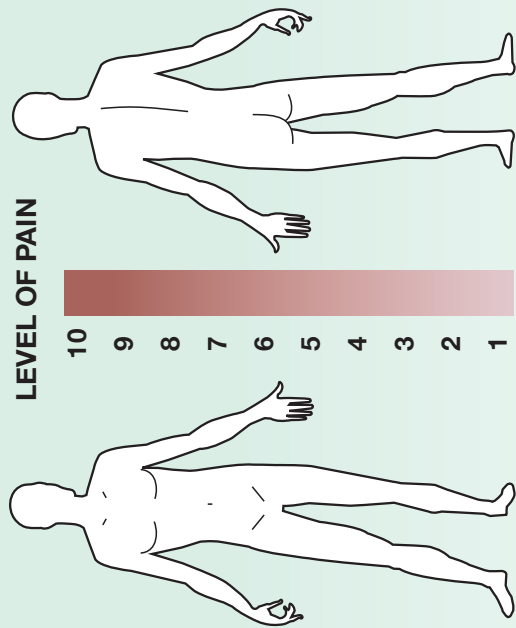
Thank You	I Love You
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A	B	C	D	E	F	G	H	I	1	2	3
J	K	L	M	N	O	P	Q	R	4	5	6
S	T	U	V	W	X	Y	Z	.	7	8	9
'	,	?	!	SPACE							
			+	0	-						

doctor	nurse	family	chaplain
no	yes	STOP	pen/paper

For infection control purposes, please do not reuse this board between patients.

PAIN CHART



itches	stings	hurts/aches	burns	can't move /numb
--------	--------	-------------	-------	------------------

dull	sharp	radiating	I WANT PAIN MEDICINE shot one pill two pills
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how am I doing?	what day /time?	what is happening?	when is tube coming out?
IV	remove restraints	exercise	massage
leave me alone	don't leave	come back later	prayer
bathroom	cool cloth	pillow	glasses
wash face	shampoo	comb/brush	socks
			teeth brushed

All images copyright Children's Hospital Boston 2008. Used by permission. All rights reserved. KEEP THIS BOARD WITH PATIENT AT ALL TIMES To order Vidatak E-Z Board call 1.877.395.6273 © 2008 Copyright. All rights reserved. Item No. 040 - Picture

APPENDIX:

Household Inventory

An up-to-date household inventory is a valuable resource. Before a disaster, the inventory will help you determine if you have enough insurance to cover the contents of your home. After the disaster, the inventory will help prove the value of the damaged or destroyed possessions for insurance or tax deduction purposes.

For your inventory, make sure to include:

- A description of each item (include brand name, model, and serial number)
- When you bought the item (if you cannot remember, give an approximate date)
- Where you bought the item
- How much the item costs
(include how much you paid for it, how much it is currently worth, and how much it would cost to replace it)
- Photos and/or a video to accompany your inventory, if possible

INVENTORY LIST

LIVING ROOM			
Furniture (e.g. entertainment center, sofas)	Price	Date	Brand
Electronics (e.g. stereo, VCR/DVD player)			
Misc (e.g. artwork, curtains)			

INVENTORY LIST



DINING ROOM			
Furniture (e.g. china cabinet, table)	Price	Date	Brand
Electronics (e.g. clocks)			
Misc (e.g. chandeliers, china/crystal, silver)			

FAMILY ROOM			
Furniture (e.g. bookcases, tables, chairs)	Price	Date	Brand
Electronics (e.g. TV, computer, video game systems)			
Misc (e.g. artwork, curtains)			

INVENTORY LIST

KITCHEN			
Furniture (e.g. cabinets, tables, chairs)	Price	Date	Brand
Large appliances (e.g. refrigerator, stove)			
Small appliances (e.g. blender, coffee maker)			
Misc. (e.g. paintings/pictures, table linens)			

INVENTORY LIST

BATHROOMS			
Furniture (e.g. vanity, cabinets)	Price	Date	Brand
Electronics (e.g. electric toothbrush, hair dryer)			
Misc (e.g. curtains, towels)			

GARAGE / MISCELLANEOUS			
(e.g. air conditioner, bike, camera, jewelry, tools, washer/dryer)	Price	Date	Brand

NOTES



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