

# Inclusive Emergency Preparedness

[www.purdue.edu/engineering/ABE/INPREPared/inclusive-prep/](http://www.purdue.edu/engineering/ABE/INPREPared/inclusive-prep/)



## Get Prepared!

- ◆ Disasters and emergencies can come in many forms, from weather events to human caused incidents and personal family challenges. These situations affect all of us.
- ◆ At least 1 in 4 American adults have a disability, and these 61+ million people may face extra challenges in preparing for and recovering from disaster events.
- ◆ The impact of disasters for our families can be significantly reduced by planning ahead and taking simple steps to be prepared.
- ◆ The needs and challenges of our family and friends with disabilities or chronic health conditions should always be considered when preparing for emergencies and disasters.
- ◆ The best time to start preparing is now!



## Prepping for Everyone

### 1. Gather Supplies and Build a Go-Bag

### 2. Make a Plan!

See Page 2 to learn about Purdue Extension's Family Emergency Plan and start building a plan to keep your family safe.

### 3. Practice your plan

- ◆ Review and update your Family Emergency Plan at least annually
- ◆ Practice your plan by simulated evacuations, fire drills, or living out of your Go-Bag for the weekend.
- ◆ Remember, bad things happen to good people. Be Ready!

- ◆ Use one of the many available checklists for ideas!
- ◆ Inventory what you already have on hand.
- ◆ Add supplies as appropriate.
- ◆ Prepare to be "on your own" for at least 72 hours!
- ◆ Thrift stores & garage sales help build your preps inexpensively.
- ◆ Purchase food you like to eat, and rotate stock regularly.
- ◆ Designate a place to store your preps so you know where to find them when needed!
- ◆ Consider the needs of family members with disabilities!



## Prepping for People with Disabilities

Individuals with disabilities or chronic health conditions need all the same things anyone else does to make it through a disaster. However, additional considerations should include:

- ◆ Maintain a stock of medicines, medical supplies, and vital medical devices.
- ◆ Keep mobility aids and assistive technology in good condition. Have extra batteries and even spare parts on hand.
- ◆ Communication is vital—individuals with disabilities should have appropriate and accessible communication devices.
- ◆ Plan ahead by making arrangements for assistance with friends or neighbors, and local emergency personnel, before a disaster event happens.

For more information:

 **PURDUE UNIVERSITY** | Extension  
[extension.purdue.edu](http://extension.purdue.edu)

**INDIANA PREPARED**  
[inprepared.org](http://inprepared.org)

 **EDEN**  
EXTENSION DISASTER EDUCATION NETWORK  
[extensiondisaster.net](http://extensiondisaster.net)

 **AgrAbility**  
enabling accessible agriculture  
[agrability.org](http://agrability.org)

 **Ready**  
[ready.gov](http://ready.gov)

Purdue University is an equal access/equal opportunity university.

# Tips for completing your Family Emergency Plan

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Completing Purdue Extension's Family Emergency Plan is a great start in preparing for emergencies and disasters that might impact your family.

## General Tips:

- Get the whole family involved!
- Consider disability or health challenges of family members.
- Add pages if needed.
- Share the plan with local fire and EMS.
- Contact your county Purdue Extension Office for more information or assistance.

## Page 1

Designate an emergency meeting spot.

**Family Emergency Plan**

Emergency Gathering Location: \_\_\_\_\_

Date Plan Completed: \_\_\_\_\_

Family or Homeowner Name	Primary Contact Phone Number
Address	Alternate Contact Phone Number
City, State, ZIP	Out-of-town Contact Phone Number
County	
Township	

Date the plan and update at least annually.

List a primary and alternate contact person.

Out of town contact if local lines are out.

Detailed directions for 911 dispatcher.

Add any other info responders should know.

List everyone who is regularly at the home

Contact info for everyone

When are they home?

Disability or health concern?

Where are your emergency supplies and resources?

## Page 3

Other things responders need to know.

List possible challenges, and potential useful resources.

List of important phone numbers

Include non-emergency numbers.

List friends or neighbors who know your home.

Who else needs listed?

## Page 2

Name of health or disability condition.

Who has a disability or health concern?

Concerns during an emergency situation.

List and describe your pets.

What else do you have that might be useful?

**Disability or Medical Concerns**—List any individual identified on page 1 who has specific medical or disability challenges that might impact emergency response. Provide details as mobility issues, critical medicines or equipment, diet restrictions, etc.

Name:	Condition/Disability	Special Considerations

**Pets**—List family pets and likely location to find them in an emergency situation.

Species	Description	Name	Location

**Emergency Resource Inventory**—Complete the following emergency resources inventory for your home. Add any items not listed that you think might be useful in an emergency.

Emergency Resource	Location	Emergency Resource	Location
Prepared "Go-bags"		Critical documents - ID, medical, insurance, etc.	
Drinking/Cooking Water		Cash	
Non-perishable food - 3 day supply		Manual can opener	
Flashlights		Weather radio	
Medications - prescription and OTC		Medical equipment/ Assistive Technology	
Batteries		Medical Equipment/ Assistive Technology	
Cell phone power bank or solar charger			
First aid kit / supplies			
Wrenches, pliers, other tools for minor repairs			
Pet care - food, medication, leash, carrier			

## Page 4

**House Diagram**— create a simple scale drawing of your home. Label rooms (especially bedrooms); entry & exit doors; location of electric panel, furnace, water heater, and entry point for gas or LP lines. Make special note of rooms or locations significant to someone with a disability, such as accessible entrances and exits. This drawing can assist you in planning and preparing for household emergencies, and may also be shared with local emergency services.

Sketch a diagram for each floor of your home.

It doesn't have to be a perfect drawing!

Show the floor plan, entrances, and exits.

Mark challenges for people with disabilities.

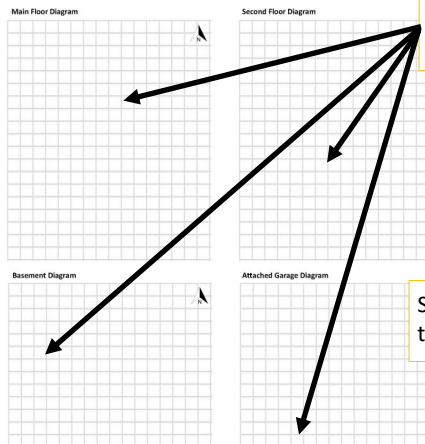
Indicate where utility shutoffs are located.

**Special concerns or resources**—note any other situations that might impact an emergency response to your home. This includes issues such as a home-based business that brings additional guests to your home, or potential resources such as pool or any fire hydrants for firefighting water sources.

**Emergency Contacts**—enter appropriate names and phone numbers into the contact list, and add any that are appropriate. Stranded friends, family members, or neighbors not listed as a contact on page one who can assist in an emergency.

Department	Emergency #	Phone
911		
General phone		
Police/Sheriff	911	
General phone		
Ambulance	911	
Emergency #		
Hospital	911	
Emergency #		
Insurance Co./Agent		
Emergency #	1-800-222-1222	
Phone		
Family Doctor		
Phone		
Other Doctor		
Phone		
Neighbor/Friend		
Phone		
Neighbor/Friend		
Phone		
Neighbor/Friend		
Phone		
Med. Equipment/ Assistive Technology		
*		
*		

Electric Company	Phone
My Account #	
Gas/LP Supplier	Phone
My Account #	
Water/Sewer	Phone
My Account #	
Other Utility	Phone
My Account #	
Insurance Co./Agent	Phone
My Account #	
Veterinarian	Phone
Phone	
Bank	Phone
Phone	
Neighbor/Friend	Phone
Phone	
Neighbor/Friend	Phone
Phone	
Neighbor/Friend	Phone
Phone	



# Home Emergency & “Go-Bag” Supplies

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## Water & Food

- Water—one gallon of water per person for 3 days for drinking and sanitation
- Food—at least 3-day supply of non-perishable food
- Mess kit—paper plates, disposable utensils, paper towels
- Manual can opener
- Camping stove and fuel

## Communications

- Cell phone with charger
- Backup cellphone battery or solar charger
- Radio—battery powered or hand-crank with NOAA weather radio and tone alert
- Whistle to signal for help

## Financial

- Cash and change—banks and ATM’s may not be in service
- Critical documents including ID’s, banking information, insurance, etc. stored in waterproof container
- Contact information for insurance agent, bank, utilities and services, etc.
- Durable power-of-attorney or medical power of attorney documents, as appropriate
- Login info and passwords for online accounts recorded and stored in secure location

## Personal Care

- Clothing—seasonal, rain gear, sturdy shoes, extra socks and underwear
- Pet care items—food, water, medicine, carrier, leash, ID, and immunization records
- Moist towelettes, garbage bags, and zip ties—for personal sanitation needs
- Sleeping bag or warm blanket for each person
- Feminine supplies and personal toiletries
- Hand sanitizer
- Hearing aids and extra batteries
- Spare glasses and/or contacts and contact solution
- Recreation items—books, playing cards, games

## Tools & Supplies

- Flashlight—at least one per person
- Extra batteries—different sizes/types as necessary
- Multi-tool, wrenches, and pliers—to turn off utilities and minor repairs
- Plastic sheeting and duct tape for sheltering-in-place
- Dust masks or N-95 respirators to filter contaminated air
- Paper maps of local area
- Liquid bleach—to treat water, add 16 drops per gallon of water, stir, and let set 30 minutes
- Fire starter—lighters, matches, dry tinder in waterproof container

## Medical Basics

- First aid kit and first aid reference book
- Contact information for doctors, specialists, pharmacies, and caregivers
- List of all known allergies (medicine, food, other) for each person
- List of all medication—include exact name, dosage, pharmacy, and prescribing doctor
- Prescription medication—at least 3 day supply, including syringes if necessary
- Over-the-counter medications—painkillers; cold/flu, allergy, and diarrhea medication; antacids, etc.

## Disability or Chronic Medical Conditions

- Medical or Assistive Technology device information—vendor, manufacturer, repair facility, maintenance needs
- Extra supplies as needed—tape, IV supplies, test strips, oxygen tubing and masks, etc.
- Spare batteries and/or parts, and appropriate tools for minor repairs

## Infants and children

- Infant formula and diapers for at least 3 days
- Favorite snacks
- Toys and games for entertainment



# Family Emergency Plan



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Emergency Gathering Location		Date Plan Completed	
Family or Homeowner Name		Primary Contact	
Address		Phone Number	
Address		Alternate Contact	
City, State, ZIP		Phone Number	
County		Out-of-town Contact	
Township		Phone Number	

**Directions (start at major intersection and write directions to the home that can be read to dispatcher):**

*Important: Please include any site issues or features that could impact emergency responders unfamiliar with the property. These could include which door to enter; a narrow driveway; dogs that might greet the responders; locked gates; etc.*

**Family Members at this Home<sup>1</sup> (anyone who lives or is regularly at this home )**

Name	Age	Phone #	Times likely to be at this location <sup>2</sup>	Special concerns: health issues or disabilities <sup>3</sup>

- List anyone who lives at this address. Also, include anyone who regularly spends time at this home such as grandchildren being cared for while parents work, college student children, employees, etc.
- For those who do not live at the home full-time, indicate when they are likely to be present (e.g. M-F, 7:30 am—5:30 pm)
- If an individual at this home has a disability or special health concern, indicate so on this form. Additional considerations can be detailed on page 3.

**Disability or Medical Concerns**—List each individual identified on page 1 who has specific medical or disability challenges that might impact emergency response. Provide details as mobility issues, critical medicines or equipment, diet restrictions, etc.

<b>Name:</b>	
<b>Condition/Disability</b>	<b>Special Considerations</b>
<b>Name:</b>	
<b>Condition/Disability</b>	<b>Special Considerations</b>

**Pets**—List family pets and likely location to find them in an emergency situation.

Species	Description	Name	Location

**Emergency Resources Inventory**—Complete the following emergency resources inventory for your home. Add any items not listed that you think might be useful in an emergency.

Emergency Resource	Location	Emergency Resource	Location
Prepared "Go-bags"		Critical documents – ID, medical, insurance, etc.	
Drinking/Cooking Water		Cash	
Non-perishable food – 3 day supply		Manual can opener	
Flashlight(s)		Weather radio	
Medications—prescription and OTC		Medical equipment/ Assistive Technology	
Batteries		Medical Equipment/ Assistive Technology	
Cell phone power bank or solar charger			
First aid kit / supplies			
Wrenches, pliers, other tools for minor repairs			
Pet care – food, medication, leash, carrier			

**Additional concerns or resources**—note any other situations that might impact an emergency response to your home. This could include issues such as a home-based business that brings additional guests to your home, or potential resources such as a pond or dry fire hydrant for firefighting water sources.

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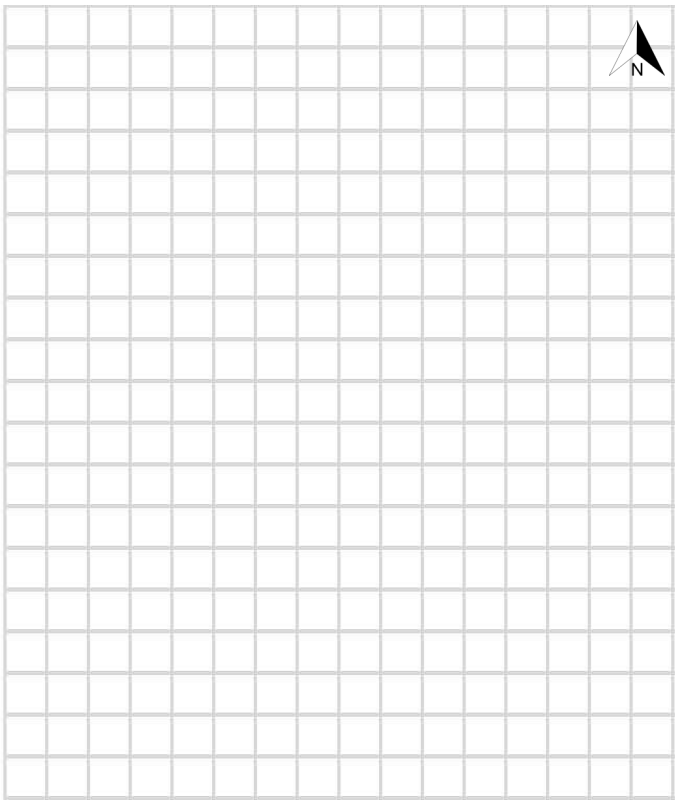
**Emergency Contacts**—enter appropriate names and phone numbers into the contact list, and add any that are appropriate. Select trusted friends, family members, or neighbors not listed as a contact on page one who can assist in an emergency.

<b>Fire Department</b>	
Emergency #	911
General phone	
<b>Police/Sheriff</b>	
Emergency #	911
General phone	
<b>Ambulance</b>	
Emergency #	911
General phone	
<b>Preferred Hospital</b>	911
Emergency #	
General phone	
<b>Poison Control</b>	
Emergency #	1-800-222-1222
<b>Family Doctor</b>	
Phone	
<b>Other Doctor</b>	
Phone	
<b>Other Doctor</b>	
Phone	
<b>Med. Equipment/ Assistive Technology</b>	
Phone	
<b>Med. Equipment/ Assistive Technology</b>	
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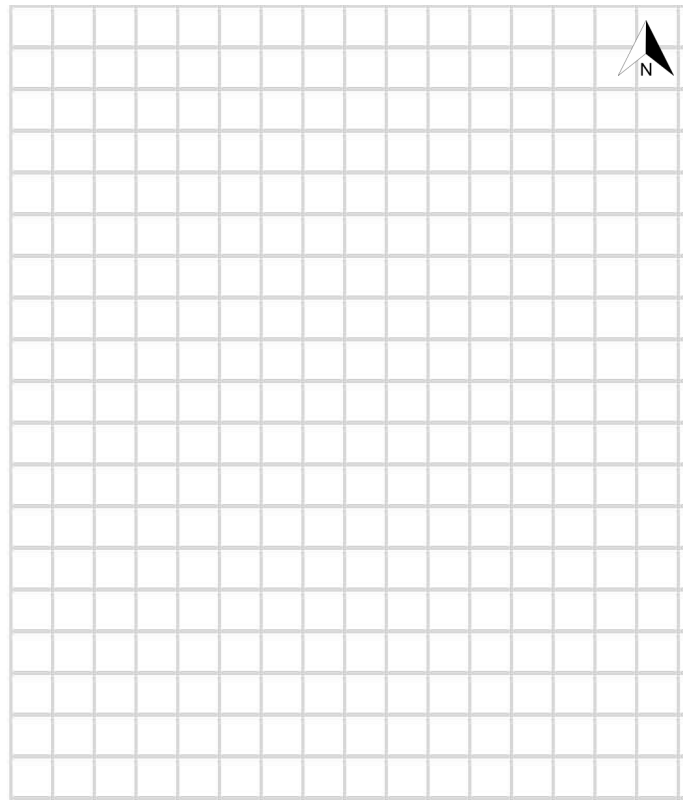
<b>Electric Company</b>	
Phone	
My Account #	
<b>Gas/LP Supplier</b>	
Phone	
My Account #	
<b>Water/Sewer</b>	
Phone	
My Account #	
<b>Other Utility</b>	
Phone	
My Account #	
<b>Insurance Co./Agent</b>	
Phone	
<b>Veterinarian</b>	
Phone	
<b>Bank</b>	
Phone	
<b>Neighbor/Friend</b>	
Phone	
<b>Neighbor/Friend</b>	
Phone	
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•	

**House Diagram**— create a simple scale drawing of your home. Label rooms (especially bedrooms); entry & exit doors; location of electric panel, furnace, water heater, and entry point for gas or LP lines. Make special note of rooms or locations significant to someone with a disability, such as accessible entrance and exits. This drawing can assist you in planning and preparing for household emergencies, and may also be shared with local emergency services.

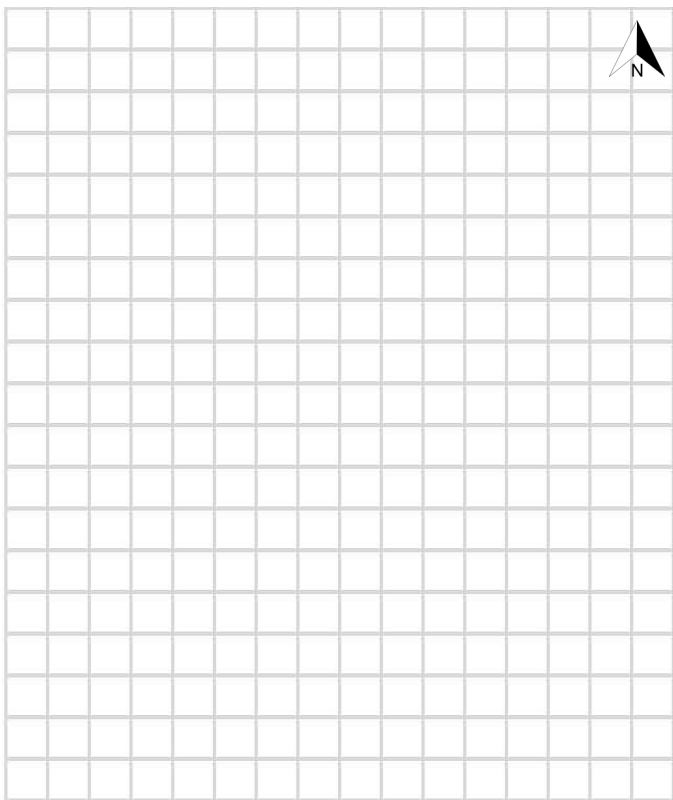
**Main Floor Diagram**



**Second Floor Diagram**



**Basement Diagram**



**Attached Garage Diagram**

