



Emergency Preparedness Tips for Those with Functional Needs



TIPS

Cognitive Impairments Disaster Tips

Disaster Tips for People With Cognitive Impairments



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, people with cognitive impairments may consider including the following items:

- List of key phrases on a card for emergency personnel. Think about what someone who is helping you might need to know about you and be ready to tell them or show them your card.
- Your card might say:
 - I cannot read.
 - I communicate using an assistive communication device. I can point to simple pictures or key words, which you will find in my wallet or emergency supply kit.
 - I may have difficulty understanding what you are telling me; please speak slowly and use simple language.
 - I forget easily. Please write down information for me.

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.
- Secure computers and anchor special equipment. Create a back-up system for important data and store it off-site.

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.

3 BE INFORMED

- Learn your community's response and evacuation plans.

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- 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 local fire department, police department or emergency management office about emergency special assistance programs. Some communities may ask people with a disability to register so assistance can be provided in an emergency.
- 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	Emergency Health Information Card
<p>Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: Blood Type: Health Plan: Individual #: Group #:</p>	<p>Emergency Contact #1: Relationship: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:</p>
<p>Doctor's Name: Address: City, State, Zip: Phone: Fax: E-mail:</p>	<p>Emergency Contact #2: Relationship: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:</p>
<p>Pharmacist's Name: Address: City, State, Zip: Phone: Fax: E-mail:</p>	<p>Special Conditions: Medications/Dosages: Allergies: Communications/Devices/Equipment/Other:</p>

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