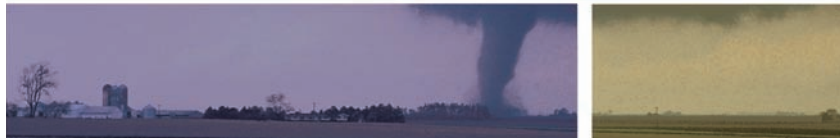




Emergency Preparedness Tips for Those with Functional Needs



TIPS

Life Support Systems Disaster Tips



Disaster Tips for People Who Use Life Support Systems

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 who use life support systems may consider including the following items:

- Tools and supplies needed to maintain the respirators or other electric-powered medical equipment
- Two-week supply of such items as dressings, nasal cannulas and suction catheters
- Copies of your medical records that describe your condition, prescription and medical equipment needs
- A list of key phrases for emergency personnel (e.g. "I have a condition that requires me to use a respirator or life support equipment")
- A list of the name and manufacturer of the respirator and life support equipment

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.
- Make prior arrangements with your physician or check with your oxygen supplier about emergency plans for those on respirators or other electric-powered medical equipment.
 - If you use oxygen, check with your oxygen supplier to determine whether a reduced flow rate may be used in the event of a disaster to prolong the life of the system.
 - Alternative Equipment Suppliers: Determine which suppliers would serve you in the event that your home system becomes inoperable or your supplier is unable to provide you service.
- Inform your personal support network how to operate and safely move your equipment, if necessary.
- Label equipment. Add instruction cards. For added durability, laminate instruction cards and attach to equipment.
- Secure any life support equipment to prevent damage from falling.

Secure any life support equipment to prevent damage from falling.

TIPS

Life Support Systems Disaster Tips

Learn your community's response and evacuation plans.

- If your power back-up system relies on storing batteries, be aware of the disadvantage.
 - Regularly check back-up or alternative power equipment to ensure it will function during an emergency.
 - Know the working duration of any batteries that support your system.
 - Discuss with your utility company the type of back-up power you plan to use; get their advice.
 - Alternate Power: Discuss with your equipment supplier alternative power sources that will provide you with support for up to five to seven days:
 - Could you use a generator? What type?
 - Could you use manually operated equipment?
 - Can your equipment be powered from a vehicle battery? If yes, obtain necessary hardware for the hook-up.
- Many utility companies maintain a list of people dependent on powered life support systems and tag their meters. If this service is available in your area, please register with your local utility company(ies). **NEVER COUNT ON YOUR POWER BEING QUICKLY RESTORED.** Utility personnel may not be able to get to you after a major disaster.
- Generator: Obtain a generator if appropriate and feasible.
- 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 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.
- 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:



Printed by the Authority of the State of Illinois
IISG 08-332a - Web Revise

