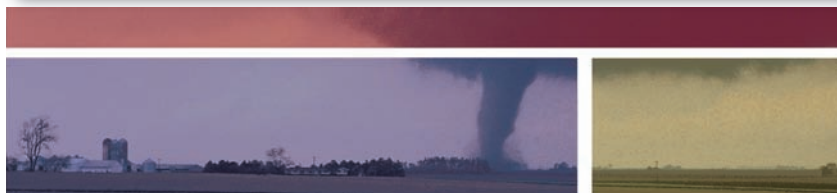




Emergency Preparedness Tips for Those with Functional Needs



TIPS

Mobility Impairments Disaster Tips

Disaster Tips for People with Mobility 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 who have mobility impairments may consider including the following items:

- Keep a pair of heavy gloves in your supply kit to use while wheeling or making your way over glass and debris.
- If you use a motorized wheelchair/scooter, consider having an extra battery available.
- If you do not have puncture proof tires, keep a patch kit or can of "seal-in-air product" to repair flat tires and/or also keep an extra supply of inner tubes.
- Store a lightweight manual wheelchair, if available.
- Have electrical back-up for any medical 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.
- If you use a motorized wheelchair/scooter, consider having an extra battery available. A car battery can be substituted for a wheelchair battery, but this type of battery will not last as long as a wheelchair's deep-cycle battery. Check with your vendor to see if you will be able to charge batteries by either connecting jumper cables to a vehicle battery or by connecting batteries to a specific type of converter that plugs into your vehicle's cigarette lighter in the event of loss of electricity.
- Arrange and secure furniture and other items to provide paths of travel and barrier free passages.
- If you spend time above the first floor of an elevator building, plan and practice using alternate methods of evacuation. If needed, enlist the help of your personal support network.
- If you cannot use stairs, discuss lifting and carrying techniques that will work for you. There will be instances where wheelchair users will have to leave their chairs behind in order to safely evacuate a structure. Sometimes transporting someone

Complete an Emergency Health Information Card. Update it regularly and keep it with you at all times.





downstairs is not a practical solution unless there are at least two or more strong people to control the chair. Therefore, it is very important to discuss the safest way to transport you if you need to be carried, and alert those assisting you to any areas of vulnerability. For example: the traditional "fire fighter's carry" may be hazardous for some people with respiratory weakness. You need to be able to give brief instructions regarding how to move you.

- 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. Be sure to have electrical back-up for any medical equipment.
- 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. 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.
- Ask your local emergency management office if they have an emergency notification system that can interface with a TTY. This system can contact people in an affected area.

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
Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: Blood Type: Health Plan: Individual #: Group #:	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:
Doctor's Name: Address: City, State, Zip: Phone: Fax: E-mail:	Special Conditions: Medications/Dosages: Allergies: Communications/Devices/Equipment/Other:
Pharmacist's Name: Address: City, State, Zip: Phone: Fax: E-mail:	

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