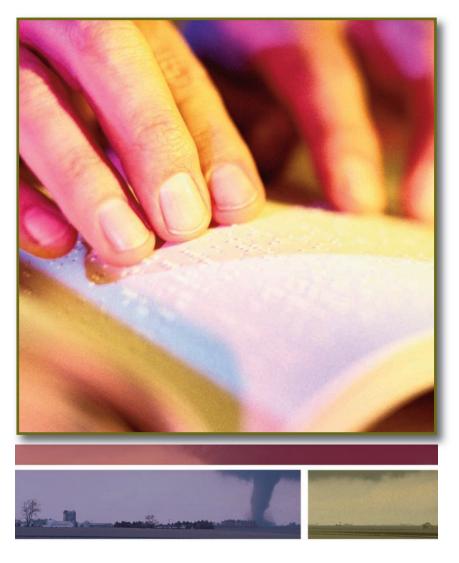


Emergency Preparedness Tips for Those with Functional Needs



TIPS
Visual Impairments
Disaster Tips

www.ready.illinois.gov

Disaster Tips for People Who Have Visual 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 visual impairments may consider including the following items:

- Medications and Special Items extra folding mobility cane, extra pair of dark glasses (if medically required)
- □ Tape recorder & extra batteries
- Create an Animal Supply Kit and Take-Along-Bag (if necessary):

For each animal:

- Two-week supply of water (plastic gallon jugs) and food
- Non-spill food and water dishes
- Manual can opener and spoons
- Animal/Service Animal identification information, veterinary records and proof of ownership

- Cage/carrier (labeled with contact information: pet's name, owner's name, address and phone number and an emergency name and phone number)
- Favorite toys, treats, blankets
- Leash, collar, harness, muzzle, stakes and tie downs
- Litter, litter pan, litter scoop
- Newspaper (for bedding or litter)
- Paper towels and plastic baggies
- First aid kit and manual (call your vet)

2 Make a Plan

become separated.

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. Such things to consider are:

☐ Meet with your family members, friends, and building

manager to review community hazards and emergence 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



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.

Complete an Emergency Health Information Card. Update it regularly and keep it with you at all times. Canes: If you use a cane, keep extras in strategic, consistent and secured locations at job, home, school, volunteer site, etc. to help you maneuver around obstacles and hazards. Service animals may become confused or frightened during and after a disaster: keep them confined or securely leashed or harnessed. A leash/harness is an important item for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment. Plan for losing the auditory cues you usually rely on after a major disaster. Mark emergency supplies with large print, fluorescent tape or Braille. ☐ If you have some vision, place security lights in each room to light paths of travel. These lights plug into electrical wall outlets and light up automatically if there is a loss of power. They will, depending on type, continue to operate automatically for 1 to 6 hours and can be turned off manually and used as a short-lasting flashlight; and 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.



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 He	alth Information Card	Emergency Health Information Card	
Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone:		Emergency Contact #1: Relationship: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:	
Birth Date: Health Plan: Individual #:	Blood Type: Group #:	Emergency Contact #2: Relationship: Address:	
Doctor's Name: Address: City, State, Zip: Phone: E-mail:	Fax:	City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:	
Pharmacist's Nar Address: City, State, Zip: Phone: E-mail:	ne: Fax:	Special Conditions: Medications/Dosages: Allergies:	
	Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: Health Plan: Individual #: Doctor's Name: Address: City, State, Zip: Phone: E-mail: Pharmacist's Name Address: City, State, Zip: Phone: E-mail:	Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: 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: Fax:	