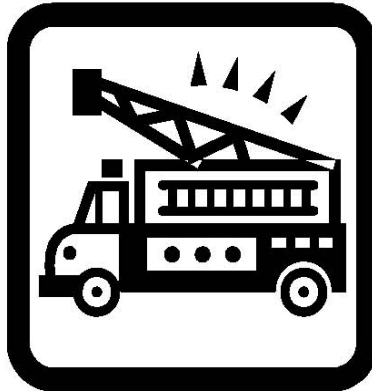


Emergency Plan Workbook for People with Disabilities and Their Families



YUBA COUNTY PUBLIC HEALTH EMERGENCY PLAN WORKBOOK FOR PEOPLE WITH DISABILITIES AND THEIR FAMILIES

Take this book with you in an Emergency



LATEX ALLERGY... YES NO

(other allergies listed on page 6)

*Paramedic Instructions _____

(Use pencil so you can erase as changes
occur throughout this document)

My name

Paste
Picture
Here

I communicate by:

_____ Speaking

_____ Using Sign Language

Are you hearing impaired? Yes No

_____ Using a Communication Device

_____ Using Gestures

***My emergency contact person is:**

_____ Ph # _____

***Date prepared:** _____ Please change date as you update information

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

My Telephone: (____) _____ - _____

My Work Phone: (____) _____ - _____

My Cell Phone: (____) _____ - _____

My Certified Service Animal's Name is _____

I have "ICE" on my phone in case of an emergency Yes No

My Date of Birth ____ / ____ / _____

My Social Security # _____ - _____ - _____ (Optional)

These are my family Members:

Father _____ PH# _____

Mother _____ PH# _____

Spouse _____ PH# _____

Brother _____ PH# _____

Sister _____ PH# _____

Grandparents _____ PH# _____

Guardian _____ PH# _____

Other Family or Important Friends:

Name: _____ Ph#: _____

Name: _____ Ph#: _____

I am: (check all that apply)

- Single Married Divorced Widowed
- Live on my own
- Live with my parents
- Live in a group home
Name of group home: _____
- Live with relatives
- Live with a friend
- Live alone with some help.
Who helps you? _____
- Other: _____

Agency's that help/know me:

- Alta Regional Center:
Case Worker _____ Ph# _____
- California Children's Services:
IHSS/Social Worker _____ Ph# _____
- Other Social/IHSS/Case Worker:
_____ Ph# _____
- My School _____ Ph# _____
- My Work Location _____
My supervisor _____ Ph# _____
- Other _____ Ph# _____

MEDICAL INFORMATION

Blood Type _____

My History: (that is important for care providers to know)

My insurance is: _____

#: _____

Medi-Cal # is: _____

Primary Care Doctor: _____

Address _____

City _____ State _____ ZIP _____

Phone # _____

Hospital _____ Ph# _____

Specialists/Hospitals involved in your care:

Dr. _____ Ph# _____

Hospital _____

Dr. _____ Ph# _____

Hospital _____

I have Medical Equipment:

- ___ Wheelchair
- ___ Electric Power Chair
- ___ Walker
- ___ Orthotics
- ___ Other items: _____

I use Life Support Equipment:

- ___ Oxygen
- ___ Portable Oxygen tanks
- ___ Nebulizer
- ___ Suction
- ___ Dialysis
- ___ Other: _____

Medical Conditions:

******MEDICATION ALLERGIES:**

OTHER ALLERGIES (Foods, Bees, Latex):

I have an EPI Pen for _____

Medications: Write or attach a photocopy of your current medication list, use the back if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

*(It is important to regularly order medications early. Do not wait until you are almost out in case you cannot get to the pharmacy.)

TIME ~	DOSAGE ~	MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where I keep my medicines: _____

Do you need to check anything before medicine is administered (for example: blood sugar, etc.)

Does your medication need to be refrigerated? Yes No
*Are you prepared in case of a power outage, do you have ice packs or an ice chest?

My medicine:
 ___ Needs to be crushed ___ Is liquid

This is how I take my medications: _____

Pharmacy you use _____

Ph# _____ (usually on pill bottles)

HELPFUL INFORMATION

Important things you need to know before you help me:

I can:

- Use the bathroom alone
- I need help in the bathroom
- I wear diapers/pull-ups and need help changing
- I have a catheter

My diet is:

- Regular
- Diabetic
- Salt Restricted
- G-tube
- Other _____

My food is usually:

- Regular
- Chopped
- Soft
- Pureed
- G-Tube
- Other; please explain _____

I have trouble swallowing: Yes No

Any foods/liquids to avoid:

To drink I use a:

- Regular cup
- Sipper cup
- Sports Bottle
- Thickener added for Swallowing Precaution

THINGS TO HELP ME EMOTIONALLY

If I am scared this is how I react: _____

When I am scared will you please: _____

Things I do not like: (people, places, things and situations that can cause upset, anger, frustration,)

Things I like: (people, places, games, T.V.) _____

I understand best when (told verbally, shown and told, hand over hand, etc.) _____

I communicate best by:

- Speaking
- Gesturing
- Listening device
- Hearing Aids
- Sign Language:
 - Are you hearing impaired? Yes No
- Communication Device
- Picture Book
- Braille
- Other: _____

MAKE A KIT: 9 ESSENTIAL ITEMS

You can do this! These items will help you during an emergency.



1. One gallon of water per person per day for 3 days



2. Non-perishable food such as canned or packaged food



3. One change of clothes and footwear per person



4. 3 days' worth of prescription medications (if needed)



5. Flashlight and extra batteries



6. Manual can opener



7. Battery-powered, solar-powered or hand-crank radio



8. Hygiene items like soap, toilet paper and a toothbrush



9. First aid basics like antiseptic, bandages and non-prescription medicine

FOR SOMEONE WITH SPECIAL REQUIREMENTS:

- Pet kit: pet food, leash or crate, license, rabies certificate and vaccination records for pets or service animals, other pet items: _____
- Please write down or photocopy Prescription #s and your Pharmacy phone # in case you have to leave quickly
- If possible have a 3 day supply of all necessary medicines/essentials for your medical condition
- Extra batteries for equipment needed
 - What size/type of batteries does your equipment require: _____
- Take manual wheelchair as backup in case of extended electrical outages
- Extra blood sugar meter/strips/lancets
- Diapers, personal wipes, and other hygiene supplies
- Formula and supplies
- Catheters and supplies
- Oxygen and supplies
- Ice chest with your name on it and ice packs or blue ice for medications needing refrigeration
- Comfort items (stuffed animal, favorite pillow, special picture)

IMPORTANT EMERGENCY PHONE NUMBERS:

FOR EMERGENCIES ONLY CALL 9-1-1

For Fire, Ambulance, Paramedics, Police, Sheriff, Highway Patrol, Search and Rescue. An emergency is a situation when human life or property are threatened and demands immediate attention.

California Poison Control System Anytime, Anyplace in California	1-800-222-1222
Three Rivers Red Cross Area Chapter	(530) 673-1460

Local Hospitals

Rideout Memorial Hospital	(530) 749-4300
Fremont Medical Center	(530) 751-4000

County Agencies

Yuba County Public Health	(530) 749-6366
Yuba County IHSS/APS	(530) 749-6471
Bi-County Mental Health	(530) 673-8255
Yuba County Animal Care Services	(530) 741-6478

Listen to the Emergency Alert Radio Stations for Yuba County during an emergency to hear important information:

KUBA 1600 AM
KFBK 1530 AM

KMJE 1015 AM
KMYC 1410 AM

WEB SITES with emergency information:

www.redcross.org

www.bepreparedcalifornia.ca.gov

www.ready.gov

www.disabilitypreparedness.gov

****Do your neighbors know you have a child with special needs?**

****Do you have a plan for your child when they are at daycare or with someone else?**

Fill out the cards below and give to all family members. You should put one in your child's backpack (tell their teacher and give a copy to their teacher or school).

Family Emergency Plan

Emergency
Contact _____
Phone # _____

Out of town
Contact _____
Phone # _____

Neighborhood Meeting
Place _____
Address _____
Phone # _____
Other info _____

Use back for important information & phone numbers.
DIAL 911 FOR EMERGENCIES

Family Emergency Plan

Emergency
Contact _____
Phone # _____

Out of town
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