

### **Build a Kit**

Identify your unique needs to build a Disaster Supply Kit for any emergency. A basic kit should include:

- ☐ Water (1 gallon per person per day, for three days)
- ☐ Non-Perishable Food (3 day supply)
- ☐ Manual can opener
- ☐ Flashlight and batteries
- ☐ Battery operated or hand crank radio
- ☐ NOAA weather radio
- ☐ First aid kit
- ☐ At least two weeks supply of medication, medical supplies used regularly and a list of allergies
- ☐ Information about where you receive medication, the name of the drug and dosage
- ☐ Medical records and primary care physician contact information
- ☐ List of the style, serial number and manufacturer information of needed medical devices
- ☐ Service animal I.D., veterinary records and proof of ownership
- ☐ Supplies for your service animal

#### **Be Informed**

The best way to be prepared is to be informed. To better assist you in creating a strong emergency plan, reach out to resources in your community and learn of all options available to you.

- Identify your community's response and evacuation plans
- Learn emergency plans for places you frequently visit (e.g. work, school, place of worship)
- Ask your local health department or emergency management agency about special needs programs
- Ask your city or county emergency management agency how they will warn you of an emergency and how they will provide information before, during and after a disaster
- Know which television and radio stations in your area broadcast emergency information



### Take Steps to Prepare Yourself

Emergency Preparedness for People with Access and Functional Needs



It is critical that all residents have a plan in case of disasters. It is even more important for people with access and functional needs to take the proper steps to prepare themselves in the event of a disaster or other emergency.

Build your family emergency plan today at:

www.FLGetAPlan.com

Florida Division of Emergency Management

2555 Shumard Oak Boulevard Tallahassee, FL 32399 (850) 413-9969

#### **Have a Checklist**

An emergency or disaster may present unique challenges for people with access and functional needs. Assess your capabilities, as well as your needs, and create a plan that will ensure your safety in case of a disaster or emergency.

#### Use this Checklist to get started:

- ☐ Build a Disaster Supply Kit
- ☐ Identify a Support Network
- ☐ Complete an Emergency Health Card (EHC)
- ☐ Communicate needs and capabilities with my support network
- ☐ Arrange an out-of-town contact
- ☐ Stay informed on local disaster procedures
- Develop a plan for service animals and / or family pets
- ☐ Know which television and radio stations in your area broadcast the Emergency Alert System



# Identify a Support Network

Only you can best identify your capabilities and needs. Select trusted individuals, in-town and out-of-town, who can form your support network to assist you in case of a disaster.



- Identify a couple of people you regularly see to form your support network.
- Share your personal emergency plan with all members of your support network and create a communication plan that includes a designated meeting place.
- Explain what you are capable of doing on your own and where they can assist.
- Make sure someone in your local network has an extra key to your home and knows where to find your emergency supplies.
- Make sure someone in your out-of-town network is able to accommodate your pet in the event of an evacuation.
- Ensure all members of your support network know how to reach your out-oftown contact during a disaster. Designate a third party to communicate with your local support network. It is often easier to make a long distance call than a local call from a disaster area.

## **Emergency Health Card**

The Emergency Health Card (EHC) can be removed and should be carried during an emergency. Your EHC will provide valuable information to those who may assist you.

Complete your EHC below and keep on your person at all times.

Date Card was Updated:
Your Contact Information
Address:
Phone:
Date of Birth:
Blood Type:
Medical Insurance Company
ndividual Number / Group Number
Doctor's Contact Information
Name:
Phone:
Emergency Contact Information
Name:
Phone:
Modical Conditional
Medical Conditions:
Allergies: