

EMERGENCY PREPAREDNESS



MAKE A PLAN



BUILD A KIT



BE INFORMED

Southwestern Center for Independent Living (SWCIL)

Serving People with Disabilities in Southwestern Minnesota

109 South 5th Street, Suite 700 * Marshall, MN 56258 * www.swcil.com * 507.532.2221 *
800.422.1485 * 711 MN Relay * www.facebook.com/SWCILMarshallMN

This document is available in other formats upon request. If you need more assistance creating your emergency plan contact SWCIL (507) 532-2221 or swcil@swcil.com. If you require an E-reader please notify us for an alternate format.

Important Information

Keep this document in your "Go Bag" which will be explained on page 5. Create a copy of this Emergency Plan and give it to your lead support person.

Date

Date this Information was completed : _____

* This plan should be updated once a year. Set a reminder in your phone calendar to update this at the same time next year.

Your Information

Name: _____

Telephone: _____

Address: _____

Date of Birth: _____ Blood Type: _____

Dependent Information

Name/s: _____

Telephone: _____

Address: _____

Date/s of Birth: _____

Doctor's Information

Primary Care Doctor

Doctor's Name: _____

Telephone: _____

Address: _____

Other Doctor

Other Doctor's Name: _____

Telephone: _____

Address: _____

Personal Care Attendant Information

Name/Service Provider: _____

Telephone: _____

Email: _____

Important Information

Medical Insurance

Company Name: _____

Telephone: _____ Policy/Account Number: _____

Life Insurance

Company Name: _____

Telephone: _____ Policy/Account Number: _____

Home/Rental Insurance

Company Name: _____

Telephone: _____ Policy/Account Number: _____

Service Animal Information

Name: _____ Instructions: _____

Breed: _____ Vaccination Date: _____

Veterinarian Information

Name: _____

Telephone: _____

Email: _____

Kennel Information

Name/Service Provider: _____

Telephone: _____

Email: _____

Any other Providers or essential service contact information:

Medical Information

Date

Date this information was completed: _____

Medical Conditions

Include both physical and mental health conditions/diagnosis

Condition/Disability: _____

Condition/Disability: _____

Condition/Disability: _____

Condition/Disability: _____

Condition/Disability: _____

Condition/Disability: _____

Condition/Disability: _____

Allergies

Allergy: _____

What happens: _____

Allergy: _____

What happens: _____

Allergy: _____

What happens: _____

Allergy: _____

What happens: _____

Medications

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Medications (Cont.)

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Name of Medication: _____

Reason: _____

Dose and Schedule: _____

Medical Equipment/Assistive Technology

Include information such as wheelchair, hearing aids, oxygen, etc.

Type of Equipment/Devices: _____

Type of Equipment/Devices: _____

Type of Equipment/Devices: _____

Type of Equipment/Devices: _____

Type of Equipment/Devices: _____

Type of Equipment/Devices: _____

Give brief, clear instructions for emergency personnel in the event of an emergency. Including what equipment needs to go with you in the event of a temporary evacuation/relocation:

Your Supports Plan

Lead Support Person

Choose a primary contact person in case of emergency. This person should have a copy of this plan and your important documents. Save this person in your phone now as an “In Case of Emergency” or “ICE” contact.

Name: _____

Phone Number: _____ Email: _____

Address: _____

Other Support Persons

This is family and friends that you can trust in the event that your Lead Support cannot be reached.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Communication Disabilities:

Instructions for the best ways to communicate with you.

Transportation Needs

Do you own a vehicle?

Make: _____ Model: _____

Year: _____ Insurance Company: _____

Vin Number: _____

If No:

Talk to your Lead Support person and create a transportation plan in the event of an emergency.

Write your transportation plan here:

Sheltering Needs

Where would you go and/or stay in the event that you needed to be temporarily evacuated/relocated?

Which support persons would stay with you or provide your cares, if necessary, if you had to be temporarily evacuated/relocated?

What is your back up location in the event that your planned sheltering option isn't available?

If you have PCA services what is your back up plan in the event they are not available?

Service Animal Needs

How the animal(s) will be cared for/sheltered in the event that the place to which you have been evacuated doesn't allow service animals? _____

Who is the backup person(s) (possibly including a kennel) who could take care of your service animal for you if you were not able to due to being temporarily evacuated/relocated?

COVID-19 Preparedness Plan

Do you know the signs and symptoms of COVID-19?

COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.

For more information visit: <https://www.health.state.mn.us/diseases/coronavirus/basics.html>

Do you have access to proper protective equipment to keep you safe? (i.e. masks, gloves, etc.)

If not, contact SWCIL at 507-532-2221 or swcil@swcil.com

In the event you need to quarantine how will you access needed services or supports? (Such as medical appointments, PCA Services, grocery delivery, etc.)

In the event you need to quarantine what is your PCA provider's plan?

If you contracted COVID-19 and needed to be temporarily evacuated/relocated who would you call first to arrange this?

In the event that you could not care for dependents/animals who has agreed to care for them?

If a case manager needs to be notified enter their contact information:

Agency: _____ Name: _____

Telephone: _____ Address: _____

“Go” Bag

Use this checklist to create an emergency bag in the event you need to quickly relocate for any reason. Be sure to let your Lead Support person know where you keep this for easy access. If you have dependents keep a copy of their important documents as well.

- Copy of this emergency plan
- Social Security Card
- Copy of Birth Certificate
- Copy of ID/ Driver’s License
- Medical Records
- Medical Insurance Cards
- Copies of prescriptions
- A weeks supply of prescriptions
- Will
- Bank/Charge Account Information
- Deeds
- Family Records
- Tax Records
- Cell phone charger
- Extra set of keys
- Infant Supplies (Formula, Diapers, Bottles)
- Copy of the medical section of this plan for each dependent
- Extra food for service animal
- Cash or travelers checks
- Portable USB drive with digital copies (Either waterproof USB or contained in a waterproof container.)
- Extra batteries (for assistive devices such as hearing aids)
- Charging cords for assistive devices
- Portable battery pack
- First aid Kit
- Personal hygiene items
- Supplies for your service animal
- Change of clothes