

This brochure was created by the Home Care Association of New York State, Inc. with funding from the New York State Department of Health.



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Is the home especially vulnerable to any particular hazard, such as flooding or power outage?

Hazards

Who should be called if there is an emergency situation? When should the call be made?

24/7 Contact

Back up

3./

## TO GO or TO STAY?

Are there plans for evacuation and/or shelter-in-place? A minimum of seven days' supplies? A "Go" Bag? Plans for pets & service animals?

9

How many days' prescriptions are on hand?

Primary caregiver/family member

Pharmacy

Are there needed backup medical supplies in the home such as oxygen, hearing aid batteries, eyeglasses, etc.? Are they labeled, and have instructions? Is equipment secured from toppling?

Medical Supply Companies

8.

10.

## LIST OF MEDICATIONS (Take if evacuation is necessary)

Notes:

Does the home have:

- □ A hard wired phone?
- □ A hand operated can opener?
- □ A garage door opener that operates without electricity?
- □ Extra cash in case ATMs are out?
- □ Extra gasoline for the car or a generator?
- □ Batteries, flashlight, emergency radio, etc.?
- □ Evacuation Chair if needed?

Is there a special needs or "JEEP"\* registry in the county or local area?

Phone Numbers:

County Registry \_\_\_\_\_

Local EMS \_\_\_\_\_

\*JEEP=Joint Emergency Evacuation Plan

What help is needed for evacuation? What forms of transportation are available? What shelters are accessible and appropriate?

Phone Numbers--Contacts

Transportation\_\_\_\_\_

Taxi

Possible Evacuation Sites:

Are there copies of vital medical information: prescriptions, insurance & Medicare cards; advance directives including DNR in case of evacuation or alternate care providers?

Physician\_\_\_\_\_

Nurse\_\_\_\_\_

Social Worker

Pastoral Care\_\_\_\_\_

**6.** 

How long can power be out without risking safety? Priority list?

Utility Company

**Emergency Office Management** 

Radio Stations

11.

## **FAMILY CONTACTS**

This plan was last updated on:

12. FINISH HERE

Special Instructions & Tasks:

<b>Community Contacts</b>	Phone	Address
Police		
Fire		
EMS		
Taxi		
24 hour Pharmacy		
Neighbors		
Neighbors		
Volunteer Coordinator		
Other Local Services		
County Emergency Management		
Town/Local Government		
Local Highway Maintenance		
Shelters		
Pre-Arranged Evacuation Site		
Radio or TV Station		

## **CARE GIVER PLANNING**

- ✓ You have an emergency plan in place for all your family for different times of day, including pets;
- ✓ You know your community's plans for sheltering and evacuation and are signed up for any available and needed registries for evacuation, emergency support or power restoration;
- ✓ You, your family and/or patient understand basic terms such as "shelter-in-place" and evacuation and have an out of state family contact;
- ✓ You know your employer's emergency plans and contacts as well as children's schools' plans;
- ✓ Your patient or family member has adequate supplies, including medications, for seven days, and you know their emergency plans and contacts;
- ✓ You've planned with babysitters and loved ones to meet family responsibilities if someone needs to work, or can't get home;
- ✓ You keep a list of emergency contact numbers, radio stations, and other important names, places, and numbers with you at all times;
- ✓ You keep up to date on daily news;
- ✓ You and your patient or family member have "Go" bags in case you need to evacuate; and
- ✓ You know how to find out where nearby shelters are located, and have a map available.