

A Guide for District Residents to Plan for Emergencies

A publication of the
District of Columbia Office of Disability Rights, DC Health, and
the District of Columbia Homeland Security Emergency Management Agency





How to Use this Guidebook

Emergencies occur every day of the year. Whether it is a neighborhood fire, large scale power outage, snow storm, or hurricane, it is important to prepare in advance by creating a preparedness plan that identifies your needs.

The ability to recover from emergencies by developing connections, relationships, and resources is known as community resilience. Community resilience also integrates preparedness and recovery into routine activities that promote overall health and wellness.

During an emergency, you can maintain independence and care for yourself. Maintaining independence requires planning and consideration of all available strategies, services, devices, tools, and techniques.

The Guidebook provides you with:

- Templates and planning documents needed to create a preparedness plan prior to an emergency and record important information related to your daily living, health, medical, housing and transportation needs, social networks, resources, equipment, and skills.
- Contact information for District agencies and community partners who can support you with the knowledge, resources, and/or supplies necessary to support your preparedness planning. An appendix with contact information for these organizations can be found on pages 35-36.

This guidebook can be used by anyone, regardless of age, gender, disability, living arrangement, etc. to prepare for emergencies. Not all sections or information in the guidebook may apply to you. Each preparedness plan should be tailored to best suit your needs and preferences.

Create Your Emergency Preparedness Plan

Use the templates below to document your specific needs, the needs of members in your household, and of your service and or emotional support animals, and/or pets during an emergency. Writing down your plan will also help those assisting you with important information when you may not be able to state your needs.

Share and review a copy of your completed emergency preparedness plan with those in your household and in your personal support network.

Emergency Preparedness Plan

Name:

I identify as: (Select all that apply)

☐ Man

☐ Woman

☐ Non-Binary

☐ Transgender

☐ Genderqueer

☐ Other:

My pronouns are:

The name of those in my household and our relationship:

I have an animal(s) (specify):

In the event that I am unable to care for my animal, my animal will be under the care of
(name and contact information):

Name:

Phone:

Contact Information for Housing

Street Address and Apartment Number:

Ward:

City:

State:

Zip Code:

Home Phone Number:

Cell Phone Number:

Contact Information for Place of Work

Workplace Name:

Street Address:

Ward:

City:

State:

Zip Code:

Work Number:

Medications and Assistance

Please complete the following regarding your needs and include any information that someone assisting you may need to know if you are unable to provide it during the time of an emergency. Include any medications, vitamins or supplements you may take and the number of refills you have left on your prescription.

I take the following medications (include type, dosage, frequency taken, time of day, and number of refills left, route of administration, physical description of medication):

Ex: Metformin, 500mg, 2x daily with meals, 2 refills left, white oblong pill with "500" imprint

1.

2.

3.

4.

5.

6.

7.

8.

My preferred pharmacy is (include pharmacy name, address, and phone number):

I need assistance with (include anything from reading and writing, to taking medications, and using the restroom):

I have (include a disability):

I am (include a disability):

In the event of an emergency, I need assistance with (specify):

I am able to take my medication on time with no assistance: Yes / No

I am able to self-shower and bathe: Yes / No

I am able to use the restroom without assistance: Yes / No

I am able to dress myself: Yes / No

I am able to move around with no assistance: Yes / No

I am able to move around with some assistance: Yes / No

I am able to feed myself without assistance: Yes / No

Other:

Medical Supplies, Equipment, and Assistive Technology

List all medical supplies, equipment, and assistive technology that you use and that you would need during an emergency.

Air Conditioner:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Fan – Electrical, Battery-Powered, Hand-Held:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Disposable Ice Packs:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Battery-Powered Radio:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Flashlight:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Spare Batteries:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Bottled Water:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Perishable Food (food that does not require heat or water to prepare):

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Personal Hygiene Items (toothbrush, moist towelettes, and pads):

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Spare Clothes:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Important Documents:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Power Scooter:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Manual Wheelchair:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Power Wheelchair:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Shower Chair/ Bench:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Brace:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Prosthetic (specify):

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Crutches/Arm Braces:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Cane:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Walker:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Chair Lift:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Transfer Board:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Hoyer Lift:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Manual Medical Bed:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Automatic Medical Bed:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Bed Rails:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Sleep Breathing Device (CPAP):

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Trach supplies:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

I.V. Supplies:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Feeding Tube:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Utensil Device:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Liquid Nutrition:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Glasses:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Contact Lenses:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

White Cane:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Talking Clock:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Magnifying Glass:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Hearing Aid:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Cochlear Implant:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Video Phone:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Cell Phone:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Communication Board:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Calendar:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Glucose Level Monitor:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Syringes:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Glucose Test Strips:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Alcohol Swabs:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Oxygen Tanks:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Modifications for Allergies:

Yes, I have it / No, I don't have it / I need it

If yes, where is it located?

Additional Information:

Other (Specify):



Current Health Services and Supports

Use the templates below to document your specific needs, the needs of members in your household, and of your service and or emotional support animals, and or pets during an emergency.

Keep copies of important health records and medications in your Emergency Preparedness Kit either on a USB or hard copies in a waterproof or fire-resistant container. This information should include doctor's contact information, vaccinations, health conditions, allergies, and other information you would need during an emergency.

Writing down your plan will also help those assisting you with important information when you may not be able to state your needs.

Share and review a copy of your completed emergency preparedness plan with those in your household and in your personal support network.

Types of Health Conditions:

Health Care Provider Contact Information:

	Name of Health Care Provider	Specialty and Type of Physician or Therapist	Street Address	Telephone Number	E-mail Address
1					
2					
3					
4					
5					
6					

Other Providers (Support Services, Food Services, etc.)

	Name of Provider	Type of Provider	Street Address	Telephone Number	E-mail Address
1					
2					
3					

Health Conditions

During an emergency, you may experience health conditions that are exacerbated by or become known because of an emergency. If you experience a medical emergency, please dial 911. If you can't verbally communicate your health conditions, use this page to inform someone of your symptoms and/or conditions.

I am unable to speak at the moment:

Yes / No

Additional Information:

I am experiencing anxiety:

Yes / No

Additional Information:

I am experiencing a panic attack:

Yes / No

Additional Information:

I am experiencing chest pain:

Yes / No

Additional Information:

I am experiencing constipation:

Yes / No

Additional Information:

I have a cough:

Yes / No

Additional Information:

I am experiencing diarrhea:

Yes / No

Additional Information:

I am having difficulty breathing:

Yes / No

Additional Information:

I am experiencing dizziness:

Yes / No

Additional Information:

I am experiencing fainting:

Yes / No

Additional Information:

I have a fever:

Yes / No

Additional Information:

I have a headache:

Yes / No

Additional Information:

I am experiencing indigestion or vomiting (specify):

Yes / No

Additional Information:

I have joint pain:

Yes / No

Additional Information:

I am experiencing malnutrition:

Yes / No

Additional Information:

I have chronic pain:

Yes / No

Additional Information:

I have weakness:

Yes / No

Additional Information:

Other (specify):

Services and Supports Needed

List any mental health supports, therapy, or other health care services you may need during an emergency.

Day Treatment: Yes / No / I don't know

Community Based-Counseling: Yes / No / I don't know

In-Home Wellness Checks: Yes / No / I don't know

Group Therapy: Yes / No / I don't know

Mental Health Counseling: Yes / No / I don't know

24/7 Access Lines: Yes / No / I don't know

Behavior Management Plan: Yes / No / I don't know

Medication Management: Yes / No / I don't know

Audiology: Yes / No / I don't know

Occupational Therapy: Yes / No / I don't know

Physical Therapy: Yes / No / I don't know

Radiation Therapy: Yes / No / I don't know

Dialysis: Yes / No / I don't know

Respiratory Therapy: Yes / No / I don't know

Speech Therapy: Yes / No / I don't know

Other (specify):

Service, Emotional Support Animals, and Pets Information

Please complete the following regarding your animal's needs and information that someone assisting you may need to know if you are unable to provide it during the time of an emergency. Try to keep a copy of all vaccines and medical information on a USB or a hard copy in a waterproof container/baggie. Remember, in the event of an evacuation **never** leave your animal behind. Service and emotional support animals are, by law, allowed in public shelters. Keep a copy on you of documentation by your doctor or a licensed service provider stating that you have a disability and explaining how your service or emotional support animal is needed to assist you.

DC Dog License: Yes / No / Date: _____

Documentation by a doctor or service provider (For service and emotional support animals only): Yes / No/ Date: _____

Rabies Vaccine: Yes / No / Date: _____

DAPP: Yes / No / Date: _____

Bordetella: Yes / No / Date: _____

Flea/Tick Preventative: Yes / No / Date: _____

Microchipped: Yes / No / Date: _____

Photo of you and your animal (In case separation occurs): Yes / No

Medication (Include dosage and time of day):

Veterinarian Name:

Veterinarian Address:

Veterinarian Phone number:

Skills and Attributes

Please list any skills or attributes you will be able to contribute during an emergency.

CPR/First Aid Training:

Yes / No

Additional Information:

Community Emergency Response Training:

Yes / No

Additional Information:

Bilingual/Multilingual:

Yes / No

List additional languages:

Know Sign Language:

Yes / No

Additional Information:

Food Preparation/Cooking:

Yes / No

Additional Information:

Provide Emotional Support:

Yes / No

Additional Information:

Provide Spiritual Support:

Yes / No

Additional Information:

Other (Specify):

Community Support

Create a support network of family, neighbors, friends, service providers, faith-based and community groups that may assist you during an emergency. Provide the contact information for those that you would want contacted if you are unable to do so in the event of an emergency.

Name / Relationship / Contact Information

1. _____

2. _____

3. _____

4. _____

5. _____

Legal Guardian

A legal guardian is someone that has been appointed to help you make decisions about your life. There are different types of guardianships. If you have a guardian, include your guardianship and contact information:

	Type of Guardianship	Yes, I have	No, I don't have	Additional Information
1	Guardian for all decisions			
2	Guardian for medical care decisions			
3	Guardian for financial or money decisions			
4	Guardian for other decisions (specify)			

MY LEGAL GUARDIAN IS: _____

LEGAL GUARDIAN PHONE NUMBER (INCLUDE HOME AND CELL):

Housing Preference

If it becomes unsafe to remain at your home, please decide which community based living situation you would prefer to remain in until it is safe to return home.

I prefer to live alone: Yes / No

Additional Information:

I prefer to live with non-relatives: Yes / No

Additional Information:

I prefer to live with relatives in their home: Yes / No

Additional Information:

I prefer to live at a public mass shelter: Yes / No

Additional Information:

I prefer to live at a public residential shelter: Yes / No

Additional Information:

Other (Specify):

Accessibility Requirements for Housing

Wide doorways: Yes / No

Additional Information:

Level entrance: Yes / No

Additional Information:

Stairs: Yes / No

Additional Information:

Bathroom grab bars: Yes / No

Additional Information:

Roll-In shower: Yes / No

Additional Information:

Hallway railing: Yes / No

Additional Information:

Automatic door opener: Yes / No

Additional Information:

Raised or lowered countertops (specify): Yes / No

Additional Information:

Raised toilet: Yes / No

Additional Information:

Chairlift: Yes / No

Additional Information:

Outdoor ramp: Yes / No

Additional Information:

Flashing fire alarm: Yes / No

Additional Information:

Other (specify):

Transportation

Consider your transportation needs during an emergency in which officials have declared an evacuation.

I need a wheelchair lift equipped vehicle: Yes / No

Additional Information:

I need assistance transferring in and out of a vehicle: Yes / No

Additional Information:

I need an attendant to travel with me: Yes / No

Additional Information:

I need a referral for medical transportation: Yes / No

Additional Information:

I need a referral for non-medical private transportation: Yes / No

Additional Information:

I need orientation and mobility training of a vehicle and its surroundings: Yes / No

Additional Information:

I am able to use my own vehicle: Yes / No

Additional Information:

I am able to use a Metro Bus: Yes / No

Additional Information:

I am able to use Metro Rail: Yes / No

Additional Information:

I am able to use Para Transit or Metro Access: Yes / No

Additional Information:

I am able to ride with family or friends: Yes / No

Additional Information:

I am able to use an accessible taxi: Yes / No

Additional Information:

Other (Specify):

Next Steps

Review the information you included in your emergency preparedness plan, and list anything that you need more information on:

1.

2.

3.

4.

5.

Notes

[illegible]

District Agencies and Resources

Age-Friendly DC

agefriendly.dc.gov

202-727-7973

AlertDC

alert.dc.gov

Assistive Technology Program for DC

atpdc.org

202-547-0198

Child and Family Services Agency (CFSA)

cfsa.dc.gov

202-442-6100

cfsa@dc.gov

Community Emergency Response Team (CERT)

serve.dc.gov/service/community-emergency-response-team-cert-training

Department on Disability Services (DDS)

dds.dc.gov

202-730-1700

dds@dc.gov

DC Center for Independent Living (DCCIL)

202-388-0033

info@dccil.org

DC Health

dchealth.dc.gov

202-442-5955

doh@dc.gov

Department of Human Services (DHS)

dhs.dc.gov

202-671-4200

dhs@dc.gov

Department of Behavioral Health (DBH)

dbh.dc.gov

202-673-2200

dbh@dc.gov

Developmental Disabilities Council (DDC)

ddc.dc.gov

202-724-8612

Fire and Emergency Medical Services (FEMS)

fems.dc.gov

202-673-3320

info.fems@dc.gov

Homeland Security and Emergency Management Agency (HSEMA)

hsema.dc.gov

202-727-6161

Iona's Loan Closet (Durable Medical Equipment)

www.iona.org/services/community-and-corporate-services/

202-895-9448

Mayor's Office of Community Relations and Services (MOCRS)

mocrs.dc.gov

202-442-8150

mocrs@dc.gov

Metropolitan Police Department (MPD)

mpdc.dc.gov

202-727-9099

mpd@dc.gov

Department of Aging and Community Living

dacl.dc.gov

202-724-5626

dacl@dc.gov

Office of Disability Rights (ODR)

odr.dc.gov

202-724-5055

odr@dc.gov

ReadyDC

ready.dc.gov

(202) 727-6161

Serve DC

serve.dc.gov

202-727-7925

servedc.info@dc.gov

For general questions concerning access to social, health, or other services call 311, the District's call center.

The District of Columbia Office of Disability Rights (ODR) ensures that the programs, services, benefits, activities and facilities operated or funded by the District of Columbia are fully accessible to, and useable by people with disabilities. ODR is committed to inclusion, community-based services, and self-determination for people with disabilities. ODR is responsible for overseeing the implementation of the City's obligations under the Americans with Disabilities Act (ADA), as well as other disability rights laws.

DC Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital. DC Health's responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

The District of Columbia Homeland Security Emergency Management Agency (HSEMA) leads the planning and coordination of homeland security and emergency management efforts to ensure that the District of Columbia is prepared to prevent, protect against, respond to, mitigate and recover from all threats and hazards. HSEMA works closely with District, federal, and regional partners to ensure that residents of and visitors to the District of Columbia receive alerts, information, and warnings.



Be Aware



Make a Plan



Build a Kit



Stay Informed

For more information on emergency preparedness, visit ready.dc.gov