

# A Guide for District Residents to Plan for Emergencies



DC | **HEALTH**



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DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR





# A Guide for District Residents to Plan for Emergencies

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Lawrence Roffee Photography

# 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.
- Knowledge on how to create a plan involving shelter-in-place or, when directed, to evacuate and build an emergency preparedness kit.

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.

# Building Your Resilience Before, During and After an Emergency

## Develop an understanding of ...

- Your strengths and skills by participating in trainings such as CPR/First Aid Classes, Community Emergency Response Team (CERT) training, and cultural sensitivity trainings. Know the skills you can provide to others during an emergency, such as emotional support and counseling, interpreting other languages, assisting with pet care, and preparing meals.
- Your health and medical needs by having access to items such as backup batteries for durable medical equipment and assistive technology like hearing aids, cochlear implants, and wheelchairs. Make sure to document and inventory durable medical equipment and consumable medications, food, and water for yourself, your family, and your pets.
- Your support network by identifying neighbors, family, friends, care providers, and co-workers. Together, you can create a plan on assistance needed during an emergency and non-emergency.
- Your community and its resources by educating yourself on what is available in your community. Identify alternate sites to receive care and support such as dialysis centers, gas stations, recreational centers, libraries, and urgent care. Alternate sites can be helpful resources when primary locations are damaged or lose power.



# Types of Emergencies and Disasters

- Emergencies occur every day and there are many ways of describing disasters, such as the number of people affected, the amount of property damage, or category of the storm. Disasters such as hurricanes can be very large and affect many people all at once, or disasters such as floods can be very small and affect only a few people, as is the case when a stream floods a neighborhood. Large and small disasters can be overwhelming and cause damage to property, people, and animals.
- It is critical you are prepared by creating an emergency preparedness plan, being aware of possible impacts from disasters, staying informed, and being resilient and self-reliant by developing a network and identifying resources.
- This section of the guidebook provides information on emergencies and disasters that District residents may experience, how the emergency can impact the community, and tips and resources for how to prepare and get through these emergencies.
- Please note this is not a complete list of all the emergencies that can occur in the District.





# Be Aware.

# Make A Plan.

# Build A Kit.

# Stay Informed.

1. Have a preparedness plan that includes important contact information those in your network, such as family, friends, and direct-support providers.
2. When creating your preparedness plan, be mindful of durable medical equipment, consumable medical supplies, animal needs, assistive technology, communication tools, service providers, and anything that you regularly use and need.
3. Keep a minimum of a three-day supply of food and water in your emergency preparedness kit.
4. Prior to an emergency, notify the power company of dependence on electricity. Keep in mind that doing this does not guarantee you a first response in power recovery or rescue.
5. Stay informed about what is impacting your neighborhood by signing up for AlertDC at [alertdc.dc.gov](https://alertdc.dc.gov).
6. During an emergency, stay indoors and shelter-in-place in a safe space away from windows unless ordered by emergency officials to evacuate.
7. Try to remain calm. Disasters and emergencies can be very overwhelming for everyone.



# Extreme Weather Disasters

## Heat Wave

A heat wave is a prolonged period of excessive heat, generally 10 degrees or more above average, often combined with excessive humidity. Weather forecasters use the following terms: Excessive Heat Watch, Excessive Heat Warning, or Heat Advisory.

### What to do:

- Stay indoors in an air-conditioned environment as much as possible. If you don't have access to a cool-temperature location, locate one of the District's "Cooling Centers" by calling 311.
- Limit exposure to the sun, especially between 10 a.m. and 3 p.m.
- DO NOT leave children, older adults, pets, or anyone in vehicles, even if you think it's just for a short amount of time.
- Drink more water than usual; do not wait until you feel thirsty.
- Wear light-colored, lightweight, and loose-fitting clothes.
- Apply sunscreen at least 20 minutes before going outside and re-apply as needed.
- Watch for symptoms of heat exhaustion such as clammy skin, dizziness, headache, weakness, excessive sweating, and extreme thirst.
- Check on friends and neighbors.



# Hurricanes

Hurricanes are strong storms that can be life-threatening and can cause serious property-threatening hazards such as flooding, storm surge, high winds, and tornadoes. Preparation is the best protection against the dangers of a hurricane.

## Know the difference:

**Hurricane Watch** - issued 48 hours in advanced of a possible hurricane

**Hurricane Warning** - issued when hurricane conditions are expected

## Preparing for a hurricane:

- Board up windows with plywood.
- Locate and secure important contact information from your preparedness plan.
- Ensure you have enough non-perishable food, water, batteries, radio, flashlight, cash, and medications for you, your family, and your pets.
- Fill sinks and bathtubs with water for washing and flushing toilets.
- Be prepared to turn off electrical power.
- Review hurricane plans and be prepared to evacuate the area (if directed).

## What to do:

- Be alert for evacuation orders by local officials.
- Use a battery-operated radio for updates (some NOAA radios include captions and can link to personal assistive technology).
- Move to a small room, closet, or hallway away from windows.
- If you are in a multi-story building, go to the first or second floor.
- Keep your preparedness kit close to you.

# Thunderstorms

A thunderstorm is considered severe if it produces hail at least one inch in diameter or has wind gusts of at least 58 miles per hour. Thunderstorms can produce lightning, which kills more people each year than tornadoes or hurricanes. Thunderstorms can also cause flash flooding. High winds can damage homes and blow down trees and utility poles causing widespread power outages and damages.

## Know the difference:

**Severe Thunderstorm Watch** - issued when a possible thunderstorm is in and near the area.

**Severe Thunderstorm Warning** - issued when severe weather has been reported by spotters or indicated by radar. Warnings indicate imminent danger to life and property and you should seek shelter immediately.

## What to do:

- Secure outdoor objects, such as lawn furniture, that could blow away or cause damage or injury.
- Shutter windows securely and brace outside doors.
- Avoid water, bathtubs, water faucets, and sinks because lightning can travel through plumbing with metal pipes.
- If you are driving, stay in your car.

# Tornadoes

Tornadoes are capable of completely destroying strong structures, uprooting trees, and hurling objects through the air. A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground. Tornado intensities are classified on the Fujita Scale with ratings between F0 (weakest) to F5 (strongest). Although severe tornadoes are more common in the Midwest, tornadoes have been reported to occur in every state, including the District.

## Know the difference:

**Tornado Watch** - issued when a possible tornado is in and near the area.

**Tornado Warning** - issued when a tornado has been sighted. A warning indicates imminent danger to life and property.

## What to do:

- Review and discuss your emergency plans, and check supplies and your safe room. Be ready to act quickly if a warning is issued or you suspect a tornado is approaching.
- If a warning is issued, immediately go underground to basement, storm cellar, or an interior room (closet, hallway, and bathroom).
- Stay away from windows.



## Winter Storm

Winter storms can range from a moderate snow over a few hours to a blizzard with wind-driven snow that lasts for several days. Some winter storms are large enough to affect several states, while others affect only a single community. Many winter storms are accompanied by dangerously low temperatures and sometimes by strong winds, icing, sleet, and freezing rain. Regardless of the severity of a winter storm, be prepared in order to remain safe during these events.

### Know the difference:

**Winter Storm Outlook** - winter storm conditions are possible in the next two to five days.

**Winter Weather Advisory** - winter weather conditions are expected to cause significant inconveniences and may be hazardous.

**Winter Storm Watch** - winter storm conditions are possible within the next 36 to 48 hours.

**Winter Storm Warning** - life-threatening, severe winter conditions have begun or will begin within 24 hours.

### What to do:

- Stay indoors in a warm environment. Use caution when using wood stoves, fireplaces, or space heaters for fire safety and prevention. Locate one of the District's 'Warming Centers' by calling 311
- Never use a gas range or oven to heat a home and never use a generator, grill, camp stove, or other gasoline, propane, natural gas, or charcoal-burning devices inside an enclosed space. This can cause carbon monoxide poisoning resulting in death.
- Monitor the body temperatures of you and your family members. Wear several layers of loose fitting, lightweight, and warm clothing rather than one layer of heavy clothing.
- Leave all water taps slightly open so they drip continuously and insulate water lines so the water supply is less likely to freeze.
- Recognize signs of hypothermia (shivering, exhaustion, confusion, drowsiness, stumbling, and numbness) and frostbite (white and waxy appearance of skin, numbness).
- Drive only when absolutely necessary and travel during the day, stay on main roads and keep gas tank full.



# Natural Disasters or Emergencies

## Earthquakes

While earthquakes are not common in the District, an earthquake did occur in 2010 and led to a crack in the Washington Monument and other structural damage. There is always a possibility another earthquake could occur in or around the District. During a major earthquake, you might hear a roaring or rumbling sound that gradually grows louder. You might feel a rolling sensation that starts out gently and within a second or two grows violent, and can feel like a shaking or a violent shock. A second or two later, the ground might appear to be shaking and cause difficulty for some to stand up or move from one room to another.

### Preparing for an earthquake:

- Gather emergency supplies ahead of time.
- Identify and reduce possible hazards in the home, such as any furniture or objects that could move, fall, or break.

### What to do:

- DROP down onto your hands and knees before the earthquake.
- COVER your head and neck (and entire body if possible). Seek shelter under a table or desk, bed, or door frame.
- HOLD ON to shelter (or to head and neck) until the shaking stops.
- If you use a mobility device, try to get under a doorway or into an inside corner of a wall, lock the wheels on wheelchairs, and cover head with arms or duck your head down. Remove any items that are not securely attached to the wheelchair.
- If you are in your bed or a chair, and do not have enough time to get to under shelter, cover yourself with blankets and pillows.



## Fires

- Sixty-five percent (65%) of house fire deaths occur in homes with no working smoke alarms. During a home fire, working smoke alarms and a fire escape plan that has been practiced regularly can save lives. If a fire occurs: get out, stay out, and call 911.

### How to prevent and prepare for a fire:

- Install smoke alarms on every level of your home, inside and outside the sleeping area(s). There are now smoke alarms that include a flashing light to alert those who are deaf or hard of hearing.
- Test your smoke detectors every month and replace batteries at least once a year. Contact the District's Fire and Emergency Medical Services (FEMS) for a home fire safety or prevention inspection and free smoke detectors at 202-727-1614.
- Create a fire escape plan and practice it at least twice a year with all house-hold members.
- Never leave lit candles unattended.
- Never leave a stove unattended when cooking.
- Keep matches and lighters away from children.
- Replace frayed, chewed, or exposed electrical wires.

# Floods

Floods are among the most frequent and costly natural disasters. Conditions that cause floods include heavy or steady rain for several hours or days that saturate the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area.

## Know the difference:

Flood/Flash Flood Watch - issued when flooding or flash flooding is possible in the area.

Flood/Flash Flood Warning - issued when flooding or flash flooding is happening or will occur soon in the area.

## How to prepare:

- Plan and practice a flood evacuation route.
- If necessary, buy and install sump pumps with back-up power.
- For drains, toilets and other sewer connections, install backflow valves or plugs to prevent floodwaters from entering your home.
- Anchor fuel tanks which can contaminate the basement if torn free. An unanchored tank outside can be swept downstream and damage other houses.
- Have immunization records readily available or be aware of your last tetanus shot, in the event of a puncture wound or a wound that becomes contaminated during or after the flood.

## What to do:

- Never attempt to drive over a flooded road. This could cause you to be trapped and stranded. The depth of the water is not always obvious, and the road could easily and quickly be washed away. Turn Around Don't Drown!

## Influenza (Flu)

Influenza, also known as the flu, is a contagious respiratory disease caused by different strains of viruses. Flu viruses spread from person to person when people who are infected cough or sneeze. Adults may be able to infect others one day before getting symptoms and as long as five days after getting sick.

### People who are at an increased risk of the flu and higher risk of serious complications include:

- Older adults, 65 years or older.
- Pregnant women and women two weeks postpartum.
- People with weakened immune systems (individuals who take medications that suppress the immune system like chemotherapy therapy, corticosteroids and TNF inhibitors, and individuals with conditions that weaken the immune system like HIV or AIDS, asthma, and heart disease).
- Children and infants, aged five and younger.
- People who live or work in heavily populated places (such as schools and hospitals).

### How to protect yourself from the flu:

- Get a yearly flu vaccination, as directed by a physician.
- Limit contact with sick persons.
- Cover your nose and mouth with a tissue when sneezing or coughing and avoid touching your nose, mouth and eyes to prevent the spread of germs.
- Wash hands with soap in warm water for at least 20 seconds.
- Treat sickness with antiviral drugs, if recommended by a physician.
- Drink plenty of water.

## Power Outage

If a power outage occurs as a result of a thunderstorm, but lasts for two hours or less, don't be concerned about losing perishable foods. For prolonged power outages, there are steps to take to minimize food loss, to keep refrigerated medications cold and all members of the household safe.

### What to do:

- Keep refrigerator and freezer doors closed as much as possible. An unopened refrigerator will keep foods cold for about four hours. A closed, full freezer will keep the temperature for about 48 hours (24 hours if it is half full).
- Use non-perishable foods after using food from the refrigerator and freezer.
- If it looks like the power outage will continue beyond a day, prepare a cooler with ice or cold packs for freezer items and refrigerated medication.
- Turn off and unplug all unnecessary electrical equipment, including sensitive electronics, turn off or disconnect any appliances (like stoves), equipment or electronics that were in use when the power went out. When power comes back on, surges or spikes can damage equipment.
- Leave one light turned on so it is obvious when the power turns back on.
- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside an enclosed area. Locate unit away from doors, windows and vents that could allow carbon monoxide to come indoors.
- Prepare for an alternative location to store refrigerated medication and to access power for durable medical equipment until the power is turned back on.
- Always report a power outage to your provider, such as Pepco.
- Depending on the season, have a battery-powered fan or space-heater available.



## Food and Water Contamination

Food and waterborne illness result from many causes such as inadequate hand-washing or cross-contamination between raw foods in the kitchen to widespread contamination of fresh foods during processing. Following natural disasters and other types of emergencies, drinking water in disaster areas may become contaminated and cause outbreaks of disease. Problems with sanitation, including lack of water, toilet facilities, or damaged water wells can also increase the likelihood of waterborne disease. Food and waterborne illness is especially dangerous for older adults, individuals with weakened immune systems individuals, pregnant women, and children.

### Food safety rules:

- Avoid eating raw animal products, which include raw milk and cheeses made from raw milk, undercooked eggs, and raw and undercooked meat and fish.
- Always wash produce under running water before preparation.
- Make sure counters and utensils are cleaned and sterilized and avoid cross-contamination.
- Avoid ready-to-eat meats unless they are reheated to a safe temperature.
- Use bottled water if it is available, if there is no bottled water, boil water to make it safe. Boil the water for one minute, let it cool, and store it in clean containers with covers.

## Terrorism

Previous terrorist attacks have raised uncertainty about what might happen next, increasing stress levels. There are things to do in preparation for terrorist attacks to reduce the stress that may be present now or later and provide a level of reassurance, should another emergency arise.

### What to do:

- Remain calm and be patient.
- Be alert and aware of surroundings.
- Promptly report suspicious or unattended packages and strange devices to the police or security personnel. If you see something, say something!
- Follow the advice of local emergency officials.
- Follow information and updates through radio, television, social media, and alert systems such as AlertDC.
- If an attack occurs, check others nearby for injuries and help as best as possible.
- Confine or secure pets.
- Send a text or make a quick phone call to important contacts such as family and friends with an update.

## Toxic Chemical Spills

Chemicals are a natural and important part of the environment. Even though it is not obvious, chemicals are in use every day. Chemicals can help keep food fresh, bodies clean, grow plants, and fuel our cars. Under certain conditions, chemicals can also be poisonous or have harmful effects on health. Some chemicals that are safe, and even helpful in small amounts, can be harmful in larger quantities or under certain conditions.

### What to do:

- Report the incident to authorities immediately. Stay away from the area where the spill occurred.
- Cover mouth and nose with a cloth or a surgical face mask.
- Bring animals inside.
- Evacuate, if instructed by officials, and always take animals with you. Follow the evacuation routes provided by the authorities (short-cuts can place you and others in more danger).
- Have your emergency supply kit ready to go.
- If told to shelter in place, seal house such as windows, doors, and vents to prevent contaminants from entering. Always turn off ventilation systems.
- Follow the radio, television, social media, and alert systems for updates and instructions.







# 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

**Agency 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):**

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):**

<b>I am able to take my medication on time with no assistance:</b>	<b>Yes</b>	<b>No</b>
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<b>I am able to self-shower and bathe:</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

<b>I am able to use the restroom without assistance:</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

<b>I am able to dress myself:</b>	<b>Yes</b>	<b>No</b>
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<b>I am able to move around with no assistance:</b>	<b>Yes</b>	<b>No</b>
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<b>I am able to move around with some assistance:</b>	<b>Yes</b>	<b>No</b>
---	------------	-----------

<b>I am able to feed myself without assistance:</b>	<b>Yes</b>	<b>No</b>
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**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 this equipment

If yes, Where is it located?

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

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

## Disposable Ice Packs:

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

## Battery-Powered Radio:

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

## Flashlight:

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

## Spare Batteries:

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

## Bottled Water:

Yes, I have It                      No I don't Have It                      I need this equipment

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 this equipment

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 this equipment

If yes, Where is it located?

**Spare Clothes:**

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

**Important Documents:**

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

**Power Scooter:**

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

**Additional Information:**

**Manual Wheelchair:**

Yes, I have It                      No I don't Have It                      I need this equipment

If yes, Where is it located?

**Additional Information:**

**Power Wheelchair:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Shower Chair/ Bench:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Brace:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Prosthetic (specify):**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Crutches/Arm Braces:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**



**Cane:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Walker:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Chair Lift:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Transfer Board:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Hoyer Lift:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Manual Medical Bed:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Automatic Medical Bed:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Bed Rails:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Sleep Breathing Device (CPAP):**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Trach supplies:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**I.V. Supplies:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Feeding Tube:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Utensil Device:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Liquid Nutrition:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Glasses:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Contact Lenses:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**White Cane:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Talking Clock:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Magnifying Glass:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Hearing Aid:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Cochlear Implant:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Video Phone:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Cell Phone:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Communication Board:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Calendar:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**



**Glucose Level Monitor:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Syringes:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Glucose Test Strips:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Alcohol Swabs:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Oxygen Tanks:**

Yes, I have It                      No I don't Have It                      I need this equipment  
If yes, Where is it located?

**Additional Information:**

**Modifications for Allergies:**

Yes, I have It

No I don't Have It

I need this equipment

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 water proof 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 might gain health conditions that are either exacerbated by an emergency or newly gained because of an emergency. If you are unable to inform someone of the symptoms you are having write them down as best you can.

**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**

**Additional Information:**

### **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

# District Agencies and Resources

## **Age-Friendly DC**

[agefriendly.dc.gov](http://agefriendly.dc.gov)

202-727-7973

## **AlertDC**

[alertdc.dc.gov](http://alertdc.dc.gov)

## **Assistive Technology Program for DC**

[atpdc.org](http://atpdc.org)

202-547-0198

## **Child and Family Services Agency (CFSA)**

[cfsa.dc.gov](http://cfsa.dc.gov)

202-442-6100

[cfsa@dc.gov](mailto:cfsa@dc.gov)

## **Community Emergency Response Team (CERT)**

[serve.dc.gov/service/community-emergency-response-team-cert-training](http://serve.dc.gov/service/community-emergency-response-team-cert-training)

## **Department on Disability Services (DDS)**

[dds.dc.gov](http://dds.dc.gov)

202-730-1700

[dds@dc.gov](mailto:dds@dc.gov)

## **DC Center for Independent Living (DCCIL)**

202-388-0033

[info@dccil.org](mailto:info@dccil.org)

## **DC Health**

[dchealth.dc.gov](http://dchealth.dc.gov)

202-442-5955

[doh@dc.gov](mailto:doh@dc.gov)

## **Department of Human Services (DHS)**

[dhs.dc.gov](http://dhs.dc.gov)

202-671-4200

[dhs@dc.gov](mailto:dhs@dc.gov)

## **Department of Behavioral Health (DBH)**

[dbh.dc.gov](http://dbh.dc.gov)

202-673-2200

[dbh@dc.gov](mailto:dbh@dc.gov)

## **Developmental Disabilities Council (DDC)**

[ddc.dc.gov](http://ddc.dc.gov)

202-724-8612

**Fire and Emergency Medical Services (FEMS)**

[fems.dc.gov](http://fems.dc.gov)

202-673-3320

[info.fems@dc.gov](mailto:info.fems@dc.gov)

**Homeland Security and Emergency Management Agency (HSEMA)**

[hsema.dc.gov](http://hsema.dc.gov)

202-727-6161

**Iona's Loan Closet (Durable Medical Equipment)**

[www.iona.org/services/community-and-corporate-services/](http://www.iona.org/services/community-and-corporate-services/)

202-895-9448

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

[mocrs.dc.gov](http://mocrs.dc.gov)

202-442-8150

[mocrs@dc.gov](mailto:mocrs@dc.gov)

**Metropolitan Police Department (MPD)**

[mpdc.dc.gov](http://mpdc.dc.gov)

202-727-9099

[mpd@dc.gov](mailto:mpd@dc.gov)

**Office on Aging**

[dcoa.dc.gov](http://dcoa.dc.gov)

202-724-5626

[dcoa@dc.gov](mailto:dcoa@dc.gov)

**Office of Disability Rights (ODR)**

[odr.dc.gov](http://odr.dc.gov)

202-724-5055

[odr@dc.gov](mailto:odr@dc.gov)

**ReadyDC**

[ready.dc.gov](http://ready.dc.gov)

**Serve DC**

[serve.dc.gov](http://serve.dc.gov)

202-727-7925

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 usable 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](https://ready.dc.gov)