



Emergency Preparedness for PAS Users

Planning

Planning is key to surviving and recovering from an emergency. This is especially true if you use personal assistants (PA). A **Personal assistant (PA)** is someone who helps you with bathing, dressing, eating, grooming, toileting, transferring, shopping or communicating. Some PAs are paid, others are volunteers. A PA could be a family member or friend. Other names for this person are **attendant** or **caregiver**.

Your Support Team

It is common to think you will be helped by firefighters, police officers and paramedics in a large emergency. The truth is that 70 percent of the time, in big emergencies, your PA, your friends, coworkers, neighbors and other people do the “first responding.” So it is important to make sure these folks are aware of your specific needs in the case of an emergency. These people are known as your **support team**.

A support team is made up of people willing to help each other in an emergency. These people include your PAs and others at places where you spend time, like your home, workplace, or school. If you create a large team, you are more likely to get help when you need it.

A support team can include your neighbors. Building relationships with neighbors can help when PA(s) aren't there. Knowing your neighbors can be a strong security blanket. Before emergency responders reach you, the people who will make the difference can be those who live near you. When phones are down and power is out, your neighbor network will still work. Make sure you discuss with one another what each person can do in an emergency to help one another. You should also keep a list of your neighbor emergency contact information in your cell phone and your emergency kits (discussed in more detail below).

Emergency Preparedness Checklist for PAS Users

The purpose of the following checklist is to assist you, a PA user, in developing your emergency preparedness plans. You can also use it to help identify areas that you may need to work on. Disability-specific emergency planning resources are listed at the end of the checklist.

If the action item(s) in this checklist is complete, check the “Done” box. If the action item(s) does not apply to you, check the “N/A” box. Use the “Notes” box to make your follow-up notes.

| BUILDING MY SUPPORT TEAM | | | |
|---|--------------------------|--|--------------|
| <i>Look for support from people who: listen well, communicate clearly, pay attention to details, and are dependable, strong and calm. Your support team includes your PA(s) and others at places where you spend time like your home, workplace, or school.</i> | | | |
| Done | N/A | Action Item | Notes |
| <input type="checkbox"/> | <input type="checkbox"/> | I have identified a support team. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how to ask for help if my support team is unavailable. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I do not rely on one “buddy” for emergency help. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I can give quick, clear and specific directions about what I need. ¹ | |
| <input type="checkbox"/> | <input type="checkbox"/> | I know how I can help others in an emergency. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have told the nearest fire and police stations about my needs. | |
| <input type="checkbox"/> | <input type="checkbox"/> | When hiring a new PA, I ask about their availability to help me in an emergency. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep a list of emergency PAs. | |

MY PA AND SUPPORT TEAM IN MY EMERGENCY PLAN

| Done | N/A | Action Item | Notes |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | I keep a list of emergency PAs. | |
| <input type="checkbox"/> | <input type="checkbox"/> | When hiring a new PA, I ask about their availability to help me in an emergency. | |
| <input type="checkbox"/> | <input type="checkbox"/> | If available, I signed up with the utility company for priority power and water return. (I know that there is no guarantee that this will work.) | |
| | | I know and understand what the emergency plans are for: ⁶ | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Work | |
| <input type="checkbox"/> | <input type="checkbox"/> | • School | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Home | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Other places I spend time at | |
| | | I have a support team that is included in my emergency plans at: | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Work | |
| <input type="checkbox"/> | <input type="checkbox"/> | • School | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Home | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Other places I spend time at | |

MY PA AND SUPPORT TEAM IN MY EMERGENCY PLAN

| Done | N/A | Action Item | Notes |
|--------------------------|--------------------------|--|-------|
| | | I review with my PA(s) and support team the locations of the following in my home: | |
| <input type="checkbox"/> | <input type="checkbox"/> | • All exits | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Fire extinguishers | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Smoke alarms | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Fire alarm | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Gas shut-offs | |
| <input type="checkbox"/> | <input type="checkbox"/> | - I have a tool for gas shut-off | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Water shut-offs | |
| <input type="checkbox"/> | <input type="checkbox"/> | - I have a tool for water shut-off | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Electricity shut-offs | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Telephone that does not require electricity (i.e. phone jack plugs into the wall) | |
| | | • Alternative sources of power for: ³ | |
| <input type="checkbox"/> | <input type="checkbox"/> | - Vital equipment to keep me alive (e.g., respirators, ventilators, oxygen, suction or home dialysis) | |
| <input type="checkbox"/> | <input type="checkbox"/> | - Needed equipment for my independence (e.g., power wheelchairs, scooters) | |
| <input type="checkbox"/> | <input type="checkbox"/> | - Other equipment or devices | |

COMMUNICATION IN MY EMERGENCY PLAN

| Done | N/A | Action Item | Notes |
|--------------------------|--------------------------|--|-------|
| | | My plan includes how to communicate with my PA(s) and support team in an emergency via: | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Landline phone (at home, at work, pay phone, etc.) | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Cell phone | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Email | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Social network | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Text message | |
| <input type="checkbox"/> | <input type="checkbox"/> | • Other devices (e.g., a pager, two-way radio, ham radio, personal emergency call response system, other: _____) | |
| <input type="checkbox"/> | <input type="checkbox"/> | My landline phone is useable from my bed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | My cell phone is useable from my bed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep my cell phone charged. | |
| <input type="checkbox"/> | <input type="checkbox"/> | My cell phone has "In Case of Emergency" (ICE) contacts. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an emergency contact list. ^{4, 5} | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have registered to get alerts and warnings about emergencies (if available in my area). | |

EVACUATION AND SHELTERING IN MY EMERGENCY PLAN

| Done | N/A | Action Item | Notes |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have practiced explaining how to manually open garage door or gate. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have practiced explaining detailed instructions on how to evacuate from my home. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I know if the payer for my PA(s) allows services to be provided at other locations in case I have to evacuate to a shelter, hotel, or friend or relatives' home. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have planned where to go if I need to evacuate. (e.g., shelter, friend's house). ⁶ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • I have confirmed places to stay at varying distances and directions away from my home. (e.g., 10 miles away, neighboring city or state). | |
| <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • I update these plans once a year. | |
| <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • I test my ability to use my evacuation plans. | |

SUPPLIES IN MY EMERGENCY PLAN

| Done | N/A | Action Item | Notes |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | I always carry essential items (e.g., cell phone, medications, flash light). | |
| <input type="checkbox"/> | <input type="checkbox"/> | I always carry emergency health information for when I am found unconscious or unable to provide information. It contains information about my medications, equipment, allergies, communication difficulties, preferred treatment, medical providers, and emergency contacts. ⁷ | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a grab-and-go kit – I can easily grab if I have to evacuate my location in a hurry. It includes items I cannot do without. ⁸ | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have home supplies – water, food, first-aid supplies, tools, and other items I would need if I had to spend days at home. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have bedside supplies – items I may need if I am trapped in bed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a car kit – items I will need during an evacuation which are in or near my vehicle during an emergency. | |

Resources

1. **Giving quick, clear, and specific directions** about what you need during an emergency. You will need to give directions in as few words as possible. For example:

- “Take my oxygen tank; right side of green bookcase. I can breathe without it for 15 minutes.
- ”Take my communication device from the table by the window. It looks like a keyboard”
- “Take my insulin from the refrigerator in the white prescription box.”
- “Take my manual wheelchair from the closet by the front door.”
- “I can use steps independently, carry my other crutch and walk in front of me.”
- “I’m blind. Let me take your left arm above the elbow and I’ll follow you out.”
- “The traditional ‘firefighter’s carry’ is dangerous for me because of my respiratory conditions. Carry me by...”
- “You have to carry me out. Get the evacuation chair, hanging at the top of stairway 2, and I’ll tell you what to do next.”
- “I may have trouble understanding what you tell me. Speak slowly and use simple words.”
- “I get very anxious and I may become confused in an emergency. Help me find a quiet place and I should be fine in about 10 minutes.”
- “Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.”

2. **Evacuation Transportation Planning Tips for People with Access and Functional Needs** – Tips on planning transportation for when you need to evacuate.

- Download the tips (PDF) here:
<http://rems.ed.gov/docs/Calema_TransportationEvacuationPlanningToolkit.pdf>

3. **Emergency Power Planning for People Who Use Electricity and Battery Dependent Assistive Technology and Medical Devices** – A checklist for planning emergency power for people who use electricity and battery-dependent assistive technology.
 - Download the checklist (PDF) here:
<<http://www.jik.com/Power%20Planning%2010.24.09.pdf>>
4. **Out-of-town emergency contacts listed in priority order (first person reached calls others on this list)** – A template for developing your out-of-town emergency contact list.
 - Download a blank form (Microsoft Word) here:
<<http://www.jik.com/Emergency%20Out-of-Town%20Contact%20List%20-%20final%20template.doc>>
5. **Emergency Neighbor Contact List** – A template for developing your emergency contact list.
 - Download a blank form (Microsoft Word) here:
<www.jik.com/Emergency%20Neighbors%20Contact%20List%20-%2004-09-08%20final.doc>
6. **Emergency Evacuation Preparedness Guide** – A guide on emergency evacuation preparedness plans for people with disabilities and activity limitations.
 - Download the guide (Microsoft Word) here:
<http://cdihp.org/evacuation/emergency_evacuation.doc>
 - Download the guide (PDF) here:
<http://cdihp.org/evacuation/emergency_evacuation.pdf>
 - The guide (Text) can be found here:
<http://www.cdihp.org/evacuation/emergency_evacuation.txt>
 - The guide (Web version) can be found here:
<<http://cdihp.org/evacuation/toc.html>>

7. **Emergency Health Information** – A guide for putting together your emergency health information.
 - Download the guide (Microsoft Word) here: <http://cdihp.org/doc/Emergency_Health_Information.doc>
 - Download the guide (PDF) here: <<http://cdihp.org/pdf/emergencyv1.pdf>>
8. **Grab & Go List** – How to create a list of the items you will need during an evacuation.
 - Download a sample form (Microsoft Word) here: <http://pascenter.org/documents/Grab_and_Go_List_Sample.docx>
 - Download a blank form (Microsoft Word) here: <http://pascenter.org/documents/Grab_and_Go_List_Blank_form.docx>
9. **Workshop: Evacuation Issues For People With Disabilities** – Webcast on evacuation issues for people with disabilities.
 - Watch webcast here: <<http://www.tvworldwide.com/events/NOD/player.cfm>>
10. **Disability-Specific Supplies For Emergency Kits** – A checklist of the supplies you will need for making emergency kits.
 - Download the checklist (PDF) here: <http://afntoolkit.nusura.com/resources/individuals/emergency_checklist.pdf>
11. **Emergency Preparedness: Taking Responsibility For Your Safety - Tips for People with Activity Limitations and Disabilities** – A guide for people with disabilities or other limitations preparing for emergencies.
 - Download the guide (Microsoft Word) here: <<http://www.jik.com/12-11-05%20Final.doc>>
 - Download the guide (PDF) here: <http://www.espfocus.org/uploads/ESP_DisablPlan-LACo_0410.pdf>

12. **Map Your Neighborhood** – Information on preparing neighborhoods for disasters.

- For more information, go to:
<<http://www.emd.wa.gov/myn/index.shtml>>.

For more information visit: Individual Emergency Preparedness for People with Disabilities, Their Families and Support Networks at <<http://www.jik.com/disaster.html>>

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