



District of Columbia Government

A PATH TO PREPAREDNESS

A Publication of the
The District of Columbia Department of Health
and District of Columbia Office of Disability Rights



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The District of Columbia Department of Health (DOH) Health Emergency Preparedness and Response Administration (HEPRA) plans, implements and directs public health and healthcare emergency preparedness and response activities to protect the public health and safety of residents and visitors in the District. HEPRA provides a variety of services such as training, community outreach and education to prepare the District for both natural and man-made emergencies.

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.

ODR Services:

- Informal dispute resolution of discrimination complaints.
- Training, technical assistance and information and referral.
- Policy and budget recommendations for improving District access to persons with disabilities.

**This document is available
in alternate formats.**

Please contact ODR for assistance.

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How to Use this Handbook

Emergencies occur every day of the year. Whether it's a neighborhood fire, large scale power outage or devastating hurricane, it's important to prepare in advance by developing a safety plan that identifies needs, resources and a support network. The ability to get through and bounce back 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 health and wellness.

During an emergency, you may choose to maintain independence and care for yourself. Maintaining independence requires careful planning and consideration of all strategies, services, devices, tools and techniques used routinely on a daily basis.

The *Path to Preparedness* handbook provides templates and planning documents to assist you in creating a safety plan to record information related to your health, medical and transportation needs, social networks, resources, equipment, skills and abilities prior to an emergency. It's important to be mindful of medications, durable medical equipment, consumable medical supplies, service animal needs, assistive technology, communication tools, service providers, accessible housing and health related items when creating your safety plan. This *Path to Preparedness* handbook can be used as a tool to help you shelter-in-place and safely remain in the community unless requested to evacuate to a safer location.

The templates are designed to provide a road map to help you, and to ensure your comfort, safety and security during an emergency. It is suggested that this information be completed by you or a person you designate and trust and then be shared with friends, family, neighbors, social service agencies and others you consider part of your safety network.

The *Path to Preparedness* handbook is designed to be used by anyone regardless of age, gender, disability, living arrangement, etc. Note that all sections or requested information may not apply. Everyone is entitled to define and design the safety plan best suited to their preference and needs.

Building Resilience During Disasters



Community resilience is the ability to get through and bounce back from emergencies by developing community relationships and resources.

How to build resilience before, during and after an emergency:

- **Know and develop your strengths, skills and abilities.**
Participate in community and other trainings that will enhance resilience skills (e.g. CPR/first aid, Community Emergency Response Team (CERT), cultural sensitivity). Use existing skills and abilities to help others during an emergency (e.g. providing emotional support, keeping others calm, speaking other languages, preparing meals or helping with pet care).
- **Know your health and medical needs.**
Be aware of and inventory health and medical needs. Have ready access to specialized items ready such as extra wheelchair batteries, oxygen, catheters, medication and food for service animals. Participate in activities on a day-to-day basis that improve overall health, including, routine physicals and check-ups, eating healthy foods and exercising.
- **Know and develop your support network.**
Build a network of neighbors, relatives, friends, care providers and co-workers that know your particular needs and can assist during an emergency and non-emergency. These networks may include faith based groups, recreational clubs or senior villages.
- **Know your community.**
Be aware of resources in your community. Identify alternate sites to receive care and support within your community (e.g. community based health centers, dialysis centers or recreational centers).

Types of Emergencies & Disasters

Emergencies occur every day and there are many ways of describing and categorizing disasters, such as number of people affected, damage caused to property or other various rating scales. 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. Both large and small disasters can be overwhelming and cause damage to property, people and animals, both physically and emotionally. It is critical to be prepared by completing a safety plan, to be aware of possible impacts from disasters and to be resilient and self reliant by developing community connections, relationships and identifying resources.





It is helpful to sort disasters and emergencies and identify what dangers or hazards might be present. This section of the handbook provides information on common emergencies and disasters that District residents might experience, how the emergency can impact the community and tips and resources for how to prepare and get through these emergencies. Please note that this is NOT a complete list of all the emergencies that can occur.

Regardless of the emergency, remember these basic tips:

- 1) Have a safety plan with important resource and family and friend contact information.
- 2) Keep a three-day supply of food and water as well as a few other essential items in an “Emergency Kit.”
- 3) Most of the time, it’s safer to stay indoors during a disaster or emergency and shelter-in-place in a safe place away from windows unless requested to evacuate.
- 4) Remain calm. Disasters and emergencies can be very frightening for anyone, especially children.
- 5) Prior to an emergency, persons with access or functional needs should notify the power company, government agencies (such as ODR), caregivers, family or friends of special needs circumstances.

Extreme Weather Disasters or Emergencies

○ EARTHQUAKE:

Earthquakes are not common in the District; however, a minor earthquake was felt in July 2010. There is still a possibility that one could occur in or around the DC metropolitan area. During a major earthquake, there maybe a roaring or rumbling sound that gradually grows louder. There may be a rolling sensation that starts out gently and within a second or two grows violent, that can feel like a jarring or a violent jolt. A second or two later, the ground may appear to be shaking such that it is difficult to stand up or move from one room to another.

To prepare for an earthquake:

- Gather emergency supplies ahead of time.
- Identify and reduce possible hazards in the home. Anything can move, fall, or break during an earthquake.
- Practice what to do during and after an earthquake. Make sure to:
 - **DROP** down onto hands and knees before the earthquake.
 - **COVER** head and neck (and entire body if possible) under a table or desk, bed, or door frame.
 - **HOLD ON** to shelter (or to head and neck) until the shaking stops.
- If in a wheelchair, try to get under a doorway or into an inside corner, lock the wheels, and cover head with arms. Remove any items that are not securely attached to the wheelchair.
- If unable to move from a bed or chair, cover up with blankets and pillows to provide protection from falling objects.





○ **HEAT WAVE:**

In recent years, excessive heat has caused more deaths than all other weather events, including floods. 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 these terms: Excessive Heat Watch, Excessive Heat Warning or Heat Advisory. During periods of extreme heat, take the following precautions:

- Stay indoors in an air conditioned environment as much as possible.
- Limit exposure to the sun, especially between 10 AM and 3 PM.
- Visit one of the District's "Cooling Centers" located throughout the city, if there is not access to a cool-temperature location.
- DO NOT leave children, seniors or pets in vehicles.
- Drink more water than usual. Do not wait until thirsty.
- Wear light-colored, lightweight and loose-fitting clothes.
- Apply sunscreen, minimally SPF-30, at least 20 minutes before going outside.
- Watch for symptoms of heat cramps, heat exhaustion and heat stroke.
- Check on friends and neighbors.

○ HURRICANE:

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 between the threat levels and plan accordingly:
 - **Hurricane Watch** - Hurricane conditions are a threat within 48 hours.
 - **Hurricane Warning** - Hurricane conditions are expected within 36 hours.
- Be prepared to turn off electrical power.
- Board up windows with plywood.
- Move to a small room, closet or hallway.
- Go to the first or second story floor if in a multi story building.
- Locate and secure important phone numbers from the safety plan.
- Fill sinks and bathtubs with water for extra supply for washing and flushing toilets.
- Review hurricane plans and be ready to leave the area (if directed) with the emergency go kit, which includes supplies for family and pets (non-perishable foods, water, radio, batteries, blankets, medications, medical devices, etc).



○ **THUNDERSTORM:**

A thunderstorm is considered severe if it produces hail at least 1 inch in diameter or has wind gusts of at least 58 miles per hour. Every thunderstorm produces lightning, which kills more people each year than tornadoes or hurricanes. Heavy rain from thunderstorms can cause flash flooding, and high winds can damage homes and blow down trees and utility poles, causing widespread power outages.

- Be familiar with these terms:
 - **Severe Thunderstorm Watch** - Severe thunderstorms are possible in and near the watch area. Stay informed and be ready to act if a severe thunderstorm warning is issued.
 - **Severe Thunderstorm Warning** - Severe weather has been reported by spotters or indicated by radar. Warnings indicate imminent danger to life and property.
- During a Thunderstorm:
 - Secure outdoor objects, such as lawn furniture, that could blow away or cause damage or injury.
 - Shutter windows securely and brace outside doors.
 - Avoid bathtubs, water faucets and sinks because metal pipes can transmit electricity.





○ **TORNADO:**

Tornadoes are violent by nature. They are capable of completely destroying well-made 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 Plains States, tornadoes have been reported in every state.

- Know the difference between a “WATCH” and a “WARNING:”
 - **Tornado Watch** - Tornadoes are possible in and near the watch area. 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. Acting early helps to save lives!
 - **Tornado Warning** - A tornado has been sighted or indicated by weather radar. Tornado warnings indicate imminent danger to life and property. Go immediately under ground to a basement, storm cellar or an interior room (closet, hallway or bathroom). Stay away from windows.

○ **WINTER STORM:**

Winter storms can range from a moderate snow over a few hours to a blizzard with blinding, 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:

- Be familiar with the following weather terms:
 - **Winter Storm Outlook** - Winter storm conditions are possible in the next 2 to 5 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.



- Stay indoors in a warm environment. Use caution when using wood stoves, fireplaces or space heaters.
- Never use a gas range or oven to heat a home.
- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside a home, garage, or basement. This can cause carbon monoxide poisoning.
- Monitor body temperatures of children and seniors. Wear several layers of loose fitting, lightweight, 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, numbness) and frostbite (white and waxy appearance of skin, numbness).
- Drive only when absolutely necessary. Travel during the day, stay on main roads and keep gas tank full.



Natural Disasters or Emergencies

○ FIRE:

The most effective way to prevent fire is to identify and remove fire hazards. For example:

- Never leave lit candles unattended.
- Watch the stove when cooking.
- Keep matches and lighters away from children.
- Replace frayed, chewed or exposed electrical wires.

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.

- Install smoke alarms on every level of your home, inside bedrooms and outside sleeping areas. Test the smoke detectors every month and replace the batteries at least once a year. Call District Fire and Emergency Medical Services at 202-727-1778 for free smoke detectors.
- Talk with all household members about a fire escape plan and practice the plan twice a year.

If a fire occurs, GET OUT, STAY OUT and CALL 911 for help.



○ **FLOOD:**

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 saturates the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area.

Weather forecasters use these terms when floods are predicted in the community:

- **Flood/Flash Flood Watch** - Flooding or flash flooding is possible in the area
- **Flood/Flash Flood Warning** - Flooding or flash flooding is already occurring or will occur soon in the area.

To prepare for flooding in your neighborhood:

- Plan and practice a flood evacuation route.
- Buy and install sump pumps with back-up power.
- For drains, toilets and other sewer connections, install back-flow valves or plugs to prevent floodwaters from entering.
- 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 the last tetanus shot, in the event of a puncture wound or a wound that becomes contaminated during or after the flood.
- DO NOT attempt to drive over a flooded road--leading one to be trapped and stranded. The depth of the water is not always obvious, and the road could be washed away.
- Keep automobile gas tank filled.



○ **INFLUENZA:**

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 are at an increased risk if:

- Age 50 or older
- Pregnant
- Living with a chronic medical condition
- A child, age 6 months and older
- Living with or caring for anyone at high risk

Protection from the flu includes:

- Getting flu vaccination updated every year, as directed by a physician.
- Limiting contact with sick persons.
- Covering nose and mouth and tissue when sneezing or coughing.
- Avoiding touching nose, mouth and eyes to prevent the spread of germs.
- Washing hands with soap and water with warm water for at least 20 seconds.
- Treating illness with antiviral drugs, if recommended by a physician.
- Contacting a physician doctor for more information.

○ **POWER OUTAGE:**

If a power outage occurs as a result of a thunderstorm, but lasts for 2 hours or less, don't be concerned about losing perishable foods. For prolonged power outages, there are steps to take to minimize food loss and to keep all members of the household safe.

- Keep food in a dry, cool spot and keep the area covered at all times.
- Keep refrigerator and freezer doors closed as much as possible. An unopened refrigerator will keep foods cold for about 4 hours. A full freezer will keep the temperature for about 48 hours (24 hours if it is half full) if the door remains closed.
- Use non-perishable foods and staples 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 for freezer items.
- 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 comes back on.
- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside a home, garage, basement, crawlspace or any partially enclosed area. Locate unit away from doors, windows and vents that could allow carbon monoxide to come indoors.
- To report a power outage through Pepco's Outage Report Line, call 1-877-737-2662. To report downed power lines, call Pepco immediately at 1-877-737-2662 and press (2).

Environmental Disasters or Emergencies

○ **FOOD AND WATER CONTAMINATION:**

Food & water borne illness can 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 affected 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, immune-compromised individuals and pregnant women. Some food and waterborne infections can cause severe illness or even death.

Whether in a disaster or not, pay special attention to 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**

Terrorist attacks like the ones we experienced on September 11, 2001 have left many concerned about the possibility of future incidents of terrorism in the United States and their potential impact. Previous 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, should another emergency arise. Taking preparatory actions can provide a level of reassurance and allows one to exert a measure of control even in the face of such events.

- Remain calm and be patient.
- Be alert and aware of surroundings.
- Promptly report unusual behavior, suspicious or unattended packages and strange devices to the police or security personnel.
- Follow the advice of local emergency officials.
- Listen to your radio or television for news and instructions.
- If an event occurs, check others nearby for injuries.
- Confine or secure pets.
- Call family contacts—do not use the telephone again unless it is a life-threatening emergency.
- Check on neighbors, especially those who are elderly or have disabilities.

○ **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 help keep food fresh and bodies clean. They help plants grow and fuel our cars. And chemicals make it possible for all to live longer, healthier lives. 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. If there is a chemical spill or the release of any hazardous material, make sure to:

- 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 pets inside.
- Evacuate if told to do so, and take pets.
- Follow the evacuation routes provided by the authorities (short-cuts can potentially place you in more danger).
- Have an Emergency Go Kit on hand.
- Seal house so contaminants cannot enter (if told to shelter-in-place).
- Close all windows and doors.
- Turn off ventilation systems (cut off exposure to outside air).
- Stay tuned to the radio or television for updates and instructions.

District agencies and resources that can provide support in building resilience to disasters include:

District Agency	Website	Phone
Department of Disability Services (DDS)	http://dds.dc.gov/	(202) 730-1700
Department of Health (DOH)	www.doh.dc.gov	(202) 442-5955
Department of Human Services (DHS)	http://dhs.dc.gov/	(202) 671-4200
Department of Mental Health (DMH)	www.dmh.dc.gov	(202) 673-7440
Child and Family Services Agency (CFSA)	www.csfa.dc.gov	(202) 442-6100
Fire and Emergency Medical Services (FEMS)	http://fems.dc.gov/	(202) 673-3320
Homeland Security and Emergency Management Agency (HSEMA)	http://hsema.dc.gov/	(202) 727-6161
Office on Aging	http://dcoa.dc.gov/	(202) 724-5626
Office of Disability Rights (DOR)	http://odr.dc.gov/	(202) 724-5055
Metropolitan Police Department (MPD)	http://mpdc.dc.gov/	(202) 727-9099
Serve DC	http://serve.dc.gov/	(202) 727-7925

For general questions concerning access to social, health, or other services call the District Call Center at 311 or 211 or Answers Please! at (202) 463-6211. Both services are free and accessible 24 hours a day.

Create Your Safety Plan

Complete the templates below to document your specific needs (and any needs of your service animal).

Your Name: _____ **Date:** _____

- I identify as a man.
- I identify as a woman.
- I identify in some other way.

Contact Information for Your Housing

1.	Street Address and Apartment #	
2.	Ward or County:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Home Phone:	
7.	Cell Phone:	

Help With Making Decisions

A 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, please fill out the Guardianship Contact Information table below:

Types of Guardianship

	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			

My Legal Guardian is:	Contact Information





Disability Information

Please complete the table regarding your history of disability and include any information that someone assisting you may need to know.

	Disability Type	Yes	No	Additional Information
1.	Mental Health Condition			
2.	Seizure Disorder			
3.	Epilepsy			
4.	Developmental Disability			
5.	Deaf/Hard of Hearing			
6.	Intellectual Disability			
7.	Mobility Disability			
8.	Blind/Low Vision			
9.	Sensory Disability			
10.	Learning Disability			
11.	Speech Disability			
12.	Other Disability (specify) A. _____ B. _____ C. _____			

Activities of Daily Living

	Activity of Daily Living	Yes	No	Additional Information
1.	I Can Move from Chair to Chair			
2.	I Can Get Around Indoors			
3.	I Can Get Around Outdoors			
4.	I Can Feed Myself			
5.	I Can Toilet Myself			
6.	I Can Take My Medication on Time			
7.	I Can Self-Shower/Bathe			
8.	I Can Dress Myself			
9.	Other (specify): A. _____ B. _____ C. _____			







Skills and Abilities

Please list any skills or abilities that you have that you will be able to contribute during an emergency

	Skill/Ability	Yes	No	Additional Information
1.	CPR/First Aid Training			
2.	Community Emergency Response Training			
3.	Bilingual/Multilingual			
4.	Sign Language			
5.	Food Preparation/Cooking			
7.	Architecture/Carpentry			
8.	Providing Emotional Support			
9.	Providing Spiritual Support			
10.	Other (specify): A. _____ B. _____ C. _____			

Family and Social Supports

Create a support network of family, neighbors, friends, service providers, faith-based and community groups to assist you during an emergency.

Provide the contact information for your family and friends that may provide help to you during an emergency and/or you would want to be contacted in the event of an emergency.

	Name	Relationship	Contact Information
1.			
2.			
3.			
4.			
5.			

Housing Preference

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

	Living Arrangement	Yes	No	Additional Information
1.	Live Alone			
2.	Living with Non-Relatives			
3.	Live with Relatives in their Home			
4.	Live at a Public Mass Shelter			
5.	Live at a Public Residential Shelter			
6.	Other (specify): _____			

Accessibility Requirements for Housing

	Accessibility Requirement	Yes	No	Additional Information
1.	Wide Doorways			
2.	Level Entrance			
3.	No Stairs			
4.	Bathroom Grab Bars			
5.	Roll-In Shower			
6.	Hallway Rail			
7.	Automatic Door Opener			
8.	Raised or Lowered Countertops			
9.	Raised Toilet			
10.	Chairlift			
11.	Outdoor Ramp			
12.	Other (specify)_____			



Health and Medical

Document personal information regarding your physical, mental, emotional needs.

Health History and Medical Conditions

Please check the boxes that apply to you and that may be important to know in order to provide you with the proper supports in an emergency.

	Condition or Diagnosis	Yes, I Have	No, I Don't Have	Additional Information
1.	Allergies (type) _____			
2.	Alzheimer's			
3.	Anemia			
4.	Arthritis			
5.	Asthma			
6.	Autism			
7.	Bipolar Disorder			
8.	Cancer (type) _____			
9.	Cardiac Dysrhythmia			
10.	Cataracts			
11.	Dementia			
12.	Depression			
13.	Diabetes (Controlled)			
14.	Diabetes (Uncontrolled)			
15.	Eating Disorder			
16.	Emphysema			
17..	Glaucoma			
18.	Heart Disease			
19.	Heart Failure			
20.	HIV (AIDS)			
21.	Hypertension			

22.	Lung Disease			
23.	Multiple Sclerosis			
24.	Osteoporosis			
25.	Parkinson's Disease			
26.	Pneumonia			
27.	Kidney Disease			
28.	Schizophrenia			
29.	Spinal Cord Injury			
30.	Stroke			
31.	Traumatic Brain Injury (TBI)			
32.	Tuberculosis (TB)			
33.	Urinary Tract Infection (recurrent)			
34.	Circulatory Issues			
35.	Other Health Condition(s) _____			



Other Health Issues

	Health Issue	Yes	No	Additional Information
1.	Memory Loss			
2.	Difficulty Organizing or Planning			
3.	Aggression			
4.	Wandering			
5.	Hurting Myself			
6.	Verbally Abusive			
7.	Refusal to Eat or Drink			
8.	Refusal to Take Medication			
9.	Speech Difficulty			
10.	Low Vision			
11.	Bladder Control			
12.	Bowel Control			
13.	Pressure Sore			
14.	Oral Health or Dental Issues (Teeth)			
15.	Skin Condition			
16.	Balance			
17.	Paralysis			
18.	Hand Coordination			
19.	Amputation (type) _____			
20.	Spasms			
21.	Other Disability (specify) A. _____ B. _____ C. _____			

Wellness Issues

	Medical Care Symptom	Yes	No	Additional Information
1.	Chest Pain			
2.	Constipation			
3.	Cough			
4.	Diarrhea			
5.	Difficulty Breathing			
6.	Dizziness			
7.	Fainting			
8.	Fever			
9.	Headache			
10.	Indigestion or Vomiting			
11.	Joint Pain			
12.	Malnutrition			
13.	Obesity			
14.	Chronic Pain			
15.	Paralysis			
16.	Weakness			
17.	Other (specify):			

Healthcare Services and Supports

List all healthcare providers that you see routinely and how often you see each one.

HEALTHCARE PROVIDERS

Primary Care Physician				
	Name	Street Address	Telephone/ Email	Frequency of Visits (weekly, monthly, etc.)
1.				

Specialty Physicians				
	Name and Specialty	Street Address	Telephone/ Email	Frequency of Visits (weekly, monthly, etc.)
2.				
3.				
4.				
5.				
6.				

Therapists				
	Name and Type of Therapy	Street Address	Telephone/ Email	Frequency of Visits (weekly, monthly, etc.)
7.				
8.				

Home Health Care

	Name	Street Address	Telephone/ Email	Frequency of Visits (weekly, monthly, etc.)
9.				

Other (ex: Meals on Wheels)

	Name	Street Address	Telephone/ Email	Frequency of Visits (weekly, monthly, etc.)
10.				





Mental Health

Please complete the table regarding your history of mental health supports and include additional supports you think you may need during an emergency, if any.

Mental Health Support				
	Mental Health Support	Yes	No	I Don't Know
1.	No Supports Needed			
2.	In-Patient Hospitalization			
3.	Day Treatment			
4.	Community-Based Counseling			
5.	Home Counseling Visits			
6.	In-Home Wellness Checks			
7.	24/7 Access Lines			
8.	Behavior Plan Management			
9.	Medication Management			

Therapy or Other Health Care Services

	Therapy or Health Care Service	Yes	No	Additional Information
1.	Audiology (Hearing)			
2.	Occupational Therapy			
3.	Physical Therapy			
4.	Psychological Counseling			
5.	Radiation Therapy			
6.	Kidney Dialysis			
7.	Respiratory Therapy (breathing)			
8.	Speech Therapy			
9.	Mental Health Counseling			
10.	Other (specify): A. _____ B. _____ C. _____			

Medicine

Include any medications, vitamins or supplements you may take and the number of refills you have left on your prescription.

Medication List						
	Medication	Dosage	Frequency Taken	Time of Day Taken	Number of Refills	Notes
1.						
2.						
3.						
4.						
5.						
7.						
8.						
9.						
10.						
11.						
12.						
Preferred Pharmacy Information						
Pharmacy Name		Street Address			Telephone Number	
Secondary Pharmacy Information						
Pharmacy Name		Street Address			Telephone Number	



Medical Supplies and Equipment

I have the following equipment and supplies in my home for my personal use in the event of an emergency:

Equipment				
Item	Yes, I Have It	No, I Don't Have It	If Yes, Where Is It?	I need this supply/ equipment
Air Conditioner				
Fan	Electrical			
	Battery-Powered			
	Hand-Held			
Disposable Ice Packs				
Battery-powered radio				
Flashlight				
Spare batteries				Sizes ____
Bottled Water				
Dry Food (Food that does not require heat or water to prepare)				
Personal Hygiene Items (ex. toothbrush, moist towelettes, absorbent pads)				
Spare clothes				
Important documents				



Medical Supplies				
Type	Supplier	Mode of Power (Battery/ Plug-In/ Other)	Back-Up power source available (Yes/No)	Can the equipment or supply be easily removed and transported from your home?

Equipment Used or Needed

Check the column for any item that you use or may need. Use this check list to make plans to get what you need.

	Equipment	Yes	No	Additional Information
1.	Power Scooter			
2	Manual Wheelchair			
3.	Power Wheelchair			
4.	Shower Chair/Bench			
5.	Brace			
7.	Artificial Body Part (specify): _____			
8.	Crutches/Arm Braces			
9.	Cane			
10.	Walker			
11.	Lift Chair			
12.	Transfer Board			
13.	Hoyer Lift			
14.	Single Bed			
15.	Double Bed			
16.	Manual Hospital Bed			
17.	Automatic Hospital Bed			
18.	Hospital Bed (Other)			
19.	Bed Rails			
20.	Sleep Breathing Device (C PAP)			
21.	Therapeutic Mattress			
22.	Other (specify): A. _____ B. _____ C. _____			

	Equipment	Yes	No	Additional Information
23.	I.V. Supplies			
24.	Special Utensils			
25.	Feeding Tube			
26.	Liquid Nutrition			
27.	Glasses			
28.	Contact Lenses			
29.	White Cane			
30.	Talking Clock			
31.	Magnifying Glass			
32.	Hearing Aid			
33.	TTY Device			
34.	Cell Phone			
35.	Communication Board			
36.	Calendar			
37.	Planner or Organizer			
38.	Programmable Watch			
39.	Blood Sugar Level Monitor			
40.	Syringes			
41.	Blood Sugar Test Strips			
42.	Lancets			
43.	Alcohol Swabs			
44.	Home Oxygen			
45.	Tracheotomy Ventilation System			
46.	Modifications for Allergies			
47.	Other (specify): A. _____ B. _____ C. _____			



Transportation Needs

Please consider your transportation needs during an emergency that requires EVACUATION.

	Special Needs	Yes	No	Additional Information
1.	Need wheelchair lift equipped vehicle			
2.	Need assistance to transfer in and out of vehicle			
3.	Need an attendant to travel with me			
4.	Need referral for medical transportation			
5.	Need referral for non-medical private transportation			
6.	Need orientation and mobility training for people with low vision or blindness			
7.	Other (specify): _____			

Please indicate which of the following modes of transportation you would use during an emergency, if available.

	Mode of Transportation	Yes	No	Additional Information
1.	Metro Bus			
2.	Metro Rail			
3.	Para transit or Metro Access			
4.	Ride with Family or Friends			
5.	Taxi			
6.	Other (specify):			



Your Next Steps

Please review the information you have completed in previous sections and list the things that you would like more information about.

1. _____
2. _____
3. _____
4. _____
5. _____

List the people who can help you get this information:

1. _____
2. _____
3. _____
4. _____
5. _____

List the things that need to be purchased or provided to you:

1. _____
2. _____
3. _____
4. _____
5. _____

**District of Columbia
Office of Disability Rights**

Judiciary Square
441 4th Street NW
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Washington, DC 20001

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TTY: 202-727-3363
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