



INTERNATIONAL ALLIANCE OF ALS/MND ASSOCIATIONS

Emergency Preparedness Toolkit
for PALS & CALS



INTERNATIONAL ALLIANCE
OF ALS/MND ASSOCIATIONS

EMERGENCY PREPAREDNESS TOOLKIT

The unique needs of a person living with ALS/MND are important to consider on any given day, and even more so in the event of an emergency. Please consider this list of items in preparing your plan.

WHERE TO START?

- Understand emergencies that could happen near you.
- Complete a personal ability plan.
 - What you will be able to do.
 - What help will you need before, during and after an emergency?
- Build your support network.
- Prepare a list of emergency contacts.
- Collect all medical information:
 - Medications
 - Medical conditions
 - Special equipment
 - Allergies
 - Health insurance information
- Communication difficulties instructions
- Medication supplies
- Emergency supply kit (home and car)

Source:

The forms in this document were adapted from the Alaska Department of Health publication: Get Ready! Alaska's emergency preparedness toolkit for people with disabilities.

Introduction:

We live in a world that requires us to be prepared for emergencies. Whether it's an earthquake, living in a conflict zone, natural disasters, power outages, or other unforeseen circumstances, these are difficult situations for people living with ALS/MND and their families.

Everyone's situation is different, and it is important to plan and be prepared, taking into account your own needs. This document has been prepared to help people living with ALS/MND and their caregivers be ready in the event of an emergency.

The recommendation is to complete, have printed versions available, and share them with your support network. Remember to review and update once or twice per year.

Package ownership information	
Name of person living with ALS/MND:	
Name of caregiver of the person living with ALS/MND:	
Health insurance information:	
Medical conditions:	
Instructions on how to communicate:	

Communication

Do you use a device to help you communicate (like an iPad, communication board, eye tracker or any other device)?

What I use today:

What I may need to consider in an emergency situation:

Daily Living

Do you need help with personal care, such as bathing and grooming?

What I use today:

What I may need to consider in an emergency situation:

Do you use adaptive equipment to help you get dressed?

What I use today:

What I may need to consider in an emergency situation:

Do you use special utensils that help you prepare or eat food independently?

What I use today:

What I may need to consider in an emergency situation:

Do you need special foods or need your foods to be prepared in a special way?

What I use today:

What I may need to consider in an emergency situation:

Utilities

What is your source of water? (What will you do if your normal source of water is unavailable for several days, or if you are unable to heat water?)

What I use today:

What I may need to consider in an emergency situation:

How will you use equipment that runs on electricity or batteries - such as NIV/BIPAP, respiratory support, dialysis machines, electrical lifts, communication devices, and power chairs - if there is a power outage?

What I use today:

What I may need to consider in an emergency situation:

Getting around

How do you clean up your home?

What I use today:

What I may need to consider in an emergency situation:

Do you need a specially-equipped vehicle or accessible transportation?

What I use today:

What I may need to consider in an emergency situation:

How do you get groceries, medications, and medical supplies? (What if your support people are unable to reach you?)

What I use today:

What I may need to consider in an emergency situation:

Evacuating

Building evacuation: Do you need help to leave your home or workplace?

What I use today:

What I may need to consider in an emergency situation:

Can you get to other exits you can use if the elevator in your building is not working?

What I use today:

What I may need to consider in an emergency situation:

How do you call for the help you may need to leave the building?

What I use today:

What I may need to consider in an emergency situation:

What do you do if you can't get to your mobility aids?

What I use today:

What I may need to consider in an emergency situation:

What do you do if the building ramps have been damaged and can't be used?

What I use today:

What I may need to consider in an emergency situation:

Service animals and pets

What daily care does your animal require?

What I use today:

What I may need to consider in an emergency situation:

Updated: __/__/__

*Be sure to update this form yearly.

Personal Support Network

Support Person 1:

Name:

Phone:

Address:

Email:

Given a copy of your personal plan and emergency papers? Yes No

Support Person 2:

Name:

Phone:

Address:

Email:

Given a copy of your personal plan and emergency papers? Yes No

Support Person 3:

Name:

Phone:

Address:

Email:

Given a copy of your personal plan and emergency papers? Yes No

Updated: __/__/__

*Be sure to update this form yearly.

Emergency telephone list:

Service:	Phone Number:
Emergencies	
Fire Department	
Gas Company	
Electric Company	
Poison Control	
Personal Dr.	

Family:

Name:	Phone Number:

Friends/ Co-workers

Name:	Phone Number:

Updated: __/__/__

*Be sure to update this form yearly.

Medicine Chart

In the morning, I take:

Name:	Dosage:	This looks like	How I take it:

With lunch, I take:

Name:	Dosage:	This looks like	How I take it:

In the evening, I take:

Name:	Dosage:	This looks like	How I take it:

Disability-related supplies and special equipment

Put a check in the box next to the items you use. Write down where you keep them and any information about them you may need during an emergency. Label your supplies with your name.

Item:	Where it's kept:
<input type="checkbox"/> Eyeglasses/contact lenses	
<input type="checkbox"/> Eating/grooming utensils	
<input type="checkbox"/> Dressing devices	
<input type="checkbox"/> Writing and/or communication and/or hearing aids	
<input type="checkbox"/> Oxygen/flow rate equipment/monitors	
<input type="checkbox"/> NIV / BIPAP	
<input type="checkbox"/> Suction and/or dialysis equipment	
<input type="checkbox"/> Sanitary supplies	
<input type="checkbox"/> Urinary supplies	
<input type="checkbox"/> Ostomy supplies	
<input type="checkbox"/> Wheelchair (motorized or manual)	
<input type="checkbox"/> Walker/can/crutches	
<input type="checkbox"/> Dentures or retainers	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Emergency Supplies checklist:

<ul style="list-style-type: none"> <input type="checkbox"/> The purse or bag you usually use. <input type="checkbox"/> Extra money. Keep the amounts small, like five or one-dollar bills and quarters, dimes and nickels. (ATMs may not work during a power outage.) <input type="checkbox"/> Bottled water and water purification tablets. <input type="checkbox"/> Food: store enough canned or dried food to last 7 days. <input type="checkbox"/> First Aid supplies and fire extinguisher. <input type="checkbox"/> Can opener. <input type="checkbox"/> Paper towels. <input type="checkbox"/> Plastic bags for throwing away the trash. <input type="checkbox"/> Toilet paper and feminine products. <input type="checkbox"/> Hand sanitizer or liquid soap. <input type="checkbox"/> Bleach for making water drinkable (see next page for instructions). <input type="checkbox"/> Paper to write on and pens, pencils or crayons. <input type="checkbox"/> Cell phone. Save your emergency contacts' phone numbers under the name ICE, which stands for In Case of Emergency. Police officers or firefighters may access the number if you need help. <input type="checkbox"/> Health information card. <input type="checkbox"/> Emergency papers, like vaccination records and insurance policy numbers. <input type="checkbox"/> Medicine and copies of your prescriptions. Make sure you have enough medicine to last at least 7 days. <input type="checkbox"/> Health information card. <input type="checkbox"/> Emergency papers, like vaccination records and insurance policy numbers <input type="checkbox"/> Medicine and copies of your prescriptions. Make sure you have enough medicine to last at least 7 days. 	<ul style="list-style-type: none"> <input type="checkbox"/> A flashlight that runs on batteries or can be wound. <input type="checkbox"/> Signalling device, like a whistle or bell <input type="checkbox"/> Small radio that runs on batteries or can be wound. <input type="checkbox"/> Watch or clock that can be wound. <input type="checkbox"/> Blankets and sleeping bags. <input type="checkbox"/> Extra batteries. <input type="checkbox"/> Walking stick. <input type="checkbox"/> Cookstove with fuel and matches. <input type="checkbox"/> Heavy gloves. <input type="checkbox"/> Duct tape <input type="checkbox"/> Plastic sheeting. <input type="checkbox"/> Cloth tape to wrap your feet under your socks to prevent blisters. <input type="checkbox"/> A full change of clothing. <input type="checkbox"/> Extra socks. <input type="checkbox"/> Comfortable shoes. <input type="checkbox"/> Special equipment specific to your needs, like extra contact lenses or glasses, communication devices, laptop computers, hearing aids and batteries, or mobility aids. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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