

EMERGENCY READINESS CHECKLIST FOR OLDER ADULTS AND CAREGIVERS

USE THIS FOUR-PAGE FORM TO:

You may want to give a copy to your main contact person or caregiver if you have one.

- (1) organize your emergency preparations
- (2) list your emergency contacts
- (3) keep a record of your current medications

Don't forget to review and update this information often - - at least every two or three months.

STEP 1: KNOW THE BASICS

_____ The most important disaster issues for the area where I live.

_____ The recommended life-saving responses for disasters that could strike with little or no warning.

_____ The recommended route if there were an evacuation order. My evacuation transportation options and the location of the nearest emergency shelter.

_____ The location of shut-off valves for my household utilities (gas, electricity, water) and how to use them. (If they take a special tool, it should be kept right there, ready to use).

_____ Designated out-of-area emergency contact, in case local phone service is disrupted. Make sure my loved ones know the emergency communications plan.

_____ Meet my neighbors, in case we need to help one another in an emergency.

A helpful website can be found on the City of Lincoln and Lancaster County web site.
www.lincoln.ne.gov/cnty/civil/index.htm

STEP 2: HAVE ESSENTIAL EMERGENCY SUPPLIES READY

"Stay at Home" Emergency Supplies

Pull these items together for quick, easy access in your home. Have quantities to last at least 3 to 6 days. Rotate any items with expiration or "use by" dates.

- Drinking water (1 gallon per person per day) 3 day minimum
- Food (non-perishable; ready to eat)
- Flashlight
- Portable radio
- Extra batteries
- First aid kit (include eye drops & bleach for sterilizing)
- Copy of all insurance information
- Hand-operated can opener
- Light sticks
- Waterproof matches
- Supply of prescription medicines
- Current medications list
- Cell phone
- Cash or traveler's checks
- Emergency contacts list

Evacuation Bag: Have a backpack or bag (preferably one on rollers) that has room for many of the items listed above and is also ready to go with these items:

- | | |
|---|--|
| _____ Personal hygiene items, such as toilet paper, alcohol wipes, and gel hand sanitizer | _____ Some breakfast bars |
| _____ Change of clothing | _____ Disposable dust masks |
| _____ Good pair of walking shoes | _____ Copy of emergency contacts list |
| _____ A bottle or two of water | _____ Copy of current medications list |
| | _____ Spare pair of glasses |

Additional Precautions:

- _____ Gas tank kept at least half full
- _____ Spare hearing aid batteries
- _____ Emergency supply of pet food

STEP 3: MAKE A PERSONAL PLAN

_____ If I have any special needs, do I have a plan for meeting them in an emergency?

_____ Mobility issues?

_____ Reliance on medical equipment that requires electric power?

_____ Incontinence supplies?

_____ Other: _____

_____ If I am receiving home health services, have I discussed emergency procedures with my home health provider?

_____ If I live in a senior living community, am I familiar with its emergency planning and procedures?

EMERGENCY CONTACTS LIST

Last Updated: 1 st _____ 2 nd _____ 3 rd _____
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Name: _____

	Name	Relationship	Phone	E-Mail Address
Emergency Contact:				
Other Emergency Contacts				
Healthcare Providers				
Pharmacy				
Homeowners insurance:				
Auto Insurance				

