
Your Name

Being Prepared: MN Emergency Preparedness Center



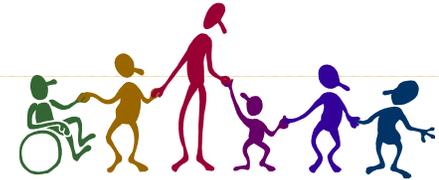
MY Workbook

Feeling Safe, Being Safe*

My Personal Emergency Preparedness Plan

Being Prepared: MN Emergency Preparedness Center is Funded by the U.S. Department of Health & Human Services
Administration on Developmental Disabilities A Project of National Significance 90DN0277

IPSII Inc.



IPSII Inc. is a 501 (c) (3) organization founded in 2002

Our Board of Directors is comprised of people with disabilities and their families

Our Mission: To increase Independence, Productivity, Self Determination, Integration & Inclusion [IPSII] for people with disabilities and their families. We achieve our mission through our grant activities, analysis of public policy and advocacy.

Our goal is to create welcoming schools, neighborhoods, workplaces and communities, for people with disabilities and their families.

Being Prepared: MN Emergency Preparedness Center



- ❑ The Center is Funded by the U.S. Department of Health & Human Services Administration on Developmental Disabilities A Project of National Significance 90DN0277
- ❑ The purpose of the Center is to provide information and training to at least sixty individuals with developmental disabilities and their families, so they can develop their own emergency preparedness plan for emergency events and remain intact and self sufficient each year of this three year grant.
- ❑ In addition, we will train at least five first responders groups on Positive Behavioral Interventions each year of this three year grant. In the past, individuals with developmental disabilities have been removed from emergency shelters due to their challenging behavior.

Feeling Safe, Being Safe*

Worksheet & Personal Safety Magnet



Being Safe, Feeling Safe was funded in part by the US Homeland Security Funds and California State Department of Developmental Services

Office of Human Rights & Advocacy Services

1600 9th Street, Room 240 Sacramento, CA 95814

<http://www.dds.ca.gov/ConsumerCorner/fsbs/index.cfm>

Being Prepared: MN Emergency Preparedness Center will be using The Minnesota Governor's Council on Developmental Disabilities, Minnesota version of "Feeling Safe, Being Safe" throughout our training of 60 individuals with developmental disabilities and their families and our first responder trainings.

As part of our trainings, participants will complete the Medical Information and Personal Performance Sheet, putting the items outlined in the Sheet into their own Container. The Container is used to make sure the vital information and items outlined in the Medical Information and Personal Performance Sheet are not lost.

In addition, participants will be completing the Minnesota version of 'Feeling Safe, Being Safe My personal Safety in an Emergency' worksheet and each participant will put their worksheet, copy of insurance and ID Card, Cash, Notebook and Pen, Extra Keys into a Zip Lock Bag.

The participants Go Kit will have each person's Container, their completed Worksheet, that is in their Zip Lock Bag.

Feeling Safe, Being Safe*

Worksheet & Personal Safety Magnet



IPSII Inc. thanks the Minnesota Governor's Council on Developmental Disabilities for providing the *Being Safe Workbook and Magnet to Being Prepared: MN Emergency Preparedness Participants and being a supporter of this project.

Below are links that are on the Mn Governor's Council on Developmental Disabilities Website at:

<http://www.mnddc.org/emergency-planning/index.html>

- ❑ Workbook: [Feeling Safe, Being Safe \(MN Personal Safety Materials\)](#)
[Feeling Safe, Being Safe Magnet](#)
- ❑ Video: [Feeling Safe, Being Safe \(CA\)](#)
Workbook: [Feeling Safe, Being Safe \(CA Personal Safety Materials\)](#)
[Feeling Safe, Being Safe \(CA Web Site\)](#)
- ❑ FEMA Document: [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.](#)
- ❑ FEMA Guide: "Are You Ready" guide:
 - ❑ "Emergency Planning and Checklists": http://www.fema.gov/areyouready/emergency_planning.shtm
 - ❑ "Disaster Supplies Checklist": http://www.fema.gov/areyouready/appendix_b.shtm

Personal Emergency Plan

Your Container and Zip Lock Bag



- ❑ Every person needs to develop their own emergency preparedness plan;



- ❑ The plan will be based on the unique needs of each person;
- ❑ This workbook will guide you through making your own:



- ❑ Container with your one page Medical Information & Preference Sheet; and



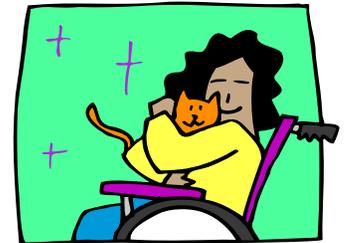
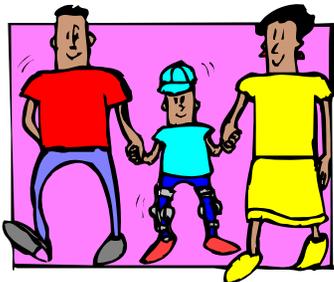
- ❑ Your Zip Lock Bag



- ❑ Both your Container and Zip Lock Bag will go into your Go Kit.

Personal Emergency Plan

Your Container & Zip Lock Bag will go into your Go Kit



Feeling Safe, Being Safe = Being Prepared
This workbook will help you make your own plan

Think



Plan

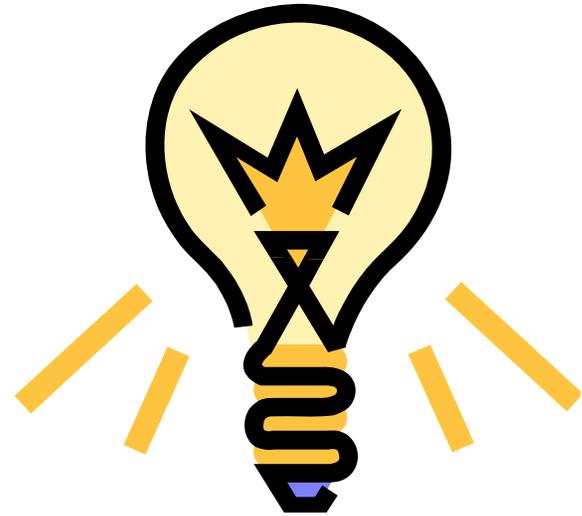


Do



Think, Plan, Do

Think



- 1) What do I need to do to remain safe?

I need to decide what to put in my Container and Zip Lock Bag that will be in my Go Kit.

Your Container



- You will decide what to put into your Container
 - Your Container should include information that is unique to your needs will be written on your Medical Information and Preference Sheet



Your Container should include important things you need, for example:



Extra eye glasses



Extra hearing aid

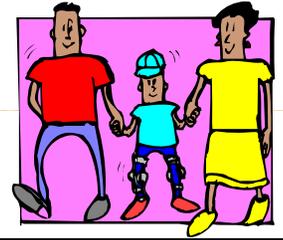


Extra batteries

Meds for one week



Your Zip Lock Bag



- You will decide what to put into your Zip Lock Bag



Your Zip Lock bag should include:



Feeling Safe, Being Safe Worksheet



Copy of insurance and ID Card



Cash



Notebook and Pen



Extra Keys





Personal Information



My Name: _____



My Phone number: _____



My Address: _____

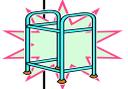
My Preferences



My way of getting around:



Wheel chair or _____



Walker or _____



Cane or _____



Braces or _____



Something else _____



My Preferences



Best way to talk to me:



Short Sentences or _____



Sign Language or _____



Communication book or _____



Assistive Technology Device or _____

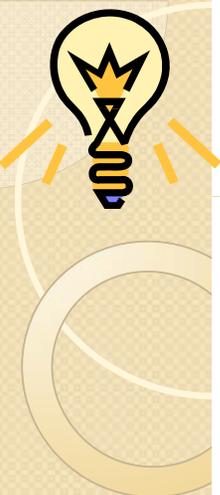


Something else _____



My Preferences



 How I respond to stress:

 I get nervous or _____

 I yell or _____

 I tantrum or _____

 Something else _____



My Preferences



How to calm me:



Talk quietly or _____



Use my communication book or _____



Turn off the lights and take me to a quiet place



Something else _____





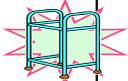
Important Things I use



Glasses



Hearing aids



Walker



Wheelchair



Service Animal



Other _____





Emergency Contacts



Emergency

Emergency Contact:



Name _____



Phone number _____



Address _____



Emergency

Emergency Contact [different city]



Name _____



Phone number _____



Address _____

Medical Information about Me



Health/Medical Information:



Medical Data Reviewed on: Month _____ Year _____



My Name: _____

My Sex: Male  or Female 



My Address: _____



My Primary Dr. : _____



Dr.'s Phone Number: _____



Preferred hospital: _____



My Allergies



(circle all known)



Aspirin



Insect Stings



Penicillin



Barbiturate



Latex



Sulfa



Codeine



Lidocaine



Tetracycline



Demerol



Morphine



X-Ray Dyes



Horse Serum



Novocain



No Known Allergies



Environmental:



Food:



Other:



(1)



(1)



(1)



(2)



(2)



(2)



(3)



(3)

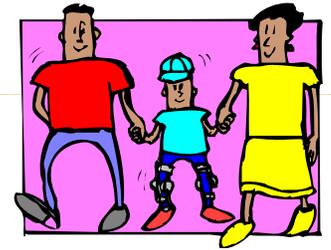


(3)



My Medical Conditions

(circle all known)

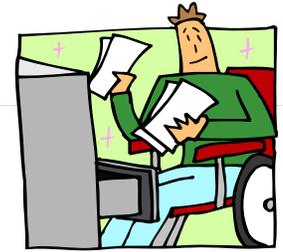


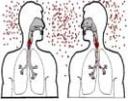
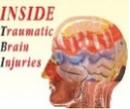
No Known condition 	Abnormal EKG 	Adrenal Insufficiency 
Angina 	Asthma 	Bleeding Disorder 
Cancer 	Cardiac Dysrhythmia 	Cataracts 
Clotting Disorder 	Coronary Bypass Graft 	Dementia or Alzheimer's 
Diabetes/Insulin User 	Eye Surgery 	Glaucoma 
Deaf/Hard of Hearing 	Heart Valve Prosthesis 	Dialysis 
Hemolytic Anemia 	Hepatitis Type [____] 	Hypertension 
Hypoglycemia 	Laryngectomy 	Leukemia 
Lymphomas 	Memory Impaired 	Thyroid 



My medical conditions

(circle all known)



Pacemaker 	Renal Failure 	Seizure Disorder 
Sickle Cell Anemia 	Stroke 	Tuberculosis 
Blind/Visual Disability 	Joint Replacement 	Autism 
Cognitive Impairment 	Developmental Disability 	Traumatic Brain Injury 
Cerebral Palsy 	Fetal Alcoholic Syndrome 	Downs Syndrome 
Severe Mental Illness 	Non-verbal 	Learning Disability 
Other: 	Other: 	Other: 
(1) 	(1) 	(1) 
(2) 	(2) 	(2) 



My Medical Data



My Date of Birth: _____



Blood Type: _____



Religion: _____



Health Care Proxy on file at:

_____ 



Surgery



Living will on file at: _____



Recent Surgery: _____

Date: _____

Do you have a No CPR Directive or a Do Not Resuscitate Form? Yes _____ No

Where is it? _____

My Meds



Health/Medical Information:



First Med

Name of Med _____ Prescribing Dr. 



How often you take this med



Second Med



Name of Med _____ Prescribing Dr. 



How often you take this med



Third Med

Name of Med _____  Pharmacy  Prescribing Dr. _____

How often you take this med



Phone Number _____



Pharmacy



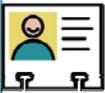
Pharmacy



My Insurance



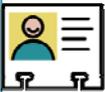
Medical Insurance Information:



Medical Insurance Card: _____



Policy Number: _____



Other Medical Insurance: _____



Policy number: _____



Medicaid number: _____



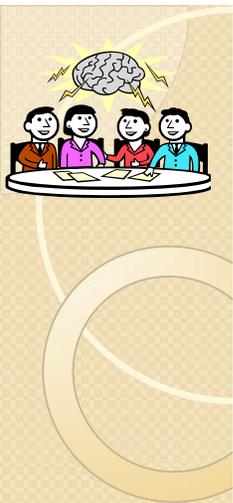
Medicare number: _____

Think, Plan, Do

Plan



Connect with your friends and family sharing your plan with them.



Important People in an Emergency



Contact an important who lives close by:



Neighbor Name _____



Address _____



Phone Number _____



E-mail _____



Apartment Manager Name _____



Address _____



Phone Number _____



E-



mail _____



Family/Friend Name _____

Address

Phone Number _____

E-

mail _____



Important People in an Emergency

Other important people



Support Staff _____



Address



Phone Number _____



E-mail _____



Program Manager _____



Address _____



Phone Number _____



E-mail _____



County Case Manager _____



Address _____



Phone Number _____



E-mail _____



Someone Else _____



Address _____



Phone Number _____

E-mail _____

Emergency Information



911

Emergency Information 911



Emergency

Office of Emergency Services phone num



Poison Control



Emergency

Poison Control phone number



Where to get information to be safe in an emergency?

Radio station _____

TV Station

Think, Plan, Do

Do



Complete your Container, Magnet and Zip Lock Bag.



Personal Safety Magnet



Personal Safety



- My name _____
- My meds _____
- Important things I use, for example



- _____
- _____

Community Resources

- 911
- Emergency Information



Radio _____



TV _____



Emergency

Safety at Home

- My Go Kit is located in what room 
- _____

People who Care

- My Neighbor 
 - Name: _____
 -  Phone number: _____
- Friend/Family 
 - Name: _____
 -  Phone number: _____



Safety Tips



- Clear pathways to enter and leave easily
- Keep window and door free of clutter
- Keep Go Kit ready
- Practice telling people about my personal needs
- Tell people that I am depending on them
- Ask about being safe at work in an emergency





Check off List for Being Safe



My Container is ready



One page medical information and preference sheet is finished and a copy is in my:



Container,



Zip Lock Bag



On the refrigerator,



In my purse or



My wallet



My Magnet is finished and on my refrigerator



Remember



Put your name on your container and Go Kit



Put your Go Kit in a easy place to find



Tell important people where your kit is



Check your Go Kit often and update your Medical Information and Preferences Sheet



Remember To Put into Your Go Kit:



Water



Food



Meds for one week



First Aid Kit

Extra Clothes:

Coat, gloves, shoes, boots



Games and books



Whistle



Radio



Garbage bags



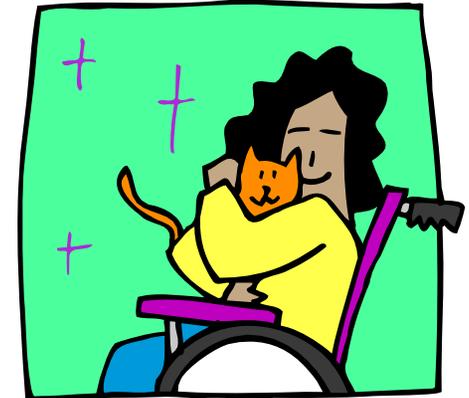
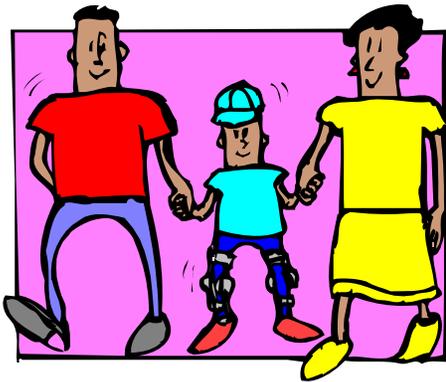
Flashlight & Batteries



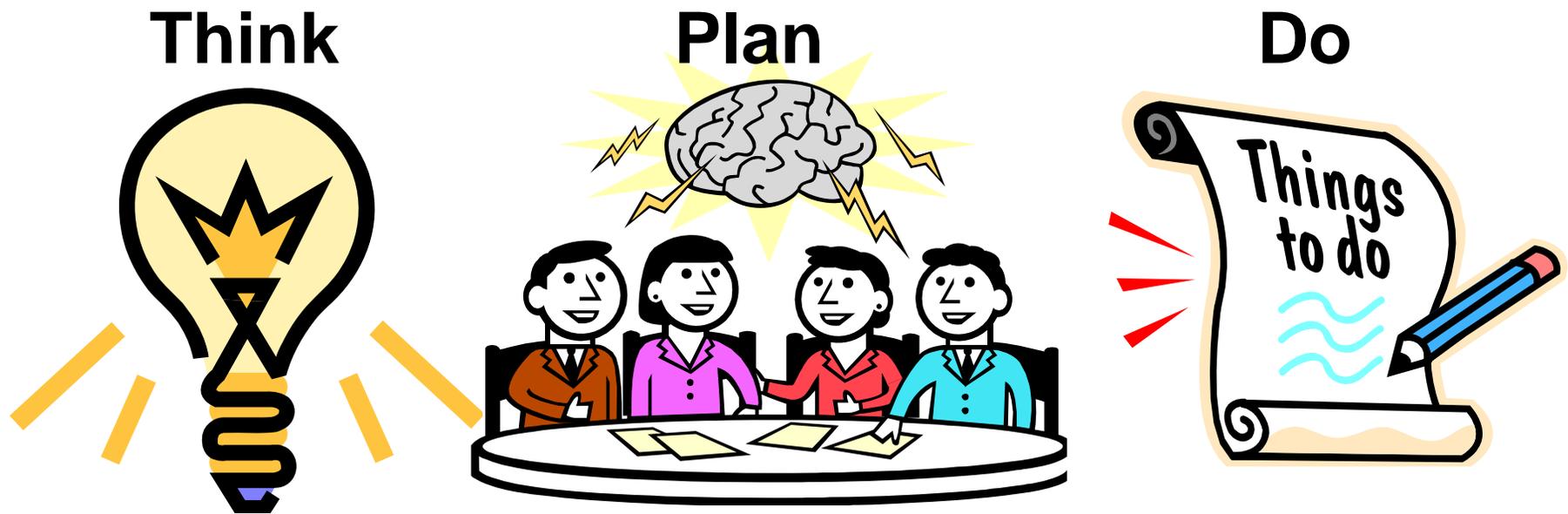
Service Animal Supplies

Personal Emergency Plan

Your Container Is Ready, Next is Your Go Kit!



Being Prepared: MN Emergency Preparedness Center



Being Safe, Feeling Safe=Being Prepared

Contact Information

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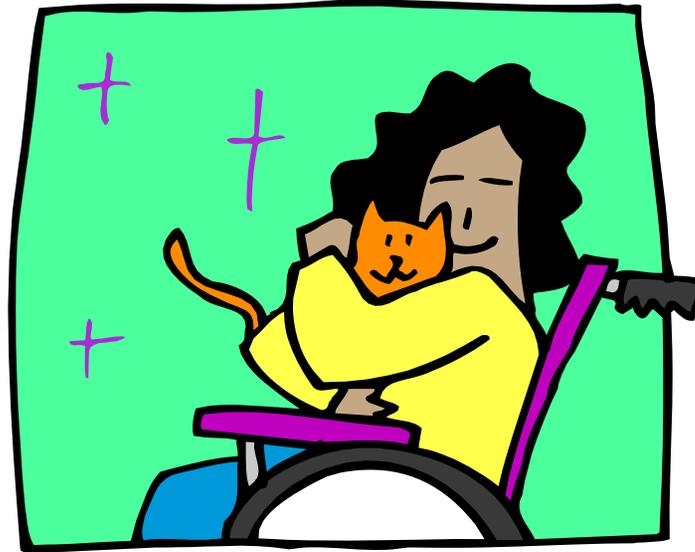
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Julie, Joe & Mike Kenney



The End