
Your Name

The Date



My Personal Emergency Preparedness Plan

Being Prepared: MN Emergency Preparedness Center is an IPSII Inc. Project #90DN0277

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.

Our Partners



- Local Official,
 - MN State Senator Ken Kelash;
- Self-Advocacy Organization Metropolitan Center for Independent Living,
 - Nick Willkie;
- Developmental Disabilities Network,
 - Colleen Wieck, Ph.D. MN Governor’s Council on Developmental Disabilities,
 - Pam Hoopes, JD, MN Disability Law Center,
 - Sharon S. Mule, University of Minnesota Institute on Community Integration a Center for Excellence in Developmental Disability,
- Juli Leerseen, The Hub
- Jerry Mellum, Hennepin County
- PACER
- Autism NOW Website
- ARCGreater Twin Cities
- Black Nurses of Minnesota

Additional Members who stated that they would like to be kept apprised.

- Sergeant Beth Roberts, City of Richfield Police Department
 - Sergeant Roberts has agreed to be the liaison between the Center and First Responders
- STAR Program
- MN Department of Health
- MN Red Cross
- MN Department of Health and Human Services
- Other Members as requested by Planning Committee, Pathways MN Youth Center Advisory Committee or staff

IPSII Inc.

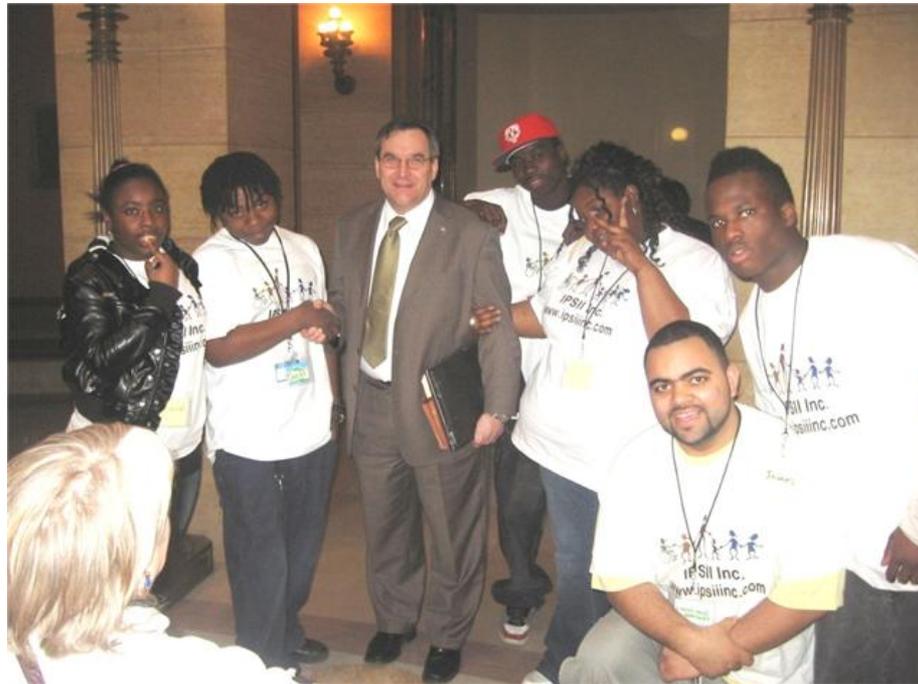
IPSII Inc. is a 501 (c) (3) organization founded in 2002. Our Board of Directors is comprised of people with disabilities and their families. Our Mission is to increase Independence, Productivity, Self Determination, Integration & Inclusion [IPSII] for people with disabilities and their families.



Being Prepared is an IPSII Inc. project.
March 2012

Our Mission

Is 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.



Being Prepared is an IPSII Inc. project.
March 2012

Our goal

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



Being Prepared:

MN Emergency Preparedness Center

Being Prepared Center is an IPSII Inc. project and is a grant of national significance, funded by the U.S. Department of Health & Human Services Administration on Developmental Disabilities A Project of National Significance 90DN0277.



Being Prepared: MN Emergency Preparedness Center is
One of Five Centers in the US.

IPSII Inc. [Minnesota]

University of Hawaii

University of Delaware

University of North Carolina Chapel Hill

New Jersey Center on Disability

Being Prepared Center is in North Minneapolis and surrounding metro area.



Being Prepared: MN Emergency Preparedness Center



Train 60 individuals with developmental disabilities and their families how to develop their own emergency preparedness plans.

Being Prepared: MN Emergency Preparedness Center



Sargent Beth Roberts Richfield Police Department

Provide information and training to at least 5 first responder groups how to work with individuals with autism.

My Personal Emergency Preparedness Plan



My Personal Emergency Plan

- Every person needs to develop their own Emergency Preparedness Plan;
- The plan will be based on the unique needs of each person;
- The plan is part of your Individual Service Plan OR your Individual Education Plan
- This workbook will guide you through making your own:



- Your container that will contain a flash drive with your Personal Safety Plan



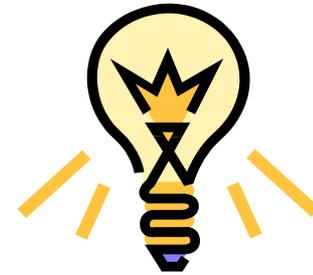
- Your Zip Lock Bag



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

We Will Be Using Feeling Safe, Being Safe =Being Prepared

Think



Plan

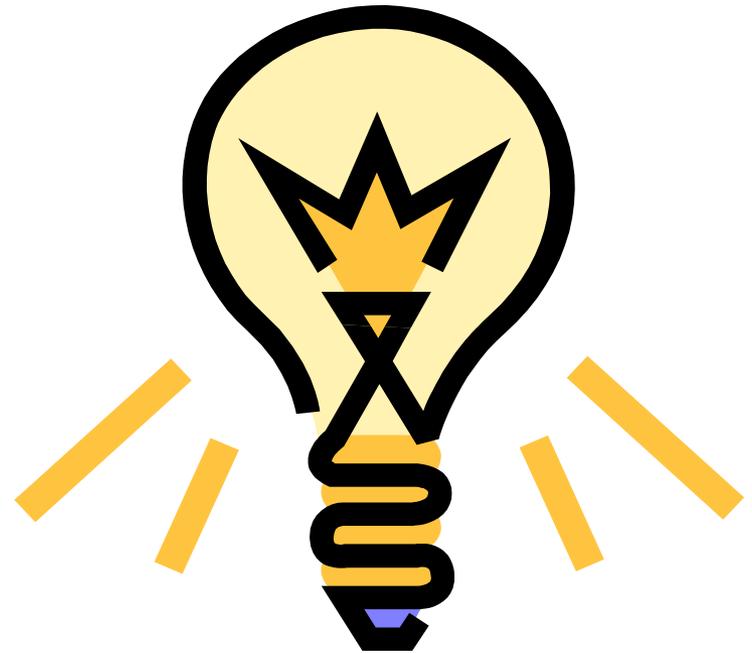


Do



Think, Plan, Do

Think



- 1) What do you 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 Is For Breakable Stuff.

- Your container should include important things you need that can break, for example:



Extra eye glasses



Extra hearing aid



Extra batteries



Meds for a week



Your Zip Lock Bag

Is For Stuff That Should Not Get Wet.

☐ Your Zip Lock bag should include:



- ☐ Feeling Safe, Being Safe Worksheet



- ☐ Copy of insurance and ID Card



- ☐ Cash



- ☐ Notebook and Pen



- ☐ Extra Keys



- ☐ Flash Drive with a copy of your Personal Safety Plan



Your Go Kit

Should Contain the Following



- Water



- Food



- Meds for one week



- First Aid Kit



- Coat, gloves, shoes, boots



- Games



- books



- Whistle



- Radio



- Garbage bags



- Flashlight & Batteries



- Service Animal Supplies



- Container

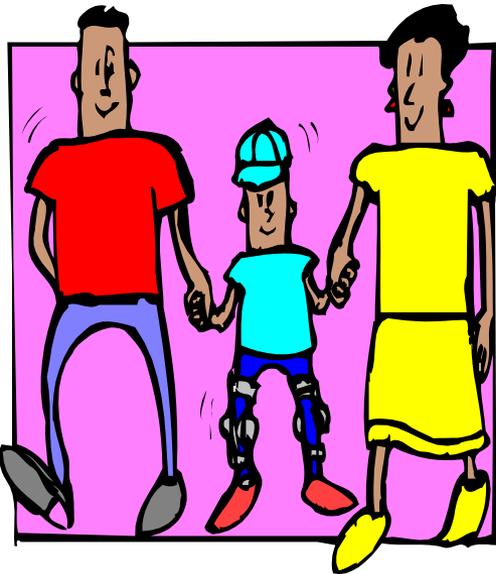


- Zip lock bag



My Personal Emergency Plan

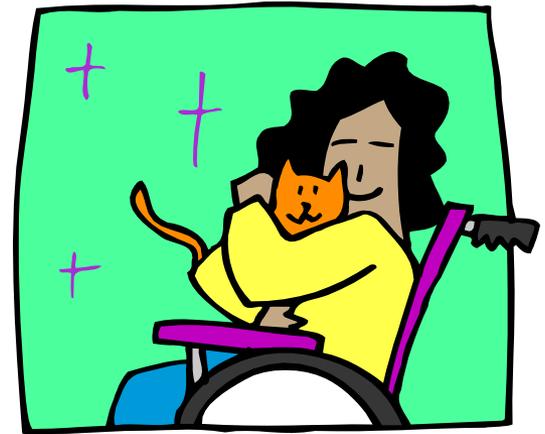
Danny, John and Mya All Have Their Own Emergency Plan



Danny's
Personal Emergency Plan



John's
Personal Emergency Plan



Mya's
Personal Emergency Plan

Personal Information



My Name: _____



My Phone number: _____



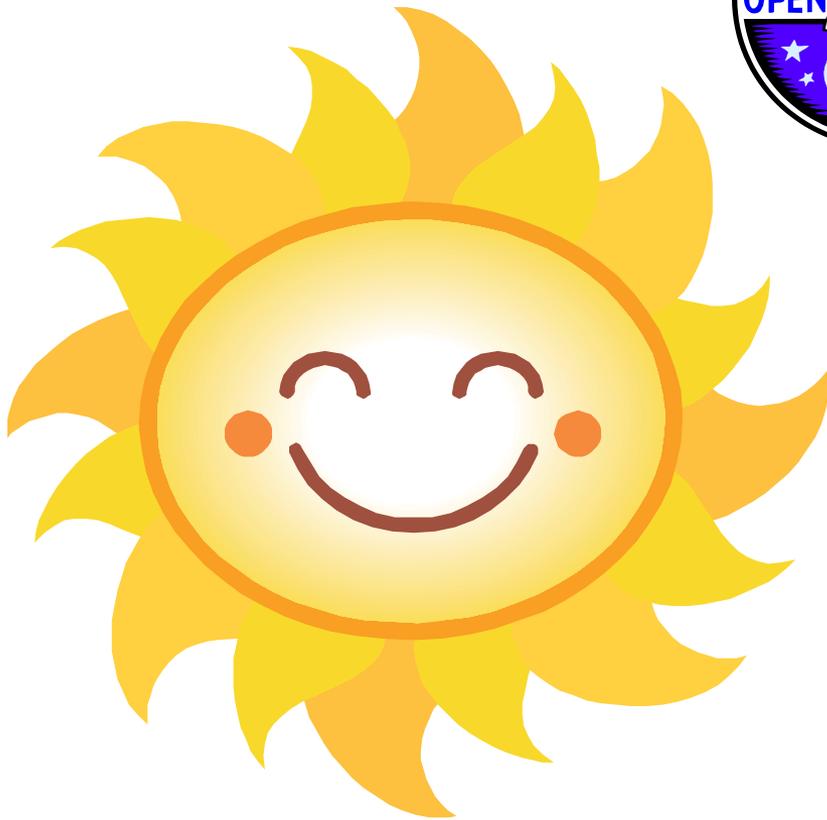
My Address: _____

My Health & Safety



My Health & Safety

During The Day



During The Night



My Health & Safety

During The Day I Need:



All day help.



Someone there so I can ask for help



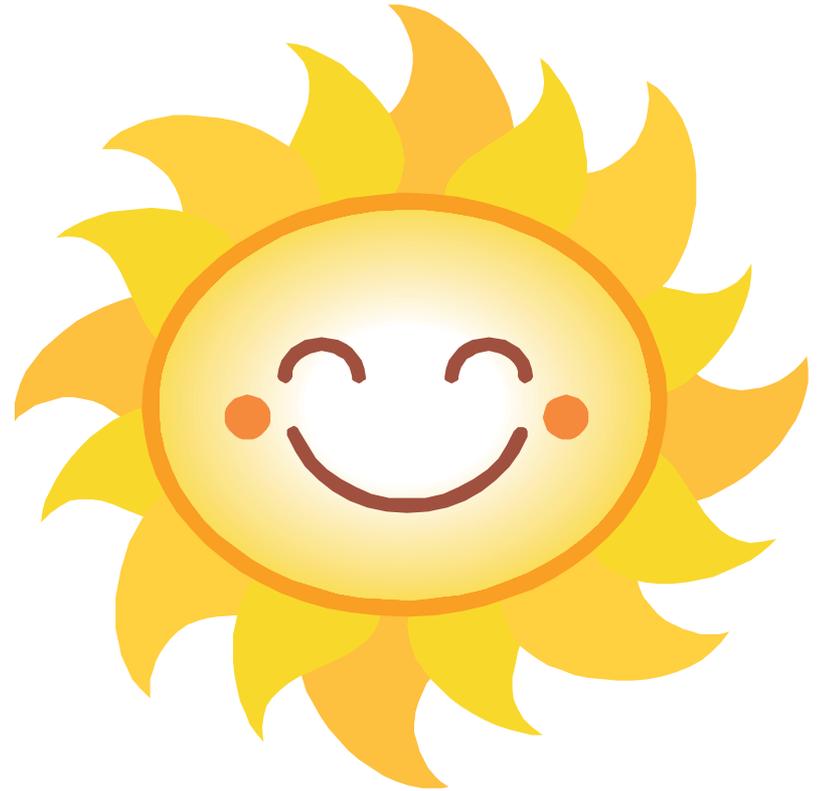
A camera will monitor me, no people



No day help. No camera, no people.



Something else _____



My Health & Safety

During The Night I Need:



All night awake help



Someone there so I can ask for help



A camera will monitor me, no people.



No night help. No camera, no people.



Something else _____



My Health & Safety In An Emergency



My Health & Safety In An Emergency

During The Day I Need:



All day help.



Someone there so I can ask for help



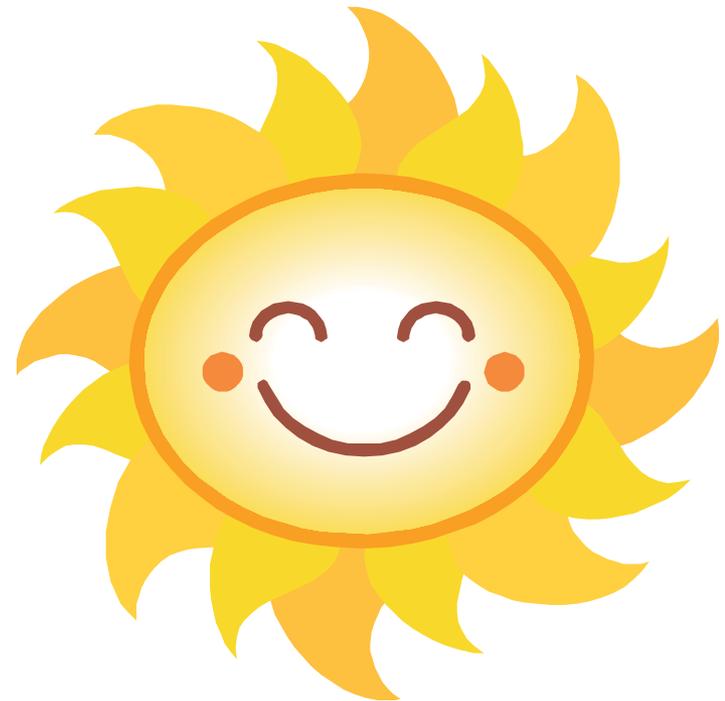
A camera will monitor me, no people



No day help. No camera, no people.



Something else _____



My Health & Safety In An Emergency

During The Night I Need:



All night awake help



Someone there so I can ask for help



A camera will monitor me, no people.



No night help. No camera, no people.



Something else _____

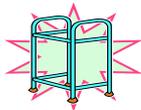


My Preferences

My way of getting around:



Wheel chair



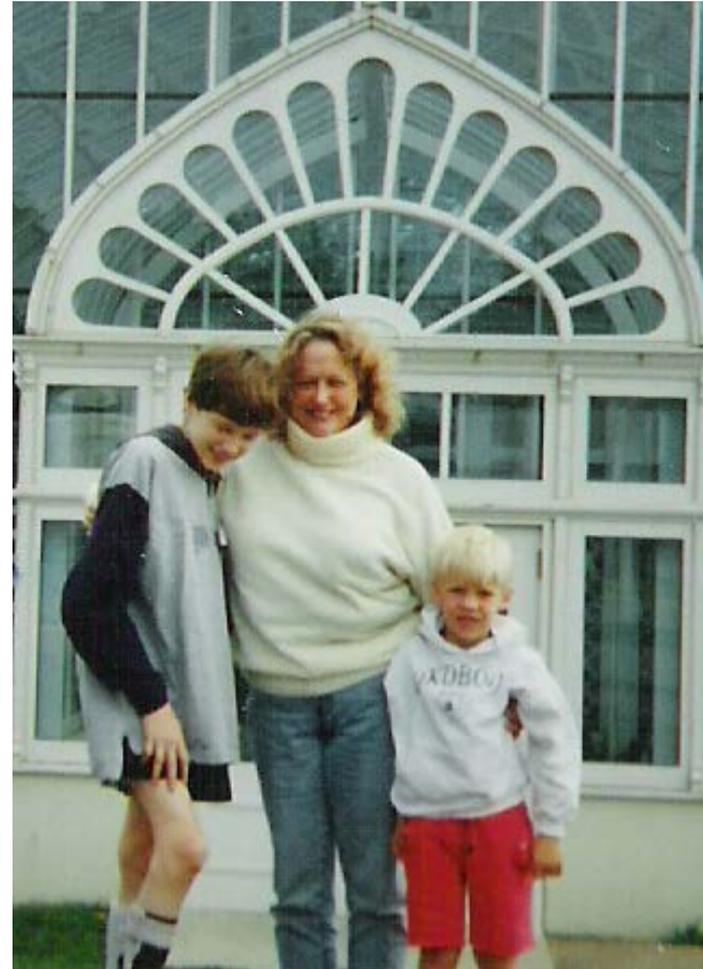
Walker



Cane



Something else _____



My Preferences

Best way to talk to me:



Short Sentences



Sign Language



Communication book



Assistive Technology Device



Something else _____



My Preferences

How I respond to stress:



I get nervous



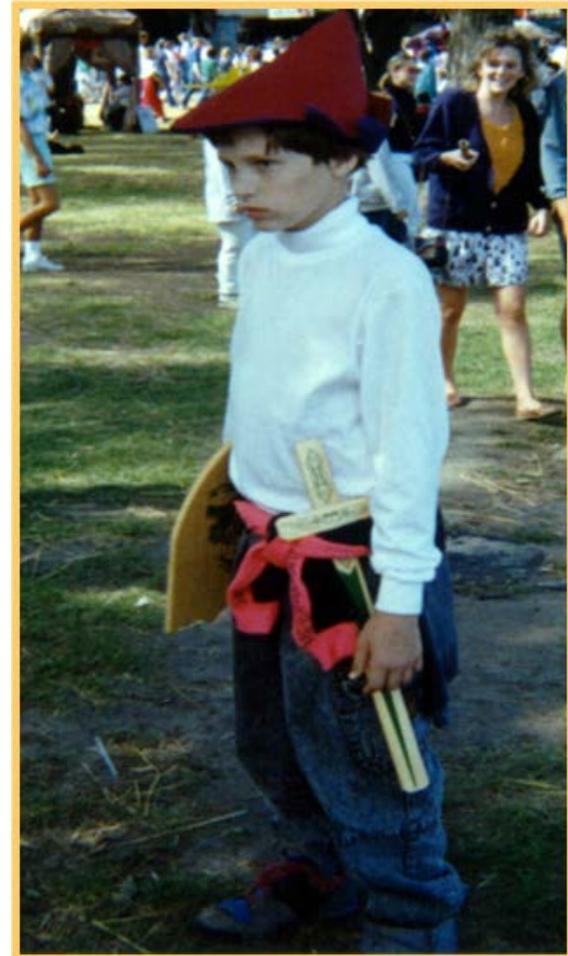
I yell



I tantrum



Something else _____



My Preferences

How to calm me:



Talk quietly



Use my communication book



Turn off the lights & take me to a quiet place



Something else _____



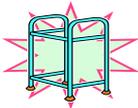
Important Things I use



Glasses



Hearing aids



Walker



Wheelchair



Service Animal



Other _____





Emergency Contacts

Emergency Contact:



Name _____



Phone number _____



Address _____

Emergency Contact [different city]



Name _____



Phone number _____



Address _____



My Medical Information

Health/Medical Information:



Medical Data Reviewed on: Month _____ Year _____



My Name: _____



My Sex: Male 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

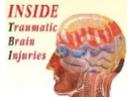
(circle all known)

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) 



My Medical Data



My Date of Birth: _____



Blood Type: _____



Religion: _____



Health Care Proxy on file at: _____



Living will on file at: _____



Surgery

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 _____ Dr.  _____



How often you take this med _____



Second Med Name _____ Dr.  _____



How often you take this med _____



Pharmacy Name _____



Pharmacy





My Insurance



Medical Insurance Information:



Medical Insurance Card: _____



Policy Number: _____



Other Medical Insurance: _____



Policy 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



Emergency

Emergency Information 911



Emergency

Office of Emergency Services phone number





Poison Control

Poison Control phone number



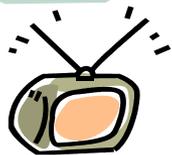


Emergency

Where to get information to be safe in an emergency?



Radio station



TV Station

Think, Plan, Do

Do



Make your magnet and complete your container.

Fill Out Your Personal Safety Magnet

Personal Safety



My name _____



My meds _____

Important things I use, for example



Community Resources

911

Emergency Information



Radio _____



TV _____

Safety at Home

My Go Kit is located in what room :



People who Care

My Neighbor

Name: _____

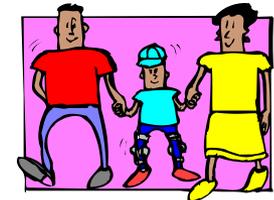
Phone number _____



Friend/Family

Name: _____

Phone number: _____



Your Go Kit

Should Contain the Following



- Water



- Food



- Meds for one week



- First Aid Kit



- Coat, gloves, shoes, boots



- Games



- books



- Whistle



- Radio



- Garbage bags



- Flashlight & Batteries



- Service Animal Supplies



- Container



- Zip lock bag



Remember



- Put your name on your Go Kit



- Put your name on your container



- Put your Go Kit in a easy place to find



- Tell important people where your Go Kit is



- Check your Go Kit often and update My Personal Safety Plan at least once a year



Communicate

With The Important People In My Life



I practiced telling people about my personal needs



I told people that I am depending on them



I asked about being safe at work in an emergency

Safety Tips



- Clear pathways to enter and leave easily

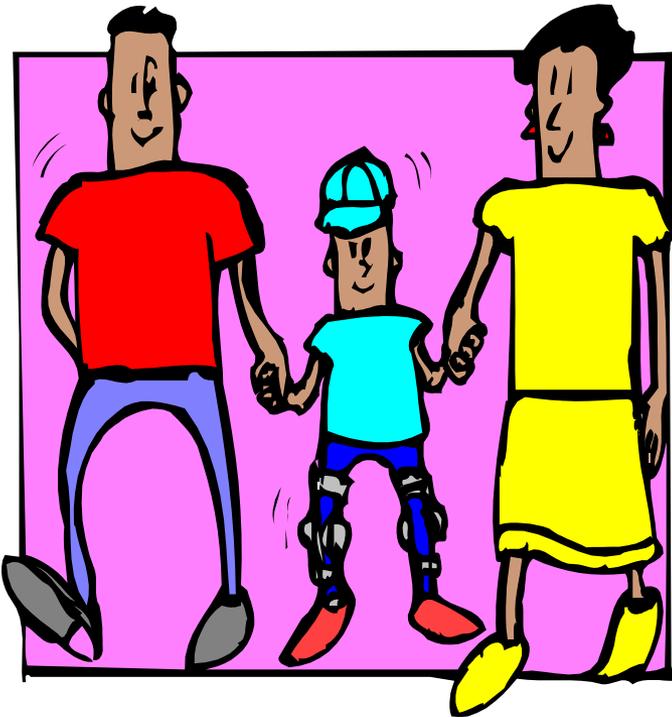


- Keep window and door free of clutter



- Keep Go Kit ready

Please Sign and Date your Personal Emergency Plan

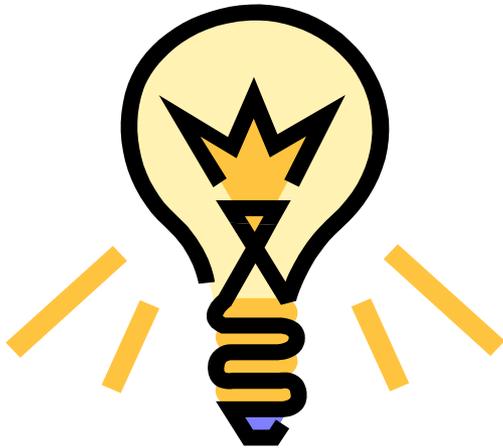


Your Name _____

Date _____

Being Prepared: MN Emergency Preparedness Center

Think



Plan



Do



Being Safe, Feeling Safe=Being Prepared

Feeling Safe, Being Safe*

- 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>

Feeling Safe, Being Safe*

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

Contact Information

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Executive Director IPSII Inc.

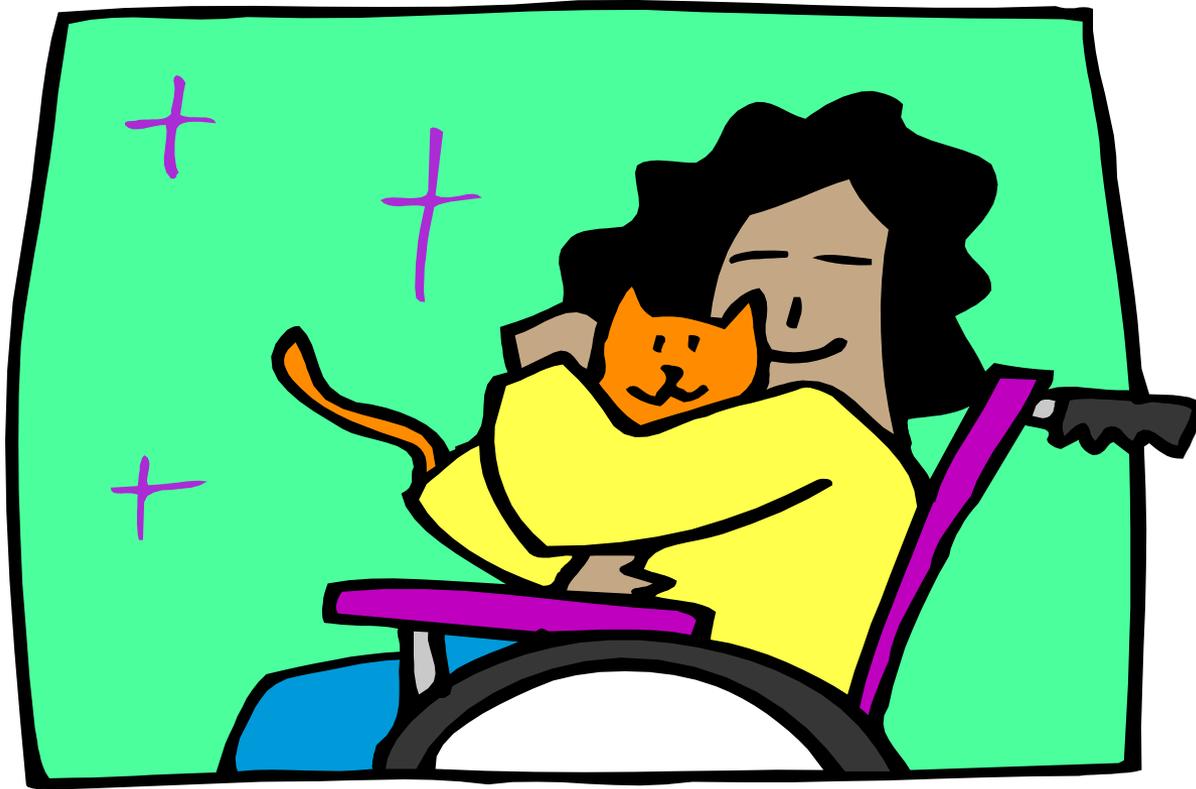
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Julie, Joe & Mike Kenney



The End