Your Name                The Date

My Personal Emergency Preparedness Plan

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

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March 2012
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.
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.
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.
Train 60 individuals with developmental disabilities and their families how to develop their own emergency preparedness plans.
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.

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

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

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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

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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

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 ____________

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My Preferences

How to calm me:

- Talk quietly
- Use my communication book
- Turn off the lights & take me to a quiet place
- Something else__________________

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Important Things I use

☐ Glasses
☐ Hearing aids
☐ Walker
☐ Wheelchair
☐ Service Animal

☐ Other ____________________________

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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)

<table>
<thead>
<tr>
<th>My Allergies</th>
<th>Environmental:</th>
<th>Food:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td><img src="image" alt="Aspirin" /></td>
<td><img src="image" alt="Insect Stings" /></td>
<td><img src="image" alt="Penicillin" /></td>
</tr>
<tr>
<td>Barbiturate</td>
<td><img src="image" alt="Barbiturate" /></td>
<td><img src="image" alt="Latex" /></td>
<td><img src="image" alt="Sulfa" /></td>
</tr>
<tr>
<td>Codeine</td>
<td><img src="image" alt="Codeine" /></td>
<td><img src="image" alt="Lidocaine" /></td>
<td><img src="image" alt="Tetracycline" /></td>
</tr>
<tr>
<td>Demerol</td>
<td><img src="image" alt="Demerol" /></td>
<td><img src="image" alt="Morphine" /></td>
<td><img src="image" alt="X-Ray Dyes" /></td>
</tr>
<tr>
<td>Horse Serum</td>
<td><img src="image" alt="Horse Serum" /></td>
<td><img src="image" alt="Novocain" /></td>
<td><img src="image" alt="No Known Allergies" /></td>
</tr>
<tr>
<td><img src="image" alt="Environmental" /></td>
<td><img src="image" alt="Food" /></td>
<td><img src="image" alt="Other" /></td>
<td></td>
</tr>
</tbody>
</table>

(1) (1) (1)

(2) (2) (2)

(3) (3) (3)

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## My Medical Conditions
(circle all known)

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

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### My medical conditions
(circle all known)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker</td>
<td>Renal Failure</td>
<td>Seizure Disorder</td>
</tr>
<tr>
<td>Sickle Cell Anemia</td>
<td>Stroke</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Blind/Visual Disability</td>
<td>Joint Replacement</td>
<td>Autism</td>
</tr>
<tr>
<td>Cognitive Impairment</td>
<td>Developmental Disability</td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>Fetal Alcoholic Syndrome</td>
<td>Downs Syndrome</td>
</tr>
<tr>
<td>Severe Mental Illness</td>
<td>Non-verbal</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
</tr>
<tr>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
</tr>
</tbody>
</table>
My Medical Data

- My Date of Birth: ________________________________
- Blood Type: ____________________________________
- Religion: ______________________________________
- Health Care Proxy on file at: _______________________
- 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? ____________________________________

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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 __________________________

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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.

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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_______________________________

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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 _______________________________________

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Emergency Information

- Emergency Information 911
- Office of Emergency Services phone number
- Poison Control phone number
- Where to get information to be safe in an emergency?
  - Radio station
  - TV Station

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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:____________________

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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

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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 __________________________________

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Being Prepared: MN Emergency Preparedness Center

Think

Plan

Do

Being Safe, Feeling Safe=Being Prepared

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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

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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 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

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Contact Information

Julie Kenney, MPA
Executive Director IPSII Inc.

6611 Lynwood Blvd
Richfield, MN  55423
612.861.3215
Julie.kenneyipsiiinc@gmail.com
www.ipsiiinc.com

Julie, Joe & Mike Kenney
The End