



**What's Your
Plan?**

**What's Your
Neighbor's Plan?**

**What's Your
Family's Plan?**

**What's Your
Community's Plan?**

**What's Your Health
Care Provider's Plan?**

HCA
HOME CARE ASSOCIATION
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START HERE



1.

Is the home especially vulnerable to any particular hazard, such as flooding or power outage?

Hazards _____



2.

Who should be called if there is an emergency situation? When should the call be made?

24/7 Contact _____
Back up _____

3.

TO GO or TO STAY?
Are there plans for evacuation and/or shelter-in-place? A minimum of three days' supplies? A "Go" Bag? Plans for pets & service animals?



9.

How many days' prescriptions are on hand?

Primary caregiver/family member

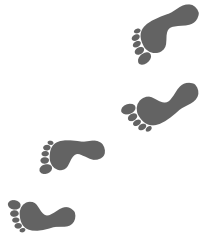
Pharmacy



8.

Are there needed backup medical supplies in the home such as oxygen, hearing aid batteries, eyeglasses, etc.? Are they labeled, and have instructions? Is equipment secured from toppling?

Medical Supply Companies



10.

Does the home have:

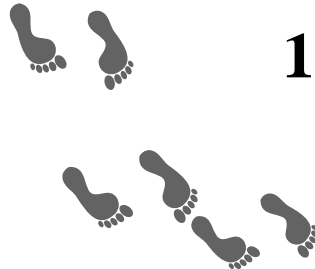
- A hard wired phone?
- A hand operated can opener?
- A garage door opener that operates without electricity?
- Extra cash in case ATMs are out?
- Extra gasoline for the car or a generator?
- Batteries, flashlight, emergency radio, etc.?
- Evacuation Chair if needed?



LIST OF MEDICATIONS

(Take if evacuation is necessary)

Notes:



4.

Is there a special needs or "JEEP"* registry in the county or local area?

Phone Numbers:

County Registry _____

Local EMS _____

*JEEP=Joint Emergency Evacuation Plan

5.

What help is needed for evacuation? What forms of transportation are available? What shelters are accessible and appropriate?

Phone Numbers--Contacts

Transportation _____

Taxi _____

Possible Evacuation Sites:

7.

Are there copies of vital medical information: prescriptions, insurance & Medicare cards; advance directives including DNR in case of evacuation or alternate care providers?

Physician _____

Nurse _____

Social Worker _____

Pastoral Care _____

6.

How long can power be out without risking safety? Priority list?

Utility Company _____

Emergency Office Management

Radio Stations _____

11.

FAMILY CONTACTS

Name _____
Home _____
Cell _____
Work _____

Name _____
Home _____
Cell _____
Work _____

Name _____
Home _____
Cell _____
Work _____

OUT of STATE FAMILY CONTACT

12.

FINISH HERE

Special Instructions & Tasks:

This plan was last updated on :

Community Contacts	Phone	Address
Police		
Fire		
EMS		
Taxi		
24 hour Pharmacy		
Neighbors		
Neighbors		
Volunteer Coordinator		
Other Local Services		
County Emergency Management		
Town/Local Government		
Local Highway Maintenance		
Shelters		
Pre-Arranged Evacuation Site		
Radio or TV Station		



CARE GIVER PLANNING

- ✓ You have an emergency plan in place for all your family for different times of day, including pets;
- ✓ You, your family and/or patient understand basic terms such as “shelter-in-place” and evacuation, and there are enough emergency food and supplies on hand for three days;
- ✓ You keep personal protective equipment with you at all times;
- ✓ You know your employer’s emergency plans and contacts;
- ✓ Your patient or family member has adequate supplies, including medications, for three days, and you know their emergency plans and contacts;
- ✓ You’ve planned with babysitters and loved ones to meet family responsibilities if someone needs to work, or can’t get home;
- ✓ You keep a list of emergency contact numbers, radio stations, and other important names, places, and numbers with you at all times;
- ✓ You keep up to date on daily news;
- ✓ You and your patient or family member have “Go” bags in case you need to evacuate;
- ✓ You know where nearby shelters are located, and have a map available.