



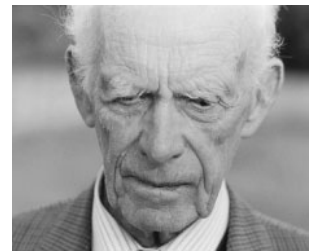
**Take Responsibility
for Your Own Safety!**

DISASTER PLANNING

FOR INDIVIDUALS WITH

SPECIAL MEDICAL NEEDS

IN TIMES OF EMERGENCY



DARE COUNTY EMERGENCY MANAGEMENT
Phone 252-475-5655



What are special medical needs?

This means problems with physical or mental health severe enough that you require care and assistance to meet your basic needs.

People with special medical needs must plan carefully for disasters or other kinds of emergencies. **Enclosed with this brochure is a Special Medical Needs Voluntary Registration Form. Please consider filling it out and returning it to the address shown.** It will enable Emergency Management officials to quickly locate you and know ahead of time what type of help you will need.

Special Medical Needs Voluntary Registration
(Return this form to: Dare Co. EMS, P.O. Box 665, Marion, NC 27554)

Name: _____ Date of Birth: _____
 Physical Address: _____ Zip: _____ Phone: _____
 City: _____
 Directions to home: _____ Is spouse registered? _____
 Mailing Address: _____ (If spouse registered, use this address)
 Emergency name of spouse: _____ Phone: _____
 Caregiver: _____ Phone: _____

You must provide the nearest cell phone number of an emergency contact who will always know where you are. This person should live in your area and could be aware that you have listed them as your contact. Name: _____ Phone: _____

What is your primary disaster plan?
 1. Stay with family or others. (Provide name, address, phone) _____
 2. Stay at home. Do you have a generator? _____
 3. Evacuate to a shelter. (A caregiver must accompany you to the shelter and stay with you.) _____

Do you have transportation to a shelter or to the place you will be staying? _____
 Can you get to work in a car or van? _____
 Do you need a wheelchair for transportation? _____
 Do you have an ambulance for transportation? _____
 Are you receiving home health or assistance at home from an agency or program? _____
 If yes, name of agency: _____

Please check all that apply:

Blind, hearing or speech impaired	_____	I require: (provide details)
Respirator or chronic	_____	Oxygen
Assistive device	_____	Walker
Autism	_____	Chair
Psychiatric/psychiatry	_____	IV Medication
Paralysis	_____	Specialty
Stroke/epilepsy	_____	Cast
Complex disease	_____	Walker cane
Special diet	_____	Wheelchair
Special illness (identify)	_____	Bedpan
Other special condition	_____	Help to eat
High risk pregnancy	_____	Help to dress
Due date?	_____	

I certify that the above information is correct. I hereby authorize Dare County emergency personnel to contact my family or other emergency response or health service agencies or officials, use my name and information to return my home in the event of an emergency, and to use my name and information for emergency response. I understand that I have the right to revoke permission for Dare County Emergency Management and I have the right to revoke permission from the Special Needs Registry. Please print or print in block.

Signature _____ Date _____ Parcel no. _____



What to do if you must leave home.

If you must relocate to a safer place, make plans to go to a friend or relative outside the disaster area. Do not make a shelter your first choice. It should be your last resort.

Emergency relief workers cannot reach everyone quickly and may only be able to assist after a disaster. The following checklist will help you to be ready if you must leave your home.



Caregiver – Your caregiver must go with you to your evacuation site and must be prepared to care for you the same as if you were at home.

Medicine – Pack a 5 day supply of medications and a current list of these medications, strengths, and dosages in a zip-lock bag.



Medical equipment – Label all medical equipment with your name and have it ready to transport. This includes oxygen tanks, feeding pumps, walkers, wheelchairs, etc.

Medical supplies – Pack and label with your name a 5 day supply of Depends, food supplements, wound dressings, and other essentials.



- ✓ **Special diets** - Take a 5 day supply of special foods and written instructions.
- ✓ **Important papers** – Place copies of your important papers, insurance cards, emergency names and phone numbers in a zip-lock bag to take with you.
- ✓ **Clothing** – Pack enough clothes and personal items to last 3 days.
- ✓ **Pets** – Place your pet in a travel box. Provide a five day supply of food and medicine. Arrange for someone to pick up your pet and care for it while you are gone. Pets are not allowed in evacuation shelters.



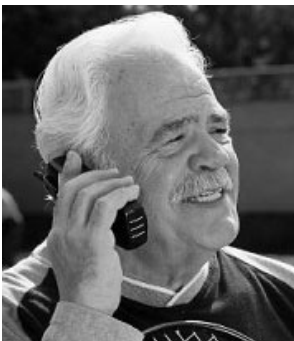
Remember!

Turn off the main power supply to your home.

Turn off the fuel supply to your home.

Turn off the main water valve, flush toilets until dry, and open faucets in tubs, showers, and sinks.

Tell your neighbors that you are leaving and where you are going.



DARE COUNTY EMERGENCY MANAGEMENT
P.O. BOX 1000, MANTEO, NC 27954
Phone: 252-475-5655

What to do if you plan to stay at home.



1) You will need a 5 day supply of bottled drinking water and at least a 3 day supply of cooked, canned, or dried food.

2) Have a manual can opener and a means to heat food that doesn't require electricity. NO charcoal or propane cookers can be used inside!



3) You will need flashlights and a battery powered radio and extra batteries for each. A cell phone will be helpful.

4) Remember to have at least a 5 day supply of your medicine.



5) You must have a generator if you are on a ventilator, oxygen concentrator, or feeding pump. You will need enough fuel to last 72 hours.

Note: The Special Medical Needs Voluntary Registry is maintained by the Dare County Department of Social Services.

Phone: 252-475-5500



Special Medical Needs Voluntary Registration

(Return this form to: Dare Co. DSS, P.O. Box 669, Manteo, NC 27954)

Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ Zip: _____ Phone: _____

Directions to home: _____

Mailing Address: _____

If married, name of spouse: _____ Is spouse registered? _____

Caregiver: _____ Phone(h): _____ Phone(w): _____

You must provide the name and phone number of an emergency contact who will always know where you are. This person should live in your area and must be aware that you have listed them as your contact!

Name: _____ Phone: _____

What is your primary disaster plan?

___ 1. Stay with family or others. Provide name, address, phone: _____

___ 2. Stay at home. Do you have a generator: ___yes ___no

___ 3. Evacuate to a shelter. (A caregiver must accompany you to the shelter and stay with you.)

Do you have transportation to a shelter or to the place you will be staying? ___yes ___no

Can you sit up and ride in a car or van? ___yes ___no

Do you need a wheelchair lift? ___yes ___no

Do you require an ambulance for transportation? ___yes ___no

Are you receiving home health or assistance at home from any agency or program? ___yes ___no

If yes, name of agency: _____

Please check all that apply:

Blind, hearing or speech impaired _____

Special diet (type) _____

Alzheimer's Disease _____

Seizures _____

Heart condition/Stroke _____

Paralysis _____

Severe arthritis _____

Contagious disease _____

Terminal illness _____

Mental illness (specify) _____

Other special condition _____

High-risk pregnancy _____

Due date? _____

I require: (provide details)

Oxygen _____

Respirator _____

Dialysis _____

I.V. Medication _____

Electricity _____

Catheter _____

Walker, cane _____

Wheelchair _____

Bedridden _____

Help to eat _____

Help to toilet _____

I certify that the above information is correct. I hereby authorize Dare County management to release, use or disclose this information to other emergency response or human service agencies or officials. I also give law enforcement permission to enter my home in case of an emergency. I understand that I have the right to revoke this permission by notifying Dare County Emergency Management and asking that my name be removed from the special needs registry.

Signature _____ Date _____ Parcel no. _____