

# Steps in Preparing for an Emergency

## Step 1: Do a personal assessment

A personal assessment is a list of questions that helps you figure out what you will need during an emergency. This will help you set up your emergency kit. It can also help emergency workers know what you need.

## Step 2: Make a kit

An emergency kit is more than a First Aid kit. Your emergency kit is unique to you. Different people need different things in their kit. Here are some tips for your emergency kit:

- Your emergency kit should last at least 2 weeks.
- You do not have to put it all together at once. Do one thing at a time.



## Draw a house map

A house map will help you see where and how you should evacuate and where important emergency supplies are located. Your map should have:

- Location you will meet family, friends or helpers in case of emergency (meeting location)
- Location of your emergency kit (where do you keep it?)
- Location of your nearest emergency shelter



120 S. Cole Rd.  
Boise, ID 83709



208-334-3800  
Toll Free- 1-800-487-4866  
<https://silc.idaho.gov>

### **Step 3: Prepare an emergency plan**

The third step to being prepared is to set up your emergency plan. An emergency plan details how you will deal with an emergency.

#### **List of common emergency situations**

By knowing what could affect you, you can build your emergency kit to be ready for different emergency situations.

- Fire
- Flood
- Snow
- Windstorms
- Other emergencies

#### **Communication Plan**

A communication plan includes a list of your emergency contacts and other important numbers. Remember, in a disaster you might not be able to use your cell phone.

Keep a list of phone numbers:

- Emergency contacts (friends, family, service provider and staff)
- Mental Health Checklist
- Electric, gas and water company
- City, county and state police
- Your pharmacist

Part of a communication plan is having a list of important information about you.

- Current medications you are taking
- Food/drug allergies you may have
- Your preferred food
- Location of your mobility devices (usually next to you or near exits)
  - ◊ Train people you know and trust on how to use your assistive devices.

## **Step 4: Be informed**

Knowing about a disaster will help you plan what to do next. Staying informed and being involved in your community are important to your emergency plan. If you do not know when, where or how an emergency strikes you won't be prepared.

### **Sign up for alerts**

There are many different alert systems that range from local to national. Getting notifications keeps you informed and prepared when an emergency happens. Notification systems are done by text, email, and VRS (Video Relay Systems).

- Federal level notification systems are automatic and do not require you to sign up for them.
- The state notification system is not an automatic sign up. You will need to sign up for yourself.
- County/local level notification systems in Idaho are based on county. These systems are for local disasters and will inform you of potential storms, situations and evacuation notices.

### **Follow social media**

Following local groups on social media is also another way for you to stay informed. Some suggested groups for you to follow.

- Your local emergency management
- Local Red Cross chapter
- Local church preparedness groups

### **Get involved!**

By joining different preparedness groups you are helping yourself be prepared, and providing a valuable service to your community. Reach out to your local emergency management office to find opportunities.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Personal Assessment

### Assistive Technology

- Do you use any type of medical device or a person to help you?
  - Use the bathroom
  - Get in or out of bed
  - Leave your house
  - Eat/fix a meal
  - Communicate
  - Take or remember medication
  - Other \_\_\_\_\_

### Service Animal

- Do you have a service animal?
  - Yes
  - No
- How does it help you?  
\_\_\_\_\_
- Do you have a doctor's note saying you need it?
  - Yes
  - No

### Emotional Support Animal

- Do you have an emotional support animal?
  - Yes
  - No
- How does it help you?  
\_\_\_\_\_
- Do you have a doctor's note saying you need it?
  - Yes
  - No



**Evacuation**

- Can you evacuate your house by yourself?
  - Yes
  - No
- Will you need transportation?
  - Yes
  - No
- What kind of assistance will you need?

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- What kind of transportation?

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**Independent Living**

- If you couldn't stay in your home or apartment, could you do the following without any help?
  - Use the bathroom
  - Cook your own food
  - Transfer to/from a bed
  - Communicate
- Can you do the things above without any help every day for:
  - A week?
  - Two weeks?
  - A month?

**Communication**

- Can you communicate with people outside of your friends, family or staff without your assistive technology?
  - Yes
  - No
- If no, then can you use:
  - Pen and paper
  - Your own communication picture book
- Can you tell people what you need and/or understand what they are telling you?
- Do you normally use an ASL interpreter, a helper or a communication device to help communicate with people you don't know?

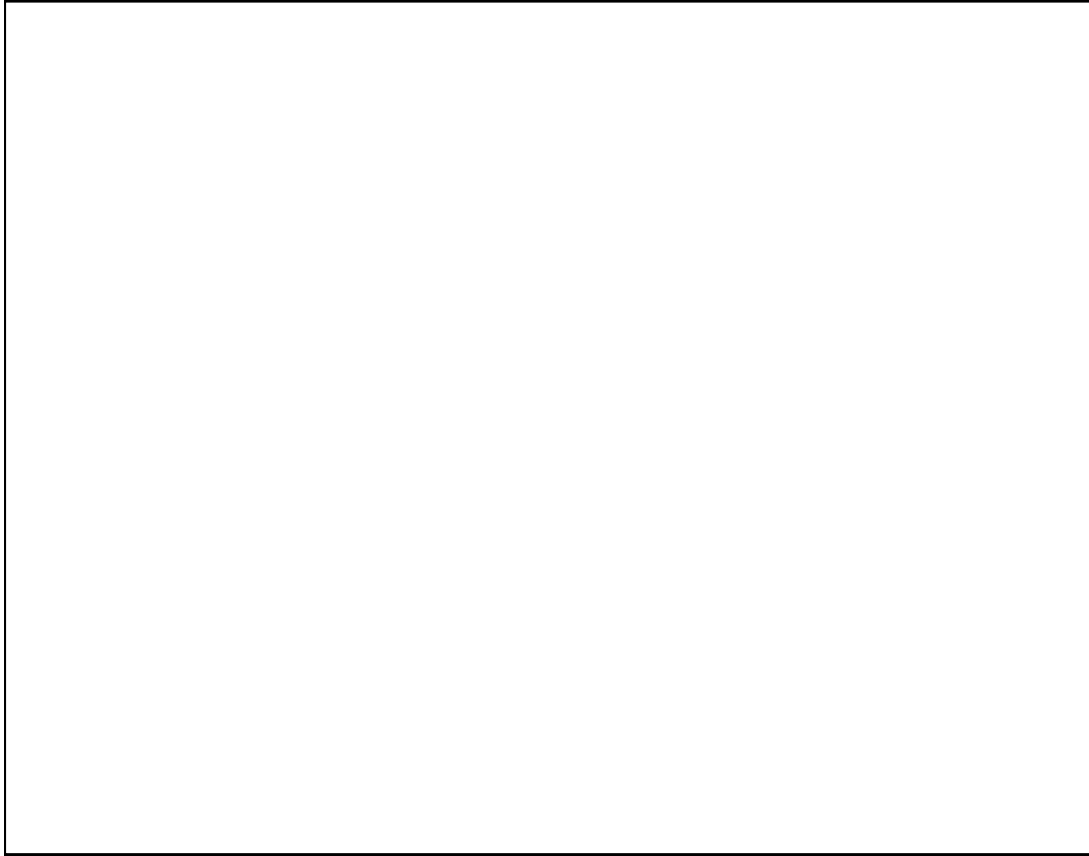
# Emergency Kit “Go Bag” List

- 
- ❑ Written list of emergency contacts with phone numbers and addresses
  - ❑ One week supply of medications, list of medications and frequency taken, personal medical information and any food or drug allergies
  - ❑ Flashlight with extra batteries
  - ❑ Bottled water
  - ❑ Snacks that won't spoil
  - ❑ Dust mask to help filter air
  - ❑ Copies of
    - Personal identification
    - Credit/ATM cards
    - Birth certificate
    - Insurance cards
    - Other important papers(in a waterproof container or Ziploc bag)
  - ❑ First aid kit
  - ❑ Whistle or horn to signal for help
  - ❑ Baby wipes or moist towelettes
  - ❑ Personal hygiene items
  - ❑ A list that includes model and serial numbers for walkers, wheelchairs, hearing aids, communication devices and other medical supplies you use

## Health Emergency (Covid-19) Items

- ❑ Hand sanitizer
- ❑ Masks
- ❑ Gloves
- ❑ Soap
- ❑ Toilet paper, Paper towels
- ❑ Disinfectant wipes
- ❑ Thermometer
- ❑ Over the counter medications

# House Map



- Escape routes
- Fire extinguisher
- Meeting place
- Earthquake safe zone
- Emergency kit location
- Pet supplies

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## Common Emergency Situations

Check the box if it's a possible emergency in your location. By knowing which disasters are most likely to effect you it allows you to be more prepared.

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemical      | <input type="checkbox"/> Heat wave    | <input type="checkbox"/> Tsunami      |
| <input type="checkbox"/> Drought       | <input type="checkbox"/> Hurricane    | <input type="checkbox"/> Volcano      |
| <input type="checkbox"/> Earthquake    | <input type="checkbox"/> Landslide    | <input type="checkbox"/> Water safety |
| <input type="checkbox"/> Fire          | <input type="checkbox"/> Power outage | <input type="checkbox"/> Wildfire     |
| <input type="checkbox"/> Flood         | <input type="checkbox"/> Terrorism    | <input type="checkbox"/> Snow storm   |
| <input type="checkbox"/> Flu           | <input type="checkbox"/> Thunderstorm | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Food shortage | <input type="checkbox"/> Tornado      |                                       |





Idaho State Independent Living Council



### Communication Plan Emergency Numbers

**Name:** \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Name:** \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Name:** \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Urgent Care Center:** \_\_\_\_\_

**Local Police Station:** \_\_\_\_\_

**County Non Emergency Number:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Idaho State Police (208) 736-3060**

**Poison Control 1-800-222-1222**

**Emergency 911**

**If an emergency happens while everyone is at home, where will you meet?**

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**If a disaster happens when you are away from your home, or if you get separated, where will family members meet?**

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**Emergency kit location:**

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**Other important information:**

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Last update\_\_\_\_\_

Pharmacy & Phone\_\_\_\_\_

Date of birth\_\_\_\_\_

Write down all your prescriptions, over-the-counter medicines, vitamins, herbs, dietary supplements, oxygen, inhalers and homeopathic remedies

Medication name & date started	Dose (Mg, units, drops)	When taken (Daily, at bedtime)	Reason for taking (Blood pressure, diabetes, )	Prescribing health care provider & phone number

Complete this form and keep it in your folder at all times. Keep this list current by updating your medication information often. Place your file in your emergency kit for quick access by first responders and emergency personal. Bring your file with you to any hospital visit or emergency care center.



Medication list continued on back

Medication name & date started	Dose (Mg, units, drops)	When taken (Daily, at bedtime)	Reason for taking (Blood pressure, diabetes)	Prescribing health care provider & phone number



## Mental Health Know how to relieve stress

### **Set limits:**

Reduce how much time you spend reading or watching news about the crisis. Listen to reliable sources.

### **Connect with others:**

Talk with people you trust about your concerns and how you are doing.

### **Keep yourself healthy:**

Find people and resources you can depend on for information and support. Eat healthy food and drink plenty of water. Get enough sleep and rest.

### **Seek help if needed:**

Call your doctor, mental health provider or crisis line.

### **Make time to unwind:**

Take deep breaths, stretch, meditate. Try to do something you enjoy, like reading or listening to music.



## Mental Health Self Care Plan

**What are important signs that I am feeling overwhelmed or stressed?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What can I do to help myself feel better?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What can I do to take my mind off what is going on (place, activities, people)?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Who can I call when I need to talk?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Mental Health Resources

National Suicide and Crisis Lifeline - 988 (English, Spanish, Talk, Chat)  
 For TTY Users: Use your preferred relay service or dial 711 then 988  
 Deaf Crisis Line - 1-321-800-3323 (VP)

### CRISIS CENTERS

Eastern Idaho	Treasure and Magic Valley	North/Central Idaho
<p><b>Behavioral Health Crisis Center</b></p> <p>1650 N Holmes Ave, Idaho Falls, ID 83401</p> <p>208-522-0727</p>	<p><b>Pathways Community Crisis Center</b></p> <p>7192 Potomac Dr. Boise, ID 83704</p> <p>833-527-4747</p>	<p><b>Northern Idaho Crisis Center</b></p> <p>2195 Ironwood Court, Coeur d’Alene, ID 83814</p> <p>208-625-4884</p>
<p><b>Southeast Idaho Behavioral Crisis Center</b></p> <p>1001 N 7th Ave, Pocatello, ID 83201</p> <p>208-909-5177</p>	<p><b>Western Idaho Community Crisis Center</b></p> <p>524 Cleveland Blvd., Suite 160, Caldwell, ID 83605</p> <p>208-402-1044</p>	<p><b>Rural Crisis Center Network</b></p> <p>Serves Lewiston, Moscow, Orofino, and surrounding communities</p> <p>877-897-9027</p>
	<p><b>Crisis Center of South Central Idaho</b></p> <p>570 Shoup Ave W, Twin Falls, ID 83301</p> <p>866-737-1128</p>	



# Mental Health

## STATEWIDE RESOURCES

Idaho Federation of Families for Children’s Mental Health 208-433-8845

National Alliance on Mental Illness (NAMI) 1-800-950-6264

Virtual Support Groups - NAMI [www.namiidaho.org](http://www.namiidaho.org)

## LOCAL RESOURCES

Non-Emergency Police Dispatch: \_\_\_\_\_

Mobile Crisis: \_\_\_\_\_

If you need help finding your local numbers, please contact the Idaho SILC for assistance

List your own resources on the lines below, such as substance abuse services, mental health provider, behavioral health

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Pet Emergency Information



## Step 1: Arrange a Safe Haven

A safe haven is a place you can take your pets to if you have to evacuate. Do not leave your pets behind. Remember, if it isn't safe for you, it isn't safe for your pets. Put together a list of places that accept pets that are outside of your local area. Then, if you have to evacuate, you already know where to take your pets. Places that you should consider:

- Local animal shelters
- Hotels or motels that accept pets
- Friends and relatives if they are willing to take in your pet

## Step 2: Find Designated Caregivers

A designated caregiver is someone who can take care of your pets if you are not able to because of an emergency. A caregiver is:

- Someone who lives close to your home
- Someone who is generally home during the day while you are at work or who can go to your home
- Someone who has a set of keys to your house

When selecting this caregiver, consider someone who has met your pet and has cared for your animals in the past. Talk to the caregiver about your expectations and responsibilities when watching your pet.

## Step 3: Prepare Emergency Supplies and Traveling Kits

- Seven days worth of canned or dry food (be sure to change it every two months)
- Disposable litter trays (aluminum roasting pans are perfect)
- Dog/Cat litter or paper towels
- Liquid dish soap and disinfectant
- Disposable garbage bags for clean-up
- Pet feeding dishes and water bowls
- Extra collar or harness as well as an extra leash
- Photocopies and/or USB of medical records
- Two-week supply of any medicine your pet takes
- Seven days' worth of bottled water per pet
- A traveling bag, crate or sturdy carrier, one for each pet
- Blanket
- Recent photos of your pets





## Pet Emergency Information

**Owner:** \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_

**Caregiver** \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_

**Safe Haven Locations:**  
**Boarding/Kennel:** \_\_\_\_\_

**Hotel:** \_\_\_\_\_

**Nearest Pet Shelter:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

### Pet Information

Photo	Name _____
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	Nicknames _____
	Features _____
	Friendly _____
	Food brand _____
	Medication _____
	_____

### Pet Information

Photo	Name _____
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	Nicknames _____
	Features _____
	Friendly _____
	Food brand _____
	Medication _____
	_____



**Animal emergency kit location**

\_\_\_\_\_

