



# EMERGENCY PREPAREDNESS GUIDE



This booklet has been prepared by ALS United of Georgia to assist people with ALS and their families prepare for emergency situations, rapidly obtain help when an emergency arises, and ease the recovery process after the emergency has passed.

The contact information contained in this Emergency Guide coupled with the personalized data forms, will provide an easily accessible information source to assist you during an emergency.

Once you have entered your personal information into this booklet, you will be in a good position to quickly know what to do, when to do it, and whom to contact in emergency situations. Responding emergency personnel will also have the information required to become familiar with your situation, if you are not in a position to actively assist.

After reading the content of this booklet carefully, please fill in all pertinent information requested and keep the booklet in a highly visible, readily accessible location for easy reference during an emergency.

## Table of Contents

<b>2</b>	Emergency Telephone Numbers
<b>3</b>	Patient Information
<b>4</b>	Family & Contact Information
<b>5</b>	Disability Related Supplies
<b>6-8</b>	Things to Do Before an Emergency Strikes
<b>9</b>	Things to Do When an Emergency Strikes
<b>10</b>	Things to Do After an Emergency is Over

# EMERGENCY CONTACT NUMBERS

**General Emergency Number:** \_\_\_\_\_

**Police Department:** \_\_\_\_\_

**Fire Department:** \_\_\_\_\_

**EMS/ Ambulance:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Power Company:** \_\_\_\_\_

**Water Company:** \_\_\_\_\_

**Gas/Propane Company:** \_\_\_\_\_

**Wheelchair Company:** \_\_\_\_\_

**Respiratory Company:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Neurologist:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Pulmonologist:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Family Contact:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Family Contact:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Out-of-Town Contact:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Out-of-Town Contact:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

Person with ALS (pALS) information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Health Insurance Provider(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Member ID #: \_\_\_\_\_

Medical Condition (Include ALL Conditions):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (Strength/Dosage & How You Take Medication - Oral, Feeding Tube, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Sensitivities/Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Adaptive/Support/Communication Equipment Required & Vendor's Phone Numbers:  
\_\_\_\_\_  
\_\_\_\_\_

Special Care Instructions (Be Specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Documents:  
Living Will:  Yes  No Location: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Power of Attorney:  Yes  No Location: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Phone #: \_\_\_\_\_ Five Wishes:  Yes  No

**Family Members Living in House:**

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

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Local Emergency Contacts:**

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Out-Of-Town Contacts:**

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Disability Related Supplies & Specialty Equipment:**

- Wheelchair     
  Motorized     
  Manual     
  Wheelchair Repair Kit

(Include Model & Serial Number)

---



---



---

- Wheelchair Batteries / Charger / Adapter:

---



---



---

- Breathing Device(s):

---



---

- Suction Equipment:

---



---

- Communication Device(s)  
Battery / Charger / Adapter:

---



---

- Thickening Agent / Consistency:

---



---

- Glasses: \_\_\_\_\_

- Hearing Device: \_\_\_\_\_

- Dentures: \_\_\_\_\_

- Communication Device:

---



---

- Dialysis Equipment:

---



---

- Other Supplies (Syringes, etc.):

---



---

- Walker:

- Canes:

- Crutches:

- Brace:

- Patient Lift w/Sling:

- Back-up Breathing Chargers/Adapters:

---



---

- Oxygen Equipment Flow Rate:

---



---

- Back-up Communication:

---



---

- Eating Utensils:

---



---

- Dressing / Grooming Tools:

---



---

- Sanitary Supplies:

---



---

- Urinary Supplies:

---



---

Contact your Local Government Office in your county to report that a family member is living with ALS and ask to be placed on the Local Emergency Management List as a household needing assistance in times of emergency.

**Tel. #:** \_\_\_\_\_

Contact your County Coordinator for your State Emergency Management Agency to report that a family member is living with ALS and ask to be placed on the State/County Local Emergency Management List as a household needing assistance in time of emergency.

**Tel. #:** \_\_\_\_\_

Establish a personal support network consisting of two or more local friends, relatives, or neighbors who will check on you during an emergency and provide assistance. Always notify your support network when going out of town and upon returning.

Provide a copy of the Patient Information, Family & Contact Information, and the Disability Related Supplies and Specialty Equipment lists to at least one relative and two members in your personal support network.

Create an emergency plan for evacuation in the event of fire, flood, chemical spill, or other disaster requiring you to leave your home. Review the plan with all members of the household. Once your plan is complete, place it in a convenient location.

Purchase generator (if needed) and learn how to use it.

In the event you need to evacuate at a moment's notice and take essentials with you, you should assemble an emergency supply kit. A supply kit is a collection of basic items a family would probably need to stay safe and be more comfortable during and after an emergency. Items should be stored in a portable container(s) as close as possible to the exit door. Review the contents of your kit at least once per year or as your family's needs change. Also, consider having emergency supplies in each vehicle and at your place of employment.

**Register with Smart 911 - Website:** <https://www.smart911.com>

With Smart911, you can provide 9-1-1 call takers and first responders critical information you want them to know in any kind of emergency.

When you call 9-1-1, your Smart911 Safety Profile displays on the 9-1-1 screen and the 9-1-1 call takers can view your addresses, medical information, home information, description of pets and vehicles, and emergency contacts. You can provide as much or as little information as you like.

Smart911 is a national service meaning your Smart911 Safety Profile travels with you and is visible to any participating 9-1-1 center nationwide.

**Below are suggestions of items that you can store in your supply kit:**

- » 3-day supply of medications (periodically replace to keep within expiration dates)
- » 3-day supply of nonperishable food or high calorie formula
- » 3-day supply of water (one gallon of water per person, per day)
- » First aid kit and manual
- » Sanitation and hygiene items (hand sanitizer, toilet paper, etc.)
- » Extra clothing and blankets to keep warm/dry
- » Flashlight, batteries, utility knife
- » Tool Kit
- » Communications board and pre-printed key phrases
- » 2V power converters/adapters that allow your communications device, wheelchair battery, or BiPap to be plugged into an automobile cigarette lighter or attached to a 12V battery for recharging or operation
- » Patch kit and can of compressed air for inflating wheelchair, scooter, or car tires

**Supplies for your vehicle can include:**

- » Flashlight, extra batteries and maps
- » First aid kit and manual
- » White distress flag
- » Tire repair kit, booster/jumper cables, pump
- » Water and non-perishable food items
- » Blanket/jacket

Create an emergency plan in the event that you and your family must remain in your house for an extended period of time due to a snow storm, power outage, severe storm damage to neighborhood, or other disaster that includes:

**Assembling and maintaining emergency supplies including:**

- » Food - canned, smoked or dried meats; canned fruits & vegetables, boxed or powdered milk, boxed or canned juices, sugar cookies, hard candy, high energy foods (such as peanut butter, trail mix, nuts, etc.)
- » Water - a three-day supply based upon one gallon of water per day per person (Replace water supply every six months.)
- » Tools - battery-operated radio, flashlights, extra batteries, non-electric can opener, shut-off wrench for gas and water lines, small fire extinguisher, paper plates/cups, plastic utensils, utility knife (1)Extra clothing and blankets to keep warm/dry
- » First Aid Kit
- » Battery charger and spare batteries for all support equipment (BiPap, scooter, electric wheelchair, etc.) Periodically charge these batteries in accordance with manufacturer instructions in order to keep them close to full charge at all times, in case of a loss of power.

Select specific telephone numbers for each family member to call, if it is not possible to be reached or to call home. Select one local number of a relative or friend and one number out of your area, in case local phone service is out. Remember that both land-line and cell phone service may be out in the area.

Draw a floor plan of your home. Mark escape routes from each room.

Keep important papers in a fire-proof safe and take them with you, if possible, when it is necessary to evacuate your home.

Register with your utility providers as a home with special needs that requires start-up of utility services as soon as possible after an emergency.

1. Know the difference between a **“Watch”** and a **“Warning”**.
  - » A **Watch** means that a severe condition may develop.
  - » A **Warning** means that a severe condition has developed and is on its way.
2. Immediately implement your family plan, gather your family in a safe place, and make sure you have your emergency supply kit with you.
3. If some family members are not with you at home or in your car:
  - » Attempt to contact them by wireless phone to determine their location.
  - » Discuss their situation and safety plans.
  - » Devise a plan to reunite the family when the danger has passed.
  - » Contact local and out-of-town members of your emergency network to inform them of your situation.
4. Set your television and/or radio to local news channels to keep current on warnings and suggested actions applicable to your area. In the event that power is lost, use your battery-operated radio.

**Winter Storm:** In the event of a severe winter storm:

**If At Home:**

- » Stay Inside
- » If an alternative heat source (fireplace, wood stove, space heater, etc.) is required, use fire safeguards and properly ventilate exhaust to avoid carbon monoxide poisoning
- » If you have no heat, close off unneeded rooms, stuff towels in the cracks under doors, and cover windows at night
- » Wear layers of loose-fitting, lightweight, warm clothing, so that you can remove or add layers, as required, and
- » Eat and drink to maintain energy and prevent dehydration.

**If in a Vehicle:**

- » Stay in your car or truck.
- » Make sure that the exhaust pipe is not blocked.
- » Run the motor for ten minutes each hour for heat.
- » Keep a window partially open for fresh air to avoid carbon monoxide poisoning when running the engine.
- » Make yourself as visible as possible to rescuers by turning on the dome light when the engine is running and by tying a colored cloth to the antenna or door.
- » Periodically exercise by vigorously moving arms, legs, fingers, and toes to keep blood circulating and to keep warm.

**Flooding:**

- » If not advised by local officials to leave your home, stay upstairs until waters recede or rescue occurs.
- » If in a vehicle, immediately exit and move to higher ground.

**Tornado:**

- » Seek shelter immediately.
- » If in a vehicle, get out and lie flat in a low area.

If assistance is needed after a disaster, contact your local government and/or the appropriate organizations and government officials listed below.

### **FEDERAL DISASTER ASSISTANCE:**

**Federal Emergency Management Agency: 1-800-621-3362**

Disaster Relief Information: [www.fema.gov](http://www.fema.gov)

**American Red Cross National Office: 1-866-438-4636 [www.redcross.org](http://www.redcross.org)**

### **STATE DISASTER ASSISTANCE:**

**Georgia Emergency Management Agency: <https://gema.georgia.gov/>**

**404-635-7200 or 1-800-TRYGEMA (1-800-879-4362)**

**Regional Office General Number: 404-635-7000**

### **American Red Cross Locations:**

#### **American Red Cross of Metropolitan Atlanta**

1955 Monroe Drive, Atlanta, GA 30324

**Phone:** 404-876-3302 **Fax:** 404-575-3084

**Email:** [info.metroatlanta.ga@redcross.org](mailto:info.metroatlanta.ga@redcross.org)

**Hours:** 8:30 AM. - 5:30 PM. (Monday-Friday)

#### **American Red Cross of Northeast Georgia**

112 John Maddox Drive NW

Rome, GA 30165

**Phone:** 844-536-6226

**Hours:** By Appointment Only

#### **American Red Cross of Central Midwest Georgia**

900 Dallis Street, Suite C, LaGrange, GA 30240

**Phone:** 706-884-5818

**Hours:** By Appointment Only

#### **American Red Cross of South Central Georgia**

385 Connell Rd.

Valdosta, GA 31602

229-242-7404

**Phone:** 229-242-7404

#### **American Red Cross of Northeast Georgia**

1691 Meriweather Drive, Suite 103

Watkinsville, GA 30677

**Phone:** 706-535-1645

**Hours:** By Appointment Only

#### **American Red Cross of Southeast & Coastal Georgia**

41 Park of Commerce Way, Building #200, Savannah, GA 31405

**Phone:** 912-651-5300

### **Prepare for Emergencies Now - Information for People with Disabilities:**

[http://www.ready.gov/sites/default/files/FEMA\\_Disabilities\\_R-6\\_web\\_june2012.pdf](http://www.ready.gov/sites/default/files/FEMA_Disabilities_R-6_web_june2012.pdf)

### **Preparing Makes Sense for People with Disabilities and Other Access and Functional Needs:**

[https://www.ready.gov/sites/default/files/2020-03/preparing-makes-sense-for-people-with-disabilities\\_0.pdf](https://www.ready.gov/sites/default/files/2020-03/preparing-makes-sense-for-people-with-disabilities_0.pdf)

### **People with Disabilities:**

<http://www.redcross.org/prepare/location/home-family/disabilities>

### **Individuals with Disabilities or Access & Functional Needs:**

<http://www.ready.gov/individuals-access-functional-needs>

---

## ALS UNITED OF GEORGIA



888-636-9940  
404-636-9909



[www.alsgeorgia.org](http://www.alsgeorgia.org)  
[info@alsgeorgia.org](mailto:info@alsgeorgia.org)

