

ARE YOU PREPARED?



DISASTER PLANNING

for Individuals with

SPECIAL MEDICAL NEEDS IN TIMES OF DISASTER



For more information on this voluntary Registry
(704)986-3650

*Stanly County Department of: Emergency Services, Social Services, Public Health,
Senior Services, SCUSA & Red Cross*

What are Special Medical Needs?

What is it? *Those whose physical, emotional/cognitive, and/or medical conditions are such that they, even with help from family or friends, would not be able to meet their basic needs during a 72 hour emergency period.*

Are you prepared for disasters?

People with special medical needs must plan in advance for disasters or any type of emergencies. Stanly County is building a voluntary Special Needs Registry for those that meet the criteria and wish to participate. Enclosed with this package is information on *Conditions for participation, Sheltering* and a *Voluntary Registration Form*. If you consider filling it out, please return to the following address:

Stanly County Emergency Service
201 South Second St.
Albemarle, NC 28001

This information will enable Emergency Services officials to quickly locate and know ahead of time what type assistance you will need.

What you must do prior to leaving home.

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

Emergency workers cannot reach everyone quickly and may only be able to assist after a disaster.

The following checklist will help you to be ready in the event you must leave your home:

- **Caregiver** – Your caregiver must accompany you to your evacuation site and must be prepared to care for you the same as if you were at home.
 - **Medicine** – Pack a 72 hour supply of medication and a current list of medications, to include; name, strength and dosages.
 - **Medical Equipment** – Label all medical equipment with your name and have it ready to transport, this includes all wheelchairs, walkers, oxygen bottles, etc.
 - **Medical Supplies** – Pack and label a 72 hour supply of supplies; Depends, food supplements, wound dressings, etc.
 - **Diets** – Take a 72 hour supply of special dietary needs with instructions.
 - **Important papers** – Place copies of important papers, insurance information, and emergency contact information in a zip-lock bag and bring with you.
 - **Clothing** – Pack enough clothes and personal items to last 72 hours.
 - **Pets** – Make arrangements for someone to care for your pets while you are gone.
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Remember!

Secure your home prior to leaving: Turn off power supply, gas, water lines.

CONDITIONS AND AUTHORIZATIONS
FOR PARTICIPATION
IN THE STANLY COUNTY SPECIAL NEEDS REGISTRY

- I hereby request that the information I have provided be listed in the Stanly County Special Needs Registry. I understand that submitting the information to participate in the registry does not guarantee that I will be included in the registry.
- I understand that my participation in the registry is strictly voluntary and that all information that I provide will only be used for disasters and emergency preparedness purposes.
- I understand that I am responsible for making my own emergency preparations. This may include, but is not limited to, responsibility for establishing communication with family members or caregivers and the provisions of medical supplies that I may require if I am evacuated from my home.
- I understand that completing this form does not constitute a contract for services, nor, warrants that assistance will be readily available or provided during a disaster; I understand that I should call 911 if I am in an emergency, even though I provided the information to the registry.
- I understand that assistance will only be available during the duration of the disaster and that prior arrangements should be made in the event that I am not able to return home.
- I understand that in the event that I am not able to return home that I will be responsible for any additional transportation and or hospital expenses.
- I give permission for Stanly County Emergency Service to release my healthcare information solely for emergency preparedness and planning.
- I certify that all information I have provided is correct. I understand that it is my responsibility to update this information on an annual basis. I hereby authorize Stanly County Administration 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 emergency. I further understand that I have the right to revoke this permission by notifying Stanly County Emergency Services and requesting that my name be removed from the Special Needs Registry.

Signature

Witness

___ / ___ / ____
Date

SPECIAL MEDICAL NEEDS REGISTRY

IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING OF SHELTERING

I understand that:

- A Special Medical Needs Shelter in Stanly County is provided as a Refuge of last resort for individuals with certain special care needs who cannot be accommodated or provided for in a general population shelter or who have not made other arrangements with relatives, friends, and/or available licensed health care or special home care facilities.
- The Special Medical Needs Shelter should be considered an option of last resort and is intended to maintain the current health, safety, and well being of a client who is not acutely ill, to the extent possible for a short period of time.
- Special Medical Needs Shelter is not equipped as a medical care facility. They are not a hospital, a nursing home/restorative care facility.
- There is NO doctor, NO acute care nurses, NO specialty care nurses, and NO private duty personnel at the shelter.
- A caretaker MUST accompany shelter occupants and stay with the client while in the special Medical Needs Shelter at all times and/or make arrangements for their own relief. Failure to do so will be viewed as abandonment and the caretaker will be reported to Adult Protective Services.
- A Public Health Nurse will be onsite at all times and will be providing general oversight and low level monitoring. Nurses in the shelter are NOT permitted to provide homecare/activities of daily living or administration of medications/injections, or any medical and/or treatment procedures.
- Clients and their caretakers are expected to bring to the shelter all supplies including food, water, clothing, personal hygiene items, medications, specialty items such as diapers, feminine supplies, wheelchairs, oxygen, back-up tanks of oxygen, dressing supplies, etc., that they will need for at least a 72 hour period. The shelter is not responsible for providing supplies.

Signature

___ / ___ / ____
Date

Special Medical Needs Registry

Name: _____ Date of Birth: _____
Address: _____
City: _____ Zip: _____ Phone: _____
Mailing Address: _____
If married, Name of Spouse: _____
Caregiver: _____
Caregiver Phone: _____ Cell: _____

Please provide the name and phone number of an emergency contact who will always know where you are. This person should be aware that you have listed them as your contact! Name: _____
Relationship: _____ Phone: _____

Living Situation

____ Live Alone ____ With Spouse/Significant other ____ With Children ____ Parents
____ Other: Explain,

What is your primary Disaster Plan?

1. Stay at home? Yes: ____ No: ____
2. Stay with family or friends? Yes: ____ No: ____
3. Evacuate to a shelter? Yes: ____ No: ____
(A caregiver must accompany you to the shelter to stay with you.)
4. Do you require transportation? Yes: ____ No: ____
If so, what type: Wheelchair Van, Ambulance, Automobile (Please circle)
5. Do you have a generator? Yes: ____ No: ____
6. Do you receive Home Health or assistance at home? Yes: ____ No: ____
If yes, name of agency:

Please check all that apply:

Bedridden _____
Blind, hearing or speech impaired _____
Developmentally Disabled _____
Diabetic/Seizures _____
Contagious Disease _____
Mental Illness _____
Physically Disabled _____
Paralysis _____
G-Tube Feeding _____

Do you require:

Catherter Maint. _____
IV Medication _____
Ostomy care _____
Oxygen _____
Refrigeration for Meds _____
Respirator _____
Special Diet _____
Suction Machine _____
Walker _____
Wheelchair _____

Other: _____