



American Red Cross
Alaska Region

PERSON CENTERED EMERGENCY SUPPORT PLAN FOR:

In partnership with

Southeast Alaska Independent Living (SAIL):



PERSONAL INFORMATION

NAME: _____ AGE: _____

DOB: _____

PHONE NUMBER: _____ ALT NUMBER: _____

PHYSICAL
ADDRESS: _____

EMERGENCY SUPPORT PEOPLE - CONTACT INFORMATION

*** NOTE – if you are having a medical emergency – call 911 FIRST***

NAME: _____ RELATION: _____

PHONE NUMBER: _____ ADDRESS: _____

SUPPORT TYPE: _____

NAME: _____ RELATION: _____

PHONE NUMBER: _____ ADDRESS: _____

SUPPORT TYPE: _____

NAME: _____ RELATION: _____

PHONE NUMBER: _____ ADDRESS: _____

SUPPORT TYPE: _____

My One Page Profile

Name:

Age

Picture

What people appreciate about me:

What is important to me:

How to support me during an emergency

Your Story

This is a great place to share more about who you are, your history, where you worked, who your family is, what makes you happy, what makes you scared. Include what things you may need help with and what things you like to do on your own. Who is important in your life and how may they help you if needed. What is your primary language?

Potential Needs and Resources

Transportation Identified resource: _____

Contact Info: _____

Grocery Shopping Identified resource: _____

Contact Info: _____

Home Delivered Meal Identified resource: _____

Contact Info: _____

Personal Care Support Identified resource: _____

Contact Info: _____

Mental Health Support Identified resource: _____

Contact Info: _____

Medication Management Identified resource: _____

Contact Info: _____

Housing/ Shelter Identified resource: _____

Contact Info: _____

Wound Care Identified resource: _____

Contact Info: _____

Overnight Support Identified resource: _____

Contact Info: _____

Pick up prescriptions Identified resource: _____

Contact Info: _____

Oxygen/ C-PAP Identified resource: _____

Contact Info: _____

Potential Needs and Resources

Post office/Mail

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Identified resource: _____

Contact Info: _____

Senior/Disability

Resources

Identified resource: _____

Contact Info: _____

Medical Information

Name: _____

DOB: _____

Gender: _____

Blood Type: _____

Primary Care Provider: _____

Phone _____

Specialized Medical Provider: _____

Phone _____

Specialized Medical Provider: _____

Phone _____

Power of Attorney: _____

Phone _____

Insurance: _____

Allergy	Reaction	Medication

Special Considerations:

___ Contact Lenses/Glasses

___ Hearing Aid/ Batteries

___ Dentures

___ Metal in Body/Pacemaker

___ Cane/Walker/Wheelchair

___ Service Animal

___ Completed POLST

___ Advance Directives

___ Do Not Resuscitate

___ Religious Preference _____

Chronic Medical Conditions (check all that apply):

___ Diabetes

___ Epilepsy

___ Alzheimer's/dementia

___ Heart Disease

___ Arthritis

___ COPD

___ Physical Disability

___ Other

Medical Information Continued

Dietary Restrictions:

Prescription	Dosage	Frequency	Reason for Taking

ADDITIONAL MEDICAL INFORMATION:

The Top 3 Local Hazards in my Area Are:

Prepare by type of disaster: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html>

- 1.
- 2.
- 3.

My Emergency Kit

Prepare by type of Need: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html>

Basics:

- | | |
|---|--|
| <input type="checkbox"/> Hand Sanitizer | <input type="checkbox"/> Non-Perishable food items |
| <input type="checkbox"/> Toilet Paper | <input type="checkbox"/> Pet food |
| <input type="checkbox"/> Back up medications/Pill box | <input type="checkbox"/> Photos of important documents (ID, insurance cards, etc.) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Backup battery charger |
| <input type="checkbox"/> Mini First Aid Kit | <input type="checkbox"/> Extension Cord/Power Strip |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Head Lamp/Flashlight |
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Copy of PCT/Emergency Plan | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gloves | |
| <input type="checkbox"/> Back up face masks | |

Support Plan Tips

- 1. Review completed plans regularly to make sure your resources are still available – revise plan as necessary over time.**
- 2. Make sure those who will help support your plan and needs in case of pandemic or disaster are aware of their role and willing to assist as needed.**
- 3. When creating your emergency kit, include items that you cannot do without for a few days as well as items that will protect you against disease.**
- 4. Keep this plan with your emergency kit so that you can easily access it if needed.**
- 5. Provide a copy of your plan to your family/caregivers and other trusted people in your life so they can help initiate your plan if needed.**

BE DOCUMENT READY

1. Record, photograph, and update important documents
2. Store them in a secure place like a strong box, home safe or bank safe deposit box.
 - Birth Certificate
 - Current Medication List
 - Marriage Certificate
 - Driver's License or State ID Numbers
 - Credit and debit Card Numbers
 - Health Insurance Card Numbers
 - Bank Account Information
 - Advanced Healthcare Directive
 - Last Will or Living WILL
 - Property Deeds

Tips: Set up automatic deposit of checks to avoid difficulties after a disaster.

Tips: Talk with your pharmacists and get medication earlier than your normal refill date.

REMINDER: Do not share personal information with people you do not know. Do not provide personal information such as Social Security number, Bank account numbers and credit card information to callers. Always verify you are talking to a trusted person/agency before sharing personal information.

PREPARING TO “SHELTER-IN-PLACE”

To “shelter in place” means to stay in a small space indoors like an interior room during a disaster. **American Red Cross of Alaska** strongly encourages you to always evacuate if directed to do so. Remember, they are trained professionals and have access to a great deal of information to help you make the best decision about your safety and risk reduction. If you choose to shelter-in-place, here are some safety tips for preparing your home:

1. An interior room with a toilet and sink is best.
2. Store personal toiletries, medication supply, and health aids in the interior room.
3. Stock with bottled water and food. Canned items with flip tops are easy use.
4. Close all doors and windows. In the event of a hurricane, all glass windows should be covered to minimize the possibility of glass shattering and causing injury.
5. Ensure hallways and exit paths are clear.
6. Store flammable objects away from the stove or any heat sources and from people.
7. Close all vents and turn off all motors and fans to keep inside air in and outside air out.
8. Tell your support network that you are sheltering in place and your location.
9. Listen to the radio and/or TV for public announcements. Bring extra batteries.
10. Put a “sheltering in place” sign in a window visible, so if you are unable to get out after an “all-clear” message is given, someone will come to look for you.

PREPARING FOR EMERGENCY SHELTERS

In some cases, it will be necessary to evacuate your home and go to an emergency shelter. It is important to know your needs and the services available to you ahead of time. **Check with your local American Red Cross**

Chapter on:

1. Where is the nearest shelter?
2. If you have special medical needs, call the nearest special needs shelter and have them decide ahead of time.
3. How will you get from your home to the shelter?
4. If the elevator does not work, how will you get down the stairs?
5. If you know you will require assistance getting down the stairs or to a shelter, it is important to contact those who will be helping you before a disaster occurs.

Not all shelters may be open in an emergency. **During an emergency, listen to the local radio and or contact your County Civil Defense Agency to check which shelters are open, whether they are special needs shelters, and if they accept pets.**

If you do evacuate to a shelter, inform family and neighbors of which shelter you are using. Depending on the type of emergency, evacuation shelters may not have cots, food, running water or electricity.

ALASKA AND OTHER IMPORTANT CONTACTS

Emergency, Police, Fire, Ambulance.....911

Poison Hotline.....800-222-1222

American Red Cross.....National: 1-800-RED-CROS(733-2767)

Alaska Chapter

Southeast (Juneau) 1-907-646-5467

Southcentral (Anchorage) 1-907-646-5401

Interior (Fairbanks) 1-907-456-5937

Kodiak 1-907-486-4040

MatSu 1-907-357-6060

JBER – State Emergency Operations Center 1-907-580-5575

Local Emergency Management Agencies

Local Fire Department:

Local Borough/City Emergency Management Office:

Local Tribal Emergency Management Office:

Local Water Supply:

Local Electric:

Local Gas:

Local Waste:

Property Management:

Local Disability and Aging or Independent Living Agency:

Local Public Health Agency:

National Weather Service.....808-935-8555

United States Geological Survey.....1-888-ASK-USGS (1-888-275-8747)

VALUABLE Emergency Apps



American Red Cross' Emergency App (FREE)



American Red Cross' First Aid App (FREE)



American Red Cross' Pet First Aid App (FREE)

VALUABLE WEB RESOURCES

Be Red Cross Ready <https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html>

