

## Abilities Preparedness

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|-----|----|---|
| Yes | No | Do you know the location of all fire alarms and extinguishers?  |
| Yes | No | Are you able to activate the fire alarms?   |
| Yes | No | Can you operate a fire extinguisher?  |
| Yes | No | Have you practiced operating a fire extinguisher?   |
| Yes | No | Do you know the location of ALL exits?  |
| Yes | No | Have you evaluated your ability to use them?  |
| Yes | No | Have you determined how you may be of assistance to others in an emergency? (i.e. guiding people to and through darkened spaces and exits if you have no or low vision, offering calming and emotional support, etc.)   |
| Yes | No | Have you anticipated how you will function if your service animal becomes confused, panicked, frightened or disoriented? A harness leash, pad protectors (for hot asphalt, hot metal stairs, broken glass) are important items for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment (i.e. sighted guides, members of your personal support network who can offer emotional support). |
| Yes | No | Do you keep critical carry-with-you supplies?   |
| Yes | No | Do you have essential medication?   |
| Yes | No | Do you have a small flashlight and extra batteries?   |

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| Yes | No | Do you keep your portable devices such as cell phones fully charged and have extra batteries). Many people used cell phones to alert authorities or to call loved ones during emergencies.   |
| Yes | No | If needed, do you have paper and pencil?   |
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| Yes | No | Have you prepared your Emergency Health Information? It should communicate to rescuers what they need to know if they find you unconscious or incoherent or if they need to quickly help evacuate you (list of current medications, allergies, special equipment, names, addresses, and telephone numbers of doctors, pharmacies, family members, friends, and any other important information). |

## Sight

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| Yes | No | Will you be able to evacuate independently without relying on the usual auditory cues (such as the hum of your refrigerator)? (These cues will be absent, if the electricity goes off or alarms are blaring).                  |
| Yes | No | Can you read the emergency signage in print or Braille?  |
| Yes | No | Are there raised and Braille characters on signs that designate exits, direction to exits, information on exit routes, and floors designated by numbers or letters, including floor level designations provided in stairwells? |
| Yes | No | Is there emergency lighting along the escape route that will automatically light, if electrical service is interrupted?  |
| Yes | No | If you wear contact lenses, what will you do if and when smoke, dust or fumes become painful or dangerous. Do you keep glasses with you?   |

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| Yes | No | If there are two-way communication devices installed in elevators, can you reach and use them in an emergency, or will you need assistance? |
| Yes | No | Have you instructed your personal support network how to act as a "sighted guide" if needed?  |

## Hearing

|     |    |   |
|-----|----|---|
| Yes | No | Have you practiced having people communicate emergency information to you?  |
| Yes | No | Does the building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?  |
| Yes | No | Have you practiced using them in a non-emergency to make sure you know how the system works?  |
| Yes | No | Do you know the locations of telephones that have amplification?  |
| Yes | No | Do emergency alarm systems have audible and visible features (visual strobes)?  |
| Yes | No | If you are hard of hearing will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are typically given verbally? (Hearing aids amplify background noise, so the sound of the alarms may interfere or drown out voice announcements). Instruct your support network to speak looking at you and to repeat critical announcements. |
| Yes | No | Will your hearing aids work if they get wet, for example from sprinklers?   |
| Yes | No | Do you keep a small flashlight handy to aid you in seeing visual cues during an emergency?  |

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| Yes | No | Have you determined how you will communicate with colleagues and emergency personnel if there is no interpreter or if your hearing aid(s) are not working?   |
| Yes | No | Do you carry paper and pens with you?  |
| Yes | No | Do you carry a pre-printed copy of key phrase messages with you such as: "I use American Sign Language (ASL)" "I do not write or read English well." "If you make announcements, I will need to have them written simply or signed." "I can lip read". |

### **Deaf-Blind**

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| Yes | No | Do you have a personal support network? Since the usual alarms or flashing lights won't work, it is critical that you have a large personal support network. |
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### **Speech**

|     |    |   |
|-----|----|---|
| Yes | No | Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)? |
| Yes | No | Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?                     |
| Yes | No | Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?  |

### **Memory, Judgment, Learning and Related Information Processing**

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| Yes | No | Have you practiced how to communicate your needs?  |
| Yes | No | Have you anticipated the types of reactions you may have in an emergency and planned strategies for coping with these reactions? (There are a number of reactions that may occur or become more intense during an emergency. Such reactions include: confusion, thought processing and memory difficulties, agitation, paranoia, crying, fear, panic, anxiety, and shaking. Think through the types of reactions you may anticipate and plan strategies for coping with these reactions. Prepare your personal support network to assist you with these planned strategies). |
| Yes | No | Does your Emergency Health Information explain the best method to assist you?  |

### **Assistive Device Users**

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| Yes | No | What will it take to get your wheelchair or other important assistive devices out of the building?   |
| Yes | No | Have you informed your personal support network how to operate and safely move your equipment if necessary?  |
| Yes | No | Have you labeled your equipment, added simple instruction cards (laminated instruction cards for added durability) and attached them to your equipment regarding how to properly operate and safely move your equipment? |
| Yes | No | Do you keep a copy of these instructions with you, and have you shared copies with your personal support network?  |
| Yes | No | If you are a manual wheelchair user, do you carry heavy gloves with you to protect hands from debris while pushing?  |
| Yes | No | Have you thought through all your options if you are not able to be evacuated in your chair or other assistive device?   |

## Physical/Mobility

|     |    |   |
|-----|----|---|
| Yes | No | Can you operate a fire extinguisher?  |
| Yes | No | Have you practiced?   |
| Yes | No | Will extended handles make them usable for you?   |
| Yes | No | Do you know the location of all exits and your ability to navigate them?  |
| Yes | No | Do you know where all evacuation chairs are stored?   |
| Yes | No | Have you practiced using them?  |
| Yes | No | Do you know where all, if any, rescue areas are located?  |
| Yes | No | Can you reach and activate an alarm?  |
| Yes | No | Will you be able to independently evacuate from the site? (What will it take)?  |
| Yes | No | How long will it take?  |
| Yes | No | Will you need someone to help with your balance and help you to walk down steps more quickly?   |
| Yes | No | Would it be faster if you used an evacuation chair or were carried?   |
| Yes | No | If you absolutely had to, could you bump down the stairs on your butt, crawl, etc? Will you need something to strap on to protect your butt? Gloves to protect your hands? Etc. |
| Yes | No | Have you tested this method?  |
| Yes | No | Can you transfer in and out of evacuation devices independently, or with assistance?  |
| Yes | No | Can you give quick instructions regarding how to safely transport you if you need to be carried?  |
| Yes | No | Have you included any areas of vulnerability regarding how to safely remove you from your chair?  |
| Yes | No | If you want to be lifted in your chair make sure this is realistic (How much does your chair weigh with you in it)?   |
| Yes | No | Do you know where all the areas of refuge/rescue assistance are located? (See Areas of Refuge/Rescue Assistance)  |

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### **Allergies, Multiple Chemical Sensitivities (MCS)**

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| Yes | No | <p>Do you carry supplies with you based on your worse days:</p> <ul style="list-style-type: none"> <li>- Industrial respirator with gas-mist filters?</li> <li>- Gloves?</li> <li>- Inhaler?</li> </ul> <p>Nicotine gum for use in bargaining with rescuers or distraught people who will want to smoke cigarettes?</p>  |
| Yes | No | <p>Does your emergency health information clearly explain your sensitivities and reactions; most helpful treatments; as well as treatments which are harmful? Be specific, as other conditions (disorientation, aphasia, panic) may be diagnosed and treated as something other than chemical sensitivity and you may not be able to describe your needs verbally.</p> |