

My Emergency Plan

There may be times during an emergency such as a heavy snowstorm when our usual schedule may need to be changed. Our staff will contact you to let you know of any changes to your regularly scheduled visit. In order to help you plan for an emergency, the VNA has developed an emergency plan based on your needs.

Use the following checklist to help make sure your prepared in the event of an emergency.

- ❖ Listen to radio or TV for latest weather reports.
- ❖ Be sure prescriptions are filled; don't let supply run out.
- ❖ Establish an emergency exit plan and an alternative emergency exit plan in case of a fire. Establish a meeting place outside of the home. Practice your emergency plan.
- ❖ Register with your local utility and fire department as a "priority" electrical user, if you use oxygen systems or other electrically powered medical equipment.
- ❖ Have a "friendly visitor" who will check in on you as well as a friend, family member or neighbor who will be willing and able to perform an injection or wound care in an emergency.
- ❖ Reminder: If you cannot reach us and need medical assistance, in a true emergency **contact 911** or go to nearest hospital.
- ❖ We ask that you contact us if there has been any change in your condition so that we may make arrangements for your medical care.

Keep enough emergency supplies to last at least three days including:

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| <input type="checkbox"/> Water (one gallon per person per day) | <input type="checkbox"/> Copies of personal documents (i.e. proof of address, deed/lease to home, passports, birth certificates and insurance policies) |
| <input type="checkbox"/> One week supply of food (nonperishable, easy to prepare items) | <input type="checkbox"/> List of what to take if evacuation is required |
| <input type="checkbox"/> Flashlight & batteries | <input type="checkbox"/> Cell phone with charger |
| <input type="checkbox"/> Candles & matches | <input type="checkbox"/> Family and emergency contact information. Contact family members so they know you are safe. |
| <input type="checkbox"/> Battery powered radio | <input type="checkbox"/> Extra cash |
| <input type="checkbox"/> Warm clothing | <input type="checkbox"/> Emergency blanket |
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> Map of the area |
| <input type="checkbox"/> Medications (7 day supply), other medical supplies including diabetic and ostomy supplies, | <input type="checkbox"/> Extra set of car keys and house keys |
| <input type="checkbox"/> Medical paperwork (i.e. medication list and pertinent medical information. | <input type="checkbox"/> Manual can opener |
| <input type="checkbox"/> Multipurpose tool (i.e. swiss army knife) | <input type="checkbox"/> Medical supplies (i.e. hearing aids with extra batteries, glasses) |