A Guide to Emergency Planning for People with Mobility Impairment

While The University of Alabama prepares for and responds to emergencies, it is important for everyone to plan for their individual safety. A person with mobility impairment knows best what he or she may need in the event of an emergency. Individuals with mobility impairment, who may require special assistance during an emergency, are encouraged to develop a personal plan.

This document is designed to aid people with mobility impairments in developing emergency plans.

Planning
- Assess your situation. Think about your routine locations and communication methods. How would you evacuate from these locations in an emergency?
- Identify areas of refuge assistance in the buildings you regularly occupy.
- Identify individuals who can be part of a support team in the event of an emergency evacuation.

Preparation
- Complete contact information (see below)
- Identify specific areas of need you may have, such as mobility or communication assistance
- Prepare a small emergency kit that contains the following supplies:
  - Flashlight and spare batteries
  - Whistle (to signal for help)
  - Necessary health equipment
  - Antiseptic wipes
  - Dust mask to filter contaminated air
  - Bottled water
  - List of model and serial numbers of any medical devices
  - Spare eye glasses, hearing aids, batteries (if needed)
  - List of prescriptions, including dosage and frequency
  - Any medical alert tags or bracelets, or a written description of your needs in case you are unable to communicate during an emergency
  - Supplies for service animal, if applicable, including leash, tags, vest, food, water and medications or supplements you administer to the animal
  - Other items that may be needed that are not mentioned
• If not already completed, enroll in UA Alerts.

Response
• Call UAPD (205-348-5454) or 911 to alert responders to your emergency.
• Communicate with your support group and emergency responders about your situation.
• Gather your prepared kit containing emergency items.
• Be patient as first responders will be serving a large number of people.

Other sources for information
http://prepare.ua.edu
http://www.ready.gov/individuals-access-functional-needs
http://www.redcross.org/prepare/location/home-family/disabilities
Checklist

☐ Conduct personal assessment
☐ Identify areas of refuge
☐ Identify support team members
☐ Complete personal information sheet and include in emergency kit
☐ Assemble emergency kit
☐ Review/update each semester or after any status change
☐ Check expiration of batteries, medicine, antiseptic wipes, etc. periodically or each semester
Personal Information*
Name of Person: _____________________________________________
CWID: _______________________________________________________
Office or Room Phone #: _________________________________________
Cell Phone #: _________________________________________________
Restrictions or Limitations: _______________________________________
If limitation is temporary, expected date when assistance is no longer needed:
________________________________________________________________
Residence/Work Location: _________________________________________
Room #: _______________________________________________________
Area of Refuge: ________________________________________________

Support Team Members (participation in a buddy system is voluntary)
1. Name: ______________________________________________________
Office or room phone #: _________________________________________
Cell Phone #: _________________________________________________
2. Name: ______________________________________________________
Office or room phone #: _________________________________________
Cell Phone #: _________________________________________________
3. Name: ______________________________________________________
Office or room phone #: _________________________________________
Cell Phone #: _________________________________________________

Service Animal: Yes _________  No _________
If yes, type and breed: ___________________________________________
_____________________________________________________________
Special Equipment Needed: _______________________________________
_____________________________________________________________
Special Communication Needed: _________________________________
_____________________________________________________________
Special Medical Alert Information: (allergies, medications, etc.)
_____________________________________________________________

*Place a copy of this information in your emergency kit and/or keep at a readily accessible location for use during an evacuation.
**Self Assessment**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Do you know the locations of ALL the exits in places you frequent?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Have you evaluated your ability to use them? How long will it take you?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• If elevators are unavailable, are you able to use the stairs?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Will you need assistance to walk down stairs quickly?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• If you absolutely had to, could you bump down the stairs on your buttocks, crawl, etc.? Have you practiced?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Do you know the locations of Areas of Refuge/Rescue Assistance in buildings you use frequently?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Do you know how to activate a fire alarm?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Have you thought how you would evacuate campus if you could not use your vehicle?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Have you identified a support team who may be able to assist you in an emergency?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Do you know how to reach emergency personnel in case of an emergency?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Are there any supplies/devices you will need to bring with you?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Do you have an emergency kit readily accessible?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Flashlight with spare batteries</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Spare batteries for any medical devices</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Medication for at least one day</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• List of medications, including dosage and frequency</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• List of any medical equipment (including make, model, serial numbers)</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Whistle to signal to others</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Dust mask</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>• Antiseptic wipes</td>
</tr>
</tbody>
</table>