

Checklist M



Case management personnel comment on emergency planning:

“90% of my clients feel comfortable with their emergency plans—if they had to evacuate. Most, if not all, have extra food, water, medications and hygienic materials to handle several days in place [in part, as a consequence of this exercise].” —**Case Manager**

“Planning ahead with your staff and clients makes good sense so you are prepared in case of inclement weather or a biohazard event. Our clients are now more aware and prepared to shelter in place as a result of this effort by our case managers.”

—**Supervisor of Case Management Program**

GOALS AND USES

This Emergency Preparedness Checklist is intended for public health professionals such as case managers and certified nursing assistants. It is designed to ensure that clients receiving home care and case management services have a conversation, develop an emergency plan, and gather a three day or more supply of nine essential items in preparation for an emergency event.

It is meant to serve more vulnerable populations such as: frail seniors, adults with disabilities, or adults and families with children at risk for abuse and neglect.

The tool has been proven to be useful for:

Integration of emergency preparedness into everyday public health practice

Preparation of vulnerable populations

Measurement of personal preparedness

Adaptability

Although case management and home care services vary by jurisdiction, public health professionals and local, state, and federal agencies can view the Checklist as a template that is readily adaptable to their needs and uses. Needs may vary depending upon the vulnerable population being served. The Checklist is designed to be cut and/or copied and directly inserted into a client’s chart.

TIPS FOR USING THIS CHECKLIST

Know the population

Be familiar with the vulnerable populations. Identify specific needs that they may have during an emergency event. For example, infant formula for babies; batteries for hearing aids for older adults.

Match materials to the client

Select educational materials appropriate for the needs of the client. Materials that are simple, easy to understand, and in a format appropriate to the population being served (i.e., language, large print) are recommended. In some instances, case managers and others may want to provide copies of the forms to the client

Find the right partners

Identify community partners who may be willing to provide items that are too costly or too complicated for clients to put together. These partners could include groups from churches, schools, youth groups, or other service organizations.



Emergency Preparedness Checklist

for Case Management and Home Care Services

CLIENT INFORMATION

Name _____

Address _____

Phone _____

Email _____

OTHERS IN HOUSEHOLD

Name	Age	Relationship
1		
2		
3		
4		
5		

CASE MANAGER INFORMATION

Name _____

Phone _____ Email _____

Date Initiated _____



See Tips on Using This Checklist inside the back cover for some helpful hints

1 2 3 Emergency preparation is a three-step process that *anyone* can—and should—do.

1 Have a conversation

- 1 Why plan for an emergency? (peace of mind • safety • survival) _____
- 2 Talk about the most likely events. (disease • fire • flood • weather • mass transit accident • HAZMAT spill • terrorism) _____
- 3 Where to meet? (friend • relative • landmark • in town • out of town) _____
- 4 Will you stay or go? (go to a shelter • shelter-in-place • another safe place) _____
- 5 Child care? (by whom • where • their needs) _____
- 6 Pet care? (by whom • where • their needs) _____
- 7 Elder care? (by whom • where • their needs) _____
- 8 Additional needs? (medications • children's needs • other family members who need special assistance) _____





2 Make a plan

PERSONAL INFORMATION

Name _____
Address _____

Phone _____
Cell Phone _____
Birth Date _____

LOCAL CONTACT

Name _____
Relationship _____
Address _____

Phone _____
Cell Phone _____

OUT-OF-STATE CONTACT

Name _____
Relationship _____
Address _____

Phone _____
Cell Phone _____

NEAREST RELATIVE

Name _____
Relationship _____
Address _____

Phone _____
Cell Phone _____

PETS CARED FOR BY

Name _____
Address _____

Phone _____
Cell Phone _____


MEETING PLACES

Outside your home _____

Outside your neighborhood _____

MEDICATIONS

3 Make a kit



The Nine Essential Items for Emergency Preparedness



[Contact • Date] 1ST CONTACT • _____ 2ND • _____ 3RD • _____ 4TH • _____

	1ST CONTACT • _____	2ND • _____	3RD • _____	4TH • _____
1 Water (one gallon per person per day for three days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Food (non-perishables, canned or packaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Clothes (one change of clothes and footwear per person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Medications (three days worth of medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Flashlight (and extra batteries—no candles!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Can Opener (manual, not electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Radio (battery powered or hand crank powered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hygiene Items (basics like soap, toilet paper, toothbrush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 First Aid (antiseptic, bandages, non-prescription medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



