

Be Aware... Be Prepared

1. **Household Data Sheet**
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4. **Health and Medical Information**
5. **People with Special Health Needs or Other Activity Limitations**
6. **Pet Emergency Plan**
7. **Living Will**
8. **Durable Power of Attorney**



SOUTHEAST DISTRICT HEALTH DEPARTMENT

Serving: Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties

2511 Schneider Ave. Auburn, Nebraska 68305
Phone (877) 777-0424 or (402) 274-3993
Website: www.sedhd.org



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The thought of preparing for natural disasters, pandemic influenza or other emergencies is overwhelming. Having a personal or family plan is becoming increasingly important. As residents of the counties comprising the Southeast District Health Department, we must all be prepared to do our share during times of emergency.

BE AWARE, BE PREPARED! is being made available to our citizens to underline the importance of having a family plan for emergencies. This packet is designed to assist you in developing a plan to prepare your families and yourself during these emergencies.

The tools in this packet were developed to include everyone and their needs. If there are items that do not apply to you, that's good, but take time to read each element and fill in the appropriate information with your family. By taking the time now to develop this tool, purchase appropriate supplies, and talk with your family about these plans, you will be better prepared for any emergency that may present itself. It is our goal for each family to develop these "Go Kits" that can be immediately taken with you. Place the information in a clear plastic bag to keep it dry and store it on your refrigerator door or in another easily accessible place.

Please consider assisting elderly neighbors, special needs persons, or members of your churches with limited support systems in completing a packet also.

The Southeast District Health Department is anxious to be a resource in your planning by continuing to offer updates to this tool as new information becomes available. We are available to answer any questions that arise out of your efforts. Please feel free to contact us toll free at 1-877-777-0424.

It is our hope that you will never have to use this document. But ... Hope Is Not A Plan.

BE AWARE ... BE PREPARED

For your health,

Kay Oestmann, Director
Southeast District Health Department



1: HOUSEHOLD DATA SHEET

Use this sheet to keep the information about all of your household members in one place. Be sure to write down phone numbers that are stored in your cell phone, in case you lose it or your battery runs out of power. Update it when information changes, especially phone numbers. Consider keeping recent photos of all household members together with this sheet. Note: There is a separate section (#4) in this packet for extensive medical and health information to be recorded.

Date: _____

Family Name	Home Phone
-------------	------------

Street Address	Apt #	Town
----------------	-------	------

Emergency Contact Names and #'s	Car License Plate Number(s)
Neighbor Phone:	E-mail Addresses:

Last Name	First Name	Age	Sex	Cell Phone

2: FAMILY EMERGENCY PLAN

Date: _____

Use this page to plan and write down what you will do in the event of a disaster

- Your family may not be together when disaster strikes, so plan how you will contact each other and review what you will do in different situations.
- Assess your home to determine under what circumstances you could stay at home and when you would need to evacuate to a shelter.
- Decide which emergency shelter you will go to if an evacuation is announced. (Lists of evacuation shelters are available from county Emergency Management offices and their websites.)

Neighborhood meeting place (if we need to leave our house): _____

If there is a phone number at the meeting place, write it here: _____

Alternate meeting location (in case neighborhood is inaccessible): _____

If there is a phone number at the meeting place, write it here: _____

If unable to find each other or make contact by phone, we will call _____

at (____) _____ to check in. (The American Red Cross suggests that this contact be an out-of-state number, as sometimes distant phones can be reached even when local phones are down.) Alternate out-of-state number: _____

Emergency shelter location: _____

The information above should be made known to all family members.

Make wallet-sized cards for members of your household to carry at all times.

Laminate or tape over each card to make it waterproof.



If a major storm or other disaster is expected, there are several shelter options you should be familiar with. Listen to your radio to hear the latest information from your Local Emergency Management.

1. **SHELTER IN PLACE**-This means you should stay indoors where you are until authorities tell you it is safe or you are told to evacuate.
2. **SHELTER WITH FAMILY OR FRIENDS**-If your house is deemed unsafe in the event of a natural disaster, and you know someone whose house is safer, ask them to take you in.
3. **EVACUATE TO A SHELTER**-if authorities decide to evacuate the area you live in, it will be announced over the radio (via the Emergency Alert System).

Do not return to your house unless you are sure it is safe. It may be necessary to have the electricity turned off at a main switch, which you should NOT do yourself unless you are trained to do so.

**Keep the following numbers handy so you don't have to look
For them in the middle of an emergency.**

Note: There is a separate section for important medical and health information (section 4)

Name	Phone	Comment
School:		
School:		
School:		
Work:		
Work:		
Babysitter:		
Babysitter:		
After School Program:		
Day Care		

Insurance/Legal

Company/Name	Phone	Policy #
Homeowners/ Rental Insurance		
Car Insurance		
Life Insurance		
Disability Insurance		
Lawyer		

3: EMERGENCY SUPPLY KITS

Everyone should be ready for an emergency in the event of a major disaster or widespread outbreak, such as Pandemic Influenza. A disaster could interrupt water, electricity, phone, and gas services, as well as limit the availability of supplies in local stores. It could take weeks for stores to be replenished, so keep your emergency kits stocked and ready!

Prepare a **Home Survival Kit**. This is in case you are told to shelter-in-place (stay in-doors) or the roads are closed due to storm or other disasters. For such situations you should have the following on hand



- FOOD that does not require refrigeration or cooking - enough for 1 - 2 weeks.
- WATER, commercially prepared bottled water, 2 to 4 quarts per person per day – more the better: enough for 1 -2 weeks.
- RADIO & FLASHLIGHTS - Battery-powered, solar-powered, or crank-powered, plus spare batteries. Note: a lantern-style light is good for hands-free use.
- Plastic sheeting and duct tape to cover broken windows.

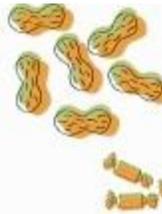
Make a handy GO-KIT to take with you if you must evacuate your house. Make sure all family members know where the kit is kept. Put the following in a sturdy waterproof bag, backpack, or other container, preferably with wheels:

See next page for suggested emergency food items and Car Kit ideas.

All items listed above (for your Home Survival Kit) PLUS:

Immunization Cards	Your completed "Be Aware ... Be Prepared" packet (or a photocopy of it), complete with photos of household members & pets.
ID cards	Copies of medical, insurance, and Prescription Drug information.
Sewing kit	Extra cash, including small denominations and coins.
Duct tape	Extra prescription medication & medical equipment, (ask your doctor about how to store medications and how often to rotate the supply).
Safety pins	Protective, bright-colored clothing and footwear.
Toilet paper	Pens, paper, and a permanent marker.
Tarp & Rope	Disposable gloves, disinfectant, unscented bleach.
Thermometer	Hand sanitizer, baby wipes, washcloths to clean hands.
Rescue whistle	Over-the-counter medication (anti-diarrhea, laxatives, pain and fever reliever, antibiotic ointment).
Blanket & towels	Soap, toothpaste, toothbrushes, rubbing alcohol, towels, tampons, pads, diapers, baby formula.
Mosquito repellent	Plastic bucket and gallon zip-lock bags to use as a makeshift toilet.
Hats and sunscreen	
First Aid kit & tweezers	
Scissors, Knife/Multi-Tool	
Extra keys to car, house	
Spare eyeglasses	

See Section 6 about making an emergency kit for pets.



SUGGESTED FOOD ITEMS AND SUPPLIES FOR EMERGENCY KITS

Canned tuna, beans, meat, fruit, soup vegetables, etc. with flip top lids (that do not require a can opener)

Dry cereal

Nuts and dried fruit Crackers

Peanut butter

Protein and fruit bars

Canned or bottled juices

Beef jerky or similar protein item

Tea or instant coffee; sugar and powdered milk; powdered juice or lemonade

Comfort foods such as cookies, hard candy, sweetened cereals

Canned or jar baby food

Other non perishable food items

Extra Prescription medication

Matches and candles



Plastic containers with lids

Heavy duty garbage bags

Liquid dish soap

Aluminum foil and plastic wrap

Packet of spices, salt & pepper

Cloth or paper towels

Utensils for cooking and eating

Plates

Plastic food bags

Manual can and bottle opener

Camp stove or hibachi

Prescribed medical supplies (glucose and blood pressure monitoring equipment)

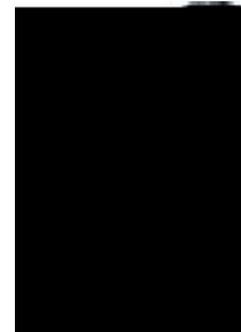
Soap and water, or Hand sanitizer

Thermometer

Fluids with electrolytes (Gatorade)

Over-the-counter medication (anti-diarrhea, pain and fever reliever)

Toothpaste, tampons, pads, diapers



CONSIDER KEEPING THE FOLLOWING ITEMS IN YOUR CAR

Rope

Flares

Shovel

Work gloves

Safety goggles

Jumper cables

Fix-a-flat (4 cans)

Extra keys to house

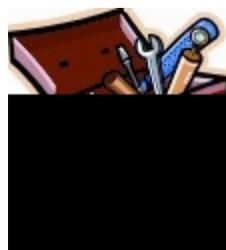
Water (1 gallon jugs)

Fire extinguisher (ABC type)

Maps

Tools-hammer, pliers, screwdrivers, pry bar, wrenches

Cash in small denominations including coins for pay phones



4: HEALTH INFORMATION

Medication, Treatments & Medical Condition

Please write down ALL your medications on this sheet, plus eyeglass and hearing aid information. Make copies if you need more space. If more than one family member takes medications, copy this page and make a separate list for each person. If dose or medication changes, cross out the entire row and write new information on a new line.

Patient Name _____ Date _____

Medical conditions/Treatments needed:

Allergies:

Special diet needs:

Medication Name	Current dose and frequency	Purpose	Note

	Eyeglass Prescription
 Right Eye	
 Left Eye	

Hearing Aid Info	
Battery Type	

HEALTH INFORMATION

PHONE & POLICY NUMBERS

NAME OR COMPANY	PHONE	POLICY #/COMMENT
Doctor:		
Doctor:		
Doctor:		
Clinic:		
Clinic:		
Hospital:		
Dentist:		
Optician:		
Pharmacy:		
Pharmacy:		
Medical Insurance		
Medicaid or Medicare		
Prescription Drug Coverage		
Dental Insurance:		

Are the members of your household up-to-date on vaccinations? Adults should have a Tetanus booster at least every 10 years. It's always a good idea to keep vaccination records in one place. Include copies of your families' immunizations here.

IMMUNIZATION RECORDS

Name _____

Date of Birth _____

Vaccine	Date	Vaccine	Date
Polio OPV or IPV		MMR Measles, Mumps, Rubella	
Polio OPV or IPV		MMR Measles, Mumps, Rubella	
Polio OPV or IPV		Varicella/Chickenpox Date of Disease	
Polio OPV or IPV		Varicella/Chickenpox Date of Disease	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis A	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis A	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
Tdap		Hepatitis B	
Td/Tetanus and Diphtheria		PCV Pneumococcal Conjugate	
Td/Tetanus and Diphtheria		PCV Pneumococcal Conjugate	
HIB Haemophilus influenza b		PCV Pneumococcal Conjugate	
HIB Haemophilus influenza b		Meningococcal Conjugate	
HIB Haemophilus influenza b		Other	
Rotavirus			
Rotavirus			
Rotavirus			

5: ADDITIONAL INFORMATION

FOR PEOPLE WITH SPECIAL HEALTH NEEDS OR OTHER ACTIVITY LIMITATIONS

Anyone who is disabled or just not as strong as they used to be - anyone who has trouble walking, seeing, breathing, understanding, learning, or responding quickly - may require more careful planning and more time for evacuating their home. YOU, YOUR FAMILY, AND YOUR CAREGIVERS ARE IN THE BEST POSITION TO PLAN FOR YOUR SAFETY DURING AND AFTER AN EMERGENCY OR DISASTER SITUATION. THE TIME TO START PLANNING IS NOW.

PLANNING TAKES TIME. Many organizations across the nation have detailed information to help you with all the aspects of emergency preparedness. Most of these urge clients to undertake an extensive process of "getting ready", including:

1. Getting informed
2. Making a plan
3. Assembling a kit
4. Maintaining your plan and kit

TAKE THE FIRST STEP TODAY. Arrange a meeting with your family and caregivers to talk about this important topic.

RESOURCES FOR PEOPLE WITH DISABILITIES OR ACTIVITY LIMITATIONS:

Nebraska Commission for the Deaf and Hard of Hearing
outside Lincoln/Omaha area: 1-800-545-6244
[Email: ostaff@ncdhh.state.us](mailto:ostaff@ncdhh.state.us)

Emergency Transportation for Dependent Populations
www.gao.gov

Disability Preparedness Resources Center
Department of Homeland Security
www.disabilitypreparedness.gov

Saving Lives: Including People with Disabilities in
Emergency Planning
National Council on Disability
www.ncd.gov

Blue Rivers Area Agency on Aging (BRAAA)
Email: larry.ossowski@hss.ne.gov

Health and Human Services
<http://www.dhhs.ne.gov/>



**CAREGIVERS & AGENCIES WHO HELP YOU
WITH DAILY ACTIVITIES:**

NAME OR COMPANY	PHONE	Service Provided/ Schedule

EMERGENCY PLANS:



6. PET EMERGENCY PLAN



Date _____



Family (Pet Owner's) Name:

Street Address	Apt #	Town:	Home Phone:	Neighbor's Phone:

Vet & Kennel Contact Numbers:

Name of Pet	Type/Description/ID # <small>(cats & dogs should have a collar and tags)</small>	Date of last Rabies Vaccination	Special Needs/Comments:

Emergency Supplies for you Pets

Keep a clearly labeled, waterproof, and easy to carry "Pet Go-Kit" to take pet supplies with you if you have to leave home in a hurry. Make sure that everyone in the family knows where it is. Items to consider keeping in or near your pack include:

1-2 week's worth of water and canned or dry food (dry food can get stale, so rotate stock quarterly)

Extra harness, leash and muzzles **are** required (Note: Harnesses are recommended for safety and security)

Photocopies of pet medical records in a waterproof container with two-week supply of any medicine your pet requires. (Note: medications need to be rotated regularly, otherwise they may go bad)

A traveling bed, crate or sturdy carrier, ideally one for each pet (see next page for more info)

Especially for dogs: Long leash and yard stake, toys and chew toys, two weeks worth of cage litter

For cats: Disposable litter trays (aluminum roasting pans) plus cat litter or paper towel



Flashlight & batteries

Liquid dish soap & disinfectant

Disposable garbage bags

Pet feeding bowls

Pet first-aid kit and book

Recent photos of your pets (in case you need to make "Lost Pet" poster)

Manual can opener

Blanket (for scooping up a fearful pet)

Note: If pet has behavioral or health issues attach a label to the collar, leash or carrier.





Recommendations from American Society for the Prevention of Cruelty to Animals



If you shelter in place...

If emergency officials recommend that you stay in your home, it's crucial that you keep your pets with you. **KEEP YOUR "PET GO-KIT" AND SUPPLIES CLOSE AT HAND.** Your pets may become stressed during the in-house confinement, so you may consider crating them for safety and comfort.

- Determine well in advance which rooms offer safe havens. These rooms should be clear of hazards such as windows, flying debris, etc.
- Choose easy-to-clean areas such as utility rooms, bathrooms and basements as safe zones.
- Access to a supply of fresh water is particularly important. In areas that may lose electricity, fill up bathtubs and sinks ahead of time to ensure that you have access to water during a power outage or other crisis. (Make sure small children do not have access to tubs of water as this could pose a drowning hazard.)
- In the event of flooding, go to the highest location in your home, or a room that has access to counters or high shelves where your animals can take shelter.

If you have to evacuate your home...

Arrange a safe haven for your pets in the event of evacuation. **DO NOT LEAVE PETS BEHIND.** Remember, if it isn't safe for you, it isn't safe for your pets. They may become trapped or escape and be exposed to life-threatening hazards. It is possible that shelters will not accept pets because of health and safety regulations, so it is imperative that you have determined where you will bring your pets ahead of time:

- Contact your veterinarian for a list of boarding kennels and facilities.
- If possible, identify places outside the disaster area where you might be able to stay with your pet (or where your pet could be cared for while you are in a shelter.)

About pet carriers

A crate or carrier for your pet should be large enough for the animal to stand up, turn around, and stretch out. These should be available at pet stores-try to find one that is secure/escape-proof. For cats, the space between food and litter should be 3 feet if possible.

Get your pet used to the crate or carrier so they don't panic and run off at the moment that you need to evacuate.



7: NEBRASKA LIVING WILL DECLARATION

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-saving treatment will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment. I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

Other directions:

Signed this _____ day of _____

Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

OR

The declarant voluntarily signed this writing in my presence.

Notary Public

**8: NEBRASKA
POWER OF ATTORNEY FOR HEALTH CARE**

1. I appoint _____, whose address is _____ and whose telephone number is _____ as my attorney-in-fact for health care, I appoint _____, whose address is _____, and whose telephone number is _____, as my successor attorney-in-fact for health care. I authorize my attorney-in-fact appointed by this document to make health care decision for me when I am determined to be incapable of making my own health care decisions. I have read the warning which accompanies this document and understand the consequences of executing a power of attorney for health care.

2. I direct that my attorney-in-fact comply with the following instructions or limitations:

3. I direct that my attorney-in-fact comply with the following instructions on life-sustaining treatment (optional)

4. I direct that my attorney-in-fact comply with the following instructions on artificially administered nutrition and hydration: (optional)

I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AN INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY-IN-FACT, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY ONCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICAIN.

(SIGNATURE OF PERSON MAKING DESIGNATURE/DATE)

References

American Red Cross
www.redcross.org

Center for Disease Control
www.bt.cdc.gov

East Central District Health Department
www.ecdhd.com

Hawaii State Department of Health
www.hawaii.gov

Nebraska Health and Human Services
<http://www.dhhs.ne.gov/>

Southeast District Health Department
www.sedhd.org

Please consult your local Public Health Department to assist you with planning.

ADVANCE DIRECTIVES

In Nebraska, adults who are capable of making health care decisions generally have the right to say yes or no to medical treatment. As a result, you have the right to prepare a document known as "Advance Directive."

This is an important matter, you may wish to talk to family, friends, your doctor and your attorney before deciding whether you want an Advance Directive.

This is general information about Advance Directives. It is not intended to provide specific advice. If you have additional questions about your legal rights, you should seek the professional advice of a lawyer.

What is an Advance Directive?

An Advance Directive is a written statement which reliably shows that you have made a particular health care decision or have appointed another person to make that decision on your behalf. The two most common forms of Advance Directives are a "Living Will" or "Power of Attorney for Health Care". However, an Advance Directive can take other forms or be called other things.

An Advance Directive allows you to state your choice for health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. In short, an Advance Directive can enable you to make the decision about your future medical treatment. You can say "Yes" to treatment you want and say "No" to treatment you do not want.

What is a Living Will?

A Living Will generally states the kind of medical care you **want** or **do not want** if you become unable to make your own decisions. It is called a "Living Will" because it takes effect while you are still living. The Nebraska legislature has adopted laws governing living wills. This law is known as the Rights of the Terminally III Act. An adult of sound mind may execute at any time a declaration governing the withholding or withdrawal of life-sustaining treatment.

What is a Power of Attorney for health care?

A "Power of Attorney" is a legal paper naming another person, such as a husband, wife, daughter, son, or close friend, as your "agent" or "representative" to make decisions for you if you should become unable to make them for yourself. Your agent, or representative, is guided by your instructions, and you can provide instructions about any treatment you do or do not want. In general, the power of attorney can give to the agent or representative the same powers an individual may have or could enforce on his/her own behalf. Nebraska has laws on Power of Attorney for health care which allow an agent to make medical decisions for the person giving the power of attorney.

Must a Health Care provider follow an Advance Directive?

The federal law requires hospitals, nursing facilities, home health agencies, hospice programs and health maintenance organizations (HMO's) to have written policies concerning Advance

Directives. The health care provider you choose must inform you in writing of its written policy regarding Advance Directives. Therefore, you should review and discuss the provider's policy on following your Advance Directive with the provider and others.

Your health care provider must follow your Advance Directive unless the health care provider has informed you that it is unwilling to do so. If the health care provider is unwilling to follow your living will or your power of attorney for health care, the health care provider or physician must assist in transferring your care to another provider who is willing to follow your Advance Directive.

When do Advance Directives take effect?

Your Advance directive generally takes effect only after you no longer can make personal decisions. As long as you can make personal decisions on your own behalf, your health care providers will rely on **you**, not on your Advance Directive.

Do I have to write an Advance Directive?

No. It is entirely up to you whether you want to prepare an Advance Directive. Questions may arise about the kind of medical treatment that you do and do not want to receive. An Advance Directive may help to solve these important questions.

Your health care provider cannot require you to have an Advance Directive as a condition of receiving care; nor can your health care provider prohibit you from having an Advance Directive.

Can I change my mind after I write an Advance Directive?

Yes. To change or cancel an Advance Directive, simply destroy the original or take some other action to notify those who might rely on your Advance Directive that you are changing it or no longer want to have it effective.

What should I do with my Advance Directive if I choose to have one?

Make sure that someone, such as a family member, knows that you have an Advance Directive and knows where it is located. You might consider the following:

- * If you have a power of attorney for health care, give a copy of the original to your "agent" or "representative".
- * Tell your health care provider that you have an Advance Directive and ask the provider to make it part of your medical record.
- * Keep a second copy of your Advance Directive in a safe place where it can be found easily, if it is needed.
- * Keep a small card in your purse or wallet, which states that you have an Advance Directive, where it is located and who your "agent" or "representative" is, if you have named one.