

# DISASTER PREPAREDNESS GUIDELINES

## FOR PEOPLE WITH DISABILITIES OR SPECIAL NEEDS

The likelihood that you and your family will recover from an emergency/disaster tomorrow often depends on the planning and preparation done today. Disaster preparedness is a shared responsibility. All Capetonians are encouraged to be prepared to cope for at least the first 72 hours of a disaster, while emergency workers focus on those in urgent need.

This guide is designed to help people with disabilities/special needs to plan and increase their disaster preparedness. This involves four basic steps:

### Step 1. Establish a personal support network

- Ask people you trust if they are willing to help you in case of a disaster.
- Identify contacts for important locations such as home, work or school.
- Tell these support people where your disaster supply kit is stored. Give one member a key to your home.
- Include a support network or contact person who is far enough away that they are unlikely to be affected by the same disaster.



### Step 2. Drafting a plan (knowing the risks)

- Draft a plan and put copies in several places so you can find it easily.
- Your family/support network may not be together when disaster strikes, so it is important to plan in advance how you will contact one another; how you will get back together; and what you will do in different situations.
- Work with your support network to develop a plan that meets your needs.
- Practice your emergency plan with your network.



### Step 3. Getting a disaster kit

- A disaster supply kit is simply a collection of basic items you or your household may need in the event of a disaster.
- Try to assemble your kit well in advance of a disaster. Select items according to your specialised needs.
- Be prepared to be self-sufficient for at least 72 hours.
- Check your kit twice a year and restock as necessary.

**When preparing your kit, please refer to the attached brochure which will provide you with key information about what to put into such a kit.**

Label all of your special needs equipment including instructions on how to use and/or move each assistive device during an emergency.



- Complete a personal assessment and checklist sheet and provide a copy to your support network. Keep a copy in your disaster kit.
- If you have food/drug allergies, wear a MedicAlert® bracelet.
- List all food/drug allergies and current medications (for each medication, specify the medical condition being treated, the generic name, dosage, frequency, and the name and contact information of the prescribing physician). Provide this list to your support network.
- If you rely on life-sustaining equipment or require regular attendant care, ask your support network to check on you immediately if an emergency/disaster occurs and have a backup plan in the event of a power outage.
- If your support network is unable to help, ask others for help and inform them of your special needs and how they can assist you.
- Carry a whistle or personal alarm that emits a loud noise to draw attention.



### Step 4. Be aware and prepared

**You are in the best position to know your abilities and needs before, during and after a disaster. Plan for your own unique circumstances.**

- Be aware of the potential hazards/disasters that could occur where you live/work and the appropriate way to respond to them.
- Apply contingencies you use daily to deal with power outages or transportation delays/breakdowns.
- Ensure that you and your support network can contact each other – even if the phones are not working.
- Identify a primary and secondary way to evacuate your home or building.
- Plan for different ways of sheltering (at your place or with family/friends).
- If you receive specialist services (home care, dialysis, transportation etc), learn about their suppliers' disaster plans and how to contact them during a disaster/emergency. Identify back-up service providers.



FOR EMERGENCIES CALL  
**021 480 7700**  
FROM ANY PHONE OR  
**107 FROM A LANDLINE**



CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

Making progress possible. **Together.**

# CHECKLIST AND PERSONAL ASSESSMENT

DURING AN EMERGENCY, THIS CHECKLIST WILL ENABLE EMERGENCY RESPONDERS TO BETTER ASSIST YOU

I AM ABLE TO: ☒ (mark whichever is applicable)

- ☐ Hear
- ☐ See
- ☐ Walk without help
- ☐ Walk with help
- ☐ Prepare my meals
- ☐ Feed myself
- ☐ Dress myself
- ☐ Sit without help
- ☐ Sit with help
- ☐ Wash/bath without help
- ☐ Wash/bath with help
- ☐ Sanitary needs without help
- ☐ Sanitary needs with help

I WILL NEED SPECIFIC HELP WITH (EXPLAIN):

## IMPORTANT PERSONAL INFORMATION

List your prescription number, name and purpose of each medication (e.g., #34567/insulin/diabetes)

Doctor(s):

Tel:

Special equipment used:

Special sanitary aids:

Allergies:

Other special needs:

Special diet:

Private medical aid:

Policy #:

Neighbourhood contact:

Out-of-town emergency contact:

School contact:

Household pet care:

Veterinarian phone:

Prescription #:

Name of medication:

Purpose:

Prescription #:

Name of medication:

Purpose:

Prescription #:

Name of medication:

Purpose:

Prescription #:

Name of medication:

Purpose:

## LOCAL DISASTER MANAGEMENT CONTACT (FOR YOUR AREA)

| NAME | TEL |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |

## PERSONAL SUPPORT NETWORK CONTACT LIST (FAMILY MEMBERS, ATTENDANTS, NEIGHBOURS, ETC.)

| NAME           |  |
|----------------|--|
| RELATION       |  |
| ADDRESS        |  |
| TEL (HOME)     |  |
| TEL (BUSINESS) |  |

| NAME           |  |
|----------------|--|
| RELATION       |  |
| ADDRESS        |  |
| TEL (HOME)     |  |
| TEL (BUSINESS) |  |