**DDS Health Toolkit**
BRIDGE TO WELLNESS

# Creating an Emergency Evacuation Plan

Having an emergency evacuation plan in place for the individuals you support is important for the safety of all. You can fill out the template below with each person you support.

## An emergency evacuation plan (also called a disaster plan) should include:

**Name:**

**Local Emergency Contact information:**

Name: _____

Phone Number: _____

Email: _____

_____

**Out-of-Town Emergency Contact Information:**

Name: _____

Phone Number: _____

Email: _____

_____

**Support team, including DSP and regional center service coordinator**

Name: _____

Phone Number/Email: _____

**A family contact,** *even if it's someone not in your biological family (such as a very close friend or mentor who can help in an emergency)*

Name: _____

Phone Number/Email: _____

**Individual's doctor**

Name: _____

Phone Number/Email: _____

**Local fire department and police department** *(they can be made aware Before an Emergency that the person at this location has a developmental disability)*

Name: _____

Phone Number/Email: _____

**Individual's health/medical information (including medications they take)**

○ _____

○ _____

○ _____

○ _____

○ _____

○ _____

○ _____

○ _____

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**A map of the person's home and how they should evacuate**

Select a **meeting location,** in case you separate from others:

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Do you have an emergency "Go-Kit"? ____Yes ____ No
An emergency go-kit includes emergency supply that you can pick up and "go" in case of an emergency. It should be easily accessible and within reach.

Each person's role and responsibility. What can the person you support do independently?

**Person Responsible:** _____**Responsible for:** _____

**Person Responsible:** _____**Responsible for:** _____

**Person Responsible:** _____**Responsible for:** _____

**Person Responsible:** _____**Responsible for:** _____

Does the person have a pet or service animal? _____
Plan for pet/service animal: _____

Mobility Needs: _____

- Equipment (select):
    - ☐ Wheelchair
    - ☐ Cane
    - ☐ Walker
    - ☐ Communication Device
    - ☐ _____
    - ☐ _____
    - ☐ _____

**Copies of the emergency evacuation plan can be placed:**

- In the person's emergency supply kit
- In their wallet
- At their workplace or day activity center
- At their family home

**Make sure all information is up to date.**

- When was this emergency plan created or updated? (mm/dd/yyyy)
  _____

**Other information, if not included above:**

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# Don't forget to practice, practice, practice!