

# Emergency Plan - Practice Checklist



## EVERY 6-12 MONTHS, CONFIRM:

- Contact information is updated
- Medications and doses are current
- Support people are still available
- Evacuation routes still work
- Backup caregivers are confirmed
- Emergency kit supplies are not expired

## PRACTICE DRILLS:

- Review instructions with the individual
- Use visual supports or social stories
- Walk through evacuation route
- Practice using communication tools
- Practice staying calm with sensory supports

## UPDATE PLAN AFTER:

- Change in residence
- New diagnosis or medical change
- Change in caregivers
- New equipment or communication tools
- Any emergency or near-emergency event

## **Social Story – “What Happens in an Emergency?”**

***Sometimes emergencies happen. An emergency is when something unexpected happens and we need to stay safe.***

**In an emergency:**

- I will stay calm.**
- I will listen to the person helping me.**
- I may need to leave the house, building, or area.**
- I may hear loud noises like alarms or sirens.**
- That’s okay—these sounds help keep people safe.**

**My support team will:**

- Tell me what to do**
- Stay with me**
- Help keep me safe**

**I can bring my comfort items. These might be headphones, a fidget, or something soft. When the emergency is over, we will go back when it’s safe. My support team will tell me what happens next.**



## PERSONAL INFORMATION



- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ | Relationship: \_\_\_\_\_ | Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ | Relationship: \_\_\_\_\_ | Phone: \_\_\_\_\_
3. Back Up Support Person: \_\_\_\_\_

## COMMUNICATION NEEDS

- Preferred communication method (check all that apply):
- Plain language
- Visual supports (pictures/symbols)
- AAC device
- Gestures/signs
- Written instructions
- How the person expresses needs, pain, or distress:

## MEDICAL INFORMATION

- Diagnosis/medical conditions (optional):  
\_\_\_\_\_
- Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Mobility needs or equipment: \_\_\_\_\_

## SENSORY & BEHAVIORAL SUPPORTS

- Sensory sensitivities (noise, light, crowds, touch):  
\_\_\_\_\_
- Calming strategies or preferred items:  
\_\_\_\_\_

## IMPORTANT NOTES FOR RESPONDERS



# Personal Emergency Plan



## 1. **Emergency Situations We Are Planning For**

- Fire
- Storm/Flood
- Power Outage
- Medical Emergency
- Evacuation
- Missing-person risk
- Other: \_\_\_\_\_

## 2. **Evacuation Plan**

- Primary route: \_\_\_\_\_
- Backup route: \_\_\_\_\_
- Transportation needed: \_\_\_\_\_
- Meeting location: \_\_\_\_\_

## 3. **Support Network**

- Primary caregiver/support person: \_\_\_\_\_
- Backup caregiver/support person: \_\_\_\_\_
- Who will stay with the individual during an emergency?

## 4. **Communication During an Emergency**

- Best way to give instructions: \_\_\_\_\_
- Tools needed (AAC, visuals, checklist): \_\_\_\_\_

## 5. **Comfort & Sensory Needs**

- Items to include: \_\_\_\_\_
- Strategies to help stay calm: \_\_\_\_\_

## 6. **Medical & Equipment Needs**

- Must-have items: \_\_\_\_\_
- Backup power or batteries for devices: \_\_\_\_\_