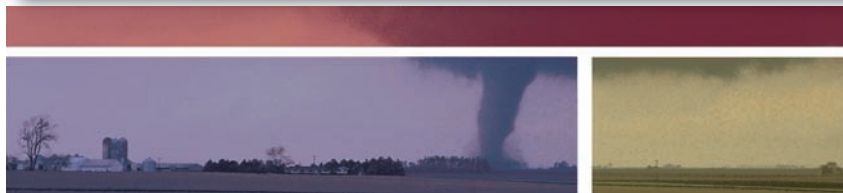
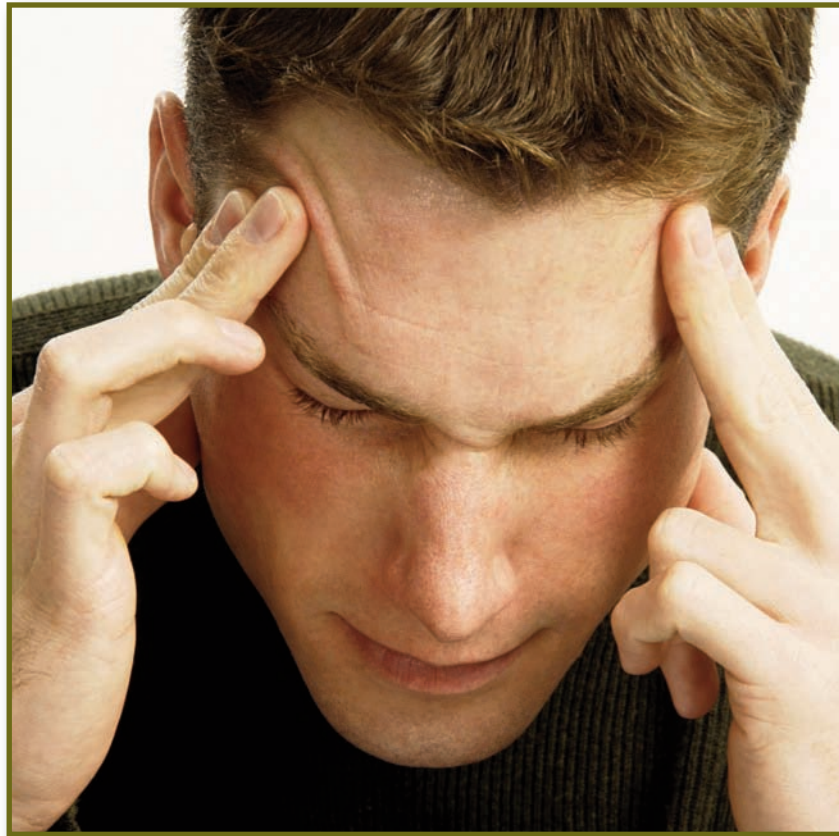




State of Illinois  
Illinois Terrorism Task Force

# Emergency Preparedness Tips for Those with Functional Needs



## TIPS

### Mental Health and Substance Abuse Disaster Tips

[www.ready.illinois.gov](http://www.ready.illinois.gov)

## Disaster Tips for People Who Experience Mental Health and Substance Abuse Problems

The State of Illinois has developed this tip sheet to prepare you for an emergency or disaster. This tip sheet is designed to be used in conjunction with "Preparing for Disaster for People with Disabilities and Other Special Needs" and the "Emergency Health Information Card."

### 1 GET A KIT

*Include in your emergency disaster kit the name and phone number of your local mental health professional(s), your recovery sponsor and/or other persons you can rely on for support.*

In addition to the list of recommended items to include in a Disaster Supplies Kit, which is available at [www.ready.illinois.gov](http://www.ready.illinois.gov), people with mental health and/or substance abuse problems may consider including the following items:

- Include in your emergency disaster kit the name and phone number of your local mental health professional(s), your recovery sponsor and/or other persons you can rely on for support.
- List of key phrases for emergency personnel (e.g. "I have experienced mental health and/or substance abuse problems in the past").
- Name and phone number of your primary care physician and mental health and/or substance abuse professional care provider.
- If you have been prescribed medication for mental health and/or substance abuse, keep a copy of information about where you receive the medication, the name of the drug(s) and dosage.

## 2 MAKE A PLAN

Create a Personal Assessment. Decide what you will be able to do for yourself and what assistance you may need before, during and after a disaster. Make a list of your personal needs and resources for meeting them in a disaster environment. Some things to consider are:

- Meet with your family members, friends, and building manager to review community hazards and emergency plans. Tell them where you keep your emergency supplies.
- Choose an out-of-town contact. Following a disaster, family members should call this person and tell them where they are. Everyone must know how to contact this person (e.g. TTY, email, pager, instant message, etc.).
- Decide where to meet your household members if you become separated.
- Complete an Emergency Health Information Card. Update it regularly and keep it with you at all times.
- Know the signs and symptoms and common reactions to a disaster and develop and discuss coping skills with your family and friends who offer you support. Disasters can affect us in many ways: physically, emotionally and mentally. They can make people feel angry, enraged, confused, sad, or even guilty. When those feelings don't go away over a few weeks, or when they seem to get worse, it may be appropriate to seek help for yourself or the person in your life who is experiencing these difficulties. Among the signs to look for over time are:



# TIPS

## Mental Health and Substance Abuse Problems Disaster Tips

- Feeling tense and nervous
  - Being tired all the time
  - Having sleep problems
  - Crying often or easily
  - Wanting to be alone most of the time
  - Drinking alcohol or taking drugs more often or excessively
  - Feeling numb
  - Being angry or irritable
  - Having problems concentrating and remembering things
- If you have ever experienced a problem with alcohol or other drugs:
- Practice how to communicate your needs
  - Stress is a trigger for beginning or resuming substance abuse. Anticipate the types of reactions you may have after a disaster, such as beginning or resuming abusing substances. Discuss this with your sponsor or other persons you rely on for support
  - Practice techniques to avoid alcohol, drugs, and excessive caffeine
  - Stay clear of persons or places that may trigger relapse
- Secure computers and anchor special equipment. Create a back-up system for important data and store it off-site.

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*Stay clear of persons or places that may trigger relapse.*

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### 3 BE INFORMED

- Learn your community’s response and evacuation plans.
- Learn the emergency plans and procedures that exist in places you and your family spend time (e.g. workplace, school, child care centers). Develop a communication plan with them.
- Ask your local fire department, police department or emergency management office about emergency special assistance programs. Some communities may ask people with a disability to register so assistance can be provided in an emergency.
- Ask your city or county how they will warn you of a disaster situation and provide information to you before, during and after a disaster.
- Know which television and radio stations in your area broadcast the Emergency Alert System.

Check Off When Completed	Date	Activity to be Completed
		Put together my Disaster Supplies Kit.
		Completed a Personal Assessment.
		Created a Support Network.
		Arranged an out-of-town contact.
		Completed my Emergency Health Information Card.
		Installed audible alarms and visual smoke alarms.
		Gathered my Emergency Documents.
		Created my Communication Plan.
		Told my family, neighbors, local emergency teams, local fire department what I need in an emergency situation.

## Emergency Health Information Card

1. This card should be duplicated as needed.
2. Cut out the card along the dotted lines.
3. Write in contact information for each household member. Use the back side of this card if you need additional space.
4. Fold the card so it fits into your pocket, wallet or purse.
5. Carry your card at all times so it is available in the event of a disaster or other emergency. Place it near your driver's license, school I.D., etc.



### Emergency Health Information Card

Date Updated:  
Name:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:  
Birth Date:                      Blood Type:  
Health Plan:  
Individual #:                      Group #:

#### Doctor's Name:

Address:  
City, State, Zip:  
Phone:                              Fax:  
E-mail:

#### Pharmacist's Name:

Address:  
City, State, Zip:  
Phone:                              Fax:  
E-mail:

### Emergency Health Information Card

#### Emergency Contact #1:

Relationship:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:

#### Emergency Contact #2:

Relationship:  
Address:  
City, State, Zip:  
Day Phone:  
Evening Phone:  
Cell Phone:  
E-mail:

#### Special Conditions:

Medications/Dosages:

Allergies:

Communications/Devices/Equipment/Other:



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