EMERGENCY PREPAREDNESS CHECKLIST

DISABILITY CHECKLIST



This checklist includes medical devices, supplies, and assistive technology devices for people with physical disabilities. Pack items you will need for yourself in your GO BAG (see GENERAL CHECKLIST). You may need to add additional items or devices to this list to meet your individual and/or family's needs.

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GO BAG ITEMS	 Small 12-volt electric pump (120 psi) for car, bicycle, and other sports equipment
If you have a mobility disability and use a wheelchair or scooter, you may want to consider having some or all of these items in your GO BAG:	O Bicycle tire pump and tire repair kit
	○ WD-40 (penetrating oil)
O Thermal blanket (survival)	O Magnifying glass
O Fire blanket (survival)	○ Scissors
O Fire starter kit	O Small sewing kit (needle and assorted thread)
O Power inverter (110 DC to 12-volt AC)	O Paper / notebook and pencil / pen
○ 12-volt heater / fan	COMMUNICATION DEVICES
○ Wire saw	O Computer and computer software
O Hand warmers	O Communication boards and devices (electronic and/or others)
O Hat / gloves / mittens	
O Poncho / rain gear	 Visual Communications Tool (included in this toolkit)
O Thermometer	SIGNALING DEVICES
○ Stethoscope	O Electronic alerting devices (bed shaker, flashing light, moisture alert, wandering alert)
O Blood pressure cuff	
O Kit(s) for ostomy, urostomy, and/or wound care	MOBILITY DEVICES / AIDS
supplies	○ Cane, walker, or crutches*
O Spray bottle (for person who doesn't perspire)	○ Manual wheelchair*
• Wheelchair repair kit (at a minimum include a multi-purpose tool, Swiss army knife, Allen wrench set (standard/metric), small crescent wrench, and bearings)	O Power wheelchair*
	O Wheelchair / scooter battery charger*
O Contact for wheelchair repair company	O Wheelchair seat and back cushion / cover (air pump if air-filled)*
O Heavy gloves for wheeling	O Spare tires / inner tubes
○ Small mechanic's toolkit	(continued on next page)

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O Portable manual patient lift / lift sling	MEDICAL
○ Transfer board	Medical tags (bracelet / necklace / ankle bracelet)
O Shower chair / transfer bench	O Medical alert devices
O Evacuation chair (This should be requested as an accommodation and be part of your care plan, if you live or work in a multi-story building.)	O Special dietary needs
*Note: Consider keeping your old canes, walkers, crutches, wheelchairs, or scooters, along with their battery chargers, cushions, and covers as back-ups.	 7-day supply of prescription medications and non-prescription supplements in a pill organizer
	O Extra medications and medical supplies
PROSTHETIC / ORTHOTIC DEVICES	○ Epi-pen
O Artificial limbs (extra batteries for power, if necessary)**	O Insulin (remember to refrigerate / keep cold)
	O Helmet / sports helmet (for protection)
O Braces: leg and/or hand **	O Respiratory aids / devices (including BPAP, CPAP machines, oxygen concentrators, etc.)
O Specialty shoes (extra shoe strings)	○ Oxygen tanks
○ Specialty shoe inserts **	
**Note: Consider keeping old artificial limbs, braces, and shoe inserts as back-ups.	OTHER MEDICATIONS OR SUPPLIES
ASSISTIVE TECHNOLOGY DEVICES	
ASSISTIVE TECHNOLOGY DEVICES	O
O Specially-modified eating utensils	BOWEL AND BLADDER PRODUCTS AND SUPPLIES (INCLUDES OSTOMY AND
O Special water bottles	UROSTOMY NEEDS)
O Lap board / tray for wheelchair	O
O Easy-open can opener (one touch, one hand)	O
○ 12-volt heater / fan	WOUND CARE AND SUPPLIES
O To power assistive technology, mobility, or other medical devices, consider alternative ways of generating energy (solar power, wind power, gas / propane generator, etc.)	O
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	ADDITIONAL ITEMS / DEVICES
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