

Preparedness is part of the family

Morris Family



Zachary
Autism & Severe Cognitive Delay

Ray Morris
Engineer/Paramedic
BA in Human Services
MS in Disaster
Preparedness & Crisis
Management

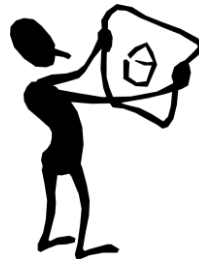


- In 1969 while taking a friend to the hospital, an impaired driver drove the wrong direction on I-5 in Portland, Ore.
- The family took care of him
- No Social services
- 1984 received his first power chair
- Lived for 32 years, passed away 2001
- One of his greatest fears was our house catching fire



No member in our community should live in fear

Everyone should have an emergency/disaster plan



- Be self sufficient 96 hrs.
- Yet do individuals know
 - what a plan is?
 - what one looks like?
 - how to set one up?
- Most individuals won't put a plan together because they're not familiar with how to do it.
- *Teach a person how to fish, you can feed them for life.*

Individuals and Families with Functional Needs

Emergency and Disaster Preparedness Guidebook

_____ Name _____



Beyond One's View
Center for the Challenged



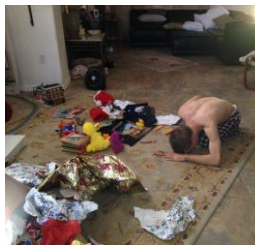
5 Steps to Preparedness

1. Being Informed of an Emergency/Disaster
 - Building on the Fire Drill
 - County & State Warning System
 - Self Disclosure & Other Emergency Plans
2. Making your Plan
 - Disaster/Emergency: What Could Happen
 - Exits, Evacuation & Meeting Places
3. Identify Your Social/Support Network
 - Social/Support Network
 - Contact Information
4. Getting a Kit together and GO-Kit' s
 - Kits, Specialized Items
5. Put Your Plan into Action
 - Getting & Staying Involved

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Duplicating Zach's Day

- Zach's daily routine
- The items needed for his level of independence
 - Environment
 - Medication
 - Equipment
- Who's in his daily routine?
 - How can we support them to be there?
- Can we plan with others?



How we're achieving it

- It doesn't happen over night, it's a life style
- It's collaboration with those in our life
- Asking individuals to be part of his plan
- Supporting them in their preparedness
- Making an effort to talk about the plan
 - Communication
 - Sheltering in place: evacuation locations
 - Supplies: alternative's
- Medication: refilled every 28 days, so after 3 months you can have 7 extra days

Zach's 'Go-Kit'



Self-Disclosed Information

Name: _____

Address: _____

Primary Medical/Functional Disability: _____

Primary location within residences: _____

Ability to Self Rescue and Evacuate? Yes - No

Do you have an Emergency/Disaster Plan? Yes - No

Are you Self Sufficient for 96 hours? Yes - No

Off site Responsible Party: _____

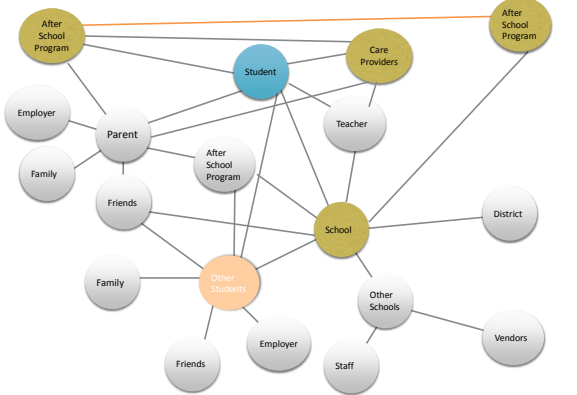
Special Information: _____

I _____, willingly disclose the above information to the fire department in order to provide vital information prior to an emergency, enabling responders to provide effective service.

Signature: _____

Date: _____

Here's what it looks like



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