

WELLS FARGO



# EMERGENCY PREPAREDNESS CONFERENCE

for persons with disabilities



WRONG  
WAY

CENTER FOR INDEPENDENT LIVING JACKSONVILLE  
2709 ART MUSEUM DRIVE  
JACKSONVILLE FLORIDA 32007  
WWW.CILJACKSONVILLE.ORG  
2022 EDITION



JACKSONVILLE  
Empowering People with Disabilities

**PERSONAL INFORMATION:**

1) NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2) EMAIL ADDRESS \_\_\_\_\_

3) STREET ADDRESS \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_

4) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5) TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

6) VIDEO PHONE /TTY \_\_\_\_\_ TEXT \_\_\_\_\_

7) SOCIAL SECURITY NUMBER \_\_\_\_\_

**8) EMERGENCY CONTACTS**

| NAME | RELATIONSHIP: | PHONE | EMAIL: |
|------|---------------|-------|--------|
|      |               |       |        |
|      |               |       |        |
|      |               |       |        |

9) WHAT IS THE NATURE OF YOUR DISABILITY (IF ANY)?

---

---

10) NAMES AND AGES OF PEOPLE YOU LIVE WITH?

|  |
|--|
|  |
|  |
|  |
|  |
|  |

11) WILL YOUR CARE TAKER EVACUATE WITH YOU? YES \_\_\_\_ NO \_\_\_\_  
IF YES WHAT IS THEIR NAME AND CONTACT INFORMATION \_\_\_\_\_

12) ARE YOU THE PRIMARY CARE TAKER? YES \_\_\_\_ NO \_\_\_\_



IF NO, WHO IS? PLEASE PROVIDE THEIR CONTACT INFORMATION:

13) Do YOU USE A SERVICE ANIMAL OR GUIDE DOG? YES\_\_\_\_. NO\_\_\_\_

14) DO YOU HAVE AN EMOTIONAL SUPPORT OR THERAPY ANIMAL? YES\_\_\_\_ NO\_\_\_\_

DESCRIBE YOUR EMOTIONAL SUPPORT OR THERAPY ANIMAL:

|  |
|--|
|  |
|  |
|  |
|  |

15) DO YOU HAVE ANY PETS? YES\_\_\_\_ NO\_\_\_\_

16) PROVIDE DISCREPTION OF YOUR PET:

|  |
|--|
|  |
|  |

17) DO YOU HAVE A CAR OR OTHER MEANS OF TRANSPORTATION: YES\_\_\_\_ NO\_\_\_\_

18) DISCRIBE YOUR MODE OF TRANSPORTATION:

|  |
|--|
|  |
|  |
|  |

19) DO YOU USE SPECIAL TRANSPORTATION SERVICES? YES\_\_\_\_ NO\_\_\_\_

20) WILL YOU NEED ASSISTANCE TO EVACUATE? YES\_\_\_\_ NO\_\_\_\_

21) WHAT TYPE OF ASSISTANCE WILL YOU REQUIRE?

|  |
|--|
|  |
|  |
|  |
|  |

22) WHICH AGENCIES OR ORGANIZATIONS HAVE YOU REGISTERED WITH TO ASSIST YOU WITH YOUR EVACUATION?

**PERSONAL INFORMATION:**

1) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2) EMAIL ADDRESS \_\_\_\_\_

3) STREET ADDRESS \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_

4) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5) TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

6) VIDEO PHONE /TTY \_\_\_\_\_ TEXT \_\_\_\_\_

7) SOCIAL SECURITY NUMBER \_\_\_\_\_

**8) EMERGENCY CONTACTS**

| NAME | RELATIONSHIP: | PHONE | EMAIL: |
|------|---------------|-------|--------|
|      |               |       |        |
|      |               |       |        |
|      |               |       |        |

9) WHAT IS THE NATURE OF YOUR DISABILITY (IF ANY)?

---

---

10) NAMES AND AGES OF PEOPLE YOU LIVE WITH?

|  |
|--|
|  |
|  |
|  |
|  |
|  |

11) WILL YOUR CARE TAKER EVACUATE WITH YOU? YES \_\_\_\_ NO \_\_\_\_  
IF YES WHAT IS THEIR NAME AND CONTACT INFORMATION

---

12) ARE YOU THE PRIMARY CARE TAKER? YES \_\_\_\_ NO \_\_\_\_

IF NO, WHO IS? PLEASE PROVIDE THEIR CONTACT INFORMATION:

13) DO YOU USE A SERVICE ANIMAL OR GUIDE DOG? YES \_\_\_\_ NO \_\_\_\_

14) DO YOU HAVE AN EMOTIONAL SUPPORT OR THERAPY ANIMAL? YES \_\_\_\_ NO \_\_\_\_

DESCRIBE YOUR EMOTIONAL SUPPORT OR THERAPY ANIMAL:

|  |
|--|
|  |
|  |
|  |
|  |

15) DO YOU HAVE ANY PETS? YES \_\_\_\_ NO \_\_\_\_

16) PROVIDE DESCRIPTION OF YOUR PET:

|  |
|--|
|  |
|  |

17) DO YOU HAVE A CAR OR OTHER MEANS OF TRANSPORTATION: YES \_\_\_\_ NO \_\_\_\_

18) DESCRIBE YOUR MODE OF TRANSPORTATION:

|  |
|--|
|  |
|  |
|  |

19) DO YOU USE SPECIAL TRANSPORTATION SERVICES? YES \_\_\_\_ NO \_\_\_\_

20) WILL YOU NEED ASSISTANCE TO EVACUATE? YES \_\_\_\_ NO \_\_\_\_

21) WHAT TYPE OF ASSISTANCE WILL YOU REQUIRE?

|  |
|--|
|  |
|  |
|  |
|  |

22) WHICH AGENCIES OR ORGANIZATIONS HAVE YOU REGISTERED WITH TO ASSIST YOU WITH YOUR EVACUATION?

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|  |
|  |

# **COMMUNICATION PLAN**

## **FAMILY**

### **23) LIST YOUR IMMEDIATE AND EXTENDED FAMILY MEMEBERS**

| NAME | RELATIONSHIP | ADDRESS | PHONE |
|------|--------------|---------|-------|
|      |              |         |       |
|      |              |         |       |
|      |              |         |       |
|      |              |         |       |

24) IF YOUR FAMILY HAS TO DISPERSE, DO YOU HAVE A DESIGNATED PLACE TO MEET? YES \_\_\_\_ . NO \_\_\_\_

25) IDENTIFY THREE (3) LOCATIONS WHERE YOU CAN GO DURING AN EMERGENCY (IE FRIEND'S HOME, MOTEL, SHELTER, ETC)

| NAME OF LOCATION | DESCRIPTION | PHONE |
|------------------|-------------|-------|
|                  |             |       |
|                  |             |       |
|                  |             |       |

26) LIST ANY OTHER ADDITIONAL CONTACTS YOU MIGHT WISH TO REACH DURING OR AFTER AN EVACUATION:

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF THE ADDRESS:

---



---



---

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF THE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF THE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF THE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF THE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27) WHAT PREPARATIONS HAVE YOU MADE FOR YOUR PET DURING AN EMERGENCY?  
\*(SERVICE ANIMALS SHOULD ACCOMPANY YOU DURING AN EMERGENCY)\*

DESCRIBE:

|  |
|--|
|  |
|  |
|  |

28) DO YOU HAVE A FIRST AID KIT TO TAKE WITH YOU?



YES \_\_\_\_\_ NO \_\_\_\_\_ I DON'T KNOW \_\_\_\_\_

29) WHAT BEDDING AND CLOTHING, INCLUDING SLEEPING BAGS AND PILLOWS WILL YOU TAKE WITH YOU?

|  |
|--|
|  |
|  |
|  |
|  |

30) DO YOU HAVE BOTTLED WATER TO TAKE WITH YOU OR TO SHELTER IN PLACE?  
\* (THREE GALLONS OR MORE PER PERSON IS RECOMMENDED) \*

YES \_\_\_\_\_ NO \_\_\_\_\_ I DON'T KNOW \_\_\_\_\_

31) DESCRIBE ANY SPECIAL DIETARY NEEDS AS A RESULT OF YOUR DISABILITY?

|  |
|--|
|  |
|  |
|  |
|  |

32) DO YOU HAVE A BATTERY-OPERATED RADIO AND EXTRA BATTERIES TO TAKE WITH YOU?

YES \_\_\_\_\_ NO \_\_\_\_\_ I DON'T KNOW \_\_\_\_\_

33) DO YOU HAVE FOOD AND A MANUAL CAN OPENER TO TAKE WITH YOU?

YES \_\_\_\_\_ NO \_\_\_\_\_ I DON'T KNOW \_\_\_\_\_

34) DO YOU HAVE WRITTEN INSTRUCTIONS ON HOW TO TURN OFF THE ELECTRICITY, GAS, AND WATER?

YES \_\_\_\_\_ NO \_\_\_\_\_ I DON'T KNOW \_\_\_\_\_

IF YES, WHERE ARE THESE INSTRUCTIONS LOCATED?

|  |
|--|
|  |
|  |

**IMPORTANT PAPERS AND SUPPLY CHECK LIST**

35) DO YOU HAVE YOUR IMPORTANT DOCUMENTS TO TAKE WITH YOU?

- IDENTIFICATION PAPERS
- SPARE CAR KEYS AND LOCAL, STATE, AND REGIONAL MAPS
- HURRICANE TRACKING MAPS OR APPS
- PLANE OF CARE
- EXTRA PHONE CHARGERS
- NOAAWEATHER RADIO FREQUENCY, AND LOCAL RADIO FREQUENCIES
- NAMES, ADDRESS, PHONE NUMBERS, EMAILS ADDRESS OF FAMILY MEMEBERS
- DETAILED EVAUCATION PROCEDURES

**AWARENESS OF EMERGENCY EXIT AND PROCEDURES**

**WORK LOCATION**

36) WHERE ARE YOU LOCATED AT WORK FOR THE MAJORITY OF YOUR TIME?

| BUILDING | FLOOR | ROOM NUMBER |
|----------|-------|-------------|
|          |       |             |

37) DO YOU ROUTINELY USE OTHER LOCATIONS AND/OR BUILDINGS

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE PROVIDE FURTHER DETAILS BELOW:

|  |
|--|
|  |
|--|

38)

ARE YOU AWARE OF THE EMERGENCY EXIT AND PROCEDURES WHICH OPERATE IN THE BUILDING(S) IN WHICH YOU RESIDE AND WORK)

HOME YES \_\_\_\_\_ NO \_\_\_\_\_

WORK YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE WRITTEN EMERGENCY EXIT PRODECUERES?

HOME YES \_\_\_\_\_ NO \_\_\_\_\_

WORK YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE EMERGENCY AND EXIT PRECDUERES TO BE SUPPORTED BY ASL INTERPREATION?

HOME YES \_\_\_\_\_ NO \_\_\_\_\_

WORK YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE THE EMERGENCY EXIT PROCEDURES TO BE IN BRAILLE?

HOME YES \_\_\_\_\_ NO \_\_\_\_\_

WORK YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE THE EMERGENCY EXIT PROCEDURES TO BE ON TAPE?

HOME YES \_\_\_\_\_ NO \_\_\_\_\_

WORK YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE THE EMERGENCY EXIT PROCEDURES TO BE IN LARGE PRINT?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

DO YOU REQUIRE THE EMERGENCY EXIT PROCEDURES AS A TEXT ON A ZIP DRIVE?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

ARE THE SIGNS WHICH MARK EMERGENCY ROUTES AND EXITS CLEAR ENOUGH?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

**EMERGENCY ALARM SYSTEM**

39)

CAN YOU HEAR THE FIRE ALARM IN YOUR HOME AND WORKPLACE?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

COULD YOU RAISE THE ALARM IF YOU DISCOVERED A FIRE?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

**ASSISTANCE**

40) DO YOU NEED ASSISTANCE TO GET OUT OF THE PREMISES IN AN EMERGENCY?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

41) IS ANYONE DESIGNATED OR EMPLOYED TO ASSIST YOU TO GET OUT IN AN EMERGENCY?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

IF YES GIVE NAME(S), LOCATION(S) AND CONTACT DETAILS:

|  |
|--|
|  |
|  |

42. IS THE ARRANGEMENT WITH YOUR ASSISTANT(S) A FORMAL ARRANGEMENT?

(A FORMAL ARRANGEMENT IS AN ARRANGEMENT SPECIFIED BY THE DIRECTOR/ADMINISTRATOR OR WRITTEN INTO THEIR JOB DESCRIPTION OR WHERE SOMEONE IS EMPLOYED TO PROVIDE SUPPORT OR SOME OTHER FORMAL PROCEDURE)

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

ARE YOU ALWAYS IN EASY CONTACT WITH THOSE DESIGNATED TO HELP YOU?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

IN AN EMERGENCY, COULD YOU CONTACT THE PERSON(S) IN CHARGE OF EVACUATING THE BUILDING(S) IN WHICH YOU RESIDE AND WORK AND TELL THEM WHERE YOU WERE LOCATED?

HOME YES \_\_\_ NO \_\_\_

WORK YES \_\_\_ NO \_\_\_

### GETTING OUT

43

CAN YOU MOVE QUICKLY IN THE EVENT OF AN EMERGENCY?

HOME YES \_\_\_\_ NO \_\_\_\_

WORK YES \_\_\_\_ NO \_\_\_\_

DO YOU FIND STAIRS DIFFICULT TO USE?

HOME YES \_\_\_\_ NO \_\_\_\_

WORK YES \_\_\_\_ NO \_\_\_\_

DO YOU USE A WHEELCHAIR ?

HOME YES \_\_\_\_ NO \_\_\_\_

WORK YES \_\_\_\_ NO \_\_\_\_

IF YES, IS IT POWER OR MANUEL?

\_\_\_\_\_

### MEDICAL INFORMATION

43) IDENTIFY YOUR MEDICINES SUPPLIES THAT YOU HAVE TO TAKE WITH YOU:

HOW LONG, DOSAGE, DOES IT NEED TO BE REFRIGERATION DESCRIBE:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

44) LIST ALL THE DRUGS AND MEDICATIONS YOU ARE TAKE (INCLUDING OVER THE COUNTER AND HERBAL REMEDIES)

| NAME OF MEDICINE | DOSAGE | HOW OFTEN |
|------------------|--------|-----------|
|                  |        |           |
|                  |        |           |
|                  |        |           |
|                  |        |           |

45) ARE YOU ALLERGIC TO ANY MEDICATIONS, FOODS, OR ENVIROMENTAL FACTORS?

| ALLERGEN | DESCRIPTION |
|----------|-------------|
|          |             |
|          |             |

46) INFORMATION ABOUT YOU PHARMACY:



NAME

ADDRESS

PHONE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

47) ALTERNATIVE SOURCE FOR MEDICATIONS:

NAME

ADDRESS

PHONE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

47) YOUR HOSPITAL INFORMATION:

NAME

ADDRESS

PHONE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

48). ARE YOU AN ORGAN DONOR? YES \_\_\_\_\_ NO \_\_\_\_\_

DESCRIBE

|  |
|--|
|  |
|--|

49) HAVE YOU ASSIGNED A MEDICAL POWER OF ATTORNEY TO ANYONE?

NAME

RELATIONSHIP

ADDRESS

PHONE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

50) LIST YOUR DOCTORS

NAME

TYPE OF PHYSICIAN

PHONE

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

51) LIST ANY SERIOUS MEDICAL OPERATIONS, SURGERIES AND THEIR OUTCOME:

|  |
|--|
|  |
|--|

52) HEALTH INSURANCE INFORMATION:

PROVIDER.

POLICY NUMBER

PHONE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

53) WHAT SERVICES DO YOU RECEIVE FROM ANY HELPING AGENCIES OR ORGANIZATIONS?

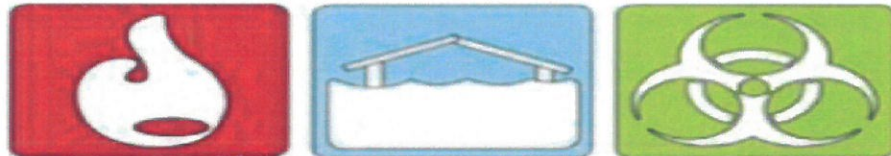
|  |
|--|
|  |
|--|

54) DO YOU HAVE A GUARDIAN OR GUARDIAN ADVOCATE

YES \_\_\_\_\_ NO \_\_\_\_\_

THANK YOU FOR COMPLETING THIS DISASTER PLAN FOR INDIVIDUALS WITH DISABILITIES. BE SURE TO TAKE THIS PLAN WITH YOU IF YOU HAVE TO EVACUATE.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# EMERGENCY PREPAREDNESS CONFERENCE

for persons with disabilities



# BASIC FIRST AID

## CPR EMERGENCY PROCEDURE



Check if alert, breathing & pulse.



Call 911.



CPR if needed. Push hard and fast in center of chest.



Continue until help arrives.

## CHOKING



Verify if person is choking.



Give 5 back blows.



Give 5 abdominal thrusts.



Alternate giving back blows & abdominal thrusts.

## HEAD, NECK, AND BACK INJURIES



Call 911.



Hold still.



Watch for vomiting.



May have unequal pupils.

## CONTROLLING BLEEDING



Call 911.



Apply direct pressure.



Elevate injured area.



Wrap with a bandage.



TIP: Place tourniquet 2" - 3" above wound if needed.

## AIDING FRACTURES



Help/support area.



Check pulses & sensation.



Apply ice or a cold pack.



Immobilize the area.



Treat for shock.

## HEAT EXHAUSTION



Move person to a cooler place.



Remove or loosen tight clothing & apply cool cloths to the skin.



Fan the person.



Give small amounts of cool water to drink.



If the person vomits or loses consciousness, call 911.



# HAVE A PLAN

Though it may seem difficult or time-consuming to plan for the unexpected, planning ahead is the number one way to stay safe in the event of a disaster. It is important to prepare for all hazards that could impact you, especially large-scale disasters like hurricanes that may affect the entire community.

**Prior to hurricane season**, develop or update your **Family Emergency Plan**. Hold a meeting with your family to discuss what you will do in an emergency. Ask the following questions:

- ☐ **WHAT IS YOUR ESCAPE PLAN?** When planning for hurricanes, understand your evacuation zone and establish an evacuation route (see back cover).
- ☐ **DO YOU HAVE AN EMERGENCY SUPPLY KIT?** The kit should have enough supplies to last three days for every person in your family, including a plan for yearly maintenance (see pages 7-8).
- ☐ **WHERE WILL YOU MEET?** Your family should have a set meeting location in the event that you become separated. Also, consider where you would meet if you evacuate.
- ☐ **HOW WILL YOU COMMUNICATE WITH YOUR FAMILY IN THE EVENT OF AN EMERGENCY?** You cannot always count on your cell phone to work, especially if cell towers are down.
- ☐ **WHO IS YOUR OUT-OF-TOWN CONTACT?** Pick someone that each of your family members can contact to check-in with and report their status.
- ☐ **DO YOU HAVE A PLAN FOR YOUR ENTIRE HOUSEHOLD?** This includes children, pets, and individuals needing additional assistance.
- ☐ **DID YOU SHARE YOUR PLAN?** Your Family Emergency Plan should be shared with friends, co-workers, and out of town family members. Encourage them to develop Emergency Plans of their own. Disasters can affect everyone in the community!



## EVACUATION CHECKLIST

EMERGENCY SUPPLY KIT

CASH AND CREDIT CARDS

CONTACT LIST

FAMILY PHOTOS



### IMPORTANT DOCUMENTS

Social security card, drivers license, passport, medical and homeowners insurance documents



### CHANGE OF CLOTHING

Enough for each member of your household



### PERSONAL HYGIENE ITEMS

Toothbrush, toothpaste, shampoo, soap, lotion, deodorant, tissues, face coverings, and gloves



### MEDICAL NEEDS

Wheelchair, canes, walkers, medications, hearing aids, and extra batteries




### BABY NEEDS

Diapers, formula, food, and change of clothing



### PET CARE

Identification and immunization records, carrier or cage, muzzle, collar, leash, food, and water

 **TIP:** Prior to evacuating, consider taking photos or videos of your residence to assist in documentation of property. This may help provide information for potential insurance claims.



# ANIMAL PREPAREDNESS

## SMALL ANIMAL PREPAREDNESS



Be sure all dogs and cats are wearing collars with securely fastened current identification that includes the telephone number and address.



Train both dogs and cats to feel comfortable being in a crate for fast transportation during a disaster.



Always bring pets indoors during the first sign or warning of a storm or disaster.



Keep an emergency pet kit with leashes and ensure that it is easy to carry and in an accessible place.



Have current photos of your pets in case they get lost during a disaster.



**TIP:** Identification microchips are highly recommended for all pets. For more information, visit [coj.net/pets](http://coj.net/pets)

## LARGE ANIMAL PREPAREDNESS



Make sure your horse is identifiable with a bracelet or microchip.



Train horses to lead and trailer so they become comfortable with the process.



Identify evacuation routes where you can board your horses outside of an evacuation zone.



Have a surplus of feed available. Don't get to the last bale when disaster strikes.



Never turn your horse or livestock loose. You never know how they will react, and they could be a danger to you and others.



**TIP:** If there is an emergency in Duval County and you have been ordered to evacuate, please contact Animal Care and Protective Services to get current information on large animal evacuation sites in our area. Call 904-630-CITY (2489)



# COVID-19

## BEFORE A PANDEMIC

Have supplies on hand: pain relievers, stomach remedies, cough and cold medicines, and vitamins.



Store two weeks worth of supplies



Refill your prescription medications



Maintain health records in a safe place



Consider vaccinations

## DURING A PANDEMIC

Practice good health habits.

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious foods.



### Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.



### Stay 6 feet away from others

- Avoid close contact with people who are sick.
- Put 6 feet of distance between yourself and people who don't live in your household.
- Remember that some people without symptoms may be able to spread the virus.
- Keeping distance from others is especially important for people who are at higher risk of getting very sick.
- Avoid large crowds and poorly ventilated spaces.



### Wear a mask

- Everyone 2 and older should wear masks in public.
- Masks should be worn in addition to staying at least 6 feet apart, especially around people who don't live with you.
- Wear your mask over your nose and mouth and secure it under your chin.
- The cloth face cover is meant to protect other people in case you are infected.



### Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



### Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.



Learn more about disease outbreak:

[www.cdc.gov](http://www.cdc.gov)  
[www.flu.gov](http://www.flu.gov)  
[www.hhs.gov](http://www.hhs.gov)  
[www.redcross.org](http://www.redcross.org)  
[www.floridahealth.gov](http://www.floridahealth.gov)





## WHAT TO DO IF YOU ARE SICK

### Stay home except to get medical care

- Stay home.
- Take care of yourself.
- Stay in touch with your doctor.
- Avoid public transportation, ride-sharing, or taxis.

### Separate yourself from other people

- As much as possible, stay in a specific room and away from other people and pets in your home.
- Tell your close contacts that they may have been exposed to COVID-19.

### Monitor your symptoms

- Symptoms of COVID-19 include fever, cough, or other symptoms.
- Follow care instructions from your healthcare provider and local health department.

### Call ahead before visiting your doctor

- Call ahead. Many medical visits for routine care are being done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19.

### If you are sick, wear a mask over your nose and mouth

- You should wear a mask over your nose and mouth if you must be around other people or animals, including pets (even at home).
- You don't need to wear the mask if you are alone.

### Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw away used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds.

### Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds.
- Use hand sanitizer if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

## VACCINES

**Vaccines are one of the tools we have to fight the COVID-19 pandemic. To stop this pandemic, we need to use all of our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses so your body will be ready to fight the virus if you are exposed.**



**Vaccines are safe.** The U.S. vaccine safety system makes sure that all vaccines are as safe as possible. All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as any other vaccines produced through the years.



**Different types of COVID-19 vaccines will be available.** Most of these vaccines are given in two shots, one at a time and spaced apart. The first shot gets your body ready. The second shot is given at least three weeks later to make sure you have full protection.



**The vaccines may cause side effects in some people,** like sore muscles, feeling tired, or mild fever. These reactions mean the vaccine is working to help teach your body how to fight COVID-19 if you are exposed.

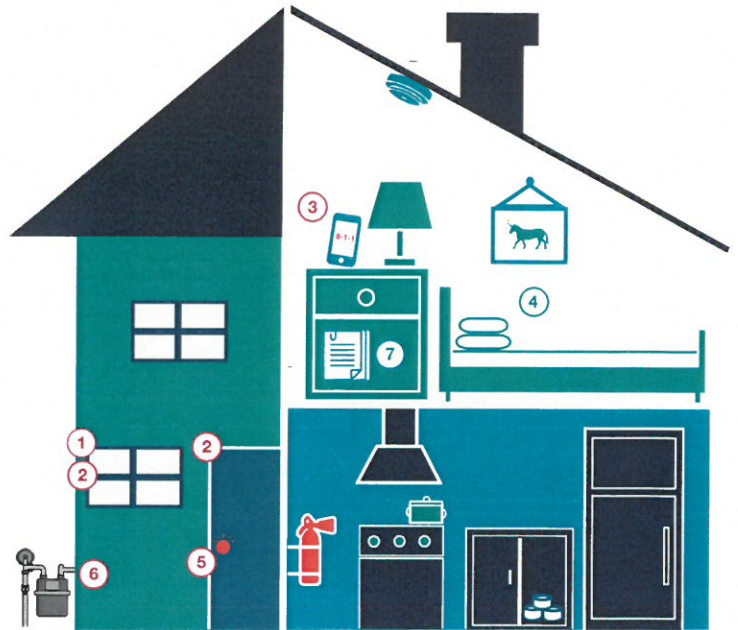


**Additional guidance may be released at the direction of the CDC.**



# HOUSE FIRES

|          |  |
|----------|--|
| <b>1</b> | <b>WINDOWS</b><br>Ensure that windows are not stuck, screens can be taken out quickly, and that security bars can be properly opened.          |
| <b>2</b> | <b>ESCAPE ROUTE</b><br>Find two ways to get out of each room (door or window).   |
| <b>3</b> | <b>CALL 911</b><br>If you can't get to someone needing assistance, call 9-1-1 for help.  |
| <b>4</b> | <b>SEAL DOORS &amp; VENTS</b><br>If unable to evacuate, shelter in place, call 9-1-1 to report your location, seal doors or vents if possible. |
| <b>5</b> | <b>FEEL THE DOOR FOR HEAT</b><br>Feel the doorknob with the back of your hand; if hot, leave the door closed and use another way out.          |
| <b>6</b> | <b>UTILITIES</b><br>The fire department should see that utilities are either safe to use or are disconnected before they leave.                |
| <b>7</b> | <b>INVENTORY DAMAGES</b><br>Maintain an inventory of damaged property and items. Protect valuable documents and records.                       |



## P.A.S.S.

### PULL



Pull the pin

### AIM



Aim the nozzle or horn low at the base of the fire

### SQUEEZE



Squeeze the handle to release the agent

### SWEEP



Sweep from side to side at the base until the fire is out

## JACKSONVILLE FIRE AND RESCUE DEPARTMENT SMOKE DETECTOR PROGRAM

The Jacksonville Fire Rescue Department will provide and install a free smoke detector for any qualifying Jacksonville resident living in a single-family or two-family residence. The department also will install replacement batteries in existing smoke detectors at no charge.



Smoke detectors help save lives by warning residents of a fire in time to escape.

For a free smoke detector or to arrange to have the batteries in an existing device replaced, call 904-630-CITY (2489).

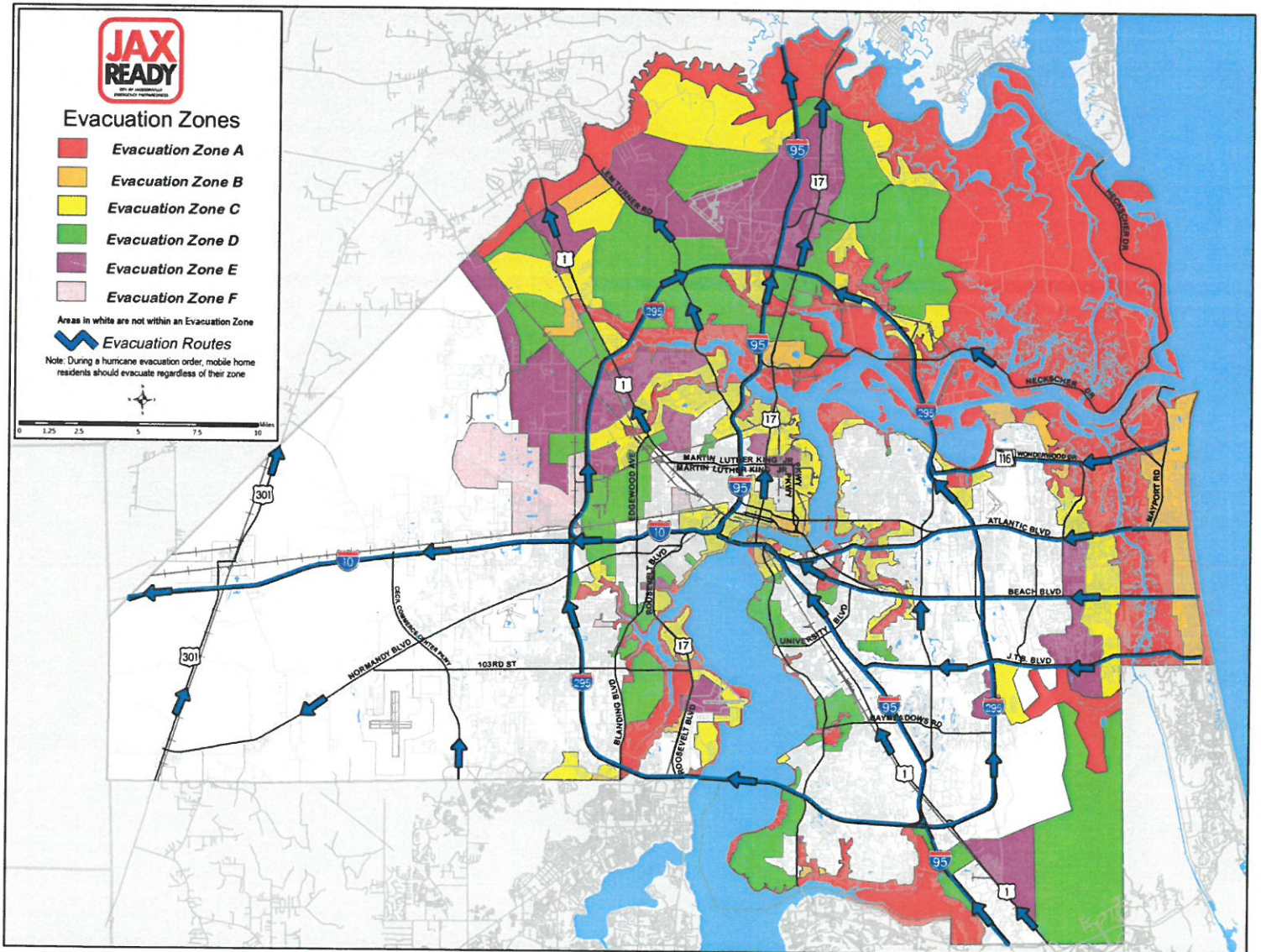
## PREPARE YOUR FAMILY AND HOME

- Install smoke detectors on every level of your home and test them at least every six months
- Install carbon monoxide detectors and test the batteries regularly
- Make sure everyone in your home knows how to use the fire extinguisher and knows where it is located
- Identify and practice escape routes from each room in your home
- Make sure everyone in your home knows how to shut off the gas, water, and electricity at the main switches
- Designate a rallying point to meet in the event of a house fire
- Remember to include your pets in your plans



**City of Jacksonville**  
117 W. Duval St.  
Jacksonville, FL 32202

**TO REQUEST THIS GUIDE IN AN ALTERNATE FORMAT, PLEASE CONTACT  
THE EMERGENCY PREPAREDNESS DIVISION AT (904) 255-3110.**



**JAXREADY**  
Emergency Preparedness Mobile App



**ALERTJAX**  
Emergency Notification System