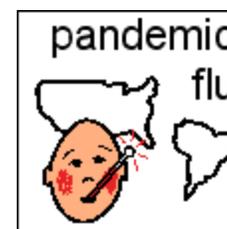
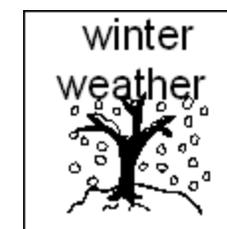
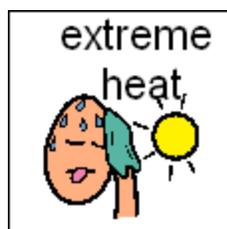
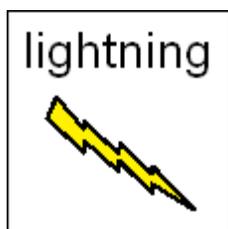
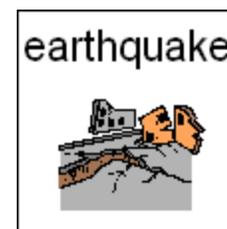
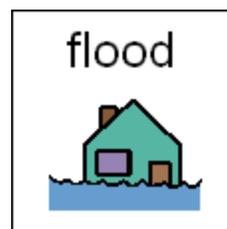
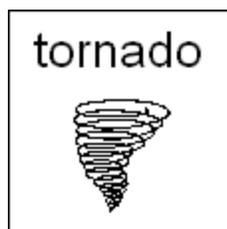


This Emergency Preparedness Calendar was designed specifically to help people with disabilities become more prepared for emergency situations.

This calendar has information that will help you prepare for several disasters that can occur in Arkansas.



If all sections are completed, this calendar will contain important information you may need during and after an emergency. Take it with you if you have to evacuate your home.

# Emergency Contact Information

My Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Disability Service Provider:

\_\_\_\_\_

Phone: \_\_\_\_\_

Staff: \_\_\_\_\_

Phone: \_\_\_\_\_

Staff: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Vet: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Durable Medical Equipment Company:

\_\_\_\_\_

Representative: \_\_\_\_\_

Phone: \_\_\_\_\_

# My Emergency Support Team

## My Emergency Support Team will:

- ◆ Help me make up my emergency plan.
- ◆ Check on me after an emergency.
- ◆ Keep a key to my house and not give it to anyone.
- ◆ Know where I keep emergency supplies.
- ◆ Know where I keep copies of emergency documents.
- ◆ Notify each other when we are out of town.
- ◆ Learn about my needs and how to help me in an emergency.

## Out-of-Area Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## The People in my Team are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

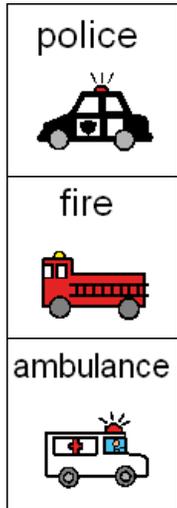
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

# Important Phone Numbers



Police

Fire

Ambulance

# 911

Non-emergency Police: \_\_\_\_\_

Non-emergency Fire: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: \_\_\_\_\_

To report a power outage: \_\_\_\_\_ Account # \_\_\_\_\_

To report a gas leak: \_\_\_\_\_ Account # \_\_\_\_\_

Adult Abuse & Neglect Hotline: 1-800-482-8049

Child Abuse & Neglect Hotline: 1-800-482-5964

\*\* If you use special equipment that requires electricity, contact your electric company and talk with them about your power priority needs.\*\*

# My County

When weather reports are given on TV, they often show a map of Arkansas by county. I have colored in my county.

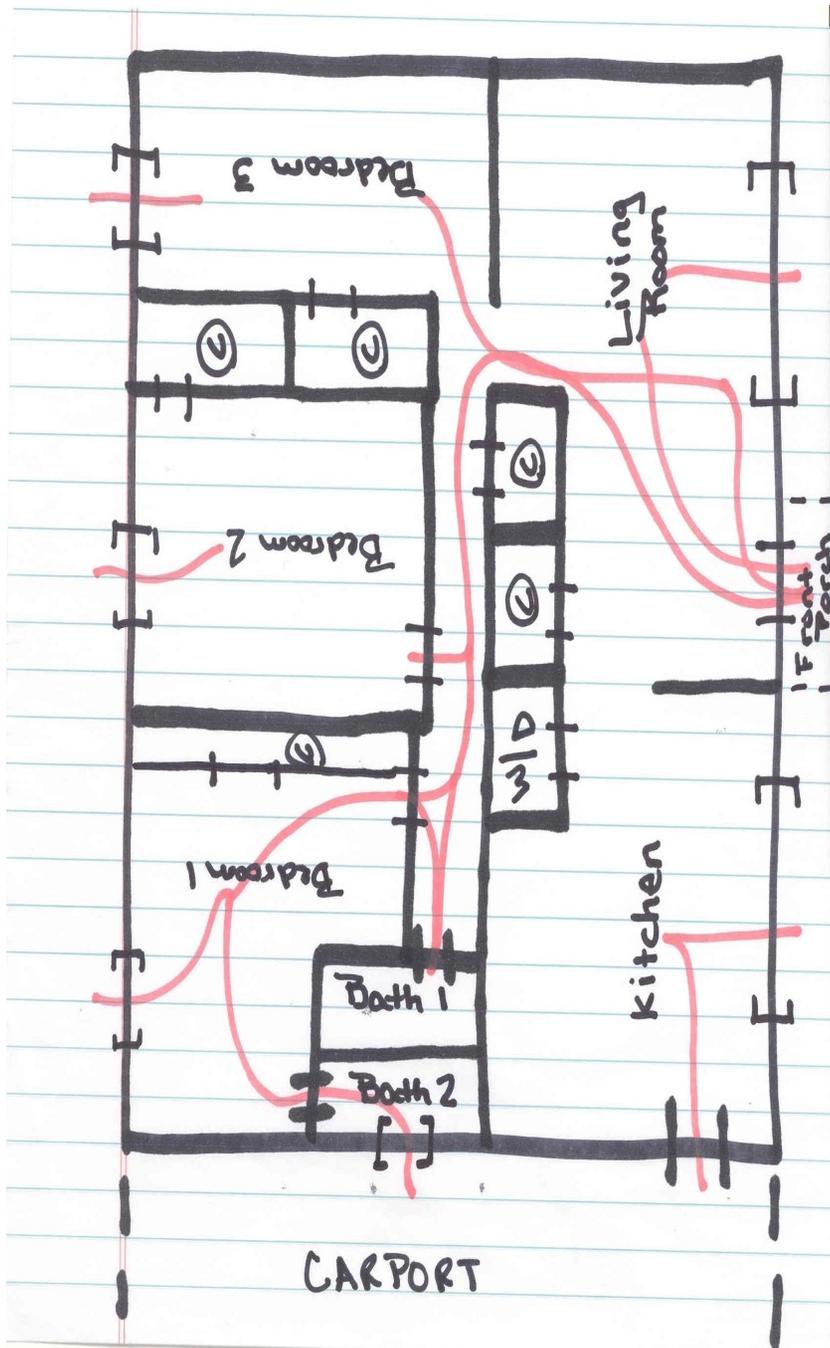


# My Emergency Kit

Put the following items in a clean plastic trash can or plastic storage box:

|   |   |
|---|---|
| <p style="text-align: center;"><b>Water</b></p> <p>Store at least 4 gallons of water for each person in your house.</p>    | <p style="text-align: center;"><b>Clothing and Bedding</b></p> <p>One change of clothes for everyone in the house.</p>  <p>Shoes<br/>Rain Gear<br/>Blankets or Sleeping Bags</p> <p>Hats &amp; Gloves<br/>Thermal Underwear<br/>Sunglasses</p>   |
| <p style="text-align: center;"><b>Food</b></p> <p>Keep a 3 day supply of food. Pick food that does not need to be in the refrigerator or cooked.</p>  <p>Powdered Milk<br/>Canned meats<br/>Dried or Canned Fruits<br/>Canned Vegetables<br/>Soup<br/>Smoked or dried meat<br/>Peanut Butter<br/>Jelly<br/>Non-Electric Can Opener</p> <p>Nuts<br/>Trail Mix<br/>Sugar<br/>Salt<br/>Pepper<br/>Hard Candy<br/>Cereal<br/>Crackers</p> | <p style="text-align: center;"><b>Tools and Supplies</b></p>  <p>Cups &amp; Plates<br/>Plastic Utensils<br/>Paper &amp; Pen<br/>Flashlight<br/>Batteries<br/>Knife<br/>Pliers<br/>Tape<br/>Matches<br/>Plastic Sheeting<br/>Whistle<br/>Needle &amp; Thread<br/>Heavy Gloves</p> <p>Radio<br/>Books<br/>Magazines<br/>Toys/Diapers (as needed)<br/>Soap<br/>Deodorant<br/>Toothpaste<br/>Toothbrush<br/>Comb or Brush<br/>Hand Sanitizer<br/>Pads or Tampons<br/>Garbage Bags</p> |

# My Evacuation Preparedness Plan



1. Draw an outline of your home.
2. Mark 2 ways out of every room, using doors and windows to get out of the house.
3. Mark where emergency kits are located on your evacuation plan.
4. Actually practice your evacuation plan from each room to make sure it will work.
5. Remember that during an emergency it may be dark, hard to breathe or things may block your path.
6. Practice your evacuation plan until you know it by memory.
7. Continue to practice your evacuation plan every month.
8. If you have problems identifying ways to get out, your local fire department may be able to help you make your plan.
9. Share your evacuation plan with the people on your personal support team.

# January 2016

| Sun      | Mon  | Tue | Wed | Thu | Fri                    | Sat                               |
|----------|--|-----|-----|-----|------------------------|-----------------------------------|
|          |  |     |     |     | 1<br>New Year's<br>Day | 2<br>Test Smoke<br>Alarm          |
| 3        | 4<br>Find Emergency Kit box and<br>purchase 3 gallons of water<br>for everyone in your home. | 5   | 6   | 7   | 8                      | 9                                 |
| 10       | 11   | 12  | 13  | 14  | 15                     | 16                                |
| 17       | 18<br>Martin Luther<br>King Jr. Day  | 19  | 20  | 21  | 22                     | 23 Practice<br>Evacuation<br>Plan |
| 24<br>31 | 25   | 26  | 27  | 28  | 29                     | 30                                |

earthquake



# My Earthquake Preparedness Plan

If an earthquake occurs:

## DROP



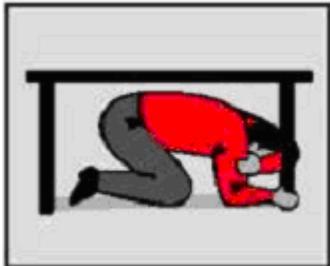
Get down, under a table or on the ground near an inside wall or doorway.

## COVER



Protect your head with a book, your arms or hands.

## HOLD

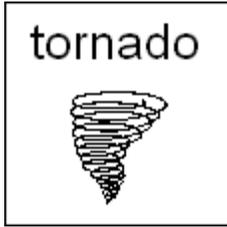


Hold onto a table or wall to steady yourself until the shaking stops.

1. Do not place your bed under a window or hang framed pictures or bulletin boards above your bed.
2. Move away from things that could fall on you, like a refrigerator, bookshelves, vending machines or buildings.
3. If you use a wheelchair, stay in your chair and lock your wheels when the shaking begins.
4. Stay away from damaged buildings.
5. If you smell gas, get out of the building.
6. Know where your gas shut off valve is located.
7. Call the people in your personal support team and paid staff to let them know how you are and if you need anything.

# February 2016

| Sun                   | Mon  | Tue | Wed | Thu | Fri | Sat                         |
|-----------------------|--|-----|-----|-----|-----|-----------------------------|
|                       | 1  | 2   | 3   | 4   | 5   | 6<br>Test Smoke Alarm       |
| 7                     | 8<br>Buy or gather together the clothing and bedding items for your Emergency Kit. | 9   | 10  | 11  | 12  | 13                          |
| 14<br>Valentine's Day | 15<br>President's Day  | 16  | 17  | 18  | 19  | 20                          |
| 21                    | 22   | 23  | 24  | 25  | 26  | 27 Practice Evacuation Plan |
| 28                    | 29   |     |     |     |     |                             |



# My Tornado Preparedness Plan

A **Tornado Watch** means that there could be a tornado.

A **Tornado Warning** means a tornado has been spotted in the area.

1. Know if you can hear the sirens at your home.
2. Identify a safe place in your home where you would go when you hear the tornado sirens. This "safe place" would be a room in the middle of the house with no windows or walls that are outside walls.
3. Listen to weather reports and stay updated on the weather or emergency assistance and shelters in your area.

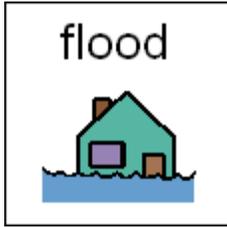


**When the sirens sound:**

- Go to your safe place.
  - Cover your body with a blanket, sleeping bag or pillows.
  - Cover your head with your arms.
  - If you are in a mobile home or car, get out and lie flat in a ditch covering your head with your arms.
4. After the sirens stop, call the people in your personal support team and paid staff to let them know how you are and if you need anything.

# March 2016

| Sun                               | Mon | Tue   | Wed | Thu                            | Fri | Sat                         |
|-----------------------------------|-----|---|-----|--------------------------------|-----|-----------------------------|
|                                   |     | 1   | 2   | 3                              | 4   | 5                           |
|                                   |     | Buy or gather together the first column of food items for your Emergency Kit. |     |                                |     |                             |
| 6<br>Change smoke alarm batteries | 7   | 8   | 9   | 10                             | 11  | 12<br>Test smoke alarm      |
| 13<br>Daylight Savings Time Ends  | 14  | 15  | 16  | 17 St. Patrick's Day           | 18  | 19                          |
| 20 First Day of Spring            | 21  | 22  | 23  | 24 Find your county on the map | 25  | 26 Practice Evacuation Plan |
| 27                                | 28  | 29  | 30  | 31                             |     |                             |
|                                   |     | Find a safe place in your home  |     |                                |     |                             |



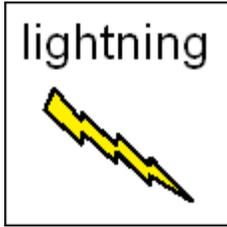
# My Flood Preparedness Plan

A **Flood Watch** means that there could be flooding.  
A **Flood Warning** means there is flooding in the area.

1. Make sure generators or other energy sources are located up off the ground or on a high point that will not flood.
2. Watch TV or listen to a weather radio to stay updated on the weather and any assistance information in your area.
3. Bring in lawn furniture. Move important belongings to a second story or attic or just move them up off the floor.
4. Do not walk or drive through moving water. Turn around, don't drown.
5. Evacuate when told and return home only when authorities say it is safe.
6. When you return home, clean and disinfect everything that was wet.
7. Call the people in your personal support team and paid staff to let them know how you are, if you need anything, and where you plan to go if you evacuate.

# April 2016

| Sun | Mon   | Tue | Wed | Thu | Fri                      | Sat                               |
|-----|---|-----|-----|-----|--------------------------|-----------------------------------|
|     |   |     |     |     | 1<br>April Fool's<br>Day | 2<br>Test Smoke<br>Alarm          |
| 3   | 4<br>Buy or gather together the<br>second column of food items<br>for your Emergency Kit. | 5   | 6   | 7   | 8                        | 9                                 |
| 10  | 11  | 12  | 13  | 14  | 15                       | 16                                |
| 17  | 18  | 19  | 20  | 21  | 22                       | 23 Practice<br>Evacuation<br>Plan |
| 24  | 25  | 26  | 27  | 28  | 29                       | 30                                |



# My Lightning Preparedness Plan

## If you are inside:

1. Stay inside if possible.
2. Stay away from bathtubs, sinks, phones and anything that uses electricity.
3. Stay away from windows.

## If you are outside:

1. Stay near a proper shelter so you may go inside if lightning strikes close. A proper shelter is a closed building with electricity and running water.
2. Stay away from trees, tall objects, or anything metal.
3. Avoid rivers, lakes, swimming pools and wide open areas (sports fields).
4. Crouch and curl up on the ground.

If someone is struck by lightning, call 911. Do not move them and do not treat their burns.

Call the people in your personal support team and paid staff to let them know how you are and if you need anything.

# May 2016

| Sun               | Mon  | Tue | Wed | Thu | Fri | Sat                         |
|-------------------|--|-----|-----|-----|-----|-----------------------------|
| 1                 | 2  | 3   | 4   | 5   | 6   | 7<br>Test Smoke Alarm       |
| 8<br>Mother's Day | 9<br>Buy or gather together the first column of tools and supplies for your Emergency Kit. | 10  | 11  | 12  | 13  | 14                          |
| 15                | 16   | 17  | 18  | 19  | 20  | 21                          |
| 22                | 23   | 24  | 25  | 26  | 27  | 28 Practice Evacuation Plan |
| 29                | 30<br>Memorial Day   | 31  |     |     |     |                             |

# My Preparedness Plan for Service Animals

1. Make sure your service animal knows the people in your personal support team. This will make it easier for the animal to accept care from someone other than yourself.
2. Give everyone in your personal support network written instructions on how best to assist you and your animal(s).
3. Service animals may be hurt or too frightened or confused to work immediately after a disaster. Get their daily routine back to normal as soon as possible, but understand if they are not working 100%.
4. If you have to evacuate your home, service animals are allowed in hotels/motels and Red Cross Shelters. However, these places cannot care for your animal. It is best to take an Evacuation Kit for your Service Animal.

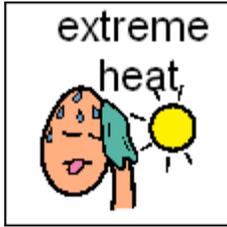
## This should include:

|   |                                 |
|---|---------------------------------|
| Food & Water                                    | Bowls                           |
| Leash and/or Harness                            | Plastic bags & Paper towels     |
| Collar & ID tags                                | Toys                            |
| Portable Carrier with owner contact information | Medications                     |
| Vaccination Records                             | Current photo of your animal(s) |

*\*Same preparations apply for pets.\**

# June 2016

| Sun                | Mon   | Tue | Wed | Thu | Fri | Sat                         |
|--------------------|---|-----|-----|-----|-----|-----------------------------|
|                    |   |     | 1   | 2   | 3   | 4<br>Test Smoke Alarm       |
| 5                  | 6<br>Buy or gather together the second column of tools and supplies for your Emergency Kit. | 7   | 8   | 9   | 10  | 11                          |
| 12                 | 13  | 14  | 15  | 16  | 17  | 18                          |
| 19<br>Father's Day | 20<br>First Day of Summer   | 21  | 22  | 23  | 24  | 25 Practice Evacuation Plan |
| 26                 | 27  | 28  | 29  | 30  |     |                             |

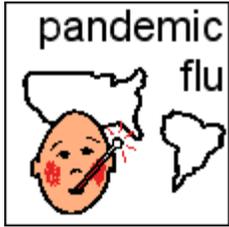


# My Extreme Heat Preparedness Plan

1. Try to stay cool on really hot days.
  
2. If you have to be outside:
  - Stay in the shade.
  - Take breaks often.
  - Drink lots of water.
  - Wear a hat.
  - Try to work in the early morning or late afternoon.
  
3. When outside:
  - Wear sunscreen with SPF of 15 or higher.
  - Wear light, loose fitting cotton clothes that cover as much of your body as possible.
  
4. Some medicine can make you sunburn and overheat more easily. Ask your doctor or pharmacist if your medicines do this.
  
5. Call the people in your personal support team and paid staff to let them know how you are and if you need anything.

# July 2016

| Sun      | Mon                      | Tue | Wed | Thu | Fri | Sat                               |
|----------|--------------------------|-----|-----|-----|-----|-----------------------------------|
|          |                          |     |     |     | 1   | 2                                 |
| 3        | 4<br>Independence<br>Day | 5   | 6   | 7   | 8   | 19<br>Test Smoke<br>Alarm         |
| 10       | 11                       | 12  | 13  | 14  | 15  | 16                                |
| 17       | 18                       | 19  | 20  | 21  | 22  | 23 Practice<br>Evacuation<br>Plan |
| 24<br>31 | 25                       | 26  | 27  | 28  | 29  | 30                                |



# My Pandemic Flu Preparedness Plan

A **Pandemic** is a global disease outbreak. A **Flu Pandemic** is a new flu virus that has no vaccine. It spreads easily from person to person, causes serious illness (even death), and can reach people across the United States and around the world in a short amount of time.

1. Increase your Emergency Supplies to make sure you have 14 gallons of water for each person in the house, and enough food for 2 weeks.
2. Check your prescriptions to make sure you have as big a supply as possible.
3. Wash your hands often with soap and water.
4. Cover your mouth with a tissue when you cough or sneeze.
5. Stay home when you are sick. Stay away from others when they are sick.
6. Get your flu and pneumonia shots and make sure your immunizations are up to date.
7. Medical, transportation, and other services may not be available during a Pandemic Flu outbreak.
8. Talk to your doctor and staff to make a plan on how to deal with serious medical needs and staffing during a Pandemic Flu.

# August 2016

| Sun | Mon | Tue | Wed | Thu | Fri | Sat                         |
|-----|-----|-----|-----|-----|-----|-----------------------------|
|     | 1   | 2   | 3   | 4   | 5   | 6<br>Test Smoke Alarm       |
| 7   | 8   | 9   | 10  | 11  | 12  | 13                          |
| 14  | 15  | 16  | 17  | 18  | 19  | 20                          |
| 21  | 22  | 23  | 24  | 25  | 26  | 27 Practice Evacuation Plan |
| 28  | 29  | 30  | 31  |     |     |                             |

first aid



# My First Aid Kit & Plan

1. Include a First Aid book in your First Aid Kit.

These items should be in a clean plastic box labeled as your "First Aid Kit":

|  |                         |                  |
|--|-------------------------|------------------|
| Band aids or adhesive bandages all sizes | Safety pins all sizes   | Tweezers         |
| Roller bandages                          | Soap                    | Moist towelettes |
| Scissors                                 | Adhesive tape           | Rubbing alcohol  |
| Latex gloves                             | Ace bandages            | Sunscreen        |
| Antibiotic ointment                      | Anti-diarrheal medicine | Disinfectant     |
| Thermometer                              | Gauze pads              | Bleach           |
| Aspirin                                  | Laxative                | Tissue           |

## Other items, as you need them, could be:

Current Prescription Medications

Extra Hearing Aid & Batteries

Extra Glasses & Case

Talking or Braille Clock & Batteries

Extra Contact Lenses & Solution

White Cane

Other medical or assistive equipment for special healthcare needs

2. Include a written explanation on your preferred transfer methods, if needed.

# September 2016

| Sun | Mon            | Tue | Wed  | Thu                     | Fri | Sat                         |
|-----|----------------|-----|--|-------------------------|-----|-----------------------------|
|     |                |     |  | 1                       | 2   | 3                           |
| 4   | 5<br>Labor Day | 6   | 7<br>Buy or gather together the first column of supplies for your First Aid Kit. | 8                       | 9   | 10                          |
| 11  | 12             | 13  | 14   | 15                      | 16  | 17                          |
| 18  | 19             | 20  | 21   | 22<br>First Day of Fall | 23  | 24 Practice Evacuation Plan |
| 25  | 26             | 27  | 28   | 29                      | 30  |                             |



# My Fire Preparedness Plan

1. Know your evacuation plan.
2. Have a planned meeting place outside of your home.
3. Practice your fire escape paths. Know them by memory. Practice every month.
4. Sleep with your bedroom door closed.
5. If you wake up to the smoke alarm, feel your bedroom door with the back of your hand.  
If the door is cool, open it and STAY LOW. Escape from your house.  
If the door is hot, go to 2<sup>nd</sup> escape route, or hang a sheet out the window to alert fire fighters.
6. Call the fire department (911).
7. Call the people in your personal support team and staff to let them know what is happening and if you need anything.



# October 2016

| Sun | Mon                | Tue  | Wed | Thu | Fri | Sat                         |
|-----|--------------------|--|-----|-----|-----|-----------------------------|
|     |                    | Buy or gather together the second column of supplies for your First Aid Kit. |     |     |     | 1<br>Test Smoke Alarm       |
| 2   | 3                  | 4  | 5   | 6   | 7   | 8                           |
| 9   | 10<br>Columbus Day | 11   | 12  | 13  | 14  | 15                          |
| 16  | 17                 | 18<br>Get Flu & Pneumonia Shot   | 19  | 20  | 21  | 22 Practice Evacuation Plan |
| 23  | 24                 | 25   | 26  | 27  | 28  | 29                          |
| 30  | 31<br>Halloween    |  |     |     |     |                             |



# My Winter Weather Preparedness Plan

1. If you use equipment that needs electrical power, call your energy company and ask to be a priority return to power customer.
2. If you use equipment that needs electrical power, such as breathing equipment, check with your medical supply company about a backup power source. This could be a battery pack or generator.
3. If you use a wheelchair, you may want to get pneumatic tires or standard dirt bike tires to lessen sliding.
4. Listen to weather reports and learn about road conditions in your area.
5. Call the electric company \_\_\_\_\_ or gas company \_\_\_\_\_ to tell them about power outages.
6. Wear layers of loose clothing and use extra blankets to keep warm.
7. Clear walkways through your home. Even with a flashlight, walking around your home in the dark may be difficult.
8. If you have a pet or service animal, put their coat on under the harness. When they come in from outside, wipe any snow or salt off their paws immediately.
9. Call the people in your personal support team and paid staff to let them know how you are and if you need anything.

# November 2016

| Sun  | Mon | Tue | Wed  | Thu                 | Fri              | Sat                         |
|--|-----|-----|--|---------------------|------------------|-----------------------------|
|  |     | 1   | 2  | 3                   | 4                | 5                           |
| 6 Daylight Savings Time Ends<br>Change smoke alarm batteries | 7   | 8   | 9  | 10                  | 11 Veteran's Day | 12 Test Smoke Alarm         |
| 13   | 14  | 15  | 16 Buy or gather together the third column of supplies for your First Aid Kit. | 17                  | 18               | 19                          |
| 20   | 21  | 22  | 23   | 24 Thanksgiving Day | 25               | 26 Practice Evacuation Plan |
| 27   | 28  | 29  | 30   |                     |                  |                             |

# My Important Documents

Keep a COPY of important documents in a sealed plastic freezer bag in your Emergency Kit.

Important Documents include:

COPY of Health insurance cards (private insurance, Medicaid, and/or Medicare cards)

COPY of Identification cards

Current medication list or most current empty prescription bottles

COPY of any Will, contracts, deeds, stocks or bonds

COPY of Insurance policies

Passport

COPY of Social Security Card

COPY of Immunization records

COPY of Records of bank and credit card accounts

account numbers and customer service contact information

Written or video inventory of household items

COPY of Family records (birth, marriage, death certificates)

COPY of Social Security Income award letter

Instruction manuals and photos of Durable Medical Equipment with make and model # for each

# December 2016

| Sun             | Mon  | Tue | Wed                       | Thu | Fri | Sat                         |
|-----------------|--|-----|---------------------------|-----|-----|-----------------------------|
|                 |  |     |                           | 1   | 2   | 3<br>Test Smoke Alarm       |
| 4               | 5<br>Change food/water & meds in Emergency Kit.  | 6   | 7                         | 8   | 9   | 10                          |
| 11              | 12<br>Collect copies of important documents and put them in a plastic bag in your Emergency Kit. | 13  | 14                        | 15  | 16  | 17 Practice Evacuation Plan |
| 18              | 19   | 20  | 21<br>First Day of Winter | 22  | 23  | 24<br>Christmas Eve         |
| 25<br>Christmas | 26   | 27  | 28                        | 29  | 30  | 31<br>New Year's Eve        |

# My Assistive Devices

1. List any Assistive Devices you use here.

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

2. Label all equipment with your name and contact information.
3. Identify an alternative power source for equipment that requires electricity.
4. Get a power converter for communication and other items.
5. Use velcro to secure assistive devices such as computers, communication devices, oxygen, and other heavy items to sturdier objects.
6. Include instruction manuals for assistive devices in the Important Document part of your Emergency Kit.

# **My Assistive Communication Devices**

The next pages:

Letter/Communication Board

Emergency Cue Cards

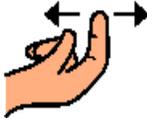
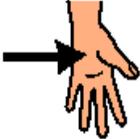
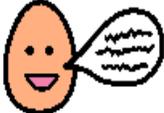
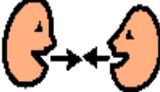
Medical Cue Cards

are included to help increase communication with people who are not verbal or have difficulty communicating. Slow down, use simple, concrete language and point to the pictures or letters as it applies to what you are saying.

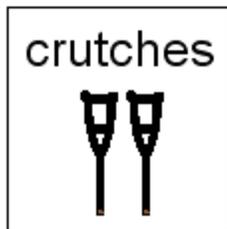
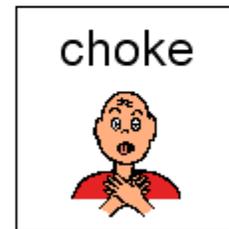
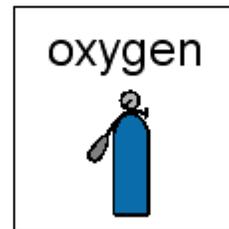
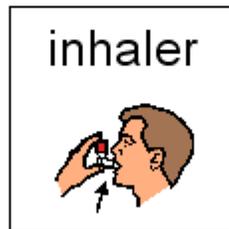
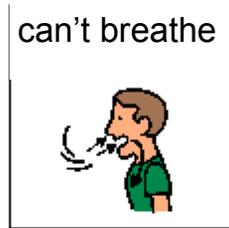
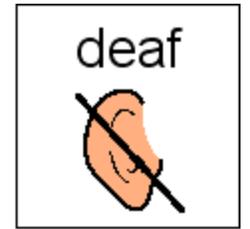
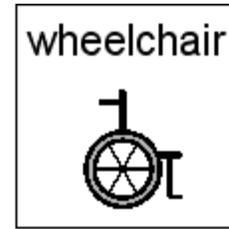
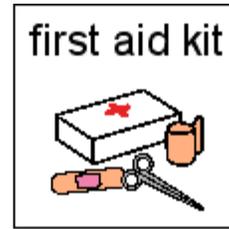
# My Letter Board

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| a | b | c | d | e | f | g | h |
| i | j | k | l | m | n | o | p |
| q | r | s | t | u | v | w | x |
| y | z |   |   |   |   | 0 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

# Communication Symbols

|  |   |   |  |   |   |  |   |
|--|---|---|--|---|---|--|---|
| questions<br> | people<br> | places<br> | come<br> | and<br>  | help<br>   | know<br>  | like<br> |
|               |            | need<br>   | say<br>  | take<br> | talk<br>   | up<br>    | down<br> |
| right<br>   | left<br> | with<br> | on<br> | in<br> | out<br>  | off<br> | are   |
| can  | but   | to  | is   | go<br> | stop<br> |  |   |

# Emergency Cue Cards



# Medical Cue Card

The Medical Cue Card consists of three main parts: a human body diagram, a pain scale, and a list of sensations.

**Body Diagram Labels:**

- head, forehead, eye, nose, ear, mouth, throat
- chest, heart, shoulder, back, elbow, arm, stomach, hand, hip, bottom, finger, privates, leg, knee, ankle, foot, toe

**Pain Scale:**

A vertical scale from 1 to 10, with 10 at the top and 1 at the bottom.

**What does it feel like?**

|  |              |  |             |
|--|--------------|--|-------------|
|  | hurts        |  | aches       |
|  | stings       |  | cramped     |
|  | sharp        |  | dull        |
|  | hot          |  | cold        |
|  | feels better |  | feels worse |
|  | runny        |  | stuffed up  |
|  | upset        |  | sore        |
|  | itchy        |  | scratchy    |
|  | swollen      |  | oozing      |
|  | and          |  |             |

**Directional Indicators:**

- left (←)
- right (→)
- both (↔)



# ABC's of the Disability Arena

|      |  |
|------|--|
| ADD  | Attention Deficit Disorder                                     |
| ADHD | Attention Deficit Hyperactivity Disorder                       |
| ADL  | Activities of Daily Living                                     |
| APF  | Arkansas People First  |
| APS  | Adult Protective Services                                      |
| ARS  | Arkansas Rehabilitation Services                               |
| AT   | Assistive Technology   |
| CIL  | Center(s) for Independent Living                               |
| CP   | Cerebral Palsy   |
| CPS  | Child Protective Services                                      |
| DD   | Developmental Disability                                       |
| DDC  | Arkansas Governor's Developmental Disabilities Council         |
| DDS  | Developmental Disabilities Services <i>(a division of DHS)</i> |
| DHS  | Department of Human Services                                   |

|        |  |
|--------|--|
| DME    | Durable Medical Equipment                            |
| DRC    | Disability Rights Center                             |
| HDC    | Human Development Center                             |
| ICAN   | Increasing Capabilities Access Network               |
| ICF/MR | Intermediate Care Facility for the Mentally Retarded |
| LD     | Learning Disability                                  |
| MR     | Mental Retardation                                   |
| NAMI   | National Alliance for the Mentally Ill               |
| OT     | Occupational Therapy                                 |
| PT     | Physical Therapy                                     |
| SABE   | Self Advocates Becoming Empowered                    |
| TBI    | Traumatic Brain Injury                               |

This calendar was developed by:

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ARKANSAS

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