

# A Resource for Medical Care Providers Serving Individuals with Paralysis



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University of Cincinnati Center for  
Excellence in Developmental Disabilities





Before people with paralysis and other disabilities are discharged from an acute hospital or rehabilitation facility, their medical team should develop a shared, comprehensive emergency preparedness plan with them. This plan should identify people who are important in maintaining the person's health, safety and independence. Identified people might include family, friends, neighbors and personal assistance providers.

Failing to plan could lead to acute medical needs, institutionalization and even death. With advanced planning, adverse outcomes could be avoided.

Two emergency scenarios for which advanced emergency plans should be developed are evacuation and shelter-in-place. Below, are the factors that should be considered in an emergency plan for an evacuation and for a shelter-in-place.

## Evacuation

- When and how to evacuate a building
- Ground transportation to a safer location
- What to bring—up to a 30 day supply of medications, DME, special care supplies (feeding tubes, ostomy supplies, etc.)
- Instructions for seeking acute care, replacing medications, replacing supplies and replacing DME
- An emergency power planning checklist for people who use electric and battery dependent devices (respirators, power mobility equipment, dialysis equipment, suction machines, etc.)

## Shelter-in-place:

- Have up to a 30 day supply of medications, DME, special care supplies (feeding tubes, ostomy supplies, etc.)
- Instructions for seeking acute care, replacing medications, replacing supplies and replacing DME
- An emergency power planning checklist for people who use electric and battery dependent devices (respirators, power mobility equipment, dialysis equipment, suction machines, etc.)

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