

NATURAL DISASTER AWARENESS FOR SENIOR CAREGIVERS



This 4-hour course is designed to enhance the caregiver's awareness of vulnerability factors associated with senior citizens.

Senior citizens are particularly vulnerable to natural hazards. Factors such as physical limitations, mental ailments, and medication requirements are issues of concern for caregivers of senior citizens. These specific needs, amongst other considerations for natural hazards, must be addressed in preparedness plans for these at-risk citizens. Participants will learn how to identify, prepare, and perform a number of support activities that will ensure the safety and security of senior citizens when a natural hazard event occurs. Particular attention is directed toward developing an awareness of the preparedness and response needs of all senior citizens, inclusive of economic, medical, cognitive and mobility determinants.

MODULES

- ✓ Resilience Concepts
- ✓ Understanding Risks from Natural Hazards
- ✓ Building Resilience
- ✓ Going Forward

September 16, 2014

****2 Training Opportunities****

1st: 8:30 AM - 12:30 PM

2nd: 1:30 PM - 5:30 PM

Schoharie, NY

LOCATION AND DETAILS:

Schoharie County Office Building (Lower Level)

284 Main Street

Schoharie, NY 12157

REGISTER AT BOTH:

<https://nyslearn.ny.gov/>

<https://ndptc.hawaii.edu/training/>

FOR REGISTRATION ASSISTANCE CONTACT:

Sherry Farrington - sfarrington@dhses.ny.gov

315-235-0656



NATIONAL DISASTER
PREPAREDNESS
TRAINING CENTER
at the UNIVERSITY of HAWAII

828 Fort Street Mall • Suite 320 • Honolulu, Hawaii 96813

Phone: 808.956.0600 • Fax: 808.536.9110

website: ndptc.hawaii.edu



As a member of the National Domestic Preparedness Consortium, the NDPTC is a DHS/FEMA training partner dedicated to providing critical all-hazards training throughout the United States and its territories with an emphasis on natural hazards and island and coastal communities



Vial of Life Project

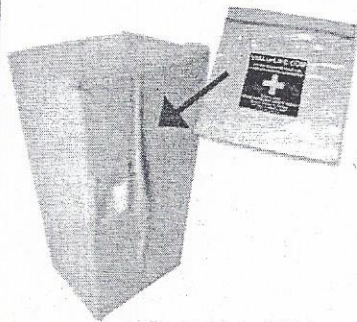
1. Fill out the Vial of Life form

- Fill out the vial form located on reverse side. Answer all or any pertinent questions.
- Make blank copies of this form to keep information current or go to www.vialoflife.com to maintain and store updated information.



2. Place decal on front of a plastic baggie

- Place filled out vial form in the plastic baggie.
- You may also consider placing the following items in the baggie.
- Copy of EKG
 - DNR (Do Not Resuscitate)
 - Living Will or equivalent
 - Recent picture of self



3. Place the baggie on your refrigerator door

- Securely tape plastic baggie to front of refrigerator door.
- Place plastic baggie at eye level so that anyone responding to a medical emergency can find complete medical information.



4. Place the second decal on your front door

- Place second decal on the front door or window for easy visibility by anyone responding to a medical emergency..

Date Completed _____

FIRST NAME		INITIAL		LAST NAME		SOCIAL SECURITY NUMBER	
STREET			CITY		STATE	ZIP	TELEPHONE
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION
List hearing difficulties					DENTURES		UNABLE TO SPEAK <input type="checkbox"/>
					UPPER LOWER		
List vision difficulties					NATIVE LANGUAGE IF NOT ENGLISH		
Identifying Marks							
Current Medical Conditions							
Past Medical Conditions							
Current Medications: Dosage and Frequency							
Allergies to Medications							
Doctors Name and Telephone Number							
Last Hospitalization							
Special Instructions such as health directives, etc...							
Health Insurance Policy							
Emergency Contact Notification - Name - Address - Phone - Relationship							
PLACE ON REFRIGERATOR DOOR - PLEASE PRINT CLEARLY							

Instructions:

1. Cut page in half.
2. Tape one half of page on front of a plastic baggie.
3. Fill out the Vial of Life Form and place inside plastic baggie.
4. Place baggie on your refrigerator door.

VIAL of LIFE



IMPORTANT MEDICAL INFORMATION

Schoharie County Advanced Life
Support (ALS) 518-295-2276

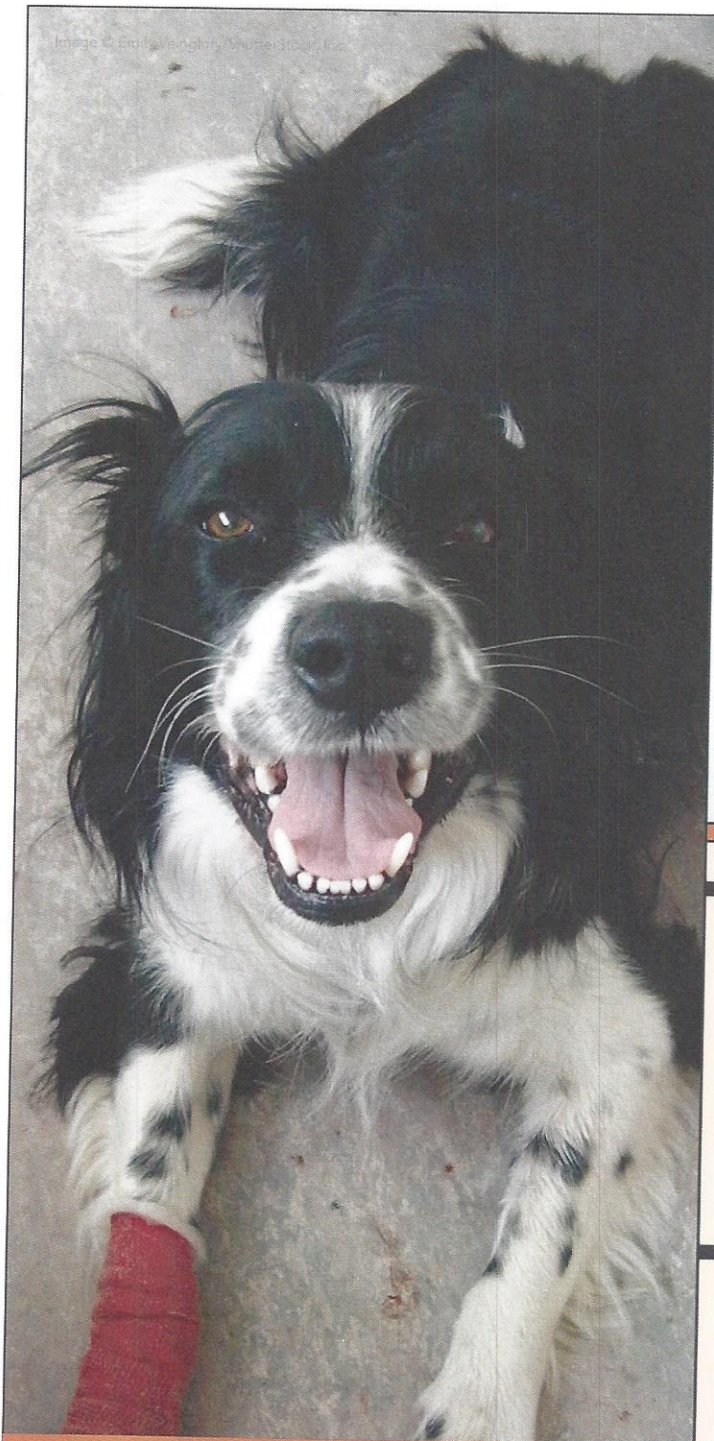
-
5. Tape second half of page on your main entry door to your house.

VIAL of LIFE



IMPORTANT MEDICAL INFORMATION

Schoharie County Advanced Life
Support (ALS) 518-295-2276



**If your pet
suddenly became
sick or injured...
...would you know
what to do?**

Enroll in a ***Pet First Aid and Disaster Response*** course today!

The ***Pet First Aid and Disaster Response*** course is ideal for all pet owners and pet caregivers. This unique course covers common health and safety-related issues, first aid basics, when to seek professional care, and disaster planning steps for the proper care of pets.

A ***Pet First Aid and Disaster Response*** course will be held at the following time and place:

Schoharie County
Office of Emergency Services
2783 State Route 7, Cobleskill, NY
Saturday September 20, 2014
10:00 AM to 1:00 PM

To enroll in a course or learn more, please contact:

Anne MacCuish
Schoharie County
Office of Emergency Services

518-295-2276

This course is offered through the
Emergency Care & Safety Institute
and Pets America.

ECSI EMERGENCY CARE
& SAFETY INSTITUTE
Life Saving Training. Simplified.

www.ECSInstitute.org





EMERGENCY MANAGEMENT CERTIFICATION AND TRAINING: TIER 3

NO. OF OPENINGS: 50
SEPTEMBER 23, 2014

SCHOHARIE COUNTY

1 DAY

ANNOUNCED: AUGUST 2, 2014

Description:

The Emergency Management Certification and Training (EMC & T) program has been developed to support Governor Cuomo's strategy of creating unified emergency management training, education, communication, and response protocols.

The training is intended for those with a role in emergency management or disaster response in New York State. DHSES has developed three tiers of training tailored to specific roles.

- County Chief Executives (Tier 1)
- County Emergency Managers (Tier 2)
- Local Public Officials, First Responder Leadership and Other Partners (Tier 3)

The Tier 3 training is delivered in partnership with County Emergency Management

Topics Covered:

- Emergency Management in New York State and the Role of Chief Executives
- Emergency Operations – Understanding the Process
- Article 2B: Legal Authorities and Responsibilities of Chief Executives
- Disaster Recovery Awareness

Prerequisite: There are no prerequisites for this training.

Location: Schoharie County Office Building
Basement Conference Room
284 Main Street
Schoharie, NY 12157

Time: 4:00 pm – 8:00 pm

Cost: There is no fee for the course. Food, Lodging & Transportation costs are the responsibility of the participant.

Who Should Attend? This training is intended for local public officials, first responder leadership and other partners with a role in local disaster response and emergency management.

Registration: Complete the registration form at: (Click link)
<https://www.surveymonkey.com/s/X8T26CR>

Registration Deadline: September 15, 2014

Completion: Participants will receive a Certificate of Completion for the course.

Note: Both the County Chief Executive and the County Emergency Manager must complete training in order for their Counties to remain eligible for grant funding administered by DHSES. However, they must take the Tier 1 (County Chief Executives) and Tier 2 (County Emergency Managers) training, respectively, and will not meet their obligation through the Tier 3 training. More information on the EMC & T can be found at:

<http://www.dhses.ny.gov/oem/training/emct.cfm>

Contact: NYS Office of Emergency Management - Training & Exercises at (518) 292-2351 or OEMtraining@dhses.ny.gov

TRAINING NOTICE

Stock
Supplies
for at Least
3 Days!

EMERGENCY KIT

Check expiration dates every 6 months!

- | | | |
|--|--|--|
| <input type="checkbox"/> Water (1 gallon per day per person) | <input type="checkbox"/> Matches | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Nonperishable Food | <input type="checkbox"/> Sanitation Supplies | <input type="checkbox"/> Cash or Travelers Checks & Change |
| <input type="checkbox"/> Manual Can Opener | <input type="checkbox"/> Hygiene Supplies | <input type="checkbox"/> Insurance Info |
| <input type="checkbox"/> Paper Plates | <input type="checkbox"/> Battery Operated or Crank Radio | <input type="checkbox"/> Utility Info |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Flashlights | <input type="checkbox"/> Banking Info |
| <input type="checkbox"/> First Aid Supplies | <input type="checkbox"/> Extra Batteries | <input type="checkbox"/> Doctor, Medical & Medication Info |
| <input type="checkbox"/> Whistle | <input type="checkbox"/> Dust Masks | <input type="checkbox"/> Personal Identification |
| | <input type="checkbox"/> Clothing & Bedding | |
| | <input type="checkbox"/> Basic Tools | |

Schoharie County Voluntary Evacuation Registry

Please complete and return today!

The first line of defense against the effects of a disaster is Personal Preparedness!

Your first choice should be to move to a safe location with family or friends. Make those plans in advance. The availability of public shelters will depend on the size and scope of the emergency.

If you have a caregiver, he/she should accompany you to the public shelter. Make a back-up evacuation plan, in case your caregiver is unavailable.

Only service animals are permitted in public shelters. Every effort will be made to establish a Companion Animal Shelter in close proximity to the open public shelter.

Registration does not guarantee any particular level of emergency services during a disaster. It will however enhance the ability of Emergency Services and First Responders to plan and meet the emergency needs of the community.

Suggested items for each family member to take when evacuating to a shelter:

Prescription and emergency medication

Extra clothing

Pillows

Blankets

Personal hygiene supplies

Flashlight with extra batteries

Small board games

Books

Specialty snacks and juices for those with dietary restrictions

Basic snacks

Baby food and formula

Diapers

Identification

Insurance papers

Other comfort items

PLEASE REMEMBER TO CHECK ON YOUR NEIGHBORS!

SCHOHARIE COUNTY VOLUNTARY EVACUATION REGISTRATION

(This information will be used to assist residents with access and functional needs in an emergency situation.)

Name _____ Date of Birth ____/____/____ Phone _____

Street Address _____ Village/Town/City _____ Zip _____

Fire District (if known) _____ TDD/TDY (for hearing impaired) ☐ Yes ☐ No

Mailing Address (if different from above) _____

Person to Contact in an Emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____ Other _____

Check applicable medical conditions:

- | | |
|--|---|
| <input type="checkbox"/> Walk unassisted | <input type="checkbox"/> Legally Blind |
| <input type="checkbox"/> Walk with Walker | <input type="checkbox"/> Hearing-impaired |
| <input type="checkbox"/> Walk with Cane | <input type="checkbox"/> Speech-impaired |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Deaf/Blind |
| <input type="checkbox"/> Confined to Bed | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Intellectual/Cognitive Disability | <input type="checkbox"/> Other _____ |

Check any of the following that apply:

- | | |
|--|--|
| <input type="checkbox"/> Respirator | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Insulin Pump or | <input type="checkbox"/> Needles |
| <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> IV Fluids |
| <input type="checkbox"/> 24-hr caregiver | <input type="checkbox"/> Suction Unit |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Subscribe to Lifeline |
| <input type="checkbox"/> Have an oxygen machine | <input type="checkbox"/> On Prescription Meds |
| <input type="checkbox"/> Have a portable oxygen tank | <input type="checkbox"/> Other _____ |

Accommodations required:

- | | |
|---|--|
| <input type="checkbox"/> Need ASL Interpreter | <input type="checkbox"/> Need Language Interpreter - Specify _____ |
| <input type="checkbox"/> Reads Braille | <input type="checkbox"/> Uses Service Animal |
| <input type="checkbox"/> Needs Accessible Transportation: | _____ |

Primary Physician _____ Phone _____

Specialist (if under his/her care) _____ Phone _____

Home Health Care Provider _____ Phone _____

Pharmacy _____ Phone _____

Please remember to take your prescription medications with you when you evacuate.

Evacuation Requirements

If I have to evacuate I will go to: ☐ Family ☐ Friend ☐ Shelter ☐ Other

Family/Friend Name _____ Phone _____

Can you get to an evacuation shelter without outside help? ☐ Yes ☐ No

Will a caregiver accompany you to the evacuation shelter? ☐ Yes ☐ No

What type of transportation will you need? ☐ Standard (car, bus) ☐ Wheelchair Capable ☐ Ambulance

What pets do you have? ☐ None ☐ Cat ☐ Dog ☐ Bird ☐ Other _____

Have you arranged for someone else to care for your pet(s) if you need to evacuate? ☐ Yes ☐ No

Will your pet(s) need to be evacuated and sheltered? ☐ Yes ☐ No

I certify all of the above information is correct. I hereby grant permission to Schoharie County Office of Emergency Services to release this information to other emergency response agencies for evacuation and sheltering purposes only.

Signature _____ Date _____

Please return registration to:
Schoharie County Office of Emergency Services
Voluntary Evacuation Registry
2783 State Route 7, Suite 1
Cobleskill, NY 12043

What else can I do to get Ready?

- ✓ Prepare a Go Bag.
- ✓ Make a Plan.
- ✓ Make a Plan for Your Pets.
- ✓ Stay Informed with TV, Radio, Internet and NOAA Radio
- ✓ Register Your Cell Phone With the Schoharie County Emergency Notification System at <http://www.schohariecounty-ny.gov/>

For more information visit:

www.ready.gov/
and

www.dhses.ny.gov/



Voluntary Registration for

Schoharie County Residents

With Access and Functional Needs



Safety Starts with ME

**Schoharie County
Office of Emergency Services**

2783 State Route 7, Suite 1
Cobleskill, New York 12043

Phone: 518.295.2276

Fax: 518.295.2277

Email: emo@co.schoharie.ny.us

Schoharie County
Office of
Emergency Services

Voluntary
Evacuation
Registration

**Help Your County's
Emergency
Responders
Help You!**



P.S.

Prepare Schoharie
Don't Let Preparedness be
an Afterthought!

The first line of defense against the effects of a disaster is Personal Preparedness!

What is your Evacuation Plan?

Your first choice should be to move to a safe location with family or friends. Make those plans in advance. The availability of public shelters will depend on the size and scope of the emergency.

If you have a caregiver, he/she should accompany you to the public shelter. Make a back-up evacuation plan, in case your caregiver is unavailable.

Only service animals are permitted in public shelters. Every effort will be made to establish a Companion Animal Shelter in close proximity to the open public shelter.

Registration does not guarantee any particular level of emergency services during a disaster. It will however enhance the ability of Emergency Services and First Responders to plan and meet the emergency needs of the community.

Check on your neighbors!

What is the Voluntary Evacuation Registry?

The Schoharie County Voluntary Evacuation Registry is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster such as a flood or hurricane.



How can I register?

Mail a completed paper form to the

Schoharie County OES

Voluntary Evacuation Registry

2783 State Route 7, Suite 1

Cobleskill, New York 12043

Contact the Office of Emergency Services at 518.295.2276 and request a form.

Who sees the Registry Information?

You will only be asked for information necessary to get you to the safest place possible, if you have no other means to evacuate. Your personal information is held in strictest confidence and only pertinent information is shared with emergency response departments. Our goal is to keep you and your loved ones safe.

Who should Register?

You (or someone on your behalf) should register if you may find it difficult to get to safety with family or friends, or to a public shelter during an emergency evacuation, because of a physical or cognitive limitation, language barrier, or lack of transportation.

Secure and Confidential.



**Schoharie County Office of
Emergency Services**

Michael J. Hartzel
Director

2783 State Route 7, Suite 1
Cobleskill, NY 12043
Office: 518-295-2276
Cell: 518-703-0746
Email: michael.hartzel@co.schoharie.ny.us

Schoharie County Office of Emergency Services

James Belfiore
Safety Officer



2783 State Route 7, Suite 1
Cobleskill, New York 12043
Phone: 518-295-2276
Cell: [REDACTED] 315-749-8269
Email: james.belfiore@co.schoharie.ny.us