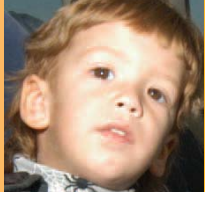
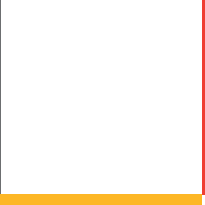
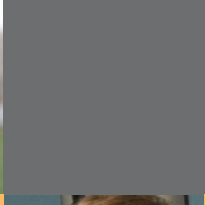
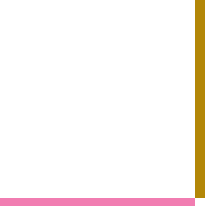
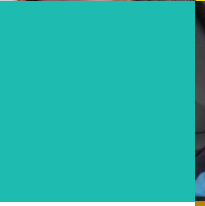
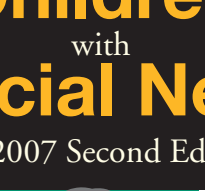
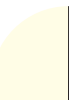


Safety Tips
 for
Children
 with
Special Needs
 Fall 2007 Second Edition







The authors would like to recognize the generous contribution of the American Legion Child Welfare Foundation and the Sons of the American Legion, which made printing this book possible. In addition, we would like to recognize Safe Kids Dauphin County (Pa.) for allowing us to use some of the material from their booklet originally published in 1997.

The names of equipment companies, web sites and other resources that are included in this booklet are for your reference only. This is not an endorsement of any of these resources by Toledo Children's Hospital.

Acknowledgements:

Special thanks to Jennifer Gwin, PT, and Cassie Basting, PT, for recruiting children to be photographed for this booklet. A special thanks as well to the Tulsa Autism Foundation for their contribution of tips for children with autism spectrum disorders. A special thanks to the Ohio Developmental Disabilities Council for supporting the printing and distribution of the Spanish version of this booklet.





Dear Parent or Caregiver:

Injury is the leading cause of death in children over 1 year in age. In 2003, unintentional injuries caused the deaths of 4,241 children under the age of 15 (U.S. Department of Health and Human Services). In addition, each year more than 92,000 children are permanently disabled (Safe Kids USA). Children who have chronic illnesses such as diabetes, asthma and epilepsy are at the same risk for injury as their healthy peers. Unfortunately, children with disabilities have higher than average risks for injuries and injury-related death (Safe Kids USA).

This book contains general injury prevention information. Each family's situation is unique and each child has his or her own challenges. We encourage you to seek guidance from a medical specialist or an injury prevention professional if you have questions that are not addressed in this book.

We hope that you will find the information useful. Please contact the Community Outreach Department at 419-291-3485 or 1-866-865-4677 if you have any comments or questions.

Sincerely,

**The Community Outreach Department
Toledo Children's Hospital**



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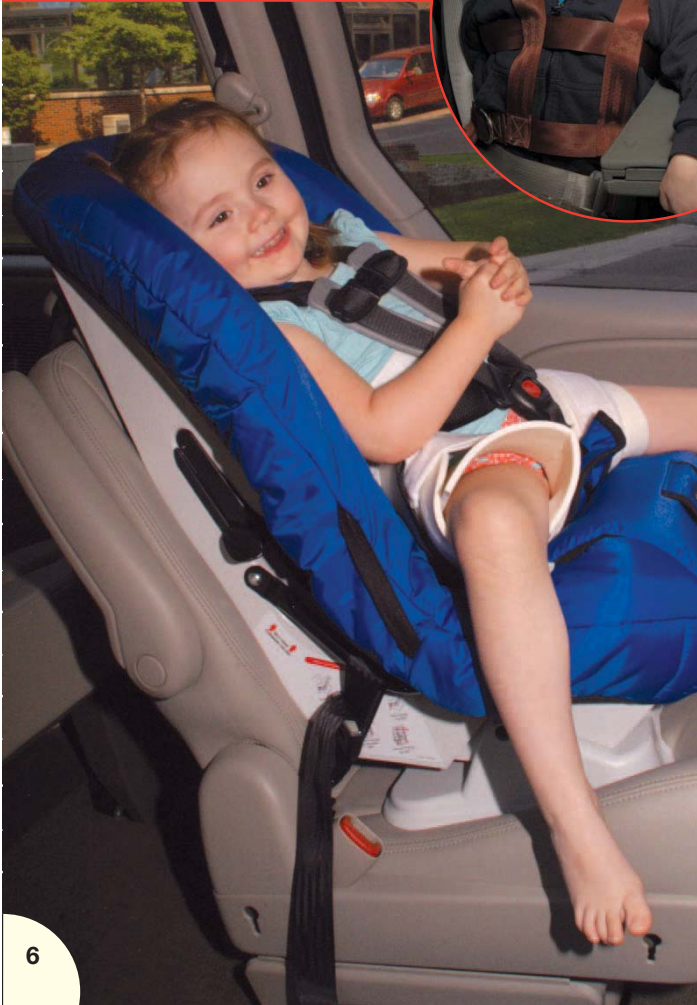
Transporting children with special needs can present unique challenges that will change as a child grows. Often, a child that is born prematurely may need a special seat but then be able to use a conventional car seat as they grow. Similarly, a child with disabilities may outgrow a conventional car seat and require a special restraint specifically designed for larger children.

Resources:

- **Adaptive Mall**
www.adaptivemall.com or 1-800-371-2778 ■ Transportation aids and other equipment
- **EZ-On Products**
www.ezonpro.com or 1-800-323-6598 ■ Vests and other transportation-related products
- **Automotive Safety Program at Riley Hospital for Children, Indianapolis, Ind.**
www.preventinjury.org or 1-800-755-0912 ■ Special needs transportation education and advice
- **For assistance with car seat installation or education please visit**
www.seatcheck.org or call 1-866-SEAT-CHECK
- **University of Michigan Transportation Research Institute**
www.travelsafer.org or 734-764-2171 ■ Transportation tips for people who use wheelchairs

Basics

- All children should ride in the back seat of the vehicle with an appropriate restraint on every trip.
- Infants should ride facing the rear of the car until they are at least 1 year old and weigh at least 20 pounds. Preferably, infants remain rear-facing until they reach the weight or height maximum for their car seat. Special needs children may need to ride rear-facing longer due to poor head or trunk control or low muscle tone.
 - Never place a rear-facing car seat in front of an active airbag. The airbag could seriously injure or kill the child if it deploys.
- Once a child can ride forward-facing, they should stay in a seat with a harness for as long as possible. Most car seats have a 40-pound weight limit for harness use. Special restraints are available that have higher weight limits when appropriate.
 - Children over 40 pounds but less than approximately 57 inches in height may not be able to safely use a seat belt. Belt positioning booster seats can be used to improve belt fit and, in some cases, can be combined with other restraints for special needs children.
 - A lap and shoulder belt should be used for older children. Children should be instructed to leave the shoulder belt in front of them, never behind their back or under their arm, and should be watched closely so they remain safely positioned.
- Many children with special needs can use conventional car seats. It is recommended that you seek the advice of a certified child passenger safety technician before purchasing a special restraint. Certified technicians will also be able to help you learn how to properly install and use your car seat or other restraints.



Specific Considerations*

Challenge	Technique/Tips and Comments
Decreased head control	<ul style="list-style-type: none"> ■ Position rear-facing as long as possible ■ Position head and neck in center of seat with rolled towels ■ Use car seat that allows semi-recline when forward-facing ■ Use of a soft cervical collar if necessary, with medical supervision
Decreased trunk control	<ul style="list-style-type: none"> ■ Position rear-facing as long as possible ■ Support trunk with rolled towels ■ Use car seat that allows semi-recline when forward-facing
Slides down in seat	<ul style="list-style-type: none"> ■ Position cloth roll between crotch strap and child
Increased extensor tone of trunk and hips	<ul style="list-style-type: none"> ■ Used rolled towels under knees to decrease tone ■ Transfer into seat in flexed (knees up) position
Hips are abducted (apart)	<ul style="list-style-type: none"> ■ Pad outside of thighs to push together ■ Use wrap or hook and loop tape around thighs
Hips adducted (knees close together)	<ul style="list-style-type: none"> ■ Place foam block or abductor pad between knees
Shoulders retract (arms pulled back)	<ul style="list-style-type: none"> ■ Place rolls along sides of child, with arms forward
Breathing difficulties when semi-upright	<ul style="list-style-type: none"> ■ Use car bed after testing to confirm inability to safely use a semi-upright infant car seat
Prematurity or small size	<ul style="list-style-type: none"> ■ Check weight limits and harness dimensions of car seats and choose one that fits your child. Use padding to position child. Consider car bed if child is too small for car seat.
Bones that break easily	<ul style="list-style-type: none"> ■ Car bed with padding to limit stress on child's body
Hip spica or other casts that allow the child to bend at the hips or sit upright	<ul style="list-style-type: none"> ■ Snug Seat Hippo car seat can accommodate children in some casts, others may require a vest to lie down in the vehicle if their legs are too long ■ Some conventional car seats with low sides and a wide base may also be used - contact a child passenger safety technician for recommendations
Casts that do not allow the child to bend at the waist or sit upright	<ul style="list-style-type: none"> ■ Vests are available that allow the child to lie down in the back seat
Wheelchairs	<ul style="list-style-type: none"> ■ Most wheelchairs are not crash tested. Labels on the wheelchair will indicate if it is safe to use in a vehicle. Follow instructions about seat belts (positioning belts are not seat belts and will not restrain your child in a crash). Be sure to use four-point tie-down devices to secure the wheelchair.
Children with autism spectrum disorders; older children with behavioral challenges	<ul style="list-style-type: none"> ■ Children over 80 pounds and over 4 feet 9 inches tall who can properly maintain a seated position may be able to safely ride in a seat belt when they have outgrown conventional car seats and boosters. Other children may require a vest that buckles into the car and cannot be removed by the child. ■ Children with autism spectrum disorders may be nonverbal or have limited verbal skills - fill out an ID card and place in the glove compartment with insurance information

* Table adapted with permission from *Transporting Children with Special Health Care Needs Training and Resource Manual (2004)*, Automotive Safety Program, James Whitcomb Riley Hospital for Children.

School Transportation

Many children are transported to and from school and enrichment programs in buses or vans. To ensure that your child travels safely, you should include any special transportation needs in your child's Individualized Education Program (IEP). Some points to consider:

- Does your child need a special car seat or harness system?
- Does the bus driver need special training to know how to use the restraint and how to handle an emergency?
- Does the child require an aide to ride safely?





Water sports can be a great way for all children to exercise and are often an ideal way for special needs children with limited mobility to enjoy a new experience. In addition, bathing is a necessary part of daily life for all children. Safety is a primary concern when any child is near water. Drowning is the leading cause of death among children aged 1-4 years and most often occurs in bathtubs, residential swimming pools and open water sites. Parents and caregivers should know the risks.

Basics

- Any child can drown in as little as an inch of water. Children have drowned in tubs, buckets, washing machines and toilets in the home.
- Supervision is the key element in water safety. Never leave a child alone, even for a moment, when near water.
- To prevent scald burns the temperature on your water heater should be set to no more than 120 degrees Fahrenheit and an anti-scald device should be installed on faucets.
- Always check the water temperature with your hand before placing a child in the water. Remember that a child's skin burns much more easily than an adult's.
- Place the child at the end of the tub opposite the faucet to prevent accidentally turning on the water or striking the faucet with their head.
- Use a spout cover (as pictured at right) to reduce the risks of bumps and bruises.

Specific Considerations

Risks

Child unable to sit without support



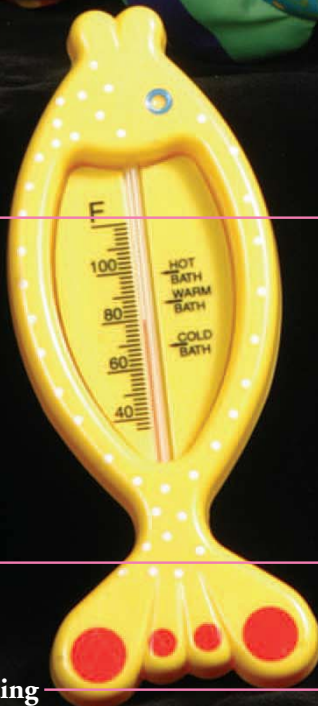
Prevention

- Never leave a child alone even for a moment.
- Use bath chairs with constant supervision.
- Mount grab bars in the tub.



Tub Spout Cover

Water too hot



- Children with low sensation or who cannot communicate verbally are at increased risk for scald burns because they may not cry out when exposed to water that is too hot.
- Check water temperature with your hand or a thermometer before putting child into tub.
- Adjust setting on your water heater to 120 degrees Fahrenheit or less.
- Install temperature balance control valves on all faucets.

Seizure disorders

- Never leave a child alone in the tub for even a moment.
- School aged children should shower when old enough to bathe alone.

Parent injuries from lifting

- Ask a physical or occupational therapist to show proper lifting techniques for the tub.
- Install lifting equipment in the bathroom as your child grows.

Children with autism spectrum disorders

- Need active parental supervision at all times.
- May have no fear or understanding of dangers of water; at the same time may be drawn to water and may enter water without knowing how to swim or behave safely.



All parents and caregivers should recognize the importance of pre-planning for fire-related emergencies. Early warning and quick action can save lives.

Resources:

- **AbleNet, Inc.**
www.ablenetinc.com or 1-800-322-0956 ■ Switches and other simple-to-use assistive technology for children with special needs
- **Harris Communications**
www.harriscomm.com or 1-800-825-6758 (voice), 1-800-825-9178 (TTY) ■ Products for deaf and hard of hearing people



Specific Considerations

All special needs children

- Contact your local fire department and explain any special circumstances you may have. Ask them to visit your home and check for potential fire hazards. Introduce them to your child and discuss his or her disabilities and health concerns.
- Have a bag of any medicine or special equipment your child may need available in an emergency.
- Obtain a medical alert device that is attached to your child's clothing.

Child cannot speak or communicate in an emergency

- Keep a whistle or bell by the bed for your child to alert others to danger.
- Place an alarm with a switch that is easy to operate within reach of your child's bed.

Child cannot escape a room without assistance

- Keep a blanket, mechanic's creeper or scooter board near your child's bed to facilitate evacuation. Place your child on the blanket or board, secure and drag him or her to safety.

Child is visually or hearing impaired

- Sight impaired children should practice escape techniques using feel. Consider using a buddy system with a sibling.
- Use smoke detectors with a strobe light for hearing impaired children. Practice fire safety messages in sign language.

Children with autism spectrum disorders

- Teach your child the basic concepts of hot and cold.
- Create visual signs as needed to depict an escape route (a GO sign) and dangerous areas (STOP sign).
- Develop social stories about smoke detectors, fire alarms and the dangers of touching fire.

Electrical safety

- Never overload circuits or outlets with multiple medical devices such as monitors, suction machines, ventilators or humidifiers.

Basics

- Place at least one smoke detector on each level of your home and in all sleeping areas.
- Check the batteries in each detector once a month and replace the batteries twice a year.
- Create a fire escape plan for your home that includes at least two escape routes from each room and a meeting place outdoors. Practice the plan regularly.
- Keep all lighters, matches, barbeque lighters and other sources of fire out of the reach of children and in safe containers.
- Keep an ABC-type fire extinguisher in the kitchen area at all times. Learn when and how to use it.

- Teach children not to hide from firefighters. Visit a fire station so your children are comfortable with firefighters.
- Teach your children how to dial 911 from a neighbor's home after escaping your house.
- Practice proper escape techniques: check for fire, stay low and crawl along walls to avoid becoming disoriented, meet at the designated spot once outside and never go back inside the house.
- Practice the Stop, Drop and Roll technique to extinguish flames on clothing.



As children grow, they gain independence and stretch their limits. Your child may be ready to cross the street, walk to school or ride a school bus. Here are some tips to avoid common pedestrian injuries.

Basics

- Children under 10 should not cross the street alone. Parents should observe their child until they are satisfied that he or she uses safe behaviors.
- Teach children to cross streets only at corners, using traffic signals and crosswalks when available. They should always walk, not run.
- Train kids to look left, right, then left again when crossing a street and to take special care when there are parked cars in the area.
- Never allow your children to play in the street, driveway or unfenced yards near the street.
- Young children should not play outside or ride a bike after dark. Older children should wear white clothing or reflectors at night.
- When entering or exiting a school bus, children should walk at least 10 feet in front of the bus and make eye contact with the driver before stepping off the curb.



Specific Considerations

- Work with your community to install sloped curbs, signs or audible devices at intersections to make them safer for children.
- Ensure that there are safe places for your child to wait for the bus.
- If your child has problems with attention, impulse control or other behavioral problems, pedestrian injuries may pose a particular risk. Work with your child's therapy team to ensure that he or she learns safe, positive behaviors in traffic. Set clear limits and enforce rules consistently.
- Mark wheelchairs with reflective tape and add a bike flag for greater visibility in crowded areas.
- Children with autism spectrum disorders may wander or run away from an adult and dart into traffic or a busy parking lot. A handicap permit may be necessary to ensure safety. They may also have delayed processing of external dangers such as an oncoming vehicle.





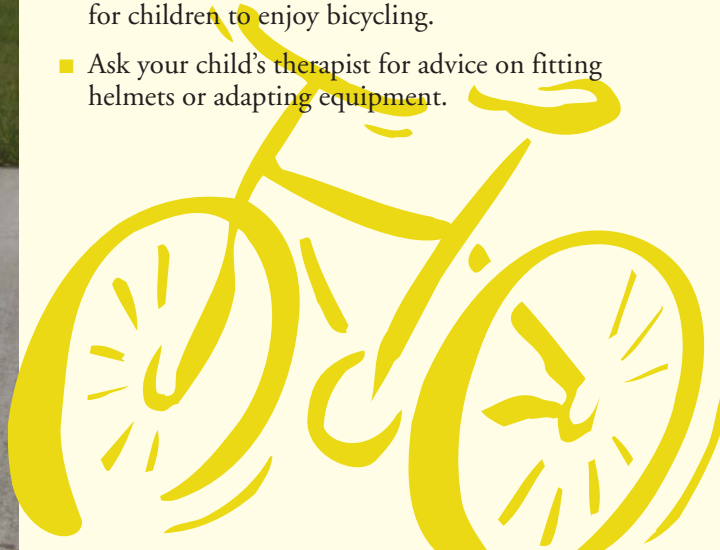
The single most important safety tip for safe bicycling, in-line skating, skateboards and roller skating is simple—make sure your child wears a properly adjusted helmet every time he or she rides. Helmets reduce the risk of brain injury and death. There is no better way to ensure your child a safe, fun wheel sport experience. Here are some other safety tips to consider:

Resources:

- Freedom Concepts, Inc.
www.freedomconcepts.com or 1-800-661-9915 ■ Adaptive bicycles for children and adults
- Adaptive Adventures, Inc.
www.adaptiveadventures.org or 877-679-2770 or 866-679-2770 ■ Information about adaptive sports, camps and activities for people with disabilities

Specific Considerations

- Never allow a child to participate in an activity for which he or she is not developmentally ready. Children need good balance and coordination for some sports.
- Many types of adapted bikes are available for children with disabilities and may be a safe way for children to enjoy bicycling.
- Ask your child's therapist for advice on fitting helmets or adapting equipment.



Basics

- Check your child's helmet fit regularly, adjusting for growth as needed. A helmet that fits is snug and does not slide over your child's scalp. If the helmet is too loose, use thicker pads. If the helmet is too loose with the thickest pads, choose the next smaller sized helmet.
- The straps need to come to a "V" under the ears and be snug enough that you can slide only a finger or two under the chinstrap. Adjust frequently and teach your child to snap and unsnap without pinching their neck.
- Perform regular safety checks on bikes looking for proper tire inflation, tight screws and working brakes.
- Bikes must follow the rules of the road. Teach your child to obey traffic signals including hand signals for turns and stopping at all stop signs.
- Ensure that your child wears safe clothing. Avoid loose pant legs, loose shirts and shoes that come untied easily. Clothing should be bright colored or reflective to increase visibility to motorists.
- If recommended by the manufacturer, knee, elbow and wrist pads should be worn with skates, skateboards or scooters. Some sports require eye protection and mouth guards.





Poisoning often involves young children as they begin to explore their environment. Some of the most common household items involved in poisonings include:

- cosmetics
- cleaning substances
- plants
- foreign bodies and toys
- pesticides
- art supplies
- alcohol
- pharmaceuticals (over the counter and prescription)





Remember that many poisons look like safe items (e.g. oil soap resembles apple juice, window cleaner resembles blue fruit drink, etc.) Children cannot tell the difference between safe and poisonous items. Blocking access to poisonous items and medication is the best way to prevent poisoning.



Specific Considerations

- Poison Center assistance is available for hearing impaired and non-English speaking callers.
- Keep a sheet with the names of the conditions your child has, medications he or she takes and any special concerns available for babysitters or siblings to use when calling 911 or Poison Control.
- Older children may be able to open locked closets or cabinets. Take this into consideration when securing poisons and medication.
- For children with autism spectrum disorders, you may need to use visual cues such as a “NO” sticker to identify poisonous items. Older children may be able to operate simple locks so more advanced mechanisms may be required. Children with pica need to be actively supervised at all times to prevent ingestion of natural poisons in the environment.

Basics

- Store potentially poisonous items out of the reach of children, in locked cabinets or closets.
- Keep poisons in original containers and avoid storing anything except food in food containers.
- Place the 1-800-222-1222 Poison Control phone number on all telephones and in critical places in your home. If someone has collapsed or stopped breathing, call 911.
- Every home should have a carbon monoxide detector. Follow the instructions for proper placement and maintenance.
- Syrup of ipecac is no longer considered an essential poison safety item and should be discarded due to the potential for inappropriate use.

If you need to contact Poison Control, try to have the following information available:

- Child's age, weight and condition
- Product container
- Time the poisoning occurred
- Your name and the telephone number you are calling from
- Stay calm and have a pencil and paper handy. Stay on the phone until instructed to hang up.

POISON CONTROL
1-800-222-1222





Choking is a possibility for any child, but for many children with special needs it is a particularly dangerous risk area. A child with special health care needs may be at risk of choking when reclined in a vehicle or when sleeping. If your child's medical condition causes him or her to have trouble eating, swallowing or breathing you may want to discuss potential choking issues with their medical team. Physicians or therapists may have specific advice to offer about how to prevent choking.



Basics

- All caregivers should be trained in first aid and CPR and be prepared to step in if a child chokes. Keep copies of instructions for CPR in areas where your child plays and eats.
- Children should be taught to sit at a table when eating, not walking or playing.
- The following foods should not be given to toddlers or children younger than age 5:
 - hard candies, jelly beans, chewing gum
 - popcorn, raisins, marshmallows, seeds and nuts

The following foods may be given to children between the ages of 2 and 5 ONLY if they are prepared appropriately:

- Hot dogs (slicing lengthwise before cutting crosswise reduces the risk of choking)
- Grapes or cherries (peeling, removing seeds or pits, and cutting in half reduces the risk)
- Carrots, apples, celery, green beans (cooking, then dicing or cutting into small strips reduces the risk)
- Peanut butter (spread thinly)
- Meat, potatoes, or raw vegetables and fruits (dice or cut into small strips)
- Processed frozen potato products shaped like a hot dog (mash or cut length-wise)



Other common household choking hazards include:

- latex balloons
- coins
- marbles
- small toy parts
- pen or marker caps
- button-type batteries
- toys that could be squeezed into a child's mouth

Toys are a common choking hazard

- Always follow the age recommendations on toys and other products.
- Keep toys belonging to older children away from younger children or those that may be developmentally challenged.
- If you are unsure about the safety of an item, try placing it in an empty toilet paper tube. If it's small enough to slide through, it's a potential choking hazard.





Safe sleeping arrangements are often a challenge for parents as children grow. Parents must balance safety, privacy and independence issues. Anticipating that a child will climb out of a crib, fall from a bed or open a window is often the best way to prevent injuries. A regular review of your child's physical and behavioral abilities can be a good way to keep him or her safe as they grow and develop.

Resources:

- Home Security Store
www.homesecuritystore.com or 1-888-501-7870 ■ Window and door alarms, motion sensors and other safety products

Specific Considerations

Head banging

- Child should wear helmet in bed.

Seizures

- Safely pad the bed to prevent injury.
- Bunk beds are not appropriate for children under the age of 7, and may not be appropriate for any child with a seizure disorder.

Falling from the bed

- Use mesh side rails. If the child climbs over rails, consider using a mesh cover that extends over the bed to prevent falling.

No sense of danger or sleepwalking

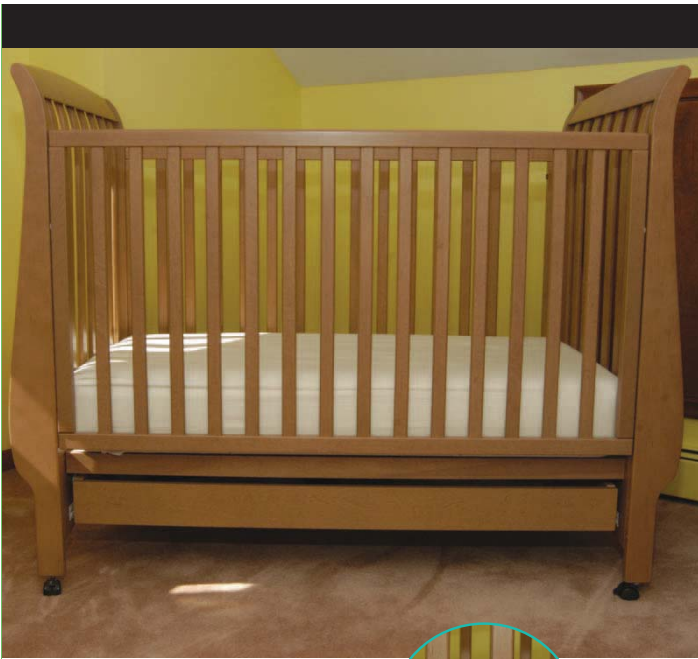
- Use door and window alarms along with a baby monitor.

Choking or trouble breathing when lying down

- Ask a therapist about using foam wedges to position child.

Basics

- Place the crib or bed away from windows.
- Crib slats should be no more than 2 3/8 inches apart to prevent head entrapment. If a 12 ounce soda can will fit through the slats on the crib, they are too far apart to be safe.
- Use a baby monitor so you can hear if the child awakens.
- Place babies to sleep on their backs, unless a medical professional advises otherwise.
- Limit blankets, sheets and padding and use only tight fitting linens on the crib or bed.
- Use mesh side rails on both sides of a bed; pushing the bed against the wall can create an entrapment hazard.





Some special needs children require medical equipment to maintain their health. Careful use of this equipment is essential to the safety of your child. Consider the following electrical and equipment concerns when checking your home for potential hazards:



Basics

- Never overload a circuit or a wall socket.
- Never place a cord under a rug or carpeting.
- Use outlets with a Ground Fault Circuit Interrupter (GFCI) or multi-outlet plug strips to help prevent electrocution.
- Maintain all electrical equipment according to manufacturer recommendations and carefully follow all cleaning and maintenance instructions.

Specific Considerations

- Notify your local fire department and your electrical supplier if you have a child who uses a ventilator or other essential equipment. Ask about any special programs or information they may need to serve the needs of your family in the event of an electrical failure or a utility shut-off.
- Ensure that all back-up batteries are charged and maintained according to manufacturer recommendations.
- Keep equipment manuals handy along with the phone number for the manufacturers' customer service lines, in case of emergency.





More of today's playgrounds are designed to permit children of all abilities to enjoy the fun along with their friends and siblings. Parents of other special needs children can be a great resource for ideas about suitable and safe play areas. Many safety issues related to playgrounds apply to all children and some may be a unique challenge for your child.

Resources:

- **National Program for Playground Safety**
www.uni.edu/playground or 1-800-554-PLAY ■ Comprehensive resource for ADA requirements and suggestions for playground safety for all children
- **Boundless Playgrounds**
www.boundlessplaygrounds.org or 1-860-243-8315 ■ Source for accessible playground information and assistance



Basics

- Supervision of all children is key to having safe fun. Parents and caregivers need to actively supervise their children and be on the lookout for unsafe play situations.
- Children should play on developmentally appropriate equipment based on their age and their physical abilities. Look for playgrounds with separate equipment for young children (ages 2-5) and school-aged children (6-12).
- The playground should be in good condition, with no exposed bolts, hooks or other features that might snag a child's clothing or skin.
- Falls should be cushioned with materials like wood chips, mulch, sand, pea gravel or rubber mats. Grass, concrete and asphalt are not safe surfaces for play.



Specific Considerations

- Try to find ways that your child can safely challenge himself or herself with your supervision.
- If your child cannot play safely on the equipment, bring toys for him or her to play with and allow interaction with other children in this way.
- The Americans with Disabilities Act requires that new or revamped playgrounds be accessible. This means there are ramps, guardrails and space for adults to assist children. If the playground is not safe or accessible, go to another area.
- Children with autism spectrum disorders require constant supervision. Look for fenced playgrounds for children who may run away. Many children on the autism spectrum may appear insensitive to pain – be sure to thoroughly check your child's condition after a fall.





All parents strive to provide a safe and healthy environment for their children. It is natural to want to avoid thinking about the unthinkable: according to the American Academy of Pediatrics, 95% of people think a disaster will never affect them. In fact, 60% of the population of the United States has experienced some kind of disaster. Knowing what types of natural and human made disasters may affect you and being prepared to handle them is the best way to ensure that your family will be protected and will recover quickly after a major event. While all of us can and should prepare, families of children with special health care needs have some specific challenges and requirements that can best be met with some prior thought and preparation.

Resources:

- **Florida Institute for Family Involvement**
www.fifionline.org
- **American Academy of Pediatrics**
www.aap.org/advocacy/emergprep.htm ■ Sample emergency medical history forms and other resources
- **AAP's Family Readiness Kit**
www.aap.org/family/frk/frkit.htm
- **Ohio Legal Rights Service**
<http://olrs.ohio.gov/ASP/GetPrepared.asp> ■ Includes separate checklists for evacuation and sheltering-in-place
- **National Fire Protection Association**
www.nfpa.org/assets/files//PDF/Forms/EvacuationGuide.pdf ■ Guide for planning evacuations for people with disabilities
- **United States Department of Homeland Security**
www.ready.gov ■ General information about disaster preparation
- **National Organization on Disability**
www.nod.org/resources/PDFs/epips5animals.pdf ■ Tips for preparing for a disaster if you use a service animal and other resources
- **Center for Disability Issues and the Health Professions**
www.cdihp.org/products.html#evac_guide ■ Resources for planning for evacuation

Sources of information include the American Academy of Pediatrics Family Readiness Kit and the Florida Institute for Family Involvement's publication "Disaster Preparedness for Families of Children with Special Needs."



Basics

Step 1. Get a kit.

Consider the safest place in your home in a crisis and store these supplies in an accessible location, preferably in portable waterproof containers that you can transport yourself if needed.

Essential Emergency Supplies List for Sheltering In Place

- Signal, flare and whistle
- Map of the area and list of important phone numbers
- Three gallons of water per person
- Seven day supply of ready-to-eat canned or packaged food
- Manual can opener
- Paper cups, plates and plastic utensils
- Blankets or sleeping bags
- Toiletries and hand sanitizer
- Cell phone charger, extra batteries
- Change of clothing, sturdy shoes and rain gear
- Plain chlorine bleach and coffee filters for sanitizing water
- Plastic garbage bags
- Plastic bucket with a tight lid
- Sunscreen and insect repellent
- Items needed for pets (food, water, litter and cage). Note that pets are not permitted in shelters.
- Small toys, books and games to keep kids busy. Comfort items such as stuffed animals or special toys.



Specific Considerations

Supplies for children with special needs

- Two-week supply of all disposable supplies needed (dressing materials, nasal canulas, suction catheters)
- Two-week supply of medicine (prescription and non-prescription)
- Generator or battery backup for electrical medical equipment
- Copies of prescriptions for medications and all equipment and supplies
- Special dietary foods and supplies
- Manual wheelchair if unable to lift or carry
- Diapers and toileting supplies, personal hygiene and wound care needs

Essential Items for Evacuation – Keep these in a portable, waterproof container such as a plastic tote or zip top bags

- Battery powered radio, flashlight and extra batteries
- Credit card and cash
- Copies of important documents (see list) and emergency medical history forms (see resources section for examples)
- Extra set of car and house keys
- Extra pair of eyeglasses
- Matches in a waterproof container
- First aid kit and needed medications (recommend one month's supply)
- Copies of prescriptions

Important Documents – Originals should be stored in a safety deposit box. Keep one copy on hand and send one to an out-of-town contact.

- Wills, insurance policies, contracts, deeds and investments
- Passports, social security cards, immunization records and emergency information forms
- Bank account and credit card numbers
- Inventory of valuable household goods (photos or videos)
- Family records and photos
- Identification (copies of driver's licenses, birth certificates, adoption records)



Step 2. Make a Plan

All families should teach children their phone number and address, their parent's name, and how and when to call 911. Talk with your children about what to do if you are separated – choose a meeting place outside of your neighborhood and an out-of-town contact to call. Teach them to recognize emergency officials and tell them that they can seek help from these people.



Specific Considerations

- If someone in your household has hearing or vision loss, consider how they will be alerted to a disaster.
- Create a support network of friends, family and caregivers that know your family's situation and are aware of your needs. If your child has communication, mobility, cognitive or behavioral issues, talk about how those will be handled.
- Check with local authorities to see what your options are for evacuation.
- Call your local fire department and speak to them about being listed as a special needs household. This is especially important if someone in your home is dependent on electrical equipment for their health or safety.
- If your child has special needs, make sure they have a medical alert bracelet, necklace or other identification describing their needs – tuck an information sheet into their pocket or use a shoelace tag. This is especially important if their condition or disability is not obvious (such as allergies, diabetes or asthma).

One of the most difficult things a family with special needs may face is the decision to stay at home (also called sheltering in place) or to evacuate to another community or a shelter in the event of a disaster. You should ask yourself:

- Can we handle all of the day-to-day needs of our entire family for three days with little or no outside assistance?
- What if there is a medical crisis? Can we make the needed decisions without outside support for three days?
- Do we have enough supplies and equipment to meet our regular and special needs for at least three days?

If your answer to any of these questions is “no,” your best option may be evacuation. Try to plan for both a shelter-in and an evacuation situation. Consider this as you complete your steps in disaster preparation.



Step 3. Be informed

- Contact your local American Red Cross or emergency management office and speak to them about what your community needs to be prepared to face. Natural disasters can occur anywhere, but you may also face danger from local manufacturing or energy facilities, wildfires or other hazards specific to your community.
- Make sure you know your community's warning signals and what to do if you hear or see them.
- Learn how to turn off your utilities if needed. Keep a wrench and flashlight near the shut-offs. You will need a professional to turn a natural gas supply back on, so only do this if instructed or in an obvious emergency.
- Make sure you have enough insurance.
- Take a CPR and first aid class.



Specific Considerations

Many communities are in the process of creating and evaluating disaster plans for people with special needs. Get involved by calling your local emergency, fire or police officials and asking whether or not plans are in place. Your local American Red Cross is also a good resource for this information, especially related to policies and procedures at shelters.

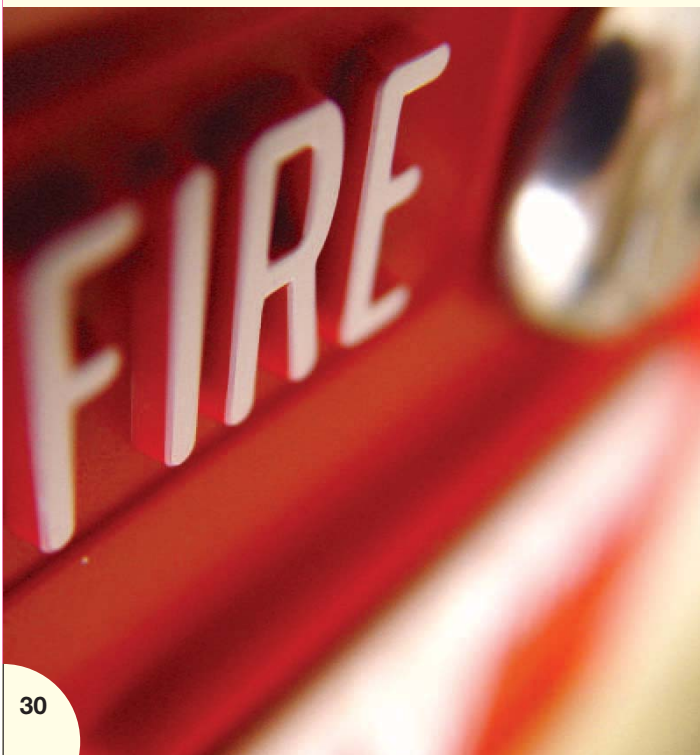


Step 4. Practice and maintain your plan

- Go over your family disaster plan and hold a drill every six months.
- Replace stored food and water.
- Make any needed updates to your kits and your paperwork.

Supporting your child's emotional health and safety

Children that experience a disaster will need reassurance and understanding from adults that they will be alright. Talk on a level that your child can understand. Explaining that you have a plan and providing an appropriate level of detail to the child will help. Limit what your child sees on television, hears on the radio, and overhears in discussion. Try to keep routines and a regular schedule or start new routines and rituals that the child can predict.





- **The Center for Children with Special Needs,
Children’s Hospital and Regional Medical Center,
Seattle, Washington**
<http://www.cshcn.org>
- **The Injury Free Coalition for Kids**
<http://www.injuryfree.org>
- **Emergency Medical Services for Children**
<http://www.ems-c.org>
- **United States Fire Administration**
www.usfa.dhs.gov
- **The American Academy of Pediatrics**
<http://www.aap.org/healthtopics/safety.cfm>
- **Safe Kids Worldwide**
<http://www.safekids.org>
See tips for preventing all unintentional injuries
- **Harborview Injury Prevention and Research Center**
<http://depts.washington.edu/hiprc/index.html>
*Includes many injury topics, especially pedestrian
and bicycle information*
- **The American Association of Poison Control Centers**
<http://www.aapcc.org>
See poison prevention information
- **National Highway Traffic Safety Administration**
www.nhtsa.dot.gov
*Includes information on child passenger safety,
bus safety and a technician locator*
- **Safety 1st and The National Association of
Children’s Hospitals and Related Institutions**
www.getonboardwithsafety.com



Notes

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A series of horizontal lines for writing notes, consisting of solid top and bottom lines with a dashed midline.



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