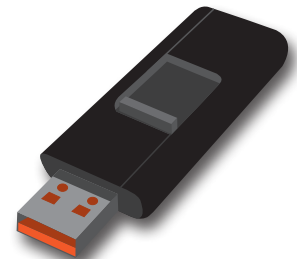
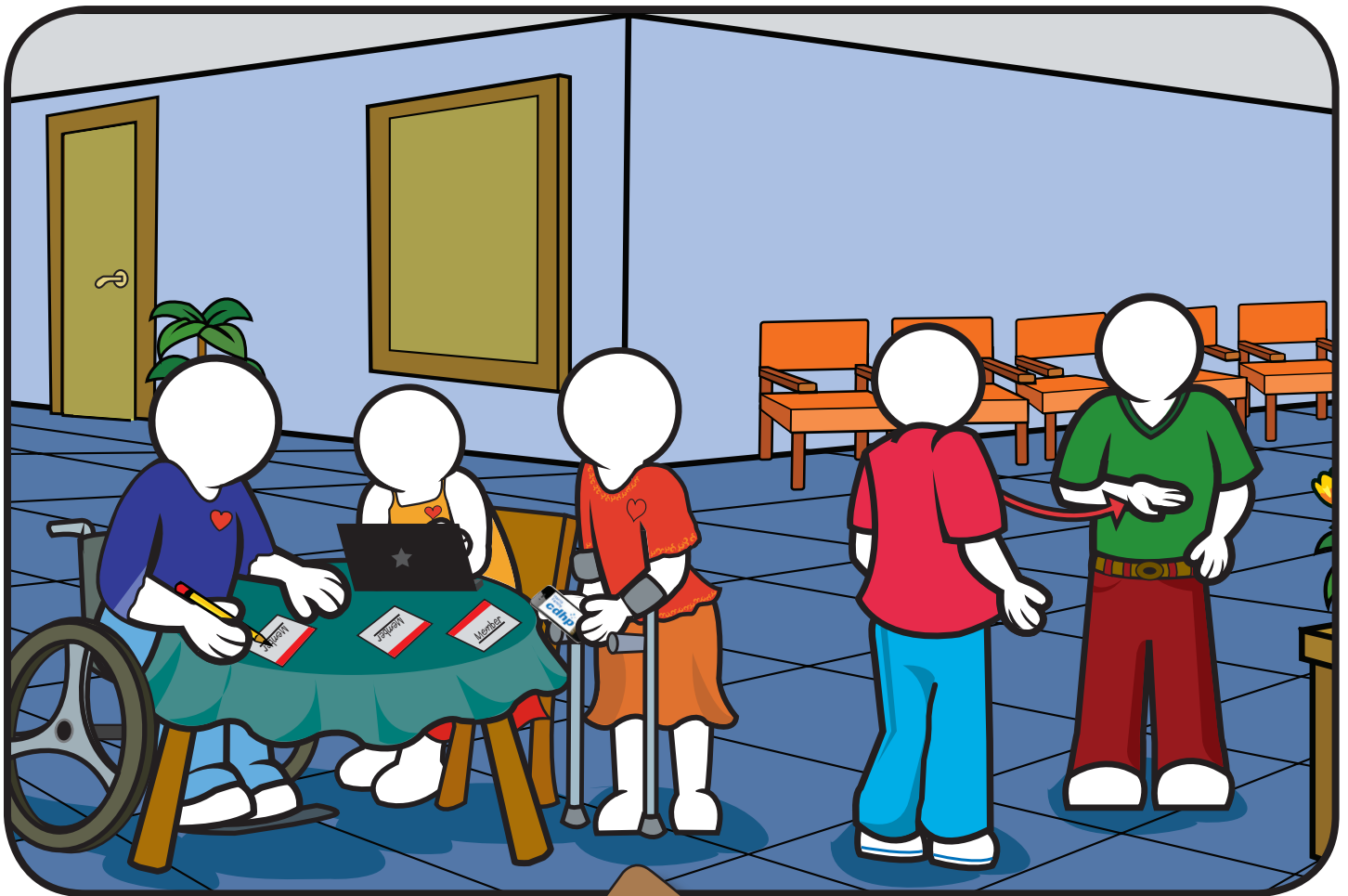


Emergency Health Information

By JUNE ISAACSON KAILES Disability Policy Consultant



Harris Family
cdhp

Center for Disability
and Health Policy

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Emergency Health Information **2011 Edition 2**

By June Isaacson Kailes, Associate Director and Disability Policy Consultant

© June Isaacson Kailes, Associate Director and Disability Policy Consultant, Playa del Rey, California and
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<http://www.hfcdhp.org>

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Emergency Health Information

What is emergency health information?

- It is good to prepare for medical emergencies by carrying on you at all times emergency information containing your critical health information and emergency contacts.
- Your health information communicates to emergency responders what they need to know about you if they find you unconscious, confused, in shock, or just unable to give information. This is especially important if, for example, you have a health condition, allergy, implanted device or are taking medications that could be life-threatening if you do not have it available. Without your carrying this important information, emergency care for you may be less appropriate and even dangerous.
- Another option or in addition, you may choose to wear a Medic Alert tag or bracelet available at <http://www.medicalert.org>. This identification jewelry can be engraved with important health information. An 800 number keeps your current medical information on file. Medic Alert may also be ordered from your local pharmacy.



condition that may affect emergency care.

- In an emergency room you may be unable to give your medical history and may not have someone with you to provide it.
- Seconds can save lives because sometimes emergency personnel often only have seconds to make decisions about your care.

How: Tips on Completing Emergency Health Information

When completing your emergency health information (forms included at back of this guide) be sure and include:

Disability/Conditions affecting emergency care (if you are not sure, list it):

Examples:

- Epilepsy, heart condition, high blood pressure, diabetes, respiratory problem, HIV positive.
- My disability, due to a head injury, sometimes makes me appear confused or drunk. I have a psychiatric disability. In an emergency, I may become confused or overwhelmed. Help me find a quiet corner and I should be fine in about 10 minutes. If this does not happen, give me one pill (name of medication) located in my (purse, wallet, pocket, etc.).
- I have diabetes. If I lose consciousness or my behavior appears odd, I may be having a reaction due to my diabetes. If I can swallow, give me sugar in some form such as candy, syrup, cola or a beverage that contains sugar like orange juice. If my breath smells fruity, don't give me anything to eat and make sure I get medical help.



Why You Should Carry Emergency Health Information

- The care you get in an emergency may depend on how much information doctors and emergency responders have at the time of the emergency. Over 20 percent of the population have a

- Chemical sensitivities: I react to....., my reaction is....., do this..... (these sensitivity conditions may not be commonly understood by emergency personnel and therefore explanations should be detailed and specific).

Medications: If you take medication that cannot be stopped without serious side effects, make sure this is clearly stated in your emergency health information and includes:

- Medication(s) names,
- Dosage,
- Times of day taken,
- When started taking and how long you have been taking the medication.

Allergies (sensitivities) such as:

- Penicillin, Sulfa drugs, or other antibiotics,
- Morphine, Codeine, Vicodin or other narcotics,
- Novocain or other anesthetic,
- Aspirin, Tylenol, Ibuprofen, or other pain medications,
- Tetanus or other vaccine reactions,
- Insect bites, bee stings,
- Latex, adhesive tape, iodine, or betadine,
- Detergents, fabric softeners,
- Pesticides,
- Eggs, milk, wheat, or other foods,
- Environmental sensitivities or sun exposure,
- Other.

Examples:

- Diesel exhaust can be dangerous to me. Do not put me in or near idling emergency vehicles.
- I can speak when provided with fresh air and away from things I am sensitive to.

Immunization (shots) and Dates:

Examples:

- Flu,
- Pneumonia/Pneumococcal,

- Tetanus/diphtheria,
- Polio (IPV or OPV),
- Measles-mumps-rubella (MMR),
- H. influenzae type b (HIB),
- (Chicken Pox) Varicella,
- Hepatitis A,
- Hepatitis B,
- Rubella.

Communication / Devices / Equipment / Other

- List specific communication needs:
- If (under stress after seizure), I may not make sense for a while. Leave me alone for 10-15 minutes, my mind should clear.
- I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you do not understand me!
- I use a (word board, speech generating device, augmentative communication device, etc.) to communicate. In an emergency, I can point to words and letters.
- I cannot read. I communicate using an augmentative communication device. I can point to simple pictures on a sheet which you will find in my wallet or _____.
- I may have difficulty understanding what you are telling me, please speak slowly and use simple language.
- My primary language is ASL (American Sign Language). I am deaf, not fluent in English, I will need an ASL interpreter. I read only very simple English. Try using gestures.
- I am hard of hearing. Get my attention before speaking to me. Look at me when you speak so I can speechread.
- I speak using an artificial larynx, if it is not available, I can write notes to communicate.

Equipment examples:

I use a:

- Motorized wheelchair
- Suction machine
- Home dialysis
- Respirator
- Cochlear implant
- Indwelling catheter

Other examples:

- I need help with: walking, eating, standing, dressing, transferring, etc.
- I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance.
- I am blind, please tell me what you are doing before doing it. I read Braille and I need paper work read to me.
- I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly. Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.
- I use a respirator full time, but I can breathe without it for up to 15 minutes.



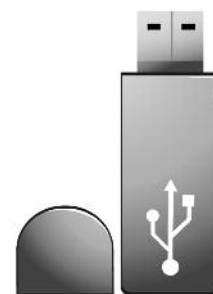
Review and update your emergency information when your medications or other information changes, but no less than twice a year.

Where:

Make many copies of this information to keep in your: emergency supply kits, car, work space, wallet (fold and place behind driver's license or official identification card), wheelchair pack, etc.

Additional ways, but none of these should be your only way, to store your emergency health information include:

- Keeping the information on your smart phone or hand-held device under ICE (in case of emergency).
 - You can also use ICE to list the phone numbers of those whom you would wish to be contacted in an emergency. For example, "ICE-1 John Smith" as a saved contact entry in your phone would alert emergency response personnel to contact Mr. Smith at the number listed. You can program as many numbers as you like using ICE-2, ICE-3, etc. so that your emergency contact person's office and/or cell phone numbers are also listed.
- Storing the information on a password protected thumb drive (called a flash drive or personal drive) on your key ring.
- Keeping information online; for example, putting this information
 - in a folder in your email program
 - in one of the many available Internet services that allows you to store your health information.



Using these methods involves letting people you trust know where the information is and giving them any needed login name and password so they can access this information for you in an emergency.

Sample Emergency Health Information

| | | | |
|--|---|---|-------------------------------------|
| Emergency Health Information | Date: 6/20/14 | Updated: 10/1/02 | |
| Name Jane Ready | | | |
| Address 11 Prepared Place | | City Savvy | State CA Zip 90001 |
| CONTACT METHOD | HOME | WORK | |
| Phone: | 310-555-9999 | 909-555-6666 | |
| Cell: | 310-555-9998 | 310-111-1111 | |
| E-mail: | Jr@beready.org | | Healthcall@one-of-a-kind.com |
| Fax/Pager: | Fax: 888-555-6666 Pager: 310-555-9996 | Fax: 909-555-6668 Pager: 909-555-6669 | |
| Birth Date 7/7/77 | Blood Type B+ | Social Security No. | 555-55-5555 |
| Health Plan Blue Cross | Individual #: 010101-09009 | Group #: | 010203-00006 |
| Emergency Contact: Husband - Bob | | | |
| Address Same as above | | City | State Zip |
| CONTACT METHOD | HOME | WORK | |
| Phone: | Same as above | | 818-777-5555 |
| Cell: | 310-555-9993 | | |
| E-mail: | b.r@beready.org | | Bob.ready@safety.com |
| Fax/Pager: | Fax: 888-555-6667 Pager: | Fax: 818-777-5553 Pager: | |
| Primary Care Provider: Henrietta Housecall, M.D. | | | |
| Address 12 Primary Care Place | | | |
| City Healthville | State California | Zip | 90001 |
| Phone: 310-555-2345 | Fax: 310-555-2346 | E-mail HH@telecompetent.net | |
| Disability/Conditions: Cerebral palsy, Diabetes, Low vision, Epilepsy | | | |
| Medication: Dilantin 300 mg, Lantus - insulin | | | |
| Allergies: penicillin; sensitive to antibiotic "e-mycin" (stomach upset, headache, diarrhea) | | | |
| Immunizations | Dates | Immunizations | Dates |
| Tetanus/Diphtheria | 5/5/11 | Inact. Havrix 5/5 with booster | 5/5/11, 11/11 |
| Polio virus | 5/5/11 | | |
| Communication / Devices / Equipment / Other: Motorized scooter, I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance. I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you cannot understand me. | | | |

Excerpted from: Emergency Health Information (<http://www.cdihp.org/pdf/emergencyv1.pdf>).

For a version of this form you can complete online and print go to <http://www.cdihp.org/pdf/emergform.pdf>

More Information on Emergency Planning

What?

Information you can use to strengthen your emergency planning and to protect:

- Your family,
- Your health,
- Your safety,
- Your independence, and
- Your life.

Because it's

- Your call,
- Your choice,
- Your life.

Why?

It is too late to start planning when:

- The land is sliding,
- The water is rising,
- The wind is blowing,
- The brush is burning,
- The earth is shaking, and
- The waves are crashing!

How?

- Customize supply kits for your needs,
- Build support teams,
- Create evacuation plans,
- Plan for multiple power sources,
- Know how to shut off your utilities,
- Learn about low and no cost planning strategies, and
- Find more preparedness tips.

Where?

Go to <http://www.jik.com/disaster.html> and click on Individual Preparedness.

Information on Taking Charge of Your Health Care

What?

- Information you can use to help you work on taking charge of or remaining in charge of your health care.

Why?

- Medicine is, at best, an imprecise art. That's why it's important to be active and informed when seeking and receiving health care.
- While having trust and confidence in your health care providers is important, the "provider always knows best" belief can be harmful.
- Knowing how to work effectively with the health care professional and successfully advocating for your needs, as well as the needs of family members and significant others, is an important skill.

How?

- Be active in your health care to increase your chances of getting the health care you need.
- Strengthen your confidence and improve your communication skills to work more effectively with health care providers.
- Make preventive health care work for you.
- Create a health screening and vaccination plan to meet your needs.
- Use checklists.
- Keep your own medical records.
- Take charge of getting the right equipment.
- Remove or reduce barriers in fitness facilities.

Where?

Go to:

- Products from Harris Family Center for Disability and Health Policy, <http://www.hfcdhp.org/products>
- Health, Wellness and Aging with Disability, <http://www.jik.com/hwawd.html>

About the Sponsor

The Harris Family Center for Disability and Health Policy (HFCDHP), <http://www.hfcdhp.org>, established in 1998, at Western University of Health Sciences, in Pomona, California, works to enhance health professions education, and to improve access for people with disabilities to health, health education, health care and emergency services.

HFCDHP focuses on:

- Improving the capability of health care providers and emergency planners and managers to include and meet the needs of people with disabilities and others with access and functional needs.
- Increasing the number of qualified individuals with disabilities who pursue careers in the health professions.
- Supporting people with disabilities in becoming more vocal and active participants in their health care and emergency preparedness.
- Conducting and disseminating research on continuing education programs for health care providers, community based health education, prevention, health care and emergency services for people with disabilities.
- Sponsoring educational activities and curriculum development for health and emergency professionals working with people with disabilities. The Center also conducts applied research to develop continuing education programs for health care providers.
- Improving health care delivery through advocating basic changes in social and policy issues affecting the health of people with disabilities.

To learn more visit <http://www.hfcdhp.org>.

HFCDHP's consulting and training services build capacities and competencies in:

- Health care services,
- Educational access for students with disabilities, and
- Emergency management and planning.

Harris Family Center for Disability and Health Policy

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About the Guide's Author



June Isaacson Kailes (<http://www.jik.com>) operates a Disability Policy Consulting practice and is the Associate Director, Harris Family Center for Disability and Health Policy at Western University of Health Sciences, Pomona, California.

Her work focuses on helping to ensure that the needs of people with disabilities and others with access and functional needs are integrated into health care and emergency planning, response and recovery services and systems. June works on emergency issues internationally, with state, local, and federal agencies, with community-based organizations and an array of other emergency managers, planners and contractors.

June is well known for her pioneering work in conceiving, promoting, and moving the emergency management world from the vague “special needs” focus to operationalizing an access and functional needs approach to planning and response. This also includes conceiving and working with the state of California to adopt and implement the use of Functional Assessment Service Teams (FAST). These teams strategically link government, nonprofits and business sectors to work with “at risk individuals” during emergencies through screening, and supporting independence needs which prevents deterioration. FAST members enable people to maintain mobility, health, and safety, and successfully manage in general population shelters and other temporary housing options. Her breadth and depth of experience in access and functional needs and her work as a writer, trainer, researcher, policy analyst, and advocate is widely known and respected.

Emergency Health Information

| | | | |
|--|----------------------------------|----------------------------------|---------------------|
| Emergency Health Information | Date: | Updated: | |
| Name | | | |
| Address | | City | State Zip |
| CONTACT METHOD | HOME | | WORK |
| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: Pager: | Fax: Pager: | |
| Birth Date | | Blood Type | Social Security No. |
| Health Plan | | Individual #: | Group #: |
| Emergency Contact: | | | |
| Address | | City | State Zip |
| CONTACT METHOD | HOME | | WORK |
| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: Pager: | Fax: Pager: | |
| Primary Care Provider: | | | |
| Address | | | |
| City | | State | Zip |
| Phone: | | Fax: | E-mail |
| Disability/Conditions: | | | |
| Medication: | | | |
| Allergies: | | | |
| Immunizations | Dates | Immunizations | Dates |
| | | | |
| | | | |
| Communication / Devices / Equipment / Other: | | | |



Emergency Health Information

| | | | |
|--|-------|---------------|---------------------|
| Emergency Health Information | Date: | Updated: | |
| Name | | | |
| Address | | City | State Zip |
| CONTACT METHOD | HOME | | WORK |
| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Birth Date | | Blood Type | Social Security No. |
| Health Plan | | Individual #: | Group #: |
| Emergency Contact: | | | |
| Address | | City | State Zip |
| CONTACT METHOD | HOME | | WORK |
| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Primary Care Provider: | | | |
| Address | | | |
| City | | State | Zip |
| Phone: | | Fax: | E-mail |
| Disability/Conditions: | | | |
| Medication: | | | |
| Allergies: | | | |
| Immunizations | Dates | Immunizations | Dates |
| | | | |
| | | | |
| Communication / Devices / Equipment / Other: | | | |



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| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Birth Date | | Blood Type | Social Security No. |
| Health Plan | | Individual #: | Group #: |
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| Address | | City | State Zip |
| CONTACT METHOD | HOME | | WORK |
| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Primary Care Provider: | | | |
| Address | | | |
| City | | State | Zip |
| Phone: | | Fax: | E-mail |
| Disability/Conditions: | | | |
| Medication: | | | |
| Allergies: | | | |
| Immunizations | Dates | Immunizations | Dates |
| | | | |
| | | | |
| Communication / Devices / Equipment / Other: | | | |



Emergency Health Information

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|--|-------|---------------|---------------------|
| Emergency Health Information | Date: | Updated: | |
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| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Birth Date | | Blood Type | Social Security No. |
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| Phone: | | | |
| Cell: | | | |
| E-mail: | | | |
| Fax/Pager: | Fax: | Pager: | Fax: Pager: |
| Primary Care Provider: | | | |
| Address | | | |
| City | | State | Zip |
| Phone: | | Fax: | E-mail |
| Disability/Conditions: | | | |
| Medication: | | | |
| Allergies: | | | |
| Immunizations | Dates | Immunizations | Dates |
| | | | |
| | | | |
| Communication / Devices / Equipment / Other: | | | |



It's good practice to carry emergency health information containing your critical health information and emergency contacts with you at all times.

The care you get in an emergency may depend on how much information emergency responders and doctors have at the time of the emergency.

Sometimes emergency personnel only have seconds to make decisions about your care.

In a emergency you may be unable to give your medical information and may not have someone with you to provide it.