Personal Emergency Plan

There is no substitute for preparing yourself

by Richmond Shreve

Every Resident Needs a Personal Emergency Plan

Emergency preparedness is often discussed as though it were the responsibility of someone else: management, security, the fire department, the county, the state, or the federal government. All of those organizations do have responsibilities, and communities should be transparent about their emergency plans. But no institutional plan can substitute for the judgment, preparation, and decision-making of the individual resident or family.

That is especially true in Independent Living. A resident's home is still a home. The resident may live in a cottage, a duplex, an apartment, or a multistory building. One person may be fully mobile; another may use a walker, scooter, wheelchair, oxygen, hearing aids, or refrigerated medication. One may have nearby family; another may have no local support. One may drive; another may no longer do so. One may have a pet. Another may depend on an aide, a neighbor, or a call system. The right emergency plan is therefore not one-size-fits-all. It must be personal.

Emergency management at every level is commonly organized around three phases: preparation, response, and recovery. That same structure works for residents and families.

Preparation: Think Before the Emergency

Preparation begins with asking, "What could reasonably happen here, and what would I do?" The answer will differ depending on location and personal circumstances. In some communities the most predictable threats may be fire, tornado warnings, winter storms, prolonged power outages, flooding, extreme heat, or a regional earthquake. In others, the greater risk may be evacuation from a building, loss of elevator service, disruption of meals, loss of phone service, or inability to obtain medications.

Each resident or family should think through several practical questions:

How would I get out of my residence in a fire? Where would I go once outside? If I live above ground level, what would I do if elevators were unavailable? If I use a mobility device, who knows I may need help? If I cannot return home for several days, where would I stay? If I had to shelter in place, how long could I manage safely? How would I communicate with family? Who would check on me, and whom would I check on?

A personal plan should include current contact information for family, neighbors, physicians, pharmacies, insurance, and community staff offices. It should include a list of medications, allergies, medical conditions, mobility needs, assistive devices, and advance directives. Copies should be accessible to the resident and to trusted family or helpers.

Every resident should also have a "go bag." It need not be elaborate, but it should be ready. A practical go bag might include copies of essential documents, a medication list, a few days of critical medications if feasible, a flashlight, a printed list of important contacts such as family members, neighbors, physicians, pharmacies, insurance providers, and community staff offices, spare batteries, phone charger, power bank, basic toiletries, eyeglasses, hearing-aid batteries, a small first-aid kit, emergency contact list,

some cash, a change of clothing, and personal items needed for comfort and dignity. Residents with pets should include leashes, carriers, food, medications, and veterinary information.

Shelter-in-place supplies are equally important. These may include water, shelf-stable food, a manual can opener, flashlight, batteries, radio, blankets, sanitation supplies, and any items needed to maintain health during a prolonged outage. Storage space may be limited, especially in apartments, but even modest preparation is better than none. The question is not whether one can prepare perfectly. The question is whether one can prepare reasonably.

Response: Know What to Do When It Happens

In an actual emergency, confusion is often the greatest enemy. A resident who has thought through possible events is less likely to freeze, panic, or wait passively for someone else to make every decision.

For a fire, the response may be immediate evacuation, closing doors behind you, using stairs rather than elevators, and going to a predetermined meeting place. For a tornado warning, it may mean moving away from windows to the lowest and most protected area available. For flooding, it may mean leaving early rather than waiting until roads are closed. For a prolonged power outage, it may mean conserving phone battery, checking on neighbors, using flashlights rather than candles, and knowing whether medical equipment has backup power. For a medical or urgent personal emergency, it may mean using the pendant, call system, phone, or other alert method without delay.

Residents should also understand the community's procedures. In some situations, immediate full evacuation may not be possible or necessary, and temporary shelter becomes an important option. For example, enclosed stairwells in apartment buildings are typically designed to resist fire and smoke for a limited period, often providing a safer place to wait for assistance if mobility limitations prevent rapid evacuation. Knowing where these protected areas are, how to access them, and how long they are intended to provide safety can help residents make informed decisions while firefighters or staff respond. Where are the exits? Where are stairwells? Are there evacuation chairs? Where should residents assemble? How are alerts communicated? What happens if the power is out? What is the difference between a fire alarm, a weather alert, a shelter-in-place instruction, and an evacuation order? What should residents expect from staff, and what should staff expect from residents?

This is where institutional transparency becomes essential. Community emergency plans should not be mysterious. Residents do not need every operational detail, but they do need enough information to understand their own role in the larger plan. A plan that is hidden from the people who must act within it is incomplete. Public agencies have long recognized that emergency planning works best when the "whole community" understands the shared task. The same principle applies inside a retirement community.

Neighbors also are a resource. A resident committee, floor captain system, buddy system, or "Map Your Neighborhood" approach can add a vital layer of support. These efforts should not be seen as a substitute for management's responsibilities. They are a complement to them. In a widespread emergency, staff may be stretched, roads may be blocked, phones may fail, and professional responders may be delayed. The first person able to help may be the person next door.

Recovery: Plan for What Comes After

Recovery is the most neglected part of personal emergency planning. We tend to imagine the dramatic moment: the alarm, the siren, the evacuation, the storm. But many emergencies continue long after the immediate danger has passed.

What happens if a resident cannot return home that night? What if the apartment is damaged by smoke or water? What if medications were left behind? What if eyeglasses, hearing aids, chargers, walkers, or oxygen supplies are unavailable? What if family members cannot get through by phone? What if the resident is taken to a hospital and cannot easily explain medical history or medications?

A recovery plan should identify where the resident might stay, who should be notified, how essential documents can be reached, how prescriptions can be refilled, and who can help with insurance, transportation, replacement equipment, and communication. Families should talk about these matters before they are urgent. Adult children should not first learn the details of a parent's emergency needs during the emergency itself.

Recovery also includes emotional recovery. Emergencies are disorienting. Older adults may be especially affected by disruption, loss of routine, separation from neighbors, or uncertainty about returning home. A good recovery plan includes reassurance, companionship, communication, and follow-up.

The Shared Responsibility

The point of a personal emergency plan is not to excuse the organization from its obligations. Communities should have clear emergency plans. They should communicate them. They should conduct drills where appropriate. They should explain what residents can expect from staff, security, nursing, maintenance, dining, transportation, and administration. They should also be candid about limits, especially in a widespread disaster where outside emergency services may be overwhelmed.

But residents and families also have responsibilities. They must know their own needs. They must prepare supplies. They must keep information current. They must decide who should be contacted, who has keys, who knows about medications, who can help with pets, and what level of assistance may be needed in an evacuation or prolonged outage.

The best emergency planning is not paternalistic. It does not treat residents as helpless, nor does it pretend that every resident can manage alone. It recognizes residents as capable adults whose eeds differ widely. It invites them into the planning process, gives them accurate information, and helps them take practical steps.

A good personal emergency plan answers three simple questions:

- What can I do now to prepare?
- What will I do when something happens?
- What will I need afterward to recover?

Every resident should be able to answer those questions. Every family should discuss them. Every community should help residents understand how their personal plans fit into the larger emergency plan. In a real emergency, safety depends not only on professionals and policies, but on preparation, neighbors, and the calm confidence that comes from having thought it through before the crisis arrives.

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