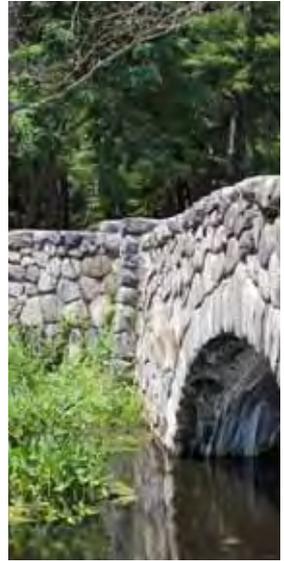


# Public Health Emergency Preparedness Handbook

**Town of  
Topsfield**



# Emergency preparedness and you

The possibility of public health emergencies arising in the United States concerns many people in the wake of recent tornadoes, hurricanes, tsunamis, acts of terrorism, and pandemic influenza. Though some people feel it is impossible to be prepared for unexpected events, taking preparedness actions helps people deal with disasters of all sorts much more effectively when they do occur.

To help, the Topsfield Board of Health and the Region 3A – Northeast Public Health Coalition have teamed up to answer common questions and provide step by step guidance you can take now to protect you and your loved ones.

Produced and distributed by



Topsfield Board  
of Health



**Public Health**  
Prevent. Promote. Protect.  
**Region 3A-Northeast  
Public Health Coalition**

November 2011

The information in this booklet was compiled by Sheryl Knutsen MSN, APRN,BC, Consulting Coordinator for Region 3A-Northeast Public Health Coalition, from the following sources: <http://www.fema.gov/plan/index.shtml>, <http://emergency.cdc.gov/preparedness>, <http://www.ready.gov>, <http://www.dpcma.org>, [http://www.mass.gov/Eeops/docs/setb/disability\\_info\\_and\\_form.pdf](http://www.mass.gov/Eeops/docs/setb/disability_info_and_form.pdf), <http://www.redcrossbc.org/pdf/DisasterPreparednessSeniors.pdf>, Massachusetts Department of Public Health unpublished brochure: "Getting Medicine during a Public Health Emergency," <http://www.mass.gov/dph/emergencyprep>, <https://www.maresponds.org>, <http://www.mamedic-alreservcorps.org/>, [www.who.int](http://www.who.int).

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## Topsfield emergency information

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Topsfield Town Website	www.topsfield-ma.gov	
Emergency		911
Selectmen		978-887-1500
Police (non-emergency)	www.topsfieldpolice.com	978-887-6533
Fire (non-emergency)	www.topsfieldfire.com	978-887-5148
Health Office		978-887-1520
Water Department		978-887-1517
Council on Aging		978-887-1523
Highway Department		978-887-1542
Housing Authority		978-887-8407
Public Works	www.topsfieldpublicworks.org	

## Local utilities

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National Grid	1-800-322-3223
Comcast	1-888-633-4266
Verizon	1-800-870-9999

## Regional emergency information

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Poison Control	800-682-9211
Mass 2-1-1	2-1-1
<small>(24/7 Information; Connects you to local services from food, clothing, shelter to counseling, legal and financial services.)</small>	
Hearing Impaired	7-1-1

## Topsfield school information

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Steward School	978-887-1538
Proctor School	978-887-1530
Masconomet Regional Middle/High School	978-887-2323

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# 1 Assemble a kit



If disaster strikes Topsfield, you might not have access to food, water, or electricity for some time. By taking time now to gather emergency supplies, you and your entire family will be better equipped to deal with an emergency.

You may not need to go out and buy foods to prepare an emergency food supply. You can use the canned goods, dry mixes, and other staples on your cupboard shelves

Pack the items in easy-to-carry containers, label the containers clearly and store them where they would be easily accessible. Duffle bags, backpacks, and covered trash receptacles are good candidates for containers. In a disaster situation, you may need access to your disaster supplies kit quickly — whether you are sheltering at home or evacuating.

Make sure the needs of everyone who would use the kit are covered, including infants, seniors and pets. It's good to involve whoever is going to use the kit, including children, in assembling it.

## Recommended items to include in a basic emergency supply kit

When preparing for a possible emergency situation, it's best to think first about the basics of survival: fresh water, food, clean air and warmth.

- **Water**

1 gallon per person per day for at least three days, for drinking and sanitation

- **Food**

At least a three-day supply of non-perishable food. Select foods that require no refrigeration, preparation or cooking and little or no water. This could include:

- » Ready-to-eat canned meats, fruits and vegetables
- » Protein or fruit bars
- » Dry cereal or granola
- » Peanut butter and jelly
- » Dried fruit and nuts
- » Crackers
- » Canned juices
- » Non-perishable pasteurized milk
- » High energy foods
- » Vitamins
- » Food for infants
- » Comfort/stress foods
- » Coffee and tea

- **Radio**

Battery- or hand-crank powered and a NOAA Weather Radio with tone alert and extra batteries

- **Flashlight or lantern** with extra batteries

- **First aid kit** and manual

- **Whistle** to signal for help

- **Dust mask** to help filter contaminated air

- **Plastic sheeting and duct tape** for sheltering-in-place

- **Moist towelettes, trash bags and ties** for personal sanitation

- **Wrench or pliers** to turn off utilities

- **Manual can opener** for food

- **Maps** of the local area

- **Cell phone** with chargers

## Additional items to consider adding to an emergency supply kit

- **Prescription medications** (2-week supply)

- **Extra eyeglasses**

- **Infant formula and diapers**

- **Pet food** and extra water for your pet

- **Important family documents**

Copies of wills, deeds, passports, birth certificates, health record, proof of address, Social Security number, insurance policies, and bank account records in a waterproof, portable container

- **Cash** or traveler's checks and change

- **Emergency reference material**

Such as a first aid book or information from [www.ready.gov](http://www.ready.gov)

- **Cold-weather supplies**

It is possible that you will not have heat during or after a disaster. Include one set of the following for each person:

- » Jacket or coat
- » Long pants and long-sleeve shirt
- » Sturdy shoes

- » Hat, mittens and scarf
- » Sleeping bag or warm blanket

- **Household chlorine bleach** and medicine dropper

When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

- **Fire extinguisher**

- **Matches** in a waterproof container

- **Portable stove**

Canned heat (sterno) or portable outdoor camping stove or grill with fuel supply

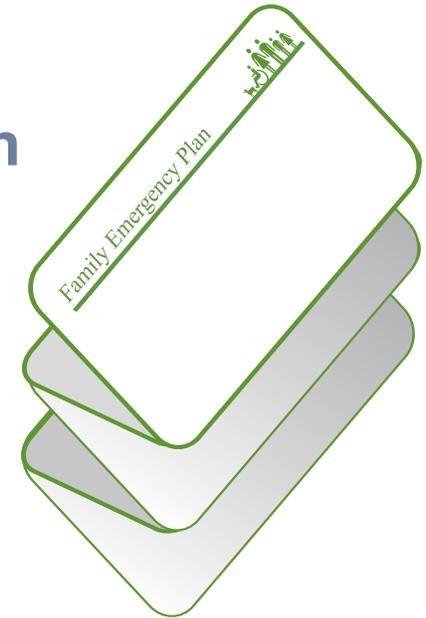
- **Feminine supplies** and personal hygiene items

- **Mess kits**, paper cups, plates and plastic utensils, paper towels

- **Paper and pencil**

- **Books, games and puzzles**

## 2 Make a plan



Families can cope with disaster by preparing in advance and working together as a team. Now that you have gathered emergency supplies, continue planning. Use the lists and outlines on the following pages to gather and record information that will be helpful to you and emergency responders as well.

- Write down important contact names and phone numbers.
- Make special plans for seniors, people with disabilities, and those with special medical concerns.
- Use the 9-1-1 Disability Indicator Form included with this booklet to alert public safety officials that a member of your household has a disability that may hinder evacuation or transport.
- Know what to do if you are advised to “shelter in place” or “evacuate.”
- Consider the needs of your pets in an emergency.

For your convenience, this booklet includes an insert with two folding wallet cards. Cut them out, fill them in, and keep a card in your wallet or purse to help ensure that this vital information will be there when you need it.

To print more blank folding cards, go to:

**[http://www.ready.gov/america/\\_downloads/fep\\_download/FamEmePlan\\_Adult.pdf](http://www.ready.gov/america/_downloads/fep_download/FamEmePlan_Adult.pdf)**

## Important information

Doctor	Phone #	
Pharmacy	Phone #	
Hospital	Phone #	
Hospital	Phone #	
Vet/Kennel	Phone #	
Medical Insurance	Phone #	Policy #
Home/Rental Insurance	Phone #	Policy #
Auto Insurance	Phone #	Policy #
Electric	Phone #	Account #
Gas	Phone #	Account #
Oil	Phone #	Account #

## Seniors and people with disabilities

Emergencies can present additional challenges for seniors and people with disabilities. If you or someone in your household has special needs:

### Create a personal support network

- Members of your network can be roommates, relatives, neighbors, friends and co-workers.
- They should be people you trust and who can check to see if you need assistance.
- They should know your capabilities and needs, and be able to provide help within minutes.

### Complete a personal assessment

Decide what you will be able to do for yourself and what help you might need before, during and after a disaster. Think about the following questions and note your answers in writing, or record them on a tape cassette to share with your network:

- Do you regularly need assistance with personal care such as bathing and grooming? Do you use adaptive equipment to help you get dressed?
- Do you use personal care equipment such as a shower chair or tub-transfer bench?
- Do you use adaptive feeding devices such as special utensils that help you prepare or eat food independently?
- Do you need a specially equipped vehicle or accessible transportation?
- Do you need help with errands such as getting groceries, medications and medical supplies?
- Do you have a medical alert system that will allow you to call for help if you are immobilized in an emergency?
- If you are vision-impaired, deaf or hard of hearing, do you have a plan for someone to convey essential emergency information to you if you are unable to use the TV or radio?
- If you use a personal care attendant from another agency, does the agency have special provisions for emergencies (e.g. providing services at another location, should an evacuation be ordered)?

Document important health and life-saving information on the following pages.

## Medical concerns

List any tests or treatments you take on a regular basis that will need to continue even in an emergency.

Tests/treatments	How often?	How long can I go without?
Example: Blood Test	Weekly	? days

## Current medications

Have a plan with your doctor to get emergency prescription refills.

Medication	Dose	Route (by mouth, injection, etc.)	How often?	Prescription (P) or over-the- counter (O)	Renewal date

## Allergies

List any **ALLERGIES** you may have to medications, food, or other allergens. (example: latex)

Allergy: do not give!	Type of reaction

## Medical equipment and supplies

List model numbers, vendor contact information and any other information needed to secure any equipment or assistive devices you will need whether at home or in a shelter.

Equipment/supplies	Model #	Vendor	Vendor contact #

**Teach** those who may need to assist you in an emergency how to operate necessary equipment.

**Label** equipment and attach laminated instructions for equipment use.

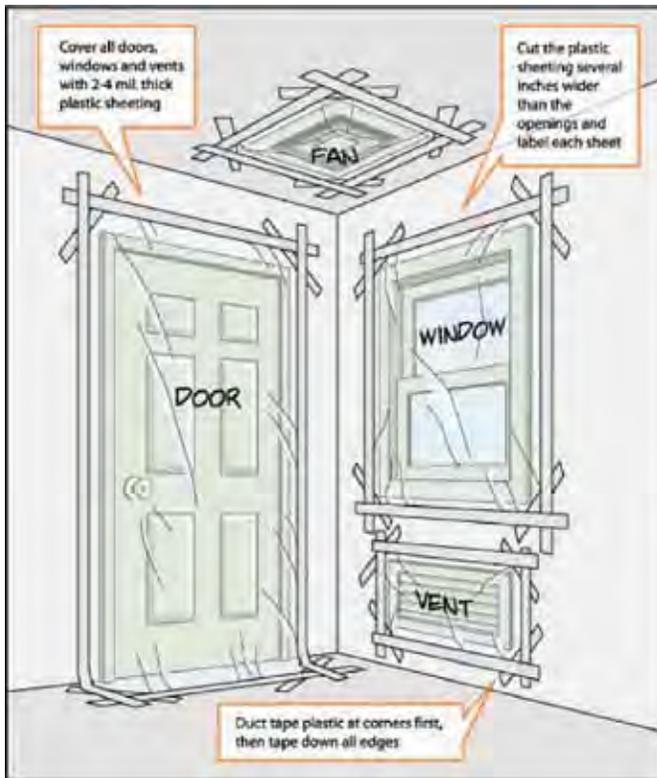
**Store** back-up equipment (mobility, medical, etc.) at your neighbor's home, school, or your workplace.

### Electricity-dependent equipment:

- Have a safe back-up power supply that lasts at least 48 hours.
- Contact your medical supply vendor now to ask about service during power outages.
- If you use an electric wheelchair or scooter, consider having a manual wheelchair for backup.
- If you are electric-dependent, be sure to register with your local utility company.



- **Seal** all windows, doors and air vents with plastic sheeting and duct tape. Consider measuring and cutting the sheeting in advance to save time (see illustration below).
- Be prepared to **improvise** and use what you have on hand to seal gaps so that you create a barrier between yourself and any contamination.
- **Stay informed.** Local authorities may not immediately be able to provide information on what is happening and what you should do. However, you should watch TV, listen to the radio or check the Internet often for official news and instructions as they become available. (See page 2 for Topsfield Emergency Information.)



**Learn how and when to turn off utilities.** If there is damage to your home or you are instructed to turn off your utilities:

- **Locate** the electric, gas and water shut-off valves.
- Keep **necessary tools** near gas and water shut-off valves.
- **Teach** family members how to turn off utilities.
- **If you turn the gas off, a professional must turn it back on. Do not attempt to do this yourself.**

## Evacuating

There may be conditions under which you will decide to get away, or there may be situations when you are ordered to leave. Plan how you will assemble your family and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency.

### Create an evacuation plan

- Plan **places where your family will meet**, both within and outside of your immediate neighborhood.
- **If you have a car**, keep a half tank of gas in it at all times in case you need to evacuate.
- Become familiar with **alternate routes** and other means of transportation out of your area.
- **If you do not have a car**, plan how you will leave if you have to.
- Take your **emergency supply kit** unless you have reason to believe it has been contaminated.
- **Lock the door** behind you.

If time allows,

- **Call or email** the “out-of-state” contact in your family communications plan.
- **Tell them where you are going.**
- If there is damage to your home and you are instructed to do so, **shut off water**, gas and electricity before leaving.
- **Leave a note** telling others when you left and where you are going.
- **Check with neighbors** who may need a ride.

### Consider your pets

Taking your pets along is the most important thing you can do for your animals during an evacuation. Pets left behind can be injured, lost or killed during an emergency, or in its aftermath. Prepare a kit of pet emergency supplies:

- Two-week supply of **pet food** in airtight, waterproof container, can opener, bowls
- Three-day supply of **water**
- **Medicines**
- **Important documents** such as registration information, adoption papers, vaccination documents, medical records, and prescriptions
- **Collar** with ID tag, harness or leash
- **Pet carrier**, crate or other, labeled with your emergency contact information
- **Sanitation supplies**, such as pet litter and litter box if appropriate; newspapers, paper towels, plastic trash bags, bleach



- **Picture** of you and your pet together  
If you become separated from your pet, a picture will help you document ownership and allow others to help you in identifying your pet. Include detailed information about species, breed, age, sex, color and distinguishing characteristics.
- **Familiar items**, such as favorite toys, treats and bedding

Make a plan for what you will do in an emergency. If you go to a public shelter, keep in mind your pets may not be allowed inside; typically only service animals are permitted.

- Consider having your pet “**microchipped**” by your veterinarian.
- Consider **family or friends** outside your area who would be willing to take in you and your pets.
- Prepare a list of **boarding facilities** and veterinarians who could shelter your animals in an emergency; include 24-hour phone numbers.

# 3 Be informed



## Understanding public health strategy in controlling communicable disease

Contagious diseases that pose a health risk to people have always existed. While the spread of many of these diseases has been controlled through vaccination and other public health efforts, flu pandemics and terrorist acts worldwide have raised concerns about the possibility of a disease risk. That makes it important for people to understand what can and would be done to protect the public from the spread of dangerous contagious diseases.

**Contagious Disease:** a very communicable disease capable of spreading rapidly from one person to another by contact or close proximity.

**Pandemic:** the worldwide spread of a new disease.

**Biological Attack:** the deliberate release of germs or other biological substances that can make you sick.

If people in a certain area were exposed to a contagious disease, this is what would happen: health authorities would let people know that they may have been exposed and would direct them to get medical attention, undergo diagnostic tests, and stay at home, limiting their contact with people who have not been exposed to the disease. Only rarely would federal, state, or local health authorities issue an "order" for isolation and quarantine.

**Isolation** applies to persons who are known to be ill with a contagious disease.

**Quarantine** applies to those who have been exposed to a contagious disease but who may or may not become ill.

Modern quarantine includes a range of disease control strategies. Authorities may need to:

- Request that everyone stay home for a certain period.
- Close schools.
- Cancel public events.
- Suspend public gatherings and close public places (such as theaters).
- Restrict travel (air, rail, water, motor vehicle, pedestrian).
- Close mass transit systems.
- Restrict passage into and out of an area.

For the good of everyone, it is important to comply with these “**social distancing**” measures.

Modern quarantine is used in combination with other public health tools, such as:

- Enhanced disease surveillance and symptom monitoring.
- Rapid diagnosis and treatment for those who fall ill.
- Preventive treatment for quarantined individuals, including vaccination or prophylactic treatment (such as antibiotics), depending on the disease.



## How to get medicine during a public health emergency

An **Emergency Dispensing Site (EDS)** is a place where you can get medicine or vaccines that will help keep you from getting sick in a public health emergency.

An EDS would be opened if there were a need to distribute medicine quickly to many people due to:

- An outbreak of disease that is easily spread from person to person such as Hepatitis A
- or**
- An uncommon event like an anthrax attack.

**An EDS will not treat sick people.** State and local public health officials will tell you the best place to go for medical care during the emergency.

### Location

An EDS is usually located in a large public building like a school. Although the location is chosen by the town before an emergency, the location may not be announced until an emergency actually happens. Stay tuned to local radio, TV and **[www.topsfield-ma.gov](http://www.topsfield-ma.gov)**.

## What to bring to the EDS

Bring the following for you and anyone else for whom you're picking up medicine:

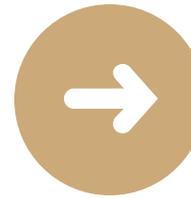
- List of medicines being taken
- List of allergies to medicines
- List of health conditions
- List of the ages and approximate weights of any children

## During a public health emergency

- The specific medicine or vaccine will be free to everyone.
- You will not be asked for identification.
- You will not be asked about your immigration status.
- If bottles of pills are needed, *only one person needs to go* to the EDS to pick up the medicine for the entire household.
- If vaccines are needed, everyone will need to go to the EDS to get their vaccine.

## Lines may be long, so you should:

- Bring water and snacks for waiting in line.
- Be sure to wear comfortable weather-appropriate clothing.
- Stay calm.



## Get involved

You can help! Consider volunteering with a local organization to help out in emergency situations.



## About MA Responds

**MA Responds** is an initiative of the Massachusetts Department of Public Health to enhance the Commonwealth's ability to prepare for and respond to health related emergencies and events. This new, centralized volunteer management system integrates local, regional, and statewide volunteer programs, including participating Medical Reserve Corps (MRC) units. MA Responds is part of a nationwide effort to ensure that volunteer professionals can be quickly identified and credentialed so that they can be properly utilized in response to a public health emergency or disaster.

To volunteer for MA Responds, visit the website:

**[www.maresponds.org](http://www.maresponds.org)**. All levels of volunteers, clinical or non-clinical, active or retired, are needed. Volunteers are encouraged to affiliate with a local MRC unit, but an individual may also elect to sign-up as an unaffiliated volunteer. Signing up does not commit a volunteer to any one response, but creates another potential resource that can be called upon during a time of need.

MA Responds is a partnership of local MRC units and other volunteer organizations in Massachusetts, coordinated administratively by the Massachusetts Department of Public Health.



The **Medical Reserve Corps (MRC)** was founded by the federal government shortly after 9/11. The national system brings together people who have skills related to health care as well as citizen volunteers. They serve as a team during times of emergency or need in their own community. MRC units are trained and prepared to respond to emergencies and they provide education, outreach and various health services throughout the year. They function as part of their local emergency preparedness teams. MRC units supplement existing emergency and public health resources and agencies such as Red Cross, local public health, fire, police, and ambulance services. The result is a collaborative effort that is prepared for large scale public health crises. Each MRC conducts its role in the way that best suits the unique challenges for its area. In addition members can also choose to support communities in need in another area of the state or country, as many did during hurricanes Katrina and Rita.

Currently there are 46 MRC units in Massachusetts, including the **Topsfield Regional Medical Reserve Corps (TRMRC)**, which serves the communities of Amesbury, Boxford, Georgetown, Ipswich, Merrimac, Middleton, Newbury, Newburyport, Rowley, Salisbury and Topsfield. Free Trainings and CEU's available for volunteers.

For more information, email Bobbie Cody, TRMRC Coordinator at [codybtrmrc@yahoo.com](mailto:codybtrmrc@yahoo.com) or John Coulon, Director at [jcoulon@topsfield-ma.gov](mailto:jcoulon@topsfield-ma.gov).

## For More Information

The following organizations and agencies can help you prepare even more thoroughly for emergencies and disasters that could strike Topsfield:

- **General emergency readiness**  
[www.ready.gov](http://www.ready.gov)
- **Public health emergency preparedness**  
[www.emergency.cdc.gov/preparedness](http://www.emergency.cdc.gov/preparedness)
- **American Red Cross**  
[www.redcross.org](http://www.redcross.org)
- **Federal Emergency Management Agency**  
[www.fema.gov](http://www.fema.gov)
- **Disaster Preparedness for Seniors by Seniors**  
[http://www.redcross.org/www-files/Documents/pdf/Preparedness/Fast%20Facts/Disaster\\_Preparedness\\_for\\_Srs-English.revised\\_7-09.pdf](http://www.redcross.org/www-files/Documents/pdf/Preparedness/Fast%20Facts/Disaster_Preparedness_for_Srs-English.revised_7-09.pdf)
- **Elder Preparedness Resource Sheet**  
[http://www.mass.gov/Eeohhs2/docs/dph/emergency\\_prep/elder\\_resource\\_sheet.pdf](http://www.mass.gov/Eeohhs2/docs/dph/emergency_prep/elder_resource_sheet.pdf)
- **Disaster Preparedness for People with Disabilities**  
[http://www.redcross.org/www-files/Documents/pdf/Preparedness/Fast%20Facts/Disaster\\_Preparedness\\_for\\_PwD-English.pdf](http://www.redcross.org/www-files/Documents/pdf/Preparedness/Fast%20Facts/Disaster_Preparedness_for_PwD-English.pdf)
- **Emergency Preparedness for Children with Special Health Care Needs**  
<http://www.aap.org/advocacy/emergprep.htm>
- **“Saving the Whole Family:” information on assembling emergency kits and plans for a wide variety of animal species.**  
[https://ebusiness.avma.org/EBusiness50/files/productdownloads/saving\\_family\\_brochure.pdf](https://ebusiness.avma.org/EBusiness50/files/productdownloads/saving_family_brochure.pdf)

**Mass 2-1-1** is the Commonwealth's primary telephone information call center during times of emergency, but anyone can call **2-1-1** twenty-four hours a day, seven days a week, to find government benefits and services, non-profit organizations, support groups, volunteer opportunities, donation programs and other local resources. It is free, confidential and multilingual/TTY. Visit [www.mass211.org](http://www.mass211.org) to learn more.

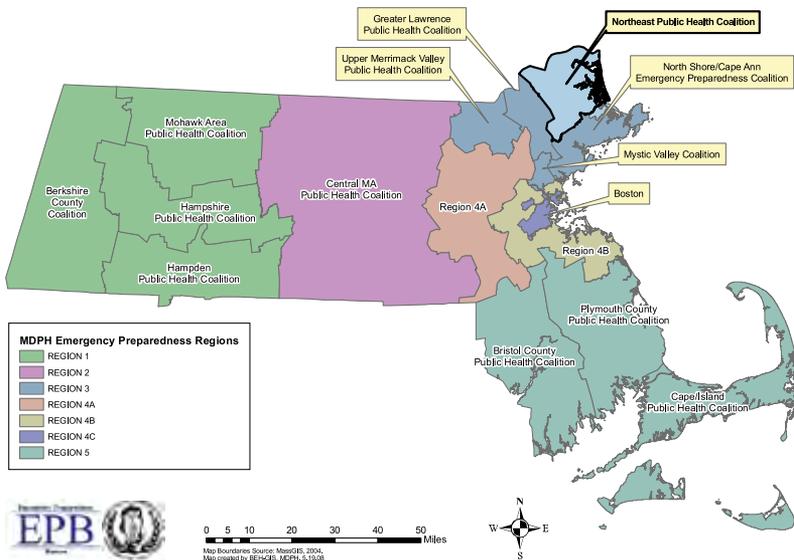
## The Topsfield Board of Health is a member of Region 3A – Northeast Public Health Coalition

The members of this coalition work collaboratively to enhance the local communities' collective capacity to share resources and respond to public health threats and emergencies, including bioterrorism and outbreaks of infectious diseases.

Members include the local public health authorities for:

Amesbury	Ipswich	Rowley
Boxford	Merrimac	Salisbury
Georgetown	Middleton	Topsfield
Groveland	Newbury	West Newbury
Haverhill	Newburyport	

### Massachusetts Department of Public Health Emergency Preparedness Regions and Regional Coalitions



To view this map in larger detail, go to [http://www.mass.gov/Eeoohs2/docs/dph/emergency\\_prep/map\\_bt\\_regions\\_by\\_coalitions.pdf](http://www.mass.gov/Eeoohs2/docs/dph/emergency_prep/map_bt_regions_by_coalitions.pdf)

Produced & distributed by



Topsfield Board  
of Health



**Public Health**  
Prevent. Promote. Protect.

**Region 3A-Northeast  
Public Health Coalition**

November 2011

We would like to thank the Topsfield Regional Medical Reserve Corps for its financial contributions toward the production and printing of this booklet.



# 9-1-1 Disability Indicator Form — Individual Record

## For Registration With Emergency Services

The filing of this document with your 9-1-1 Municipal Coordinator will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport. This information is confidential and will ONLY appear at the dispatcher's location when a 9-1-1 call originates from your address.

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ **Voice** **TTY**

Telephone Service Provider: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town & Zip code: \_\_\_\_\_

Below, check approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address: Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.

Please check all that apply to indicate that someone at the address:

- "LSS"** Life Support System: has equipment required to sustain their life.
- "MI"** Mobility Impaired: is bedridden, wheelchair user or has another mobility impairment.
- "B"** Blind: is legally blind.
- "DHH"** Deaf or Hard of Hearing: is deaf or hard of hearing.
- "TTY"** Communication via the phone may be by TTY.
- "SI"** Speech Impaired: has a speech impairment.
- "CI"** Cognitively Impaired: is cognitively impaired.
- PLEASE REMOVE** any designation presently on file.
- PLEASE CHANGE** existing designators to those shown above.

NOTICE: By initiating this document I understand that I am responsible for notifying my 9-1-1 Municipal Coordinator of any changes with regard to the status of the above disability indicator(s). I further agree, I will indemnify, defend and hold the State 911 Department, Verizon, my public safety dispatch location and municipality harmless from and against any claims, suits and proceedings (including attorney fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

I understand this information will remain as part of my 9-1-1 record until such time as I notify my 9-1-1 Municipal Coordinator to changing or delete the same.

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Customer)

### OFFICIAL USE ONLY

9-1-1 Municipal Coordinator signature

Date

9-1-1 MUNICIPAL COORDINATORS: RETAIN ORIGINAL FOR YOUR RECORDS. All forms must be signed by both parties or they will be returned. Fax all disability indicator forms to Verizon 9-1-1 Database Management at **1-800-839-6020**.

# 9-1-1 Disability Indicator Form

## Important Information and Instructions

You are required to complete this form if you want your police department, fire department, or other emergency agency to know about you when you call 9-1-1 in an emergency.

When your 9-1-1 call is answered at your local Public Safety Answering Point, the 9-1-1 system automatically displays your name, address and telephone number on the dispatcher's screen.

At your request, codes will be displayed on the dispatcher's screen that will identify the disability indicators that have been reported for you or someone living with you at your address. These codes will help the dispatcher at the 9-1-1 Public Safety Answering Point to communicate with the caller and provide useful information to your responding public safety agency.

The information is confidential and will only appear at the dispatcher's location when a 9-1-1 call originates from your address.

The information you provide for input to the 9-1-1 system will remain until you request a change or make a request to have it removed. It is your responsibility to notify your 9-1-1 Municipal Coordinator when there is a change in the information described on this form. When there is a change, complete another form and send it to your 9-1-1 Municipal Coordinator.

**PLEASE NOTE: IT IS IMPORTANT TO SUBMIT A NEW DISABILITY INDICATOR FORM UPON CHANGE OF SERVICE PROVIDER, TELEPHONE NUMBER, OR ADDRESS.**

If the disability indicator form is not completed properly, the information will not be entered into the 9-1-1 system. When filling out the form, be sure to:

- 1 Fill in your telephone information, name, and address
- 2 Check the box or boxes that apply to your household
- 3 Sign and date the form
- 4 Return the form for processing by mailing to:

**9-1-1 Municipal Coordinator  
Topsfield Police Department  
210 Boston Street  
Topsfield MA 01983**

Any questions should be referred to your 9-1-1 Municipal Coordinator at **978-887-6533**.

# Family Emergency Plan



Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ready** ✓

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# Family Emergency Plan



Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ready** ✓

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**Work**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Emergency Plan:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Emergency Plan:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Children**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Children**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Neighborhood Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

**Out of Neighborhood Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

**Out of Town Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

**Neighborhood Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

**Out of Neighborhood Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

**Out of Town Emergency Meeting Place**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

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**Important Numbers or Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

**Important Numbers or Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

DIAL 911 FOR EMERGENCIES

