

A guide for individuals with diabetes and their families

EVERYONE SHOULD HAVE A PLAN

As an individual with diabetes, emergency planning is important because you have to make sure you have the medical supplies you may need to stay healthy and safe in times of emergency.

In addition to general preparedness, you must have the food, medicine and medical supplies in place to make it on your own, for at least a reasonable period of time, no matter where you are when disaster strikes. Talk to your health care provider about the specific supplies you will need to have on hand that will last for 2 weeks.

Who to Call

Keep your home care/
hospice company's number
close by the phone in case
you need assistance.
And if you are having a
true emergency,
call 9-1-1.

DIABETES EMERGENCY PREPAREDNESS CHECKLIST

		Create a diabetes emergency kit for your home that is portable, waterproof and insulated that includes your testing supplies and medications for both high and low blood sugars.
		Make sure you have enough diabetes supplies for 2 weeks. These should be checked every 2-3 months. Remember to watch for expiration dates.
		Include a copy of your complete, current personal medical information.
		Make sure you have ample water – staying hydrated is critical to maintaining your health in an emergency situation.
		If you are on an insulin pump, have extra batteries on hand.
EMERGENCY SITUATION REMINDERS		
		Although reuse of your own insulin syringes is not recommended, in life or death situations, you may have to make exceptions. Do not share your used syringes with other people or use their used ones.
		Maintain your meal plan to the best of your ability. Have healthy food/snacks available on hand.
		Always wear identification informing others that you are diabetic.
		Disaster debris can increase your risk for foot injury. Be sure to wear sturdy shoes. Check your feet daily for irritation, infection, open sores or blisters.
PREPARE AHEAD OF TIME		
		During storms and outages, stay aware of alerts, warnings and local emergency services. Know the emergency plan for your area including evacuation routes, shelters and emergency numbers.
		If you require electric powered medical equipment and/or oxygen notify your power company before an emergency and let them know you are at high risk during power outages.
		Keep your car full of fuel with directions to the nearest shelter or evacuation route.

☐ If you need to evacuate – call your home care provider/agency right away. Inform the agency of your

evacuation plan/shelter site. Bring your Medicare, Medicaid, and/or insurance card.

Emergency Supply Kit

Keep these items on hand in your Emergency Supply Kit:



Water – one gallon of water per person per day for at least three days



Food – at least a three-day supply of nonperishable food



Battery Powered Radio – and extra batteries



Flashlight – and extra batteries



First Aid Kit – be sure to check expiration dates of the contents and keep them up to date



Whistle – to signal for help



Dust Mask – or cotton T-shirt, to help filter contaminated air



Plastic Sheeting and Duct Tape – to shelter-in-place



Wrench or Pliers – to turn off utilities when necessary



Can Opener – to open canned food



Infant Formula and Diapers – if you have an infant



Local Maps– including a map of your area and a map for where you plan to go if you are evacuated

Special Needs

Many people with special needs and disabilities have additional challenges preparing for and coping with emergencies. Meet with family, friends and neighbors to discuss your needs during an emergency, and make sure to plan ahead for the support you will need.

If you are living at home and have special needs, be sure to register with your county emergency management agency, local fire department and utility company.

For More Information & Resources

For more information and resources, you can visit these websites. http://preparedness.dhmh.maryland.gov and www.facebook.com/MarylandOPR www.mema.maryland.gov www.mncha.org/emergency-preparedness www.twitter.com/MarylandOPR





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WRITE THE NAME AND PHONE NUMBER OF YOUR HOME CARE/HOSPICE COMPANY IN THIS BOX.