



Plan ahead for climate change



Department of
Public Health
CITY OF PHILADELPHIA

MY PREPAREDNESS PLAN

Department of Public Health
CITY OF PHILADELPHIA



FOR A CLIMATE-READY HOUSEHOLD

WHO WILL I CALL?

People who live with me and local contacts: _____
Name _____ Phone _____
Name _____ Phone _____ Name _____ Phone _____

People who live outside my area: _____
Name _____ Phone _____ Name _____ Phone _____

Emergency Phone Numbers:

Doctor: _____ Pharmacy: _____ Vet: _____
Gas: _____ Electricity: _____ Water: _____
Landlord: _____  

WHERE WILL I GO?

Meeting place near home: _____

Meeting place outside my neighborhood: _____

How will I get here? _____

Place for my pets: _____

A hotter, wetter Philadelphia will mean more extreme weather events, like coastal storms and heat waves.



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Preparedness Basics

- Know your local hazards
- Know how to get information
 - ReadyPhiladelphia
 - Text ReadyPhila to 888-777
 - www.readyphiladelphia.org
 - Social Media
 - @PhilaOEM
 - @PHLPublicHealth
 - @PHLHlthPrepare





Make a plan

1. Who will you call?
2. Where will you go?
3. What will you need?

Include special needs for your family and home, and think about how you may work with your community to prepare and recover

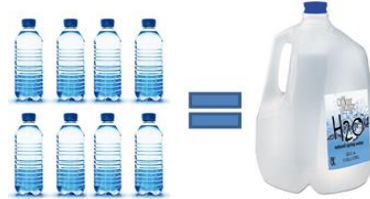
Make a kit

1. Personal Items

- Food & Water
- Safety
- Hygiene

2. Prescriptions

3. Paperwork



HEALTH INFORMATION CARD

ABOUT YOU	Fill out this card with help from your healthcare provider. Keep it with you in your wallet, purse or other safe place.	Allergies (medicine, food or other) _____ _____	EMERGENCY CONTACTS 1st Emergency Contact Name: _____ Phone: _____ 2nd Emergency Contact (someone who lives out of town) Name: _____ Phone: _____ E-mail: _____ Other Important Numbers (doctor, service providers) _____ _____	Health Information Card
	Name: _____ Phone: _____ Address: _____ Birth Date: _____ Blood Type: _____ Primary Language Spoken: _____	Medical Conditions (such as asthma, diabetes, epilepsy, heart condition, high blood pressure, lung problems, kidney disease, chronic hepatitis, HIV infection) _____ _____ Special Needs (hearing, speaking, seeing, moving): _____ Special Equipment / Supplies / Other Needs: _____ _____	IN AN EMERGENCY: <ul style="list-style-type: none"> ■ Follow your emergency plan and instructions from local officials. ■ Keep this important information with you. ■ Take medicines and important supplies with you if you have to leave your home. 	
YOUR MEDICINE RECORD		Write all of the prescription drugs, over the counter drugs, vitamins, herbal supplements that you take. ■ Keep this list up to date (cross out medicines you no longer take). Fill it out with the help of your doctor, pharmacist or other care provider. ■ Take your medicines how it is prescribed. ■ Report to your medicines when you in an emergency.		
PURPOSE Help you take it? How many pills, units, puffs, drops per Morning & night? After meals?		DOSE How many pills, units, puffs, drops per Morning & night? After meals?		

Resources

Build a Kit or Plan:
www.phila.gov/ready


Health Information:
www.emergency.cdc.gov

Pet Preparedness:
www.aspca.org




STAY HEALTHY

Know how to stay healthy, and when and where to find medical assistance.



STAY INFORMED

Pre-identify official sources of timely and reliable emergency information.



STAY IN CONTACT

Discuss ways to communicate with family, friends, and caregivers.

Thanks!

Contact us:

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#ClimateChangesHealth