

---

Agency for Persons with Disabilities

# Health & Safety Reproducible Job Aids Booklet



Updated 8/2010

---

# Contents

***NOTE:** These pages are not numbered since the page numbers would appear on the copies. However, the order in which they appear is listed below.*

Instructions for using the **Reproducible Job Aids Booklet**

Instructions for using the **Periodic Observation Checksheet**  
**Periodic Observation Check Sheet**

Instructions for using the **Summary Observation Checksheet**  
**Summary Observation Check Sheet**

Instructions for using the **Decision Tree**  
**Responding to emergency and non-emergency situations**

Instructions for using the **Medical Information Locator**  
**Medical Information Locator**

Instructions for using the **Medical Response Form**  
**Medical Response Form**

Instructions for using the **Eating Right Pyramid**  
**Eating Right Pyramid**

Instructions for using the **Guidelines For Proper Food Storage**  
**Guidelines For Proper Food Storage**

Instructions for using the **Stop Spreading Infection** posters  
**Stop Spreading Infection by properly washing your hands**  
**Other Ways to Stop Spreading Infection**

Instructions for using the **Emergency Response Sheet**  
**Emergency Response Sheet**

Instructions for using the **Disaster Preparedness Kit Guidelines**  
**Disaster Preparedness Kit Guidelines**

Instructions for using the **Natural Disaster Preparedness Sheet**

## **Natural Disaster Preparedness Sheet**

Instructions for using the **Residential Disaster Plan**  
**Residential Disaster Plan**

Instructions for using the **Resident and Employee Emergency Recovery**  
**Guide**  
**Residents and Employee Emergency Recovery Guide**

Each document in this booklet can be copied and used as needed to help you perform your job more efficiently.

## **Instructions for Using the Periodic Observation Checksheet**

The **Periodic Observation Checksheet** is meant to be a one-time use document. Record the required information from your observation. You may add other types of observations as needed.

Make sure measurements and descriptions are very specific.

## PERIODIC OBSERVATION CHECKSHEETs

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

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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

### BEHAVIORAL

\*Use the Measurement column to record any measurements you took, such as how many occurrences of an event happened over a given period of time (3 seizures in 8 hours)

Observation	Description	Measurement*
Mood changes		
Harmful behavior to self		
Harmful behavior to others		
Unusual fatigue		
Unusual attachments to people		
Unusually withdrawn		
Seizure		

## EXTERNAL

\*Use the Measurement column to record any measurements you took, such as how many occurrences of an event happened over a given period of time (weight changed from 154 to 146 between x and y date)

Observation	Description	Measurement*
Skin changes (burns, scratches, rashes, bruises, etc.)		
Blood in stool or on toilet paper		
Blue- or purple-tipped nails, lips, fingers, or toes		
Infection that does not respond to treatment		
Weight gain or loss		
Conditions that decrease mobility (broken bone, strained or sprained muscle or ligament)		
Change in sleep patterns (time to bed, awake during night, up early, increase/decrease in naps)		
Changes in breathing patterns during sleep		
Changes in patterns of elimination (frequency, consistency)		
Menses (irregularity in cycle, amount of bleeding, etc.)		
Diarrhea		
Vomiting		

## INTERNAL

\*Use the Measurement column to record any measurements you took, such as temperature

Observation	Description	Measurement*
Increases in sinus and lung congestion		
Increased or decreased blood sugar levels		
Episodes of high or low body temperatures		Specify type of thermometer used
Blood pressure		
Heart rate		

## **Instructions for Using the Summary Observation Checksheet**

The **Summary Observation Checksheet** is for recording a history of observations over time. This checksheet is very useful for generating and monitoring *trends* in a person's health.

Refer to the information from your Periodic Observation Checksheets to complete this Checksheet.



# SUMMARY OBSERVATION CHECKSHEET

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## BEHAVIORAL

Observation	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement
Mood changes										
Harmful behavior to self										
Harmful behavior to others										
Unusual fatigue										
Unusual attachments to people										
Unusually withdrawn										
Seizure										

**EXTERNAL**

Observation	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement
Skin changes (burns, scratches, rashes, bruises, etc.)										
Blood in stool or on toilet paper										
Blue- or purple-tipped nails, lips, fingers, or toes										
Infection that does not respond to treatment										
Weight gain or loss										
Conditions that decrease mobility (broken bone, strained or sprained muscle or ligament)										
Change in sleep patterns (time to bed, awake during night, up early, increase/decrease in naps)										
Changes in breathing patterns during sleep										
Changes in patterns of elimination (frequency, consistency)										
Menses (irregularity in cycle, amount of bleeding, etc.)										
Diarrhea										
Vomiting										

# INTERNAL

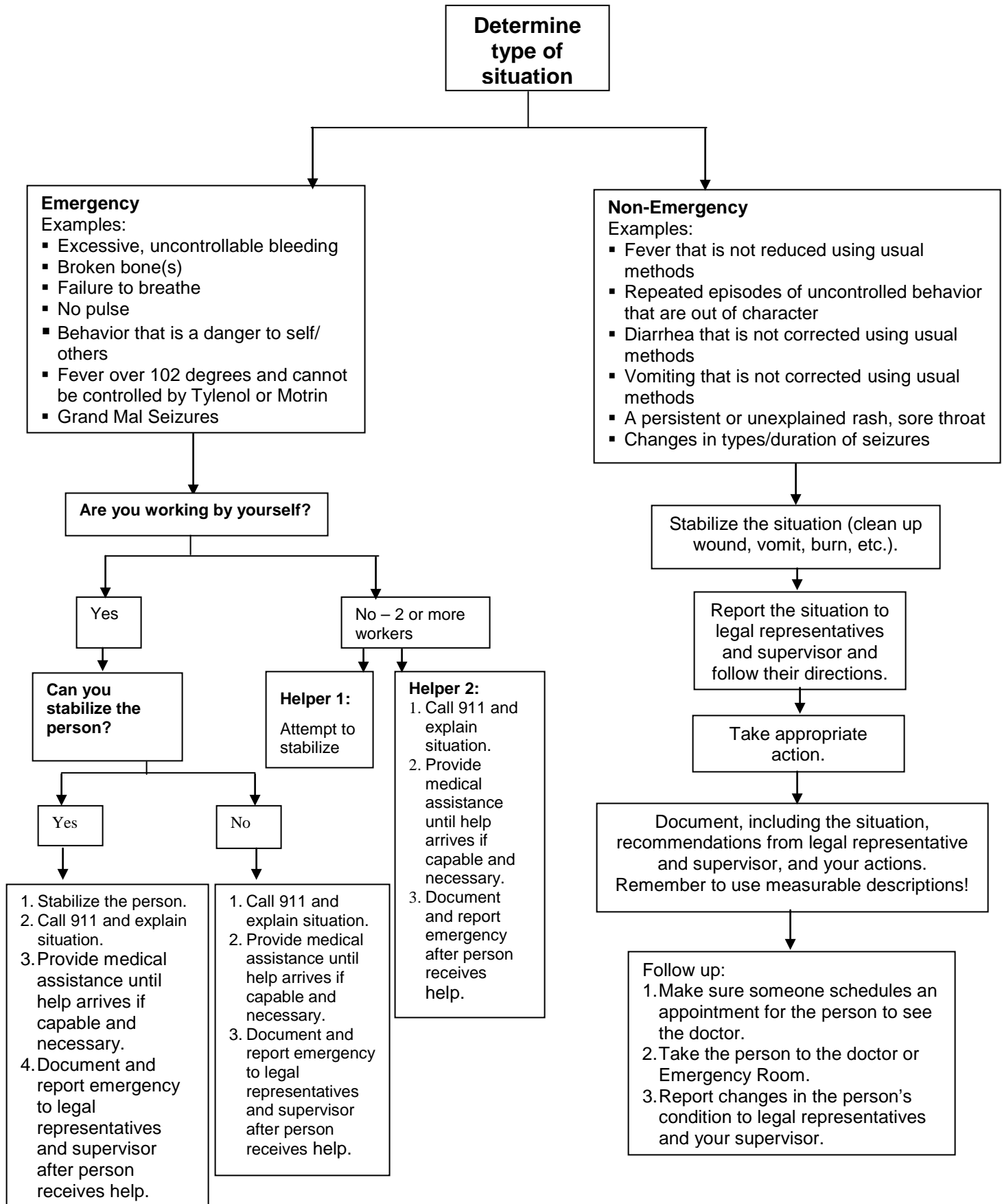
Observation	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement
Increases in sinus and lung congestion										
Increased or decreased blood sugar levels										
Episodes of high or low body temperatures										
Blood pressure										
Heart rate										

## **Instructions for Using Decision Tree**

Copy and post the Decision Tree in a high-traffic area so that it can be found quickly and easily. You can scan the document at any time to help you classify the type of situation you've encountered.

It's best to be familiar with these procedures – especially the emergency procedures – before the situation occurs. Therefore, if this document is posted somewhere like a break area where it can be reviewed often, you will probably have this information memorized before you need to use it.

## Decision Tree Responding to Emergency and Non-Emergency Situations



## **Instructions for Using the Medical Information Locator**

This document is an “advance organizer” – it will help you locate medical information for each person.

If you file each type of medical information in the same place for each person, then you’ll probably only need one copy of this form. However, if the information may be in different places for different people, make a copy of this form and complete it for all the people in your care. Place the form in the front of each person’s medical folder.

**Medical Information Locator**

<b>Information</b>	<b>Document Names</b>	<b>Location</b>
Medical Fact Sheet(s)		
History of Drug Allergies		
Current Medications		
Medical Conditions NOT Under Treatment		
Written Observations of Recent Changes		

## **Instructions for Using the Medical Response Form & Seizure Observation Log**

Make several blank copies of these forms and put them in each person's medical folder. That way you can quickly grab a blank Medical Response form as you leave to accompany a person to the doctor's office or you can quickly complete a Seizure Observation Form when you observe a seizure.

At the doctor's office, you will want to write down (or make sure someone writes down) all the requested information on the Medical Response Form. When you return from the doctor's office, you can place the completed form in the person's folder.

A copy of the most current Seizure Observation Log should always accompany the person to the doctor's visit so that all relevant information will be available for the doctor.



**Medical Response Form**

*Make sure this form goes with the person to the doctor.*

<b>Information Required</b>	<b>Answer</b>
Medication	
Purpose/Desired Effect	
Response Time	
Unwanted Side Effects to Watch For	
Possible Interactions w/Other Drugs the Person is Currently Taking	
Special Administration or Storage Directions	
Is this drug a controlled substance?	
Is a generic substitute available for this medication, and is it indicated for this person?	

# Seizure Observation Log

This form is designed to be used for general communication between direct care staff, supervisory staff, legal representatives and medical professionals to support the well-being of people who may experience a seizure. *All sections should be completed for each seizure that occurs.*

Name of Person \_\_\_\_\_ Age or Date of Birth \_\_\_\_\_  
Last name (please print), First name (please print)

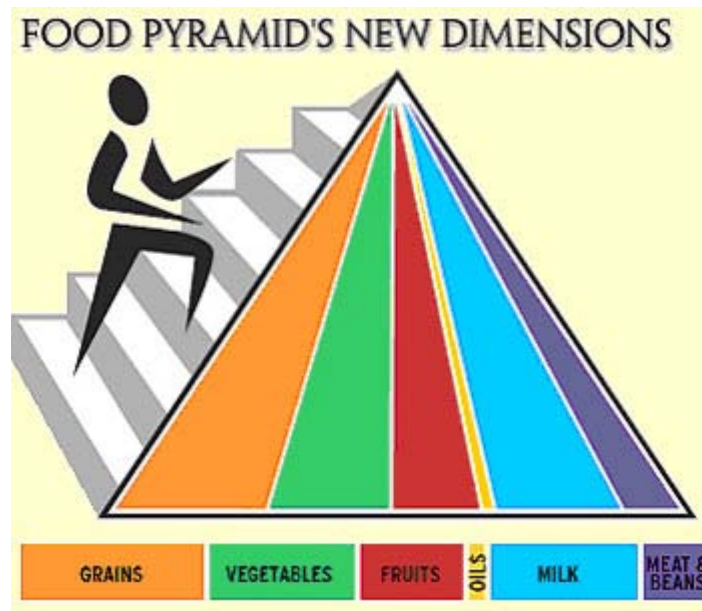
Date	Time	Length of Seizure (seconds or minutes)	Seizure Observations* (You can use numbers below)	Recovery Observations	Comments (if any)	Name of Person Making the entry (please print)

\*Possible observations include:

- |                              |                        |                                    |  |
|------------------------------|------------------------|------------------------------------|--|
| 1. Sudden Stare              | 4. Sudden onset nausea | 7. Gradual recover (minutes)       | 10. Unconsciousness                          |
| 2. Unresponsive to name      | 5. Vision problems     | 8. Stiffening, convulsive activity | 11. Slow recovery (confused & needing sleep) |
| 3. Prompt recovery (seconds) | 6. Jerking of a limb   | 9. Laboured breathing              |  |

## Instructions for Using the Eating Right Pyramid

Copy and post the Eating Right Pyramid and the associated chart in an area where meals are prepared to help everyone remember appropriate types and servings of foods. Additionally the other health information could be included in the notebook that is maintained in each residence where staff either prepare meals for the residents or staff assists residents to prepare their own meals.



## One Size Doesn't Fit All

MyPyramid offers personalized eating plans, interactive tools to help you plan and assess your food choices, and advice to help you:

- ▶ Make smart choices from every food group.
- ▶ Find your balance between food and physical activity.
- ▶ Get the most nutrition out of your calories.
- ▶ Stay within your daily calorie needs.

## What is a "Healthy Diet"?

The Dietary Guidelines describe a **healthy diet** as one that

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars.



You are here: Home / For Professionals / Anatomy of MyPyramid

Search MyPyramid.gov

Subjects

- MyPyramid Menu Planner
- MyPyramid Tracker
- Pregnancy & Breastfeeding
- MyPyramid Plan
- Steps to Healthier Weight
- Inside the Pyramid
- Tips & Resources
- Partnering with MyPyramid
- For Preschoolers (2-5yrs)
- For Kids (6-11yrs)
- For Professionals
- Dietary Guidelines
- Related Links

## For Professionals

### Anatomy of MyPyramid

**One size doesn't fit all**

USDA's new MyPyramid symbolizes a personalized approach to healthy eating and physical activity. The symbol has been designed to be simple. It has been developed to remind consumers to make healthy food choices and to be active every day. The different parts of the symbol are described below.

**Activity**

Activity is represented by the steps and the person climbing them, as a reminder of the importance of daily physical activity.

**Moderation**

Moderation is represented by the narrowing of each food group from bottom to top. The wider base stands for foods with little or no solid fats or added sugars. These should be selected more often. The narrower top area stands for foods containing more added sugars and solid fats. The more active you are, the more of these foods can fit into your diet.



**Personalization**

Personalization is shown by the person on the steps, the slogan, and the URL. Find the kinds of amounts of food to eat each day at MyPyramid.gov

**Proportionality**

Proportionality is shown by the different widths of the food group bands. The widths suggest how much food a person should choose from each group. The widths are just a general guide, not exact proportions. Check the Web site for how much is right for you.

**Variety**

Variety is symbolized by the 6 color bands representing the 5 food groups of the Pyramid and oils. This illustrates that foods from all groups are needed each day for good health.

**Gradual Improvement**

Gradual improvement is encouraged by the slogan. It suggests that individuals can benefit from taking small steps to improve their diet and lifestyle each day.



## What foods are in the grain group?

---

Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Grains are divided into 2 subgroups, **whole grains** and **refined grains**.

Whole grains contain the entire [grain kernel](#) -- the bran, germ, and endosperm. Examples include:

- whole-wheat flour
- bulgur (cracked wheat)
- oatmeal
- whole cornmeal
- brown rice

Refined grains have been milled, a process that removes the bran and germ. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. Some examples of refined grain products are:

- white flour
- degermed cornmeal
- white bread
- white rice

Most refined grains are *enriched*. This means certain B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Check the ingredient list on refined grain products to make sure that the word "enriched" is included in the grain name. Some food products are made from mixtures of whole grains and refined grains.



## What foods are in the vegetable group?

Any vegetable or 100% vegetable juice counts as a member of the vegetable group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed.

Vegetables are organized into 5 subgroups, based on their nutrient content. Some commonly eaten vegetables in each subgroup are:

[View Vegetables Food Gallery](#)

### Dark green vegetables

bok choy  
broccoli  
collard greens  
dark green leafy lettuce  
kale  
mesclun  
mustard greens  
[romaine lettuce](#)  
[spinach](#)  
turnip greens  
watercress

### Orange vegetables

acorn squash  
butternut squash  
[carrots](#)  
hubbard squash  
pumpkin  
[sweetpotatoes](#)

### Dry beans and peas

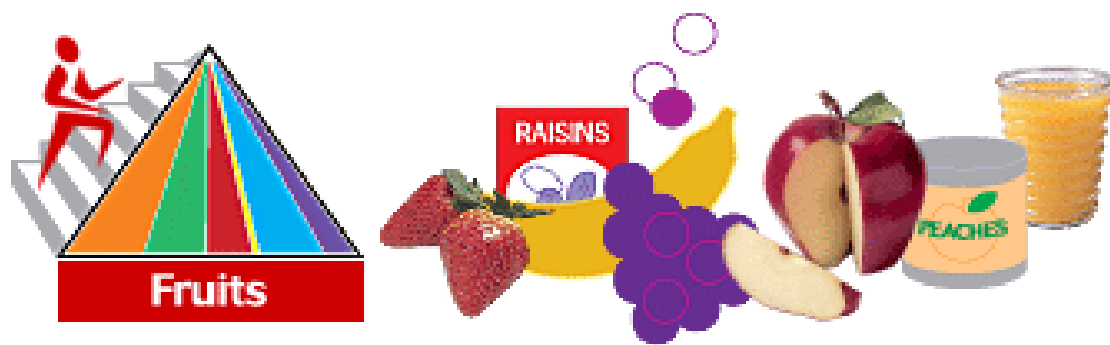
[black beans](#)  
black-eyed peas  
garbanzo beans  
(chickpeas)  
[kidney beans](#)  
lentils  
lima beans (mature)  
navy beans  
[pinto beans](#)  
soy beans  
split peas  
tofu (bean curd made from soybeans)  
white beans

### Starchy vegetables

[corn](#)  
green peas  
lima beans (green)  
[potatoes](#)

### Other vegetables

artichokes  
asparagus  
bean sprouts  
beets  
Brussels sprouts  
cabbage  
[cauliflower](#)  
celery  
cucumbers  
eggplant  
[green beans](#)  
green or red peppers  
[iceberg \(head\) lettuce](#)  
[mushrooms](#)  
okra  
[onions](#)  
parsnips  
[tomatoes](#)  
[tomato juice](#)  
vegetable juice  
turnips  
wax beans  
[zucchini](#)



## What foods are in the fruit group?

---

Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed. Some commonly eaten fruits are:

---

[View Fruits Food Gallery](#)

---

### Apples

Apricots

Avocado

Bananas

### Berries:

strawberries

blueberries

raspberries

cherries

Grapefruit

Grapes

Kiwi fruit

Lemons

Limes

Mangoes

### Melons:

cantaloupe

honeydew

watermelon

### Mixed fruits:

fruit cocktail

Nectarines

Oranges

Peaches

Pears

Papaya

Pineapple

Plums

Prunes

Raisins

Tangerines

### 100% Fruit juice:

orange

apple

grape

grapefruit



## What are “oils”?

---

Oils are fats that are liquid at room temperature, like the vegetable oils used in cooking. Oils come from many different plants and from fish. Some common oils are:

- canola oil
- corn oil
- cottonseed oil
- olive oil
- safflower oil
- soybean oil
- sunflower oil

Some oils are used mainly as flavorings, such as walnut oil and sesame oil. A number of foods are naturally high in oils, like:

- nuts
- olives
- some fish
- avocados

Foods that are mainly oil include mayonnaise, certain salad dressings, and soft (tub or squeeze) margarine with no *trans* fats. Check the [Nutrition Facts label](#) to find margarines with 0 grams of *trans* fat. Amounts of *trans* fat will be required on labels as of 2006. Many products already provide this information.



Most oils are high in monounsaturated or polyunsaturated fats, and low in saturated fats. Oils from plant sources (vegetable and nut oils) do not contain any cholesterol. In fact, no foods from plants sources contain cholesterol.

A few plant oils, however, including coconut oil and palm kernel oil, are high in saturated fats and for nutritional purposes should be considered to be [solid fats](#).

Solid fats are fats that are solid at room temperature, like butter and shortening. Solid fats come from many animal foods and can be made from vegetable oils through a process called hydrogenation. Some common solid fats are:

- butter
- beef fat (tallow, suet)
- chicken fat
- pork fat (lard)
- stick margarine
- shortening





## What foods are included in the milk, yogurt, and cheese (milk) group?

---

All fluid milk products and many foods made from milk are considered part of this food group. Foods made from milk that retain their calcium content are part of the group, while foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not. Most milk group choices should be fat-free or low-fat.

Some commonly eaten choices in the milk, yogurt, and cheese group are:

---

[View Milk Food Gallery](#)

---

### **Milk\***

All fluid [milk](#):

- fat-free (skim)
- low fat (1%)
- reduced fat (2%)
- whole milk

flavored milks:

- chocolate
- strawberry

lactose reduced milks

lactose free milks

### **Milk-based desserts\***

[Puddings](#) made with milk

ice milk

[frozen yogurt](#)

ice cream

### **Cheese\***

Hard natural cheeses:

- [cheddar](#)
- mozzarella
- [Swiss](#)
- parmesan

soft cheeses

- ricotta
- cottage cheese

processed cheeses

American

### **Yogurt\***

All [yogurt](#)

Fat-free

low fat

reduced fat

whole milk yogurt

### **\*Selection Tips**

Choose fat-free or low-fat milk, yogurt, and cheese. If you choose milk or yogurt that is not fat-free, or cheese that is not low-fat, the fat in the product counts as part of the [discretionary calorie](#) allowance.

---

If sweetened milk products are chosen (flavored milk, yogurt, drinkable yogurt, desserts), the added sugars also count as part of the [discretionary calorie](#) allowance.

---

For those who are lactose intolerant, lactose-free and lower-lactose products are available. These include hard cheeses and yogurt. Also, enzyme preparations can be added to milk to lower the lactose content. [Calcium-fortified foods and beverages such as soy beverages or orange juice may provide calcium, but may not provide the other nutrients found in milk and milk products.](#)



## **What foods are included in the meat, poultry, fish, dry beans, eggs, and nuts (meat & beans) group?**

---

All foods made from meat, poultry, fish, dry beans or peas, eggs, nuts, and seeds are considered part of this group. Dry beans and peas are part of this group as well as the vegetable group. [For more information on dry beans and peas click here.](#)

Most meat and poultry choices should be lean or low-fat. Fish, nuts, and seeds contain healthy oils, so choose these foods frequently instead of meat or poultry. (See [Why is it important to include fish, nuts, and seeds?](#))

Some commonly eaten choices in the Meat and Beans group, with selection tips, are:

## Meats\*

*Lean cuts of:*

beef  
ham  
lamb  
pork  
veal



*Game meats:*

bison  
rabbit  
venison

*Lean ground meats:*

beef  
pork  
lamb

*Lean luncheon meats*

*Organ meats:*

liver  
giblets

## Poultry\*

chicken  
duck  
goose  
turkey  
ground chicken and turkey

## Eggs\*

chicken eggs  
duck eggs

## Dry beans and peas:

black beans  
black-eyed peas  
chickpeas (garbanzo beans)  
falafel  
kidney beans  
lentils  
lima beans (mature)  
navy beans  
pinto beans  
soy beans  
split peas  
tofu (bean curd made from soy beans)  
white beans

*bean burgers:*

garden burgers  
veggie burgers

tempeh

texturized vegetable protein (TVP)

## Nuts & seeds\*

almonds  
cashews  
hazelnuts (filberts)  
mixed nuts  
peanuts  
peanut butter  
pecans  
pistachios  
pumpkin seeds  
sesame seeds  
sunflower seeds  
walnuts

## Fish\*

*Finfish such as:*

catfish  
cod  
flounder  
haddock  
halibut  
herring  
mackerel  
pollock  
porgy  
salmon  
sea bass  
snapper  
swordfish  
trout  
tuna

*Shellfish such as:*

clams  
crab  
crayfish  
lobster  
mussels  
octopus  
oysters  
scallops  
squid (calamari)  
shrimp

*Canned fish such as:*

anchovies  
clams  
tuna  
sardines

## **\*Selection Tips**

Choose lean or low-fat meat and poultry. If higher fat choices are made, such as regular ground beef (75 to 80% lean) or chicken with skin, the fat in the product counts as part of the discretionary calorie allowance. [Click here for more details on discretionary calories.](#)

---

If solid fat is added in cooking, such as frying chicken in shortening or frying eggs in butter or stick margarine, this also counts as part of the discretionary calorie allowance. [Click here for more details on discretionary calories.](#)

---

Select fish rich in omega-3 fatty acids, such as salmon, trout, and herring, more often (See [Why is it important to include fish, nuts, and seeds?](#)).

---

Liver and other organ meats are high in cholesterol. Egg yolks are also high in cholesterol, but egg whites are cholesterol-free.

---

Processed meats such as ham, sausage, frankfurters, and luncheon or deli meats have added sodium. Check the ingredient and [Nutrition Facts label](#) to help limit sodium intake. Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to \_\_\_% of \_\_\_”, which mean that a sodium-containing solution has been added to the product.

---

Sunflower seeds, almonds, and hazelnuts (filberts) are the richest sources of vitamin E in this food group. To help meet vitamin E recommendations, make these your nut and seed choices more often.

Excellent resource: <http://www.cnpp.usda.gov/dietaryguidelines.htm>

# Finding Your Way to a Healthier You:

Based on the *Dietary Guidelines for Americans*.

## Feel better today. Stay healthy for tomorrow.

**Here's how:** The food and physical activity choices you make every day affect your health—how you feel today, tomorrow, and in the future. The science-based advice of the *Dietary Guidelines for Americans, 2005* in this booklet highlights how to:

- Make smart choices from every food group.
- Find your balance between food and physical activity.
- Get the most nutrition out of your calories.

You may be eating plenty of food, but not eating the right foods that give your body the nutrients you need to be healthy. You may not be getting enough physical activity to stay fit and burn those extra calories. This information is a starting point for finding your way to a healthier you.

Eating right and being physically active aren't just a "diet" or a "program"—they are keys to a healthy lifestyle. With healthful habits, you may reduce your risk of many chronic diseases such as heart disease, diabetes, osteoporosis, and certain cancers, and increase your chances for a longer life.

The sooner you start, the better for you, your family, and your future. Find more specific information at [www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines).

## Make smart choices from every food group.

The best way to give your body the balanced nutrition it needs is by eating a variety of nutrient-packed foods every day. Just be sure to stay within your daily calorie needs. A healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.

## DON'T GIVE IN WHEN YOU EAT OUT AND ARE ON THE GO

It's important to make smart food choices and watch portion sizes wherever you are—at the grocery store, at work, in your favorite restaurant, or running errands. Try these tips:

- At the store, plan ahead by buying a variety of nutrient-rich

foods for meals and snacks throughout the week. • When grabbing lunch, have a sandwich on whole-grain bread and choose low-fat/fat-free milk, water, or other drinks without added sugars. • In a restaurant, opt for steamed, grilled, or broiled dishes instead of those that are fried or sautéed. • On a long commute or shopping trip, pack some fresh fruit, cut-up vegetables, string cheese sticks, or a handful of unsalted nuts—to help you avoid impulsive, less healthful snack choices.

	<p><b>Focus on fruits.</b> Eat a variety of fruits—whether fresh, frozen, canned, or dried—rather than fruit juice for most of your fruit choices. For a 2,000-calorie diet, you will need 2 cups of fruit each day (for example, 1 small banana, 1 large orange, and ¼ cup of dried apricots or peaches).</p>
	<p><b>Vary your veggies.</b> Eat more dark green veggies, such as broccoli, kale, and other dark leafy greens; orange veggies, such as carrots, sweetpotatoes, pumpkin, and winter squash; and beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas, and lentils.</p>
	<p><b>Get your calcium-rich foods.</b> Get 3 cups of low-fat or fat-free milk—or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk)—every day. For kids aged 2 to 8, it's 2 cups of milk. If you don't or can't consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.</p>
	<p><b>Make half your grains whole.</b> Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta. Look to see that grains such as wheat, rice, oats, or corn are referred to as “whole” in the list of ingredients.</p>
	<p><b>Go lean with protein.</b> Choose lean meats and poultry. Bake it, broil it, or grill it. And vary your protein choices—with more fish, beans, peas, nuts, and seeds.</p>
<p><b>Know the limits on fats, salt, and sugars.</b> Read the Nutrition Facts label on foods. Look for foods low in saturated fats and <i>trans</i> fats. Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).</p>	

### Find your balance between food and physical activity.

Becoming a healthier you isn't just about eating healthy—it's also about physical activity. Regular physical activity is important for your overall health and fitness.

It also helps you control body weight by balancing the calories you take in as food with the calories you expend each day.

- Be physically active for at least 30 minutes most days of the week.
- Increasing the intensity or the amount of time that you are physically active can have even greater health benefits and may be needed to control body weight. About 60 minutes a day may be needed to prevent weight gain.
- Children and teenagers should be physically active for 60 minutes every day, or most every day.

#### CONSIDER THIS:

If you eat 100 more food calories a day than you burn, you'll gain about 1 pound in a month. That's about 10 pounds in a year. The bottom line is that to lose weight, it's important to reduce calories and increase physical activity.

#### Get the most nutrition out of your calories.

There is a right number of calories for you to eat each day. This number depends on your age, activity level, and whether you're trying to gain, maintain, or lose weight.\* You could use up the entire amount on a few high-calorie items, but chances are you won't get the full range of vitamins and nutrients your body needs to be healthy. Choose the most nutritionally rich foods you can from each food group each day—those packed with vitamins, minerals, fiber, and other nutrients but lower in calories. Pick foods like fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products more often. \* 2,000 calories is the value used as a general reference on the food label. But you can calculate your number at [www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines).

#### NUTRITION: To know the facts...

Most packaged foods have a Nutrition Facts label. For a healthier you, use this tool to make smart food choices quickly and easily. Try these tips:

- Keep these low: saturated fats, trans fats, cholesterol, and sodium.
- Get enough of these: potassium, fiber, vitamins A and C, calcium, and iron.
- Use the % Daily Value (DV) column when possible: 5% DV or less is low, 20% DV or more is high.

**Check servings and calories.** Look at the serving size and how many servings you are actually consuming. If you double the servings you eat, you double the calories and nutrients, including the % DVs. **Make your calories count.** Look at the calories on the label and compare them with what nutrients you are also getting to decide whether the food is worth eating. When one serving of a single food item has over 400 calories per serving, it is high in calories. **Don't sugarcoat it.** Since sugars contribute calories with few, if any, nutrients, look for foods and beverages low in added sugars. Read the ingredient list and make sure that added sugars are not one



of the first few ingredients. Some names for added sugars (caloric sweeteners) include sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup, and fructose. **Know your fats.** Look for foods low in saturated fats, trans fats, and cholesterol to help reduce the risk of heart disease (5% DV or less is low, 20% DV or more is high). Most of the fats you eat should be polyunsaturated and monounsaturated fats. Keep total fat intake between 20% to 35% of calories. **Reduce sodium (salt), increase potassium.** Research shows that eating less than 2,300 milligrams of sodium (about 1 tsp of salt) per day may reduce the risk of high blood pressure. Most of the sodium people eat comes from processed foods, not from the saltshaker. Also look for foods high in potassium, which counteracts some of sodium's effects on blood pressure.

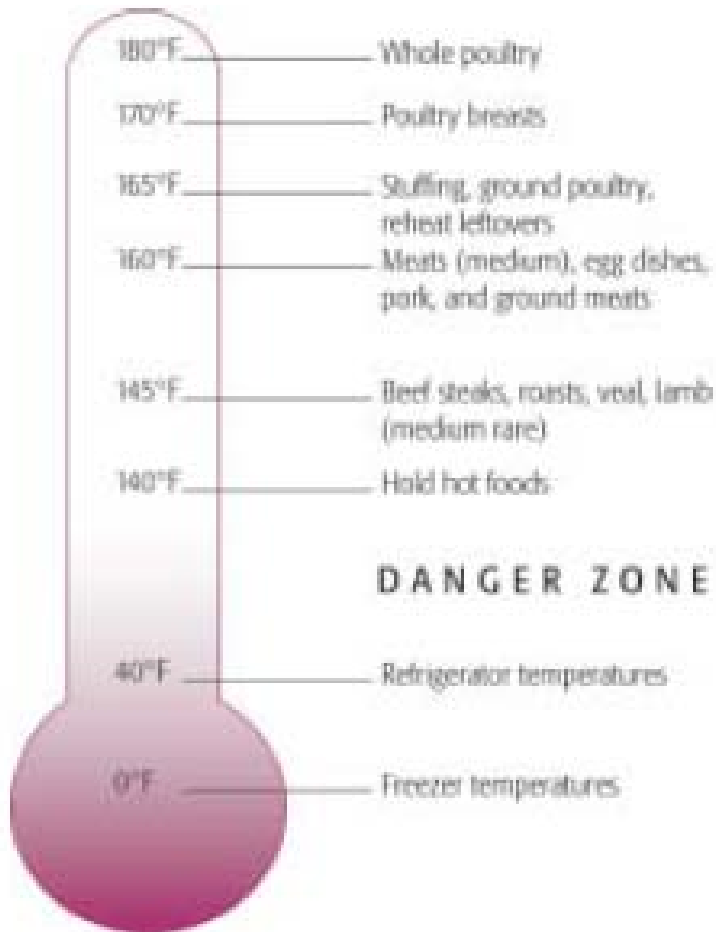
...use the label.

<b>Nutrition Facts</b>			
Serving Size 1 cup (228g)		Start here	
Servings Per Container 2			
<b>Amount Per Serving</b>			
<b>Calories 250</b>	Calories from Fat 110	Check calories	
	<b>% Daily Value*</b>	Quick guide to % DV	
<b>Total Fat 12g</b>	18%	5% or less is low	
Saturated Fat 3g	15%	20% or more is high	
Trans Fat 3g			
<b>Cholesterol 30mg</b>	10%	Limit these	
<b>Sodium 470mg</b>	20%		
<b>Potassium 700mg</b>	20%		
<b>Total Carbohydrate 31g</b>	10%	Get enough of these	
Dietary Fiber 0g	0%		
Sugars 5g			
<b>Protein 5g</b>			
Vitamin A	4%		
Vitamin C	2%		
Calcium	20%		
Iron	4%		
* Percent Daily Values are based on a diet of other people's secrets.		Footnote	
	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

## Play it safe with food.

Know how to prepare, handle, and store food safely to keep you and your family safe:

- Clean hands, food-contact surfaces, fruits, and vegetables. To avoid spreading bacteria to other foods, meat and poultry should not be washed or rinsed.
- Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing.
- Cook meat, poultry, and fish to safe internal temperatures to kill microorganisms.
- Chill perishable foods promptly and thaw foods properly.



These are the basic guidelines for eating a healthy diet and being physically active. For more information about the food groups and nutrition values, or to pick up some new ideas on physical activity, go to [www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines).

## **Guidelines For Proper Food Storage**

- Read food labels. Discard if the food item is past the expiration or sell by date. If the item has a freshness date, (e.g., bread), remember that the item will not be as fresh after this date (item may become hard/stale).
- Store perishable items in temperatures between 35-45 degrees Fahrenheit.
- Arrange dry food items so that oldest items will be used first.
- Cover food securely.
- If food is placed in a new container after opening, write the expiration date and name of the food item on the container.
- Discard leftovers after 48 hours; discard milk-based foods after 24 hours from opening.
- Do not store food items on the floor or near a source of heat.
- Do not serve raw eggs or foods with uncooked eggs in them.
- Serve pasteurized milk only. All store-bought milk should have been pasteurized unless otherwise noted.
- Do not use chipped glasses, plates, or dishes. These can hide harmful bacteria.
- If you're not going to eat food immediately after it's cooked, refrigerate it until ready to serve. Reheat, if necessary.

## **Instructions for Using the Stop Spreading Infection posters**

Copy and post the Stop Spreading Infection posters where meals are prepared to help everyone remember appropriate ways to avoid infection control. Additionally this should be placed in the procedures manual for each home or in the notebook that is maintained in each residence where staff assist residents with personal care or meal preparation.

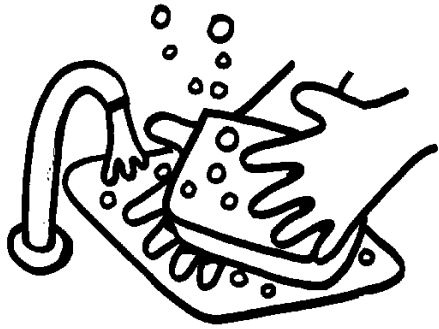
# Stop Spreading Infection by properly washing your hands!



## Hand washing instructions

- ★ Wet hands in running water and apply soap.
- ★ Rub hands together vigorously for 30 seconds – about the amount of time it takes to sing the “Happy Birthday” song. Wash both front and backs of hands, wrists, fingernails, and between the fingers.
- ★ Rinse hands well under running water, letting water drain from wrists to fingers until all the soil and soap are gone. Don’t turn off the water.
- ★ Dry hands with a fresh, disposable paper towel.
- ★ Turn off the water with the same paper towel, not with your clean hands.
- ★ Drop the paper towel into the trash can.

## Other Ways to Prevent the Spread of Infection



**\_WAYS**

Wash Hands properly.



Use disposable gloves,  
**when appropriate.**



Use personal protective equipment,  
**when appropriate.**

## **Instructions for Using the Emergency Response Sheet**

Copy and post the Emergency Response Sheet in at least one area to build an awareness of preparation and response measures to take in the event of an emergency.

## Emergency Response Sheet

Emergency	Common Causes	How to Respond	Preventive Measures
<b>RESIDENTIAL FIRE</b>	<ul style="list-style-type: none"> <li>▪ Electrical malfunction</li> <li>▪ Defective or misused heating equipment</li> <li>▪ Cigarettes</li> <li>▪ Flammable liquids (gasoline, kerosene, cleaning fluids, paint products, turpentine, alcohol, spot removers)</li> </ul>	<p><b>1. Evacuate (refer to your Evacuation Plan)</b></p> <ul style="list-style-type: none"> <li>▪ stay low</li> <li>▪ use most direct route available (don't open hot doors!)</li> <li>▪ consider locations of people and their needs for equipment (oxygen, wheelchairs, etc.)</li> <li>▪ meet at pre-selected location</li> </ul> <p><b>2. Call 911</b></p> <ul style="list-style-type: none"> <li>▪ Provide any information not already known (your name, how many occupants, people with severe disabilities).</li> </ul> <p><b>3. Aid Victims</b></p> <ul style="list-style-type: none"> <li>▪ If a person is on fire, assist person to drop to the ground, and roll to put out the fire.</li> <li>▪ Check pulse and respiration first.</li> <li>▪ Cool the burn with water.</li> <li>▪ Do not burst blisters</li> <li>▪ Follow procedures for risking spread of infection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use <b>smoke detectors</b>. Place them in high-risk areas, such as kitchen, laundry, etc. Remember to change smoke detector batteries when time changes.</li> <li>▪ Keep <b>fire extinguishers</b> in easy-to-reach areas, especially in the high-risk areas.</li> </ul>
<b>ELECTRICAL SHOCK</b>	<ul style="list-style-type: none"> <li>▪ Appliances and lighting fixtures that don't work properly or have frayed cords</li> <li>▪ Temporary and poorly designed wiring</li> <li>▪ Using electrical appliances while standing in water or stretching cords across water</li> </ul>	<ul style="list-style-type: none"> <li>▪ Remove the electrical source (may need to cut the power). You may use wood – such as a broomstick – to separate the electrical item from the person.</li> <li>▪ Call 911 – or ask someone else to call.</li> <li>▪ Give the person CPR as needed until help arrives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Frequently check lighting fixtures, cords, and appliances to make sure in proper working order.</li> <li>▪ Put covers on electrical outlets not in use.</li> </ul>



## Emergency Response Sheet

Emergency	Common Causes	How to Respond	Preventive Measures
<b>CHEMICALS AND POISONINGS</b>	<ul style="list-style-type: none"> <li>▪ Skin contact – the person touches a chemical or poison and it penetrates through the skin.</li> <li>▪ Food – a person eats food that contains poison or chemicals.</li> <li>▪ Breathing – some people may react strongly to chemicals such as insect spray or cleaners.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Call <b>Florida Statewide Poison Information Center at 1-800-282-3171</b>.</li> <li>▪ Administer the antidote recommended by the Poison Information Center representative.</li> <li>▪ Take the person to the doctor or emergency room.</li> </ul>	<ul style="list-style-type: none"> <li>▪ When using chemicals, follow directions on the container.</li> <li>▪ Do not use poisons – such as rat poison – inside the home. Follow the directions on the container.</li> <li>▪ Keep poisons stored out of reach of people who may not understand their dangers.</li> <li>▪ Make sure containers are clearly labeled.</li> </ul>
<b>FALLS</b>	<ul style="list-style-type: none"> <li>▪ Poorly lit stairs</li> <li>▪ Clutter or furniture that restricts movement</li> <li>▪ Wet surfaces or floors</li> <li>▪ Electrical or phone cords</li> <li>▪ Carrying objects that block vision</li> <li>▪ Clear glass doors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Examine the person for injury.</li> <li>▪ Take the person to the doctor or emergency room if needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Remove clutter.</li> <li>▪ Arrange furniture for easy movement.</li> <li>▪ Keep outdoor walkways free of leaves, sand, and debris.</li> <li>▪ Carry items so that you can see where you're going.</li> <li>▪ Slow down!</li> </ul>

## **Instructions for Using the Disaster Preparedness Kit Guidelines**

Use the Disaster Preparedness Kit Guidelines to build your own Disaster Preparedness Kit.

## **Disaster Preparedness Kit Guidelines**

- Flashlight with plenty of extra batteries\*
- Battery-powered radio with extra batteries\*
- First Aid Kit\*
- Prescription medications in their original bottle, plus copies of the prescriptions\*
- Eyeglasses (with a copy of the prescription)
- Water (at least one gallon per person is recommended; more is better)
- Foods that do not require refrigeration or cooking
- Items that may be required by household members who are infants, elderly, or who have a disability
- Medical equipment and devices, such as dentures, crutches, prostheses, etc.
- Change of clothes for each household member
- Sleeping bag or bedroll and pillow for each household member
- Checkbook, cash, and credit cards
- Map of the area

\* These items need to be checked periodically to make sure the expiration dates have not passed.

*Source: American Red Cross*

## **Instructions for Using the Natural Disaster Preparedness Sheet**

Copy and post the Natural Disaster Preparedness Sheet in at least one area to build an awareness of preparation and response measures to take in the event of a natural disaster.

## Natural Disaster Preparedness Sheet

	Before	During	After
<b>Hurricanes</b>	<ul style="list-style-type: none"> <li>▪ Listen to weather reports.</li> <li>▪ Gather your Disaster Preparedness Kit, including individual medications, a First Aid Kit, food, water, battery-operated radio with extra batteries, flashlights with extra batteries, cash and credit cards, clothes and shoes.</li> <li>▪ If anyone requires electricity to sustain their basic medical needs, take them to a nearby hospital.</li> <li>▪ Identify backup facilities that all occupants can go to, depending on the severity of the hurricane.</li> <li>▪ Secure outdoor equipment.</li> <li>▪ Close storm shutters or cover windows and glass doors.</li> <li>▪ Turn refrigerators and freezers on their coldest settings and open them only when necessary.</li> <li>▪ Place valuables in waterproof containers.</li> <li>▪ Follow any agency-specific guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stay in the center of the building, away from windows and doors.</li> <li>▪ Turn off electricity.</li> <li>▪ If the structure gets damaged and the occupants must leave, follow posted evacuation routes. Look out for flooded roads and bridges.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wait for authorities to announce that it is safe to return.</li> <li>▪ Report power outages and downed power lines.</li> <li>▪ Enter the structure slowly, and look and listen for signs of structural damage. Open doors and windows for ventilation.</li> <li>▪ Check for damage to electrical system, sewage, and gas lines. Report any damages, and do not attempt to use until repairs are complete.</li> </ul>
<b>Floods</b>	<p>Listen to weather reports to see if flooding will be occurring in your area. If flooding seems likely to occur, make sure all residents that require electricity (e.g., medical equipment) are removed to a safer place. If it seems likely that the entire structure will flood, identify an emergency location to which all occupants can be moved.</p>	<p>Turn off all breakers in the electrical box to shut off electricity. Gather necessary items, such as medications, First Aid Kit, clothing, food, water, blankets, and other items, to a safe place away from the flood area.</p>	<p>Make sure everyone is present. Assess physical conditions of everyone and provide medical care as needed until the place where people who receive services live is ready to occupy again.</p>

## Natural Disaster Preparedness Sheet

	Before	During	After
<b>Tornadoes</b>	Listen to weather reports. Once a tornado warning has been issued for your area, take all residents to an area or areas that are as close as possible to the center of the building, preferably without windows. If your building has a basement, this would be the best location for everyone to stay until the tornado passes. Take a battery-operated radio with you!	Stay together. If possible, place mattresses or bedding over people for added protection.	Count everyone and assess everyone's injuries. If injuries require medical care, call 911. If structural damage has occurred, remove people from the place where people who receive services live.
<b>Forest Fires</b>	Since forest fires often occur quickly and without warning, keep fire-fighting supplies handy. These include rakes, shovels, buckets, handsaws, and chain saws. Decide now who will use which equipment.	Make sure you have a reliable water source.	Practice fire drills.

## **Instructions for Using the Residential Disaster Plan**

Copy the Residential Disaster Plan and review it on an ongoing basis to make sure you are prepared for an emergency.

Store the Resident And Employee Emergency Recovery Guide section in a place that is safe from fire, flood, and wind damage.

# RESIDENTIAL DISASTER PLAN

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

Employees and residents can - and do - cope with disaster by preparing in advance and working together as a team. Follow the steps listed in this document to create your agency's disaster plan. Knowing what to do is your best protection and your responsibility.

## 4 STEPS OF SAFETY

### 1. Find Out What Can Happen To You

Contact your local emergency management or civil defense office and American Red Cross chapter – be prepared to take notes:

LOCAL OFFICE:	ENTER TELEPHONE NUMBER HERE:
Emergency Management Office	
American Red Cross Chapter	
FEMA Region IV Office (serving FL)	(770) 220-5224

Ask what types of disasters are most likely to happen. Request information on how to prepare for each.

Learn about your community's warning signals: what they sound like and what you should do when you hear them.



## 2. Create a Disaster Plan

- Meet with other employees and residents to discuss why you need to prepare for disaster. Explain the dangers of fire, severe weather and other disasters. Plan to share responsibilities and work together as a team.
- Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- Pick two places to meet: Right outside your residence\* in case of a sudden emergency, like a fire. Outside your neighborhood in case you can't return to the residence. Everyone must know the address and phone number.
- Ask an out-of-state friend or relative to be each person's "family contact." After a disaster, it is often easier to call long distance. You should contact this person for each resident.
- Discuss what to do in an evacuation.

## 3. Complete This Checklist

- Post emergency telephone numbers by phones (fire, police, ambulance, etc.).
- Teach everyone how and when to call 911 or your local Emergency Medical Services number for emergency help.
- Show everyone who is capable how and when to turn off the water, gas and electricity at the main switches.
- Check to make sure everyone has adequate insurance coverage.
- Teach each person how to use the fire extinguisher (ABC type), and show them where it's kept.
- Install smoke detectors on each level of your residence, especially near bedrooms.
- Conduct a hazard hunt.
- Stock emergency supplies and assemble a Disaster Preparedness Kit.

\*Residence refers to the place where a person who receives services lives.

- Take a Red Cross first aid and CPR class.
- Determine the best escape routes from your residence. Find two ways out of each room.
- Find the safe spots in your residence for each type of disaster.

#### **4. Practice and Maintain Your Plan**

- Quiz everyone every six months so they remember what to do.
- Conduct fire and emergency evacuation drills.
- Replace stored water every three months and stored food every six months.
- Test and recharge your fire extinguisher according to manufacturer's instructions.
- Test your smoke detectors monthly and change the batteries at least once a year.
- Check batteries at least once every six months to make sure they have not passed their expiration dates.

## **EMERGENCY PREPAREDNESS**

Learn how to protect yourself and cope with disaster by planning ahead. Take these things into consideration when preparing your Agency Disaster Plan.

### **Emergency Supplies**

Keep enough supplies in your residence to meet your needs for at least three days. Assemble a Disaster Preparedness Kit with items you may need in an evacuation. Store these supplies in sturdy, easy-to-carry containers such as backpacks, duffle bags or covered trash containers.

Include:

- A three-day supply of water (one gallon per person per day) and food that won't spoil.
- One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- A first aid kit that includes everyone's prescription medications.
- Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
- An extra set of car keys and a credit card, cash or traveler's checks.
- Sanitation supplies.
- Special items for people who are infants, elderly or have a disability.
- An extra pair of glasses.
- Keep important documents for everyone in a waterproof container. Keep a smaller kit in the trunk of your car.
- Vehicles with full gas tanks.
- Pet care items.
- Duct tape and plastic sheeting.

## Evacuation Plan

- Evacuate immediately if told to do so.
- Listen to your battery-powered radio and follow the instructions of local emergency officials.
- Wear protective clothing and sturdy shoes.
- Take your Disaster Preparedness Kit.
- Lock your residence.
- Use travel routes specified by local authorities--don't use shortcuts because certain areas may be impassable or dangerous.
- If you're sure you have time:
  - Shut off water, gas and electricity before leaving, if instructed to do so.
  - Post a note telling others when you left and where you are going.

## Residence Hazard Hunt

During a disaster, ordinary objects in your residence can cause injury or damage. Anything that can move, fall, break or cause a fire is a residence hazard. For example, a hot water heater or a bookshelf can fall. Inspect your residence at least once a year and fix potential hazards. Contact your local fire department to learn about residence fire hazards.

## Utilities

Locate the main electric fuse box, water service main, and natural gas main. Learn how and when to turn these utilities off. Teach all responsible people how to do this. Keep necessary tools near gas and water shut-off valves.

Remember, turn off the utilities only if you suspect the lines are damaged or if you are instructed to do so. *If you turn the gas off, you will need a professional to turn it back on.*

## **Neighbors Helping Neighbors**

Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together after a disaster until help arrives. If you're a member of a neighborhood organization, such as a home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for childcare in case parents can't get home.

## **IF DISASTER STRIKES**

Remain calm and patient. Put your plan into action.

## **CHECK FOR INJURIES**

Give first aid and get help for seriously injured people.

## **LISTEN TO YOUR BATTERY POWERED RADIO FOR NEWS INSTRUCTIONS**

Evacuate, if advised to do so. Wear protective clothing and sturdy shoes.

## **CHECK FOR DAMAGE IN YOUR RESIDENCE**

- Use flashlights. Do not light matches or turn on electrical switches, if you suspect damage.
- Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- Shut off any other damaged utilities. (You will need a professional to turn gas back on.)
- Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately.

## **REMEMBER TO...**

- Confine or secure your pets.
- Call each person's legal representative --do not use the telephone again unless it is a life-threatening emergency.
- Make sure you have an adequate water supply in case service is cut off.
- Stay away from downed power lines.

The contents of this document were taken from the Federal Emergency Management Agency's (FEMA) Community and Family Preparedness Program and the American Red Cross Community Disaster Education Program. For more information call you local American Red Cross Chapter and by calling FEMA 1-800-480-2520, or writing: FEMA, P.O. Box 2012, Jessup, MD 20794-2012. Publications are also available on the World Wide Web at: FEMA's Web site: <http://www.fema.gov> and American Red Cross Web site: <http://www.redcross.org>

# Resident And Employee Emergency Recovery Guide

This information should be completed for all employees and residents. This Recovery Guide is designed to provide information that will assist the employee to stabilize everyone's basic needs following an emergency.

<b>Insurance Information</b>		
Health Insurance	Policy Number	Telephone Number
Primary Care Physician:	Address:	Telephone Number:
Disability Insurance	Policy Number:	Telephone Number:
Life Insurance	Policy Number:	Telephone Number:
Other Insurance:	Policy Number:	Telephone Number:
Home Owners Insurance:	Policy Number:	Telephone Number:
Vehicle Insurance:	Policy Number:	Telephone Number:
<b>Employer Information</b>		
Employee Assistance Program:	Address:	Telephone Number:
Emergency Coordinating Officer:	Telephone Number:	
Emergency Hotline	Telephone Number:	

<b>Community Services and Emergency Management Agencies</b>		
American Red Cross	Telephone Number:	
County Emergency Management Office	Telephone Number:	
Florida Emergency Management Office	Telephone Number:	
Federal Emergency Management Agency:	Telephone Number:	
Other Agencies:	Telephone Number:	



<b>Credit Card and Financial Information</b>		
Financial Institution:	Account Number:	Telephone Number:
Financial Institution:	Account Number:	Telephone Number:
Credit Union	Account Number	Telephone Number:
Mortgage Company:	Account Number	Telephone Number:
Credit Card Companies:	Account Numbers:	Telephone Numbers:

<b>Emergency Plan Form</b>		
<b>Out-of-State Contacts</b>		
Name:	Address:	Telephone Number:
<b>Local Contacts</b>		
Name:	Address:	Telephone Number:
<b>Nearest Relative</b>		
Name:	Address:	Telephone Number:
<b>Family Work Numbers</b>		
Spouse	Parent	Other
<b>Emergency Telephone Numbers</b>		
Police:	Telephone Number:	
Fire:	Telephone Number	
Hospital	Telephone Number	
<b>Family Physicians</b>		
Name:	Telephone Number	
Name:	Telephone Number:	
<b>Reunion Locations</b>		
Outside your residence:		
Other location if cannot return to residence:		