




ACTIVE SHOOTER/ TERRORISM

- Have an escape route and plan in mind.
- Leave your belongings behind.
- Evacuate regardless of whether others agree to follow.
- Help others escape, if possible.
- Do not attempt to move the wounded.
- Prevent others from entering an area where the threat may be.
- Keep your hands visible.
- Call 911 when you are safe.
- Hide in an area out of the threat's view.
- Lock door or block entry to your hiding place.
- Silence your cell phone (including vibrate mode) and remain quiet.
- Fight as a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the threat.
- Improvise weapons or throw items at the threat.
- Commit to your actions... your life depends on it.
- When law enforcement arrives:
 - Remain calm and follow instructions.
 - Keep hands visible at all times.
 - Avoid quick movements toward officers.
 - Do not ask questions when evacuating.
- Information to provide to 911 operations:
 - Location of the attackers.
 - Number of shooters or attackers.
 - Physical description of the attackers.
 - Number and type of weapons shooter has.
 - Number of potential victims at location.

Produced by the Massachusetts Office on Disability
www.mass.gov/mod/prepare

PERSONAL EMERGENCY PREPAREDNESS QUICK GUIDE



MOD

Massachusetts Office on Disability



LEARN PREPARE RESPOND

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DISASTERS

- **Natural:** Hurricane, tornado, flood, tsunami, thunderstorm, blizzard or a heat wave.
- **Other types:** Fire, hazmat situation, or a man-caused situation.
- **Food:** Keep at least three days of food in an airtight, waterproof container.
- **Water:** Store at least three days of water for you and your family.
- **Medicines and medical records:** Keep an extra supply of medicines you take on a regular basis in a waterproof container.
- **First aid kit:** Most kits should include cotton bandage rolls, bandage tape and scissors, antibiotic ointment, latex gloves, isopropyl alcohol and saline solution.

As a result of some of these disasters, immediate evacuation could be necessary. Please seek the safest location to remain in until the danger has ended and until officials have deemed it safe to return home, if possible.








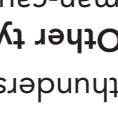
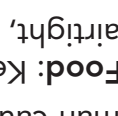
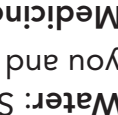
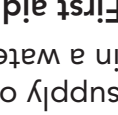
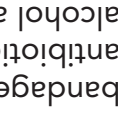


SHELTER IN PLACE






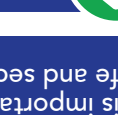

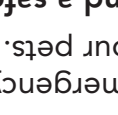
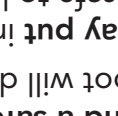
- **Get inside.** Bring your loved ones, your emergency supplies, and when possible, your pets.
- **Find a safe spot in this location.** The exact spot will depend on the type of emergency.
- **Stay put** in this location until officials say that it is safe to leave.
- Once you and your family are in place, let your emergency contact know what's happening, and listen carefully for new information.
- **Call or text your emergency contact.** Let them know where you are, if any family members are missing, and how you are doing.
- **Use your phone only as necessary.** Keep the phone handy in case you need to report a life threatening emergency. Otherwise, do not use the phone so that the lines will be available for emergency responders. You may consider using low power mode.
- **Keep listening to your radio, television, or phone for updates.** Do not leave your shelter unless authorities tell you it is safe to do so. If they tell you to evacuate, follow their instructions.

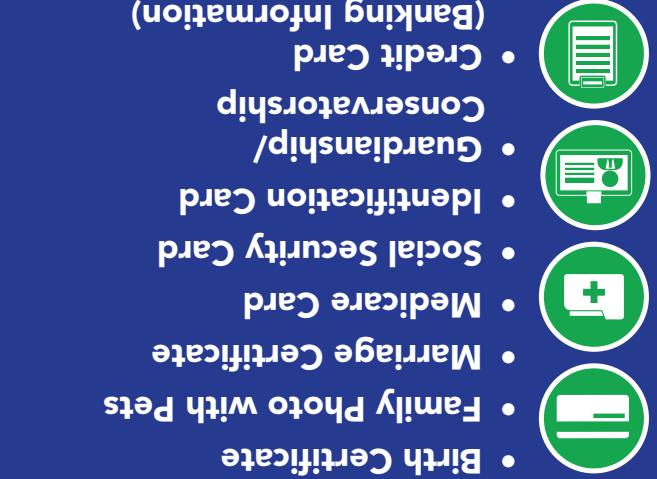


BASIC PREPARATION RECOMMENDATIONS

- 3 Days of Nonperishable Food 
- Water (1 Gallon per Day) 
- Flashlight and Batteries 
- Radio 
- First Aid Kit 
- ID Cards 
- Medications 
- Pet Supplies 
- Blanket/Sleeping Bag 
- Clothing 
- Sanitation Items 
- Phone Charger 

IMPORTANT DOCUMENTS

- Birth Certificate 
 - Family Photo with Pets 
 - Marriage Certificate 
 - Medicare Card 
 - Social Security Card 
 - Identification Card 
 - Guardianship/Conservatorship 
 - Credit Card 
 - Pet ID Tag and Pet Immunization Records 
- *It is important that you keep these documents in a safe and secured location





YOUR INFORMATION:

Name: _____ Sex: Male or Female _____

D.O.B.: _____ Phone: _____

Current Address: _____

Primary Care: _____ Phone #: _____

Preferred Hospital: _____ Blood Type: _____

Pharmacy: _____ Phone #: _____



HEALTH

MY HEALTH CARE PROVIDERS:

Name: _____	Name: _____
Specialty/Focus: _____	Specialty/Focus: _____
Phone #: _____	Phone #: _____
Address: _____	Address: _____
_____	_____
_____	_____

MY MEDICAL CONDITIONS:

Condition: _____	Condition: _____
Test/Treatment: _____	Test/Treatment: _____
How Often: _____	How Often: _____

COMMENTS:



EQUIPMENT AND VENDOR INFORMATION:

Equipment: _____ Model #: _____

Vendor Information: _____ Specific Comments: _____



BANK

MY ACCOUNT(S) INFORMATION:

Bank Name: _____ Phone #: _____

Credit Card Name: _____ Phone #: _____



LOCAL RESOURCES:

Emergency Management Director: _____

Police Department: _____ Non-emergency Number: _____

Address: _____

Fire Department: _____ Non-emergency Number: _____

Address: _____



POSSIBLE SHELTER LOCATIONS:

Location 1: _____

Location 2: _____

Location 3: _____



EMERGENCY CONTACTS

CONTACT #1:	CONTACT # 2:	CONTACT #3:
Name: _____	Name: _____	Name: _____
Relation to You: _____	Relation to You: _____	Relation to You: _____
Address: _____	Address: _____	Address: _____
Phone #: _____	Phone #: _____	Phone #: _____



NOTES
