

Rocky Hill Board of Health Emergency Management Community Survey

The far reaching effects of the terrorist attacks on the United States, as well as the threats to the public's health from natural emergencies such as the severe flooding that occurred during hurricane Floyd have underscored the need for each municipality to have effective plans to meet a variety of emergency situations. The Rocky Hill Board of Health is working with the Borough's Emergency Management Coordinator, Councilman George Morren, to develop a health related data base that will allow the Borough's Emergency Management Plan to better meet the needs of our residents. It is our goal to develop a plan that, in the event of a major natural disaster or another terrorist action, would provide:

- Effective communication with all Borough residents as to the nature and extent of the threat and action (s) to be taken by individuals and families;
- Emergency shelter, food, potable water, and access to essential medications and life support equipment for displaced residents;
- Mechanisms to insure the safety and well being of special populations within the Borough - e.g. autistic individuals at the Eden School; staff and children at the RH Cooperative Nursery School; residents of the ARC facility; the elderly, infirm and homebound...

In order to anticipate and plan for meeting the public health needs of our community during an emergency situation, we must collect comprehensive information on the health and safety needs of our residents. To do so, we have enclosed a brief survey. The information that you provide will be kept confidential. It will be analyzed by the members of your Board of Health to determine overall community needs and to identify residents who may require emergency assistance in the event of a major natural disaster or terrorist event. If you give your permission, the information that you provide may be shared with the **Captain and 1st and 2nd Lieutenants** of the Rocky Hill First Aid Squad and the **Fire Chief, Assistant Chief, Captain and Lieutenant** of the Rocky Hill Hook and Ladder Company to facilitate their ability to direct emergency medical and fire and rescue services in the event of a sustained emergency. **No other member of the First Aid Squad or the Hook and Ladder Company will have access to the information unless an emergency situation occurs which requires such access to protect your health and safety.**

Please take the time to thoughtfully complete the attached survey. If you need additional space to answer the questions, continue your entries on the back of the survey. Return the completed survey within the next two weeks, using the enclosed postage-paid envelope. A Family Preparedness Guide is enclosed as our thanks for your help in making this survey a success.

Mary Germain, Ed.D.,APRN,BC
President, Rocky Hill Board of Health

Emergency Needs Community Survey

I give permission to the Rocky Hill Board of Health (RHBOH) to use the information that I am providing on this survey to assist in updating and revising the Borough's Emergency Management Plan. I understand that the information that I provide will be treated confidentially and may be shared with selected personnel from the Rocky Hill First Aid Squad and the Rocky Hill Hook and Ladder Company to better prepare these volunteer first responder services to meet my/my family's needs in the event of an emergency.

I (check one) **do** _____ **do not** _____ give the RHBOH permission to share the information that I provide with the **Captain, 1st and 2nd Lieutenants of the Rocky Hill First Aid Squad.**

I (check one) **do** _____ **do not** _____ give the RHBOH permission to share the information that I provide with the **Fire Chief, Assistant Chief, Captain and Lieutenant of the Rocky Hill Hook and Ladder Company.**

Name of person completing the survey (please print): _____

Signature of person completing the survey: _____ Date: _____

1. Rocky Hill Address: _____
2. Number of people who live at the address in listed in **(1)** above. _____
3. Please list the members of your household by age and indicate their health status - e.g. **Good, Fair or Poor.**

Age	Health Status

Age	Health Status

4. Does any member of your household use **mobility aids** such as a wheelchair, crutches, or a walker on a consistent basis?

Age of household member	Type of equipment used	Homebound: YES or NO

5. In an emergency situation requiring evacuation of households, would you need assistance to evacuate yourself and/or other members of your household?

Check (X): **YES** _____ or **NO** _____

Emergency Needs Community Survey continued

6. Does **any** member of your household have **one** or **more** of the following health problems which might require medical attention in the event of a prolonged emergency? Please check (X) YES or NO for each of the health problems listed below.

Health Problem	YES	NO
Insulin dependent diabetes		
Renal dialysis		
Oxygen dependent lung disease		
Severe heart disease		
Advanced cancer/hospice care		
Seizure disorder		
Severe asthma		
Other (please specify):		

7. Does any member of your household require **daily** access to life sustaining medications such as insulin, blood thinners...?

Check (X) one: YES _____ NO _____

8. If you answered **YES** to Question # 7, do you keep an emergency supply of these medications on hand for use in a prolonged emergency?

Check (X) one: YES _____ NO _____

9. Is any member of your household on **life support equipment**? If so, please indicate the type of equipment and whether or not you have a back-up power supply in the event of a sustained power failure. Examples of such equipment include ventilators, apnea monitors, home dialysis machines...

Type of equipment - e.g. ventilator...	Back-up power source: YES or NO for each piece of equipment.	How long can the back-up power supply keep the equipment operating?

10. If you live alone and/or have a household member who is homebound and wish to provide information on an **emergency contact**, please do so below.

Name (please print): _____

Address: _____

Telephone Numbers - (home): _____

(work) : _____ (cell and/or pager): _____