**Family name:**

**Home telephone number:**

**Date prepared: Next review date:**

****

**This plan should be shared with family members, friends, and neighbors.**

**Be sure to review this plan every 6 months and update as needed.**

**Family**

**Emergency Preparedness**

**Plan Workbook**

**Five Steps to Disaster Planning**

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This Family Emergency Preparedness Plan – Workbook is designed in conjunction with the FEMA “Are You Ready” guidebook. Visit FEMA at http://www.fema.gov/areyouready/.

STEP 1: Be Informed

**Community Warning Signals**

Learn about your community’s warning signals; what do they sound like, what should you do when you hear them, or any special signals that family members should know about (i.e. flashing light alert, ASL emergency message, vibration)?

List the type of signal(s) below and explain what to do, and when or why it would be activated.

|  |  |
| --- | --- |
| Type/description of signal: |  |
| What to do: |  |
| When/Why it’s activated: |  |
|  |  |
| Type/description of signal: |  |
| What to do: |  |
| When/Why it’s activated: |  |

**Local Emergency Stations**

Know the types & locations of emergency stations or other alert messages that you will tune to or call in an emergency. List emergency radio and/or television stations, TDD/TTY numbers, or other alert notifications below.

|  |  |
| --- | --- |
| Name/description | Station or phone# |
|  |  |
|  |  |
|  |  |

**Other Emergency Plans**

Identify and learn other emergency plans that may affect your life. This includes work, schools, daycares or other places you frequent. Keep a copy of each plan with this family preparedness plan. If there is not an emergency plan, volunteer to help create one.

Work – Emergency Plan Available? Y or N

Is anyone in the household required to report to work? Y or N

If Y, list who, when and where:

School/Daycare – Emergency Plan Available? Y or N

Who can pick up your children:

Is the school/daycare list updated to who can pick-up   
your children Y or N

Where is their offsite evacuation location(s)?

Other: - Plan Available? Y or N

**STEP 2: Make a Plan**

**Disasters – What Could Happen?**

It’s important to know the types of disasters that can occur in your community or household. Below are some common disasters and a place for you to add others that may occur in your area. Sit down with your social network (family, friends, neighbors) to identify your primary response/action (where you will go, who needs to be contacted, how you will get there, or what you will do) and record that below.

|  |  |
| --- | --- |
| Fire |  |
| Ice Storm/Winter |  |
| Power Outage |  |
| Flood |  |
| Tornado |  |
| Communicable Disease (this may require staying at home for up to 10 days) |  |
| Other: |  |

**Home Layout**

Create a layout drawing below of your home and identify exits and meeting places or shelter-in-place locations. Print additional pages for each floor of your home.

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Normal Exit Route Fire Extinguisher First-Aid Kit 

Alternate Exit Route Collapsible Ladder ≡ Tornado Safe Spot ▼

Outside Reunion Location Disaster Supply Kit

**Codeword for Kids**

Choose a code word to use with children if you must send someone else to pick them up. Be sure to quiz them frequently!

|  |  |
| --- | --- |
| Codeword |  |

**Meeting Places**

Choose two places to meet: 1.) just outside of your home and 2.) just outside your neighborhood. Also, include a location where the family may leave notes if evacuated and contact cannot be made by phone.

|  |  |
| --- | --- |
| Meeting Place – Outside Home |  |
| Meeting Place – Outside Neighborhood |  |
| Location for Notes |  |

**STEP 3: Identify Your Social Network**

**Household Members, Family, & Neighbors**

Identify people and pets living in your home. Also, list other family or friends that you have offered assistance. Include names, birthday/age, contact information and any special assistance that is provided or may be required for each person.

|  |  |  |
| --- | --- | --- |
| Name and Birthdate or Age | Work ph# and/or  Cell ph# | Assistance Provided/Required |
|  |  |  |
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**Social Network Contact Information**

It is important to identify early on the need for additional assistance in times of emergency. It’s very possible on a day-to-day basis you or a family member can function independently inside your home, but think who you may need assistance from if something were to happen. The people you identify will become your social network. **Sit down with them and review your preparedness plan so everyone knows the response and their role.**

Include names, relationship (mother/child/neighbor/home health aide), contact information and roles/duties for each person in your social network.

| Name/Relationship | Contact Information (list 2 or more #’s if possible) | Role/duty during an emergency |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Be specific on roles/duties: include things like who will take care of the family if someone is away/at work; who is able to provide transportation; who will check on the family during a power outage; who will provide shelter to the family if the house is damaged.

**Out-of-State Social Network**

Ask a friend or relative who does not live in the area/state to be your “out-of-area” contact. Many times during disasters, in-state telephone lines and cellular networks are down or jammed. There is a better chance of your message getting through if you call or text the message to a long distance number.

Family members should memorize this number and call if ever separated during an emergency to locate a meeting place and time. List the contact and phone number below:

|  |  |
| --- | --- |
| Name/Relationship | Phone Number |
|  |  |

**Animal Care**

Identify locations that are able to shelter or house animals after an event. This can include hotels, kennels, farms, or friends/family.

|  |  |
| --- | --- |
| Location | Address & Phone Number |
|  |  |
|  |  |

**General Emergency Numbers**

|  |  |
| --- | --- |
| Agency/Service | Number |
| Emergency | 911 |
| Information/Assistance | 211 and/or 411 |
| Nearest Hospital (include name & address): |  |
| Nearest Fire Dept (include address): |  |
| Nearest Police Dept (include address): |  |
| Oklahoma Poison Control Center | 800-222-1222 |
| Other: |  |
| Other: |  |

**STEP 4: Get a Kit**

**Go-Kit**

A Go-Kit is a portable disaster kit that is easy to grab if you have to evacuate your home quickly.

* Copy of this plan (names of family and pets)
* Identification card with picture
* Important documents (stored in water tight portable container i.e. Ziploc baggie)
  + Wills
  + Insurance policies
  + Contracts and deeds
  + Stocks/bonds
  + Birth certificates
  + Electric bill
  + Passports, social security cards
  + Inventory or digital record of valuable items
* Cash/Credit Card (note: ATMs will not work in power outages)
* List of daily/maintenance medications
* Change of clothes for each person
* Snacks
* Bottle of water for each member (including pets)
* Medical equipment if possible (if you enter a shelter notify the shelter manager of your need for medical equipment)

**Basic Disaster Kit**

This kit is larger than a Go-Kit (or Go-Bag) and has **nine** essential basics that should be stored in your home. Your Go-Kit can be kept close by to compliment this kit.

**How to Store Water . . .**

Use only thoroughly washed plastic, fiberglass or enamel-lined metal containers (i.e. soft drink bottles or food-grade plastic buckets or drums).

Never use a container that held toxic substances.

Seal tightly, label and date them, and store in a cool, dark place.

1. **Water**

* One gallon of water per person, per day
* Canned vegetables, fruits, juices and meats may also supply a source of water as well as nourishment if needed
* Purifying agent – household bleach

1. **Food**

* Non-perishable, compact, ready-to-eat
* Stress foods – sugar cookies, hard candy
* Smoked or dried meats – beef jerky
* High energy foods – peanut butter, trail mix, nuts

1. **Medications**

* Prescriptions (at least a one week supply)
* Over-the-Counter Medications (stored in a basic emergency first-aid kit)
  + Tylenol or ibuprofen
  + Antacid, laxative or anti-diarrheal
  + Antihistamine/allergy pills and lotions
  + Hydrogen Peroxide and antibacterial ointments

1. **Basic Emergency First-Aid Kit** (keep a separate one in your car too)

* Sterile adhesive bandages, band-aids, gauze pads, or triangle bandages
* Tweezers, scissors, razor blades, safety pins, and needle (sewing type)



* Surgical gloves
* Surgical masks
* Non-breakable thermometer
* First-aid guide
* Moistened towelettes and cleansing agent (soap or alcohol gel)
* Antiseptic spray or ointment

1. **Tools & Supplies**

* Eating utensils/plates/cups



* Battery operated or hand-crank radio (with extra batteries)
* Baggies/aluminum foil
* Manual can opener
* Flashlight
* Whistle or noise maker
* Utility knife
* Paper/pencil

1. **Sanitation Items**

To make an emergency toilette, place a plastic garbage bag inside a 5-gallon plastic bucket. Place a small amount of bleach in the plastic bag and cover tightly after each use. After several uses, change to a new bag. Bags should then be placed in another bag until they can be disposed of properly.

* Toothbrush/toothpaste
* Hairbrush & hair ties
* Toilet paper
* Soap/personal hygiene/hand sanitizer
* Feminine products
* Contact lenses & supplies

1. **Clothing & Bedding**

* One complete change of clothes for all
* Blankets
* Rain gear
* Sunglasses
* Hat and gloves
* Thermal underwear

1. **Specialized Items**

* Entertainment
  + Games
  + Toys
  + Crossword puzzles
* Baby needs
  + Bottles & formula
  + Diapers & wipes
* Functional needs items (see “Specialized Kit Items for Those with Functional Needs” section below)
* Pet items (see “Pet Kit” section below)

1. **Important Family Documents** – see list of important documents in the Go-Kit section above

**Specialized Kit Items for Those with Functional Needs**

* Emergency Card – list of key phrases you think someone who is helping you should know:
  + I cannot read
  + I communicate using an assistive communication device
  + Please speak slowly and/or use simple language
  + I forget easily or cannot hear, please write down information for me
  + I need an interpreter (include type of interpreter)
  + I use a medical assistance device (list type and frequency of use)
  + I have a condition that requires me to use a respirator or life support equipment
* Spare set of eyeglasses
* Extra hearing aid with batteries (remember to rotate out batteries)
* Denture needs

**Pet Kit**

* Collar, Leash, Harness
* Pet Toys
* Crate

Note - Emergency Shelters may be able to provide animal care supplies for long durations of stay.

**STEP 5: Put Your Plan Into Action**

**List of Action Steps**

* Sit down with your social network and review the entire plan
* Conduct a Home Hazard Analysis to identify types of disasters in and around your home then update this plan
* Post emergency telephone numbers by phones
* Teach children how and when to call 911
* Keep at least one phone that is not cordless to use during a power outage
* Maintain and rotate an extra supply of daily medications
* Practice with family members how and when to turn off the water, gas heating, cooling systems, and electricity at the main switches
* Inventory and/or video tape valuable items (be sure to keep a copy in a safe place outside your home as well)
* Check for adequate insurance coverage (flood, fire, earthquake)
* Talk to neighbors and include them in your social network
  + See if there are neighbors that need your assistance as well
* Always keep enough gas in your car to evacuate
* Take a basic first aid and CPR class
* Volunteer with local groups to prepare and assist with emergency response

**Practice and Maintain Your Plan**

Review your plans every six months so everyone remembers what to do. Be sure to write the date each time the plan is reviewed and updated so you know you have the most recent copy.

* Review and update phone numbers in Step Three: Identify Your Social Network.
* Conduct a fire drill.
* Conduct a “shelter-in-place” drill.
* Test and recharge fire extinguishers
* Test and replace batteries in smoke detectors (clean out dust).
* Replace and rotate emergency water, food, and medications.

**A good reminder to update plans, food and medications is when you reset your clocks in the spring and fall.**

****