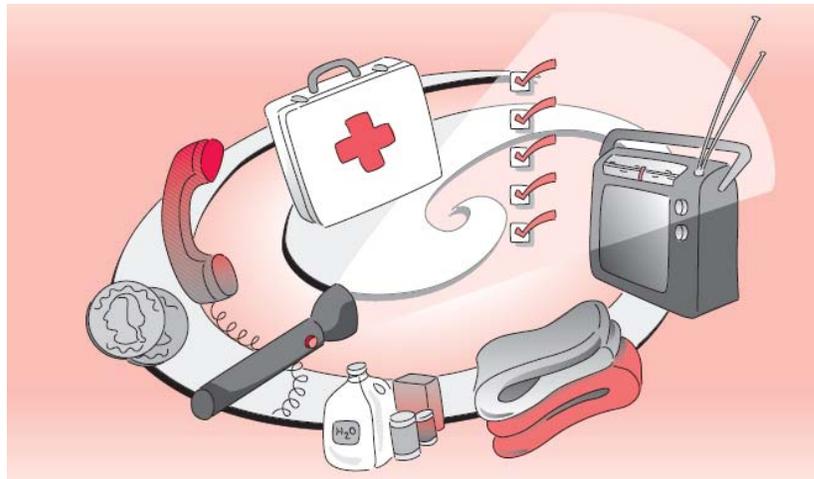


Family Emergency Preparedness Plan Workbook



Family Name

Date Prepared

Next Review Due

Date of Review

Reviewed By

Next Review Due

Date of Review

Reviewed By

Next Review Due

Date of Review

Reviewed By

**Review every six months and record changes
to Emergency Phone List and Wallet Cards**

This Family Emergency Preparedness Plan Workbook is designed for use with the Family Emergency Preparedness Plan Reference Guide.

This Workbook should be filled out – one per family – then reviewed and updated every six months.

The Family Emergency Preparedness Plan was originally developed by the Office of Emergency Preparedness Group at Group Health Cooperative of Puget Sound, et al. Editions and modifications were made by representatives from Kewaunee County, Brown County Public Health, and the Bioterrorism Consortium of Lake Michigan. Funding for revisions and publication were made possible by federal Public Health Emergency Preparedness grants, and Office of Justice Assistance grants.

To obtain additional copies of this Workbook, or the Reference Guide, contact your local county emergency management department.

Family **Emergency** **Preparedness** Plan

Workbook

7 Steps to Disaster Planning

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Emergency Phone List

Wallet Card

7 Steps to Disaster Planning

1. Find out what could happen to you

Meet with your family and discuss why you must prepare for emergencies and disasters.

List some disasters most likely to happen in your area.

Learn your community's warning signals:
What are they and what should you do when they're activated.

Signal: _____ What to do: _____

When is it activated? _____

Signal: _____ What to do: _____

When is it activated? _____

2. Determine your planning needs

Who are your dependants (children, elderly, people with special needs, pets, etc.)? List them here.

List special needs to address such as mobility, visual, medical, dietary, transportation, hearing, language, etc.

Is there a disaster plan at your:

Y N Workplace

Y N Child's school / Day Care

Y N County / Community

Y N Other _____

Would you be required to report to work in an emergency? Y N

Would your spouse be required to report to work? Y N

Have you identified someone who can care for your dependents? Y N

Do you have a NOAA Weather Radio All Hazards? Y N

3. Create a Disaster Plan

GENERAL PLANNING

Purchase a NOAA Weather Radio All Hazards. Store batteries in the radio and keep it plugged in at all times.

Ask a friend or relative, who does not live in the area, to be your “out-of-area contact.” Long distance phone calls, emails or text messages, may go through when local lines and cell networks are down or jammed. List several ways to contact this person below, and on your Wallet Cards and Emergency Phone List.

Determine how you will communicate to others that you have evacuated (sign, ribbon, note, etc.) _____

Determine where you will meet your family during a(n):

1. Fire _____
2. Evacuation _____

Determine where you will shelter during a:

1. Tornado _____
2. Hazardous Material Release _____

Write these meeting locations and phone numbers on your Wallet Cards and Emergency Phone list.

Determine two exit routes from each bedroom in your home.

Verify with schools and day cares that the appropriate people (listed below) are authorized to pick up your children. _____

Choose a code word to use with children if you must send someone else to pick them up (quiz them on this word frequently). _____

If you are unable to care for your dependents, list who will:

If your family must evacuate? _____

If it is during the middle of night? _____

If it is for longer or different hours than you usually work? _____

If you cannot get home? _____

If the situation lasts for days or weeks? _____

Write these resources and phone numbers on your Emergency Phone List and Wallet Cards

Special Needs Planning

List special needs you will address during an emergency (i.e., mobility, visual, medical, dietary, transportation, hearing, language, etc.)

List resources (supplies, equipment, phone numbers, etc.) that would accommodate these special needs.

List accommodations needed to notify your dependent of an emergency.

List community programs available to assist those with special needs during an emergency.

Determine if those assisting you or your dependent(s) have an emergency plan.

Learn how to connect or start your back-up power supply for essential medical equipment.

Write down clear instructions for use of all special equipment. Keep with you at all times.

Keep an extra supply of medications and aids. Be sure to rotate items to prevent expiration.

Consider adding the following items to your Disaster Supply Kit:

- | | |
|---|---|
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Urinary supplies |
| <input type="checkbox"/> Eating utensils | <input type="checkbox"/> Ostomy supplies |
| <input type="checkbox"/> Dressing devices | <input type="checkbox"/> Wheel chair |
| <input type="checkbox"/> Writing devices | <input type="checkbox"/> Wheel chair repair kit |
| <input type="checkbox"/> Hearing devices | <input type="checkbox"/> Walker / crutches / cane |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Dialysis equipment | <input type="checkbox"/> Monitors |
| <input type="checkbox"/> Sanitary equipment | <input type="checkbox"/> Other: _____ |

Animal Planning

Use caution when handling animals during an emergency. Animals are sensitive to severe weather and stress, and may act unpredictably. Remember, if you must evacuate, take your pets with you.

Pets

Keep pet vaccination records up to date, and take records with you if you evacuate.

Be sure that pets wear a collar or halter with proper identification at all times.

Keep a current photo of your pet(s) with you.

Have a carrier or leash for each pet.

Train pets to enter their carrier(s). Add a few familiar items.

List hotels and motels that allow pets (choose some out of your immediate area):

Name	Address	Phone Number

Write phone numbers for veterinarians and boarding facilities on the Emergency Phone List and Wallet Cards. Make sure they will board your pets during an emergency.

Consider adding the following items to your Disaster Supply Kit:

- Food, water and medication for three days
- Bowl for water
- Pet first aid kit
- Copy of veterinary and vaccination records
- Extra collar and leash
- Current photo of your pet
- Carrier or crate with bedding and toys
- Litter box, litter and bags. Newspaper for caged animals.
- Disinfectant
- Written description for feeding your animals, and any behavioral problems they may have. Include a phone number of someone who can care for your animals.

Farm Animals

Prepare an evacuation plan with two possible routes and destinations. Ensure destinations have the capacity to handle or obtain the food, housing and medical needs, of your animals. _____

Keep vaccination and testing records up to date, and take them with you if you evacuate.

Train animals to load into trailers.

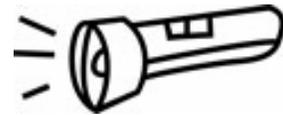
Be sure that every animal wears identification. Phone numbers can be written on halters.

4. Make a Disaster Supply Kit

EVACUATION KIT

- 20 oz. of drinking water
- Food (a few snacks with a long shelf-life)
- First-Aid kit
- Local street map
- Flashlight and extra batteries
- Portable radio and extra batteries
- Paper and pencil
- Copy of important documents (credit card(s), immunization card(s), social security, etc.)
- Cash
- Whistle
- Dust mask
- Prescription and non-prescription medications in original containers.
- Compass

Keep the Basic Kit for short-term evacuation in an easy-to-carry container such as a backpack or duffle bag.



Additional Items to Consider:

- Pet food or treats, and a collar and leash
- Baby supplies

SUPPLY KIT FOR EXTENDED EMERGENCIES

Everyone should have enough supplies to care for themselves for at least 3 days during an emergency. Be sure to check equipment and supplies every six months. Rotate medicines, batteries and supplies, close to expiration, with items you use regularly, and replace fresh items in the emergency kit.

- Store one gallon of water per person, per day.
- Store a three day supply of non-perishable food per person

Suggested Foods:

- Ready to eat canned meats, fruits and vegetables
- Soups (bouillon cubes or dried soup in a cup)
- Milk or Juices (powdered or canned)
- Fluids or powders with electrolytes (i.e., Gatorade/ Pedialyte)
- Smoked or dried meats such as beef jerky
- High energy foods (i.e., peanut butter, nuts, trail mix, etc.)
- Stress Foods (i.e., sugar cookies, hard candy)

How to store water:

Store your water in thoroughly washed plastic, fiberglass or enamel-lined metal containers. Never use a container that has held toxic substances. Plastic containers, such as soft drink bottles, are best. You can also purchase food-grade plastic buckets or drums.

Seal water containers tightly, label them, and store in a cool, dark place. Replace every six months.

Medications

Be sure to rotate medication from your supply kit with medication you use regularly. Remember to replace medication in the supply kit.

Medication for fever (Tylenol, Ibuprofen, etc.)
Antacid
Laxative
Anti-diarrhial medication
Cough medicine
Cold medicine
Antihistamine (i.e., Benadryl)

Rubbing Alcohol
Hydrogen Peroxide
Activated charcoal (use only if advised by Poison Control)
Saline solution or eye wash
Lotion for itching / rash (i.e., Calamine, Benadryl, etc)

First Aid Kit

Sterile adhesive bandages
2-inch sterile gauze pads in assorted sizes (8-12)
3-inch sterile gauze pads (8-12)
Hypoallergenic adhesive tape
Triangular bandages (3)
2 & 3-inch sterile roller bandages

Instant ice pack(s)
Surgical gloves (2 pair)
Scissors
Antiseptic spray
First-Aid guide
Cleansing agent (soap/alcohol gel)

Additional Items to Consider:

Tweezers
Needle



Tools and Supplies

Your situation will determine the best place to store these items.

- Mess kits (paper cups, plates and utensils)
- Fire extinguisher; small canister, ABC type
- Utility knife and pliers
- Matches in waterproof container
- Rope

Medicine dropper for adding bleach to water
Dust mask and work gloves for each person
Plastic sheeting and duct tape
Wrench for shutting off gas and water (non-sparking type)

Sanitation

- Toilet paper, towelettes Soap
- Personal hygiene items Feminine supplies
- Plastic garbage bags, ties Disinfectant
- Plastic bucket with tight lid
- Household chlorine bleach (unscented)

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

Additional Items to Consider:

Important Family Documents: Keep copies in a sealed plastic bag.

- Will, insurance policies, contracts, deeds, stocks, bonds Passports, social security cards
- Credit card account numbers Immunization records, Green Cards
- Bank account numbers Important telephone numbers
- Inventory of valuable household goods Family records (birth, marriage, etc.)
- The Family Emergency Preparedness Plan
- Copy of the Emergency Phone List



For Babies and Children

- Formula Diapers
- Bottles Powdered milk
- Medications A few toys (i.e., deck of cards, puzzles, etc.)
- Eating Utensils Baby Food

5. Conduct a Hazard Hunt

When an item is considered safe, put a check mark in the box next to it.

Electrical / Appliances / Utilities

- Only one appliance per outlet or extension cord, and only one extension cord per outlet.
- Broken and/or frayed cords or plugs have been replaced.
- Electric heaters do not cause blown fuses or lights to dim.
- Electric heaters are away from water.
- Circuits are clearly labeled, and area is free of clutter.
- Appliances are in good working order.
- Sump pump is installed and working (if appropriate).
- Utility shut-off valves are accessible. If a tool is needed, store one nearby.



Fire

- A fire extinguisher is present. Family members know where it is kept and how to use it.
- Working smoke detectors are located on each level, especially near bedrooms.
- All heating sources have at least three feet of space on all sides.
- Gas heaters have lines free of punctures or splits, and valves don't leak (inspect gas heaters once a month during the heating season).
- Fireplace and wood burning stoves have chimneys that are cleaned regularly.
- Kerosene heaters use water-clear, Grade K-1 kerosene.
- Chimneys have spark guards on top.
- Fireplaces have screens.
- Flammable liquids are labeled in tightly sealed, fire-safe containers, and located away from heat sources.

Children

- Poisons, toxins, solvents, and flammables, are clearly labeled and stored out of children's reach.
- Medicines are in child-resistant containers and kept out of reach
- Mr. Yuk stickers are on all poisonous products (www.wisconsinpoison.org)
- Electrical outlets have safety plugs.

General

- Stairs and walkways are free of clutter. Handrails on stairways are secure.
- Free-standing book shelves are secured to walls. Heavy items are stored on lower shelves.
- Heavy mirrors/pictures are tightly secured.
- House or fire numbers can be seen easily from the road.
- Tree limbs are trimmed within 10 feet of the house. Dead limbs hanging over the house or garage are removed



6. Put your Plan In To Action

Purchase a NOAA Weather Radio All Hazards. Store batteries in the radio and keep it plugged in at all times.

Post Emergency Phone lists near phones.

Teach children when and how to call 911.

Keep at least one phone, that is not a cordless, to use in a power outage.

Obtain an extra supply of regular prescription medications. Be sure to rotate stored medicines with ones you use regularly to prevent expiration.

Show responsible family members how and when to turn off water, gas, heating/cooling systems, and electricity.

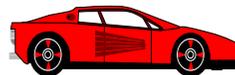




Know your insurance coverage.

Talk with neighbors to see if anyone has special training or equipment (i.e., generator).

Keep enough gas in your car to evacuate.



Take a first aid and CPR class.

Volunteer with local groups to learn how to assist with emergency response (i.e., Citizen Corps).

Ask your health care provider about the yearly flu shot. Get vaccinated if recommended.

Practice cough and sneeze etiquette.

Clean hands frequently.

7. Practice and Maintain your Plan

Quiz your children on the family code word, and where to meet during an evacuation or fire.

Review your plan every six months.

Write the date your next review is due on the front of this workbook.

When you review your plan, write the date completed in the chart below.

						Date
						Update phone numbers and information on your Emergency Phone List and Wallet Cards
						Conduct a fire drill
						Conduct a "shelter in place" drill
						Test and recharge your fire extinguisher according to manufacturer's instructions.
						Test your smoke detectors. Change the batteries, and clean out dust.
						Replace stored water every 6 months
						Rotate food every 6 months (or as necessary)
						Rotate medications from the emergency kit with those you use regularly. Add fresh medications to the emergency kit.

Hint: Complete Emergency Plan updates when you change your clocks in the spring and fall.

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EMERGENCY PHONE LIST

Statewide Emergency Numbers

Digger's Hotline: 1-800-242-8511
Poison Control Center: 1-800-222-1222
Wisconsin Road Info: 1-800-762-3947

Communication

Out of Area Contact: _____
Address: _____
Phone: _____
Cell Phone: _____
Email: _____

Family Work Numbers

_____: Phone _____
Cell: _____ Other: _____
Email: _____
_____: Phone _____
Cell: _____ Other: _____
Email: _____
_____: Phone _____
Cell: _____ Other: _____
Email: _____
_____: Phone _____
Cell: _____ Other: _____
Email: _____

Fire

Emergency: **911**
Non-Emergency Phone: _____
Safe Meeting Location: _____

Law Enforcement

Emergency: **911**
Non-Emergency Phone: _____

Dentist

Dentist's Name: _____
Phone: _____

Medical

Family Member: _____
Doctor: _____
Phone: _____

Family Member: _____
Doctor: _____
Phone: _____

Pets

Veterinarian's Name: _____
Phone: _____
Emergency Phone: _____
Boarding Facility: _____
Phone: _____

Water

Water Company: _____
Customer Service: _____
Emergency Phone: _____
Internal Shutoff Location: _____
External Shutoff Location: _____
Shut-off Tool Location: _____

Sewer / Septic

Company: _____
Customer Service: _____
Emergency Phone: _____
Emergency Shutoff Location: _____

Telephone

Telephone Company: _____
Customer Service: _____
Emergency / Repair: _____

Electricity

Electric Company: _____
Customer Service: _____
Emergency Phone: _____
Circuit Breaker Locations: _____

Heating

Heating Company: _____
Customer Service: _____
Emergency Phone: _____
Internal Shutoff Location: _____
External Shutoff Location: _____
Shut-off Tool Location: _____

Schools

Family Member: _____
School: _____
Address: _____
Phone: _____
Evacuation Location: _____

Family Member: _____
School: _____
Address: _____
Phone: _____
Evacuation Location: _____

Evacuation

Safe Meeting Locations
Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Insurance

Medical Insurance: _____
Policy #: _____
Phone: _____
Home / Renter's Insurance: _____
Policy #: _____
Phone: _____
Auto Insurance: _____
Policy #: _____
Phone: _____