

# Family Preparedness Plan

| Family Name             |  |
|-------------------------|--|
| Family Address          |  |
| Family Phone Number     |  |
| Directions to Residence |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |

MORE Preparedness Information at:

www.guilfordhealth.org

### **About Your Family Preparedness Plan**

This booklet is a plan template and is intended to give you a format and possible suggestions about information you might want to include in a family preparedness plan. It is not all-inclusive and should be modified by the user to suit individual or family needs.

This plan can be filled in as an electronic version or printed and filled in by hand. If filled in by hand, it is suggested that one use a pencil for ease of making future corrections to information contained in the document.

Keep this plan updated with current and correct information.

| Update and review plan: | Last update: | Next update: |
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### **Household Members**

| Household Members | Relation/Birth Date | Social Security Number |
|-------------------|---------------------|------------------------|
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
|                   |                     |                        |
| 1                 | 1                   | · '                    |
| Pets              | Pet License #       | Vet name & number      |

| - Cts | Tet License # | vet name & number |
|-------|---------------|-------------------|
|       |               |                   |
|       |               |                   |
|       |               |                   |
|       |               |                   |

Remember, pets have special needs during disasters. You should put plans in place to kennel pets if you have to evacuate and shelter. Keep copies of all pets' shots where you can retrieve them to take with the pets to where they will be sheltered. Always keep tags and name ID tags on your pets and up to date.

# **Household Information**

| Home Address:      |                |          |            |  |
|--------------------|----------------|----------|------------|--|
| Phone 1:           |                | Phone 2: |            |  |
| E-mail 1:          |                |          |            |  |
| E-mail 2:          |                |          |            |  |
| Car Information:   |                |          |            |  |
| Car 1: Make        | / Model        | / Year   | /License # |  |
| Car 2: Make        | / Model        | / Year   | /License # |  |
| Car 3: Make        | / Model        | / Year   | /License # |  |
| Doctor # 1:        |                |          |            |  |
| Doctor # 1:        |                |          |            |  |
|                    |                |          |            |  |
|                    |                |          |            |  |
| Fire Number:       |                |          |            |  |
|                    |                |          |            |  |
| Ambulance Number   | r:             |          |            |  |
| Poison Control Nun | nber:          |          |            |  |
| Hospital Emergency | y Room Number: |          |            |  |
| Name/Number:       |                |          |            |  |

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Note: After a disaster, 911 may not be working. Use these numbers as you listed above.

# **Utilities and Services Contacts**

| Organization Name<br>Water/Sewer  | Address | Contact |
|-----------------------------------|---------|---------|
|                                   | Note    | Phone   |
| Organization Name<br>Electric     | Address | Contact |
|                                   | Note    | Phone   |
| Organization Name<br>Gas          | Address | Contact |
|                                   | Note    | Phone   |
| Organization Name<br>Phone/cable  | Address | Contact |
|                                   | Note    | Phone   |
| Organization Name<br>Home Medical | Address | Contact |
|                                   | Note    | Phone   |

# **Insurance/Other Information**

| Name | Policy#/Other Information | Phone |
|------|---------------------------|-------|
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |
|      |                           |       |

# Family/Friends/Neighbors

| Name | Address/Physical<br>Location to<br>Home | Phone         | E-mail Address | Cell phone<br>Number |
|------|---|---------------|----------------|----------------------|
|      |   | Hm./Wk. Phone |                |                      |

Note: Identify two neighbors. Agree to check on each other

### **Out-of-Area Contact #1**

| Name | Home Address | Home Phone | E-mail Address    |
|------|--------------|------------|-------------------|
|      |              |            |                   |
|      | Work Address | Work Phone | Cell Phone Number |
|      |              |            |                   |

Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of-area to report in. Let this person contact others.

### **Out-of-Area Contact #2**

| Name | Home Address | Home Phone | E-mail Address    |
|------|--------------|------------|-------------------|
|      | Work Address | Work Phone | Cell Phone Number |

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# Work, School, and Other Contacts

| Household<br>Member Name | Work/School/Other  Address  Phone | Disaster Procedures* |
|--------------------------|-----------------------------------|----------------------|
| Household<br>Member Name | Work/School/Other Address Phone   | Disaster Procedures* |
| Household<br>Member Name | Work/School/Other Address Phone   | Disaster Procedures* |
| Household<br>Member Name | Work/School/Other Address Phone   | Disaster Procedures* |
| Household<br>Member Name | Work/School/Other Address Phone   | Disaster Procedures* |
| Household<br>Member Name | Work/School/Other Address Phone   | Disaster Procedures* |

Note: \*Disaster Procedures -- Household members should know each other's disaster procedures for work, school or other places where they spend time during the week.

### **Reunion Procedures**

| In or Around<br>House/Apartment | Inside House/Apartment  Outside House/Apartment   |           |
|---------------------------------|---|-----------|
| When Family is Not Home         | Priority Location   |           |
|                                 | (Leave note in a designated place where you will be: i.e.,  |           |
|                                 | neighbor, relative, park, school, shelter, etc.)  household members the reunion places if a disaster prevents           |           |
|                                 | reunion and evacuation procedures need to include children of ilities. Talk to school officials. Write down procedures. | at school |
| Important Notes and Pro         | cedures   | ]         |
|                                 |   |           |
|                                 |   |           |
|                                 |   |           |
|                                 |   |           |

Note: People with disabilities are advised to identify two or three people at work, school, neighborhood, etc. who will assist them in the event of a disaster.

# **Family Member Medication List**

| User's Name | Medication Name | Dosage/Frequency    | Reason for Taking       |
|-------------|-----------------|---------------------|-------------------------|
|             |                 | D 0 1/E . !'        |                         |
| Doctor      | Prescription #  | Date Started/Ending | Location of Medicine    |
| User's Name | Medication Name | Dosage/Frequency    | Reason for Taking       |
| Doctor      | Prescription #  | Date Started/Ending | Location of<br>Medicine |
| User's Name | Medication Name | Dosage/Frequency    | Reason for Taking       |
| Doctor      | Prescription #  | Date Started/Ending | Location of<br>Medicine |
| User's Name | Medication Name | Dosage/Frequency    | Reason for Taking       |
| Doctor      | Prescription #  | Date Started/Ending | Location of Medicine    |

Note: Keep at least seven days of vital medications and supplies on hand. Talk to your health care provider before storing medications.

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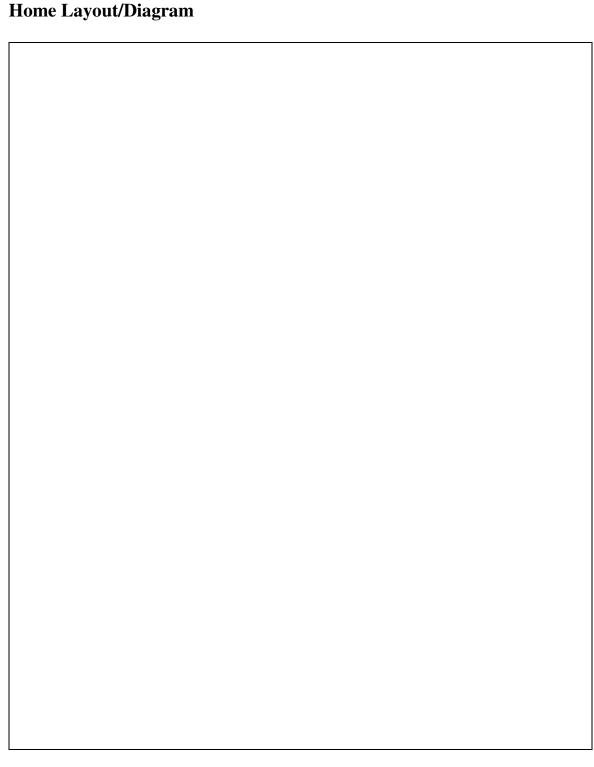
# Pharmacy/Doctors/Specialists

| Pharmacist<br>Name(s) | Pharmacy Name   | Phone/Address |  |
|-----------------------|-----------------|---------------|--|
|                       | Pharmacy Name   | Phone/Address |  |
| Specialist Name       | Area of Concern | Phone         |  |
|                       | Organization    | Address       |  |
| Specialist Name       | Area of Concern | Phone         |  |
|                       | Organization    | Address       |  |

| Allergies to      | Person's Name | Person's Name |
|-------------------|---------------|---------------|
| Medications       |               |               |
|                   | Medication    | Medication    |
|                   |               |               |
| Health/Disability |               |               |
| Information       |               |               |
|                   |               |               |
| Special Needs,    |               |               |
| Equipment and     |               |               |
| Supplies          |               |               |
|                   |               |               |

Note: Fill this and all sections out in pencil. Update regularly. If additional information is needed, tape or staple another sheet of paper.

| <i>Last update of this page:</i> |  |
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Draw a layout of your home. Make sure you include locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.

# **Utility Control**

Locate and mark utility control points in your home (electricity, water, gas, propane).

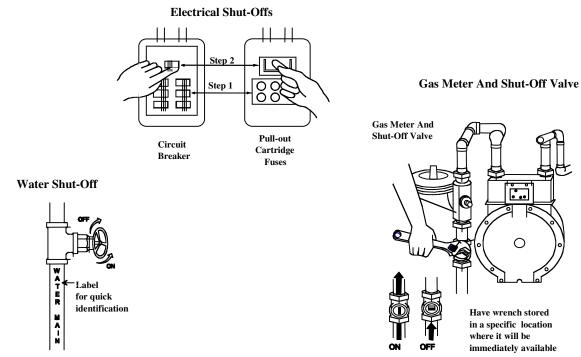
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| <b>Household Inventory</b> Develop a list of your valuables in a household inventory and keep it in a safe place. here. | Indicate location |
|---|-------------------|
|   |                   |

# **Family Assets**

Develop a list of family assets like investments, IRA, etc. and list the location of where these can be found and or accessed here.

### **Utility Control**



#### **Electricity:**

In the event you need to turn off the electricity in your house, go to the breaker box and do the following:

- 1. Turn off smaller breakers one by one.
- 2. Flip the "main" breaker to "Off" last.

To restore electricity, reverse the steps above.

#### Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

#### Gas:

#### IMPORTANT – Only turn off your gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one-quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company's help.

**Propane:** If you live in an area that uses outdoor propane or LPG you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.

#### **Additional notes:**

### **Recommended Contents for Family Disaster Supplies Kit**

#### Container

What should I put my family's disaster supplies kit in? Disaster supplies kits can be large or small depending on how many persons you have to gather supplies for in your household. Remember that for your home disaster supplies kit you should include supplies for everyone in your household, including pets. This may make a difference in what type of container you use for your kit. Next, remember that you may not be the one picking up or carrying the disaster supplies kit. Everyone should be able to get the kit and evacuate the home quickly. Some containers have wheels, some have straps and carrying handles to make evacuating quicker and easier.

Below are some options of types of containers to use for your disaster supplies kit. You may have something to use already or you may need to purchase one. Either way, you will need something dedicated for your disaster supplies kit. Mark it clearly so that everyone is aware of the contents.



#### **Food and Water**

**How long can food supplies be stored?** To judge how long you can store food supplies, look for an "expiration date" or "best if used by" date on the product. If you cannot find a date on the product, then the general recommendation is to store food products for six months and then replace them.

Some households find it helpful to pull food products for their regular meals from their disaster supplies kit and replace them immediately on an ongoing basis, so the food supplies are always fresh.

#### What kinds of food supplies are recommended to store in case of a disaster?

- Avoid foods that are high in fat and protein and don't stock salty foods, since they will make you thirsty. Familiar foods can lift morale and give a feeling of security in time of stress. Also, canned foods won't require cooking, water or special preparation. Take into account your family's unique needs and tastes. Try to include foods they will enjoy and that are also high in calories and nutrition.
- Store supplies of non-perishable foods and water in a handy place. You need to have these items packed and ready in case there is no time to gather food from the kitchen when disaster strikes. Sufficient supplies to last several days to a week are recommended.
- Select foods that require no refrigeration, preparation or cooking, and little or no water. Foods that are compact and lightweight are easy to store and carry.
- Try to eat salt-free crackers, whole grain cereals and canned food with high liquid content.

#### **Recommended Foods**

|    | Ready-to-eat canned meats, fruits and vegetables. (Be sure to include a manual can opener) |   | Dried foods. They can be nutritious and satisfying, but have some have a lot of salt content, which promotes thirst. Read the label. |
|----|--|---|--|
|    | Canned juices, milk and soup (if powdered, store extra water).                             | П | Freeze-dried foods. They are tasty and   |
|    | High-energy foods, such as peanut butter, jelly, crackers, granola bars and                |   | lightweight, but will need water for reconstitution.   |
|    | trail mix.   |   | Instant Meals. Cups of noodles or cups   |
|    | Comfort foods, such as hard candy, sweetened cereals, candy bars and                       |   | of soup are a good addition, although they need water for reconstitution.  |
|    | cookies.   |   | Snack-sized canned goods. Good   |
|    | Instant coffee, tea bags.  |   | because they generally have pull-top   |
|    | Foods for infants, elderly persons or  |   | lids or twist-open keys.   |
|    | persons on special diets, if necessary.  |   | Prepackaged beverages. Those in foil   |
|    | Compressed food bars. They store well, are lightweight, taste good and are nutritious.     |   | packets and foil-lined boxes are suitable<br>because they are tightly sealed and will<br>keep for a long time                        |
|    | Trail mix. It is available as a prepackaged product or you can assemble it on your own.    |   |  |
| od | s to Avoid   |   |  |
| П  | Commercially dehydrated foods. They  | П | Meal-sized canned foods. They are  |

### Fo

- ☐ Commercially dehydrated foods. They can require a great deal of water for reconstitution and extra effort in preparation.
- □ Bottled foods. They are generally too heavy and bulky, and break easily.
- usually bulky and heavy.
- □ Whole grains, beans, pasta. Preparation could be complicated under the circumstances of a disaster.

What is the basis for the Red Cross recommendation to store supplies to last several days to a week? The American Red Cross recommendations to have food, water and other emergency supplies on hand are not new, and are considered reasonable in case of any disaster. Our recommendations are to have supplies to last several days to a week, per person.

Some families may choose to store supplies to last several weeks or more. Certainly, if they wish to do so, they may. It is always wise to have sufficient food and water supplies on hand in case access to such supplies may be disrupted by a disaster.

#### Water

What kinds of containers are recommended for storing water? Make sure the water storage container you plan to use is of food grade quality, such as 2-liter soda bottles, with tight-fitting screwcap lids. Milk containers are not recommended because they do not seal well.

**Should water be treated before storing it?** If your local water is treated commercially by a water treatment utility, you do not need to treat the water before storing it. Treating commercially treated water with bleach is superfluous and not necessary. Doing so does not increase storage life. It is important to change and replace stored water every six months or more frequently.

If your local water is not treated commercially by a water treatment facility, that is, if your water comes from a public well or other public, non-treated system, follow instructions about water storage provided by your public health agency or water provider. They may recommend treating it with a small amount of liquid household bleach. Still, it is important to change and replace stored water every six months or more frequently.

If your local water comes from a private well or other private source, consult with your local public health agency about recommendations regarding storage of water. Some water sources have contaminants (minerals or parasites) that cannot be neutralized by treatment with liquid household chlorine bleach. Only your local public health agency should make recommendations about whether your local water can be safely stored, for how long, and how to treat it.

Can I use bottled water? If you plan to use commercially prepared "spring" or "drinking" water, keep the water in its original sealed container. Change and replace the water at least once a year. Once opened, use it and do not store it further.

#### More about water:

- Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.
- An active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double that amount. Children, nursing mothers and ill people will need more.
- Store one gallon of water per person per day.
- Keep at least a three-day supply of water per person (two quarts for drinking, two quarts for each person in your household for food preparation/sanitation).

### First Aid Supplies

First aid kits come in many shapes and sizes. You can purchase one from a drug store or your local American Red Cross Chapter or you can make your own. Kits are designed for a variety of locations including your home, office or automobile. They're also important to have for special activities such as hiking, camping or boating. Whether you buy a first aid kit or put one together yourself, make sure it has all the items you need to be prepared for emergencies. See the following inventory list, but also be sure to include any personal items, such as medications and emergency phone numbers, or items your

health care provider may suggest. Check the kit regularly to make sure flashlight batteries work, outof-date contents are replaced and expiration dates are current. Remember, the contents of a first aid kit can be dangerous in the hands of young children, so store your first aid kit in a secure place.

# **First Aid Kit Suggestions**

|       | First Aid Cream                         |    | Blanket                                 |
|-------|---|----|---|
|       | Triangular Bandage                      |    | Scissors and Tweezers                   |
|       | First Aid Tape                          |    | Cold Pack                               |
|       | Gauze Pads and Roller Gauze (assorted   |    | Small Flashlight and Extra Batteries    |
|       | sizes)                                  |    | Combined Sterile Dressings              |
|       | Antibacterial Ointment                  |    | SOS Banner                              |
|       | Hand Wipes                              |    | Gauze Pads and Roller Gauze (assorted   |
|       | Disposable Gloves                       |    | sizes)                                  |
|       | Hand Sanitizer                          |    | Sting Relief Pads                       |
|       | Rescue Breathing Barrier                |    | Conforming Bandages                     |
|       | Pencil and Notepad                      |    | Syrup of Ipecac (use only if instructed |
|       | Antiseptic Wipes                        |    | by Poison Control Center)               |
|       | Plastic Bags                            |    | Non-aspirin pain relievers              |
|       | Band-Aids (assorted sizes)              |    |   |
|       | Safety Pins                             |    |   |
| Tools | s, Supplies, Clothing and Bedding       |    |   |
| 1001  | s, supplies, electing and beauting      |    |   |
| Supp  | lies and Tools                          |    |   |
| Items | marked with an asterisk are recommended | 1. |   |
|       | Mess kits, or paper cups, plates, and   |    | Matches in a waterproof container       |
|       | plastic utensils*                       |    | Aluminum foil                           |
|       | Emergency preparedness manual*          |    | Plastic storage containers              |
|       | Battery-operated radio and extra        |    | Signal flare                            |
|       | batteries*                              |    | Paper, pencil                           |
|       | Flashlight and extra batteries *        |    | Needles, thread                         |
|       | Cash or traveler's checks, change*      |    | Medicine dropper                        |
|       | Non-electric can opener, utility knife* |    | Shut-off wrench to turn off household   |
|       | Fire extinguisher: small canister ABC   |    | gas and water                           |
|       | type                                    |    | Whistle                                 |
|       | Tube tent                               |    | Plastic sheeting                        |
|       | Pliers                                  |    | Map of the area (for locating shelters) |
|       | Tape                                    |    | - · · ·                                 |
|       | Compass                                 |    |   |

| Sanitati | or |
|----------|----|
|          |    |

|       | Toilet paper, towelettes   |      | Plastic garbage bags, ties (for personal                           |
|-------|--|------|--|
|       | Soap, liquid detergent   |      | sanitation uses)   |
|       | Feminine supplies  |      | Plastic bucket with tight lid                                      |
|       | Personal hygiene items   |      | Disinfectant   |
|       |  |      | Household chlorine bleach  |
| Cloth | ing and Bedding  |      |  |
|       | le at least one complete change of clothing and foot               | wear | r per person.  |
|       | Sturdy shoes or work boots   |      | Hat and gloves   |
|       | Rain gear  | П    | Thermal underwear  |
|       | Blankets or sleeping bags  |      | Sunglasses   |
|       | brankets of sleeping bags  |      | Sungrasses   |
| -     | al Items and Important Family Documents with special requirements. |      |  |
| For E | Baby   |      |  |
|       | Formula  |      | Powdered milk  |
|       | Diapers  |      | Medications  |
|       | Bottles  |      |  |
| For A | Adults   |      |  |
|       | Heart and high blood pressure                                      | П    | Anti-diarrhea medication   |
|       | medication   |      | Antacid (for stomach upset)  |
|       | Insulin  |      | Syrup of Ipecac (use to induce vomiting                            |
|       | Prescription drugs   | _    | if advised by the Poison Control Center)                           |
|       | Denture needs  |      | Laxative   |
|       | Contact lenses and supplies  |      | Activated charcoal (use if advised by                              |
|       | Extra eyeglasses   |      | the Poison Control Center  |
|       | Non-Prescription Drugs   |      |  |
|       | Aspirin or non-aspirin pain reliever                               |      |  |
| -     | rtant Family Documents in a waterproof, portable container         |      |  |
|       | Will, insurance policies, contracts deeds, stocks and bonds        |      | Credit card account numbers and companies                          |
|       | Passports, social security cards, immunization records             |      | Inventory of valuable household goods, important telephone numbers |
|       | Bank account numbers   |      | Family records (birth, marriage, death certificates)               |

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| Important notes:                   |  |  |
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