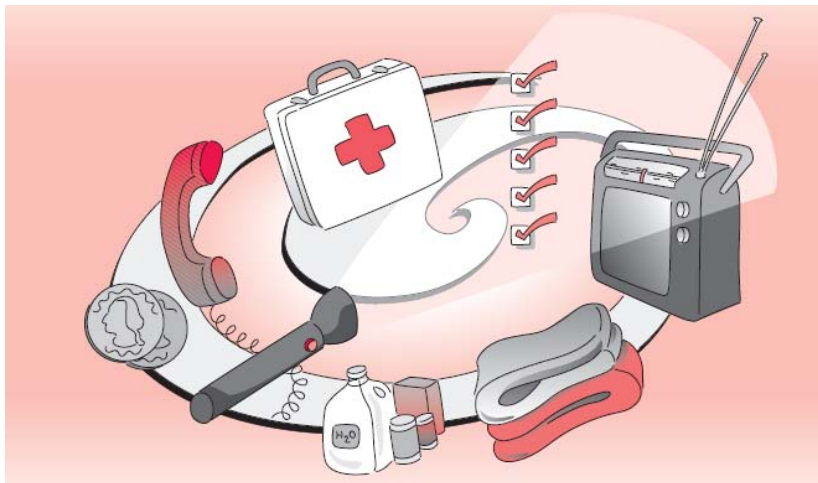


# Family Emergency Preparedness Plan

## Workbook



\_\_\_\_\_  
Family Name

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Next Review Due

\_\_\_\_\_  
Review Done Date

\_\_\_\_\_  
Reviewers Names

\_\_\_\_\_  
Next Review Due

\_\_\_\_\_  
Review Done Date

\_\_\_\_\_  
Reviewers Names

\_\_\_\_\_  
Next Review Due

\_\_\_\_\_  
Review Done Date

\_\_\_\_\_  
Reviewers Names

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Next Review Due

\_\_\_\_\_  
Review Done Date

\_\_\_\_\_  
Reviewers Names

\_\_\_\_\_  
Next Review Due

\_\_\_\_\_  
Review Done Date

\_\_\_\_\_  
Reviewers Names

**Be sure to review this plan every 6 months, and change information on your Emergency Phone Sheet and Wallet Cards.**

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

## **Workbook**

### **Seven Steps to Disaster Planning**

- Find out what could happen to you.....1**
- Determine your planning needs.....1**
- Create a Disaster Plan.....2**
- Make a Disaster Supply Kit.....4**
- Put your plan into action.....8**
- Home Emergency Diagram .....9**
- Practice and maintain your plan.....10**

# OKLAHOMA STATE DEPARTMENT OF HEALTH

**This Family Emergency Preparedness Plan – Workbook is designed to be used in conjunction with the FEMA Are You Ready guidebook.**

This workbook should be filled out – one per family – and then reviewed and updated every 6 months.



Published November 2006

# 7 Steps to Disaster Planning

## 1. Find out what could happen to you

- List some of the disasters that are most likely to happen in your area.

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- Learn about your community's warning signals:  
 What they sound like and what you should do when you hear them.  
 Signal: \_\_\_\_\_ What to do: \_\_\_\_\_  
 When is it activated? \_\_\_\_\_  
 Signal: \_\_\_\_\_ What to do: \_\_\_\_\_  
 When is it activated? \_\_\_\_\_

- Look at the list of radio stations listed on the Emergency Phone Sheet. Put a \* by the ones that are designated as part of the Early Alert System (check your local listing for warnings in your area).

## 2. Determine your planning needs

- Determine who are your dependants (children, elderly, people with special needs, pets). This may include elderly or people in your family or neighborhood with special needs that may need your help in an emergency. List them here.

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- Ask about animal care after a disaster
- Find out if there is a disaster plan at your workplace, your children's school or childcare centers, or other places you frequent.

_____	Y N	_____	Y N
_____	Y N	_____	Y N

- Find out if you would be required to report to work in an emergency. Y N
- Find out if your spouse would be required to report to work. Y N
- Who will care for your family while you are at work:  
 If your family must evacuate?  
 If it is in the middle of the night?  
 If it is for longer or different hours than you usually work?
- Some situations may last for days or weeks. What sort of preparations should you make for this type of an event?

### 3. Create a Disaster Plan

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#### Communication

- Ask a friend or relative who does not live in the area to be your “out-of-area contact”. Long distance phone calls may go through when local lines and cell networks are down or jammed. List this person's contact information on your Wallet Cards and Emergency Phone List.  
\_\_\_\_\_
  
- Pick two places to meet.
  1. Right outside your home in case of a fire.
  
  2. \_\_\_\_\_  
\_\_\_\_\_
  
  3. Write these meeting locations and phone numbers on your Wallet Cards and Emergency Phone list.
  
- Choose a location to leave a note, if you evacuate.  
\_\_\_\_\_
  
- Choose a code word to use with children if you must send someone else to pick them up.  
\_\_\_\_\_ (Be sure to quiz them on this frequently).
  
- Verify with schools and day care that appropriate people are listed to pick them up, if you cannot.

#### Potential Disasters:

- Meet with your family and discuss why you need to prepare for emergencies and disasters. Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- Write down what to do in an evacuation
  - Fire
  
  
  - Tornado
  
- Write down what to do in a Flood
  
  
- Write down what to do in Winter Storm

## Create a Disaster Plan - - - Continued

Sometimes it may be safer to stay where you are and “shelter in place”. See page 13 of the *Family Emergency Preparedness Plan Reference Guide* for more information.

- Write down what to do to “shelter in place” for a:  
Tornado

Communicable Disease (This may mean you must stay home for up to 10 days.)

Winter Storm

Power Outage

If you are required to go to work to assist in an emergency, or cannot get home, who will be available to help you? Keep in mind that you may need this during the middle of the night, weekends, on short notice, or for extended hours.

- List several sources of help.

_____	_____
_____	_____
_____	_____

- Put these resources and their phone numbers on your Emergency Phone List
- If you have pets or farm animals, complete the Animal Emergency Plan on attached form of the Family Emergency Preparedness Plan Reference Guide.
- If you have people with special needs, complete the Special Needs Emergency Plan on the attached form of the Family Emergency Preparedness Plan Reference Guide.

## 4. Make a Disaster Supply Kit

There are nine basics you should stock in your home: water, food, medication, first aid kit, tools and supplies, sanitation items, clothing and bedding, special items and important family documents. Keep the items you will most likely need during an evacuation in an easy-to-carry container such as a large, covered trash container, camping backpack or duffel bag. Keep a smaller version of the disaster supplies kit in the trunk of your car.



### Water

- Store one gallon of water per person, per day
- Have purifying agents available. See page 10 of thereference guide for purification information.

### Food

- Store at least a three day supply of non-perishable food for each person.
- Select foods that do not require refrigeration, cooking or preparation.
- Select food items that are compact and lightweight. Label the items with the date to rotate.
- Check dates for rotating every 6 months.

### 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 the 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.

- |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ready to eat canned meats, fruit and vegetables</li> <li><input type="checkbox"/> Soups – bouillon cubes or dried soups in a cup</li> <li><input type="checkbox"/> Milk – powdered or canned</li> <li><input type="checkbox"/> Stress foods – sugar cookies, hard candy</li> <li><input type="checkbox"/> Can opener</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Fluids or powders with electrolytes (Gatorade or Pediacare)</li> <li><input type="checkbox"/> Juices – canned, powdered or crystallized</li> <li><input type="checkbox"/> Smoked or dried meats such as beef jerky</li> <li><input type="checkbox"/> High energy foods – peanut butter, nuts, trail mix, etc.</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Medications

**Be sure to rotate medication from your supply kit with those you regularly use, and place fresh medication in the supply kit!**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication for a fever (Tylenol, Ibuprofen etc)</li> <li><input type="checkbox"/> Antacid</li> <li><input type="checkbox"/> Laxative</li> <li><input type="checkbox"/> Anti-diarrhea medication</li> <li><input type="checkbox"/> Cough medicine</li> <li><input type="checkbox"/> Cold medicine</li> <li><input type="checkbox"/> Antihistamine (Benadryl , etc)</li> <li><input type="checkbox"/> Prescription medications (10 day supply)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Rubbing Alcohol</li> <li><input type="checkbox"/> Hydrogen Peroxide</li> <li><input type="checkbox"/> Syrup of Ipecac (to induce vomiting if advised by Poison Control)</li> <li><input type="checkbox"/> Activated charcoal (use if advised by Poison Control)</li> <li><input type="checkbox"/> Eye wash</li> <li><input type="checkbox"/> Lotion for itching / rash (Calamine, Benadryl, etc)</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## First Aid Kit

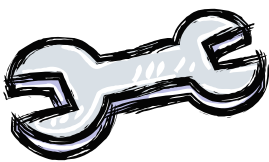
You should have two first aid kits – one for your house, and the other for your car. This kit should include:

- Sterile adhesive bandages in assorted sizes
- 3-inch sterile gauze pads (8-12)
- Triangular bandages (3)
- Surgical gloves (2 pair)
- Scissors
- Needle (sewing type)
- Tweezers
- Antiseptic spray
- Tongue blades and
- Wooden applicator sticks
- Assorted sizes of safety pins
- Surgical masks (2)
- 2-inch sterile gauze pads (8-12)
- Hypoallergenic adhesive tape
- 2 & 3-inch sterile roller bandages (3 rolls each)
- Tweezers
- Safety razor blade
- Moistened towelettes (8-10 packages)
- Non-breakable thermometer
- First Aid Guide
- Cleansing agent - soap or alcohol gel



## Tools and Supplies

- Mess kits, or paper cups, plates and plastic utensils
- Battery operated radio and extra batteries
- Fire extinguisher, small canister, ABC type
- Pliers
- Compass
- Map of area
- Aluminum foil
- Signal flare
- Needles, thread
- Shut-off wrench for gas and water
- Plastic sheeting
- Family Emergency Preparedness Plan
- Flashlight and extra batteries
- Paper and pencil
- Utility knife
- Whistle
- Matches in a waterproof container
- Medicine dropper for adding bleach to water
- Dust mask and work gloves for each person
- Duct tape



# OKLAHOMA STATE DEPARTMENT OF HEALTH

## Sanitation

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

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, after each use. Cover tightly. After several uses, change to a new bag. Bags should then be placed in another bag, until they can be properly disposed of.

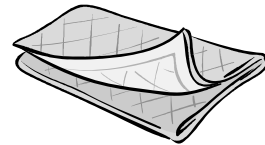
## Clothing and Bedding

Include at least one complete change of clothing and footwear per person

- Sturdy shoes or work boots
- Blankets or sleeping bags
- Thermal underwear
- Rain gear
- Hat and gloves
- Sunglasses

## Special Items for Special People

Remember family members with special needs such as infants, elderly, or disabled individuals.



### For Baby

- Formula
- Bottles
- Medications
- Diapers
- Powdered milk
- A few toys and snacks

For more on items for people with special needs, see the next page of this workbook.

### For Children and Adults

- Prescription medications
- Contact lenses and supplies
- Entertainment -- games, cards, crossword puzzles etc.
- Extra eye glasses

**Important Family Documents** -- Keep these records, or copies, in a waterproof portable container.

- Will, insurance policies, contracts, deeds, stocks and bonds
- Cash
- Bank account numbers
- Inventory of valuable household goods
- Passports, social security cards, immunization records
- Credit card account numbers and companies
- Family records (birth, marriage, etc)
- Important telephone numbers



## Supplies and Equipment for those with Special Needs

Be sure to check equipment every six months when you review your plan. Rotate medicines, batteries, and supplies that will expire into the items you use regularly, and put fresh items into the emergency supply kit.

Check items you use, describe them, and list location

- Glasses: \_\_\_\_\_
- Eating utensils: \_\_\_\_\_
- Dressing devices: \_\_\_\_\_
- Writing devices: \_\_\_\_\_
- Hearing devices: \_\_\_\_\_
- Oxygen: \_\_\_\_\_
- Flow rate: \_\_\_\_\_
- Suction equipment: \_\_\_\_\_
- Dialysis equipment: \_\_\_\_\_
- Sanitary supplies: \_\_\_\_\_
- Urinary supplies: \_\_\_\_\_
- Ostomy supplies: \_\_\_\_\_
- Wheelchair:
- Repair kit \_\_\_\_\_
- Motorized \_\_\_\_\_
- Manual \_\_\_\_\_
- Walker: \_\_\_\_\_
- Crutches: \_\_\_\_\_
- Cane(s): \_\_\_\_\_
- Dentures: \_\_\_\_\_
- Monitors: \_\_\_\_\_
- Other: \_\_\_\_\_
- \_\_\_\_\_

### Service Animal and Pet Supplies:

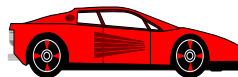
- Food
- Extra water and bowl
- Leash/Harness
- Collar
- Medication
- Vaccination and veterinary records
- Name of Veterinarian
- List phone numbers of someone who can care for your animal if you cannot, on your Emergency Phone List and Wallet Card.
- A picture of your pet

### Portable Disaster Supplies Kit:

- Written instructions for devices
- Small Flashlight
- Whistle or noise maker:
- Extra medication
- List of prescription medications, dosages and prescribing doctor.
- Extra pair of glasses
- Hearing aid
- Sanitary supplies
- Pad of paper and pencil
- Other \_\_\_\_\_

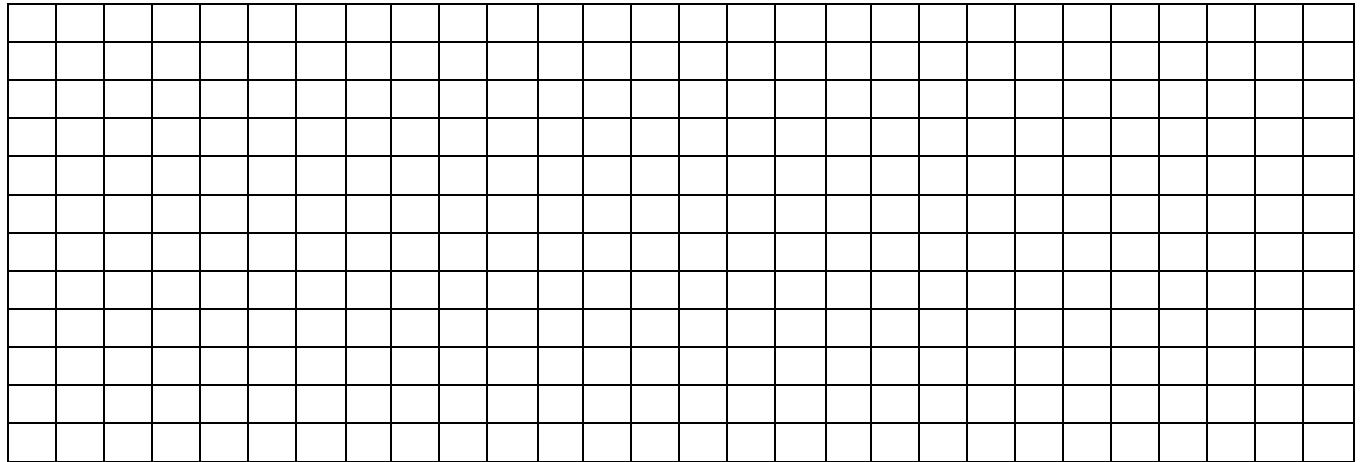
## 5. Put Your Plan In To Action

- Post emergency telephone numbers by phones.
- Teach children how and when to call 911.
- Keep at least one (1) phone that is not a cordless phone to use in a power outage.
- Ask your doctor or pharmacist if you can get an extra supply of your regular prescription.  
(Note: be sure to rotate stored medicines out so that they don't expire).
- Conduct a Home Hazard Hunt. (See page 2 of the Family Emergency Preparedness Plan Reference Guide.)
- Show responsible family members how and when to turn off the water, gas heating/cooling systems, and electricity at the main switches. See page 11 of the Family Emergency Preparedness Plan Reference Guide for more information.
- Make an inventory or video tape of valuable items. Be sure that a copy of this is stored in a safe place outside of your home (safe deposit box or with your out-of-area contact).
- Check for adequate insurance coverage.
- Talk to your neighbors to see if anyone has special training or equipment (like a generator). Make a plan for how you can work together.
- Keep enough gas in your car to evacuate.
- Take a first aid and CPR class
- Volunteer with local groups to prepare and assist with emergency response

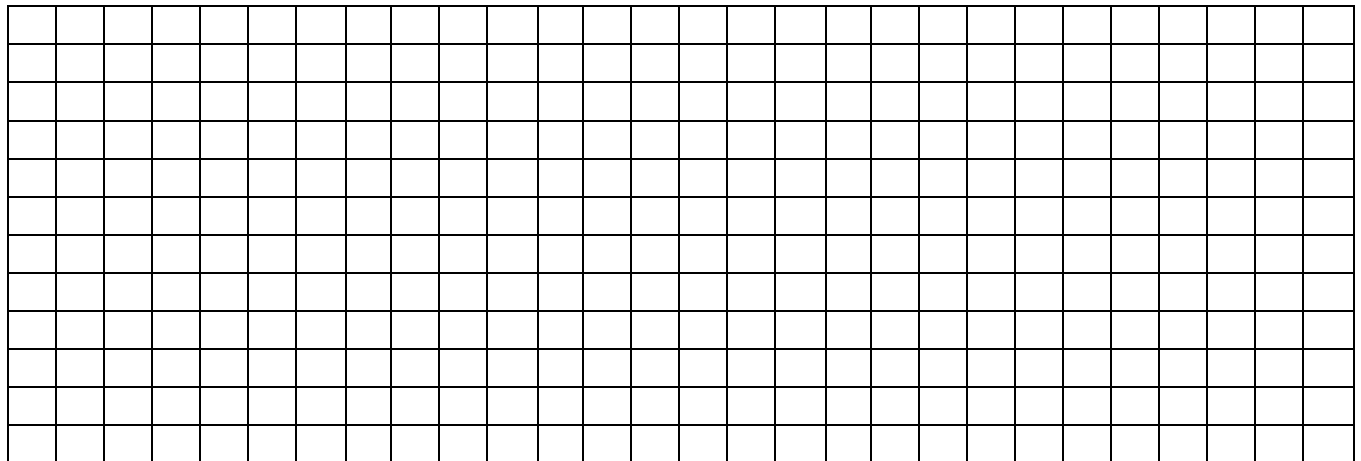


## 6. Complete a Home Emergency Diagram

Sketch the floor plan of your home and establish two exit routes from each bedroom. Use the symbols on the bottom of the page to label your sketch with the safe spots for each type of disaster, and emergency equipment and supplies. If there are additional floors in your house, use a blank piece of paper, and clip it into this workbook.




Floor One




Floor Two


Normal Exit Route 

Alternate Route 


Outside Reunion Location 


Tornado Safe Spot 

Fire Extinguisher 

Collapsible Ladder 

Disaster Supply Kit 

Chemical/Biological Safe Spot 

First Aid Kit 

## 7. Practice and Maintain your Plan

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Review your plans every six months, so everyone remembers what to do. Be sure to quiz kids on the family code word, and on where to meet in an evacuation. Write the date the 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 the phone numbers and info on your Emergency Phone List, and your 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 and change the batteries, and clean out the dust.
						Replace stored water every 6 months
						Rotate the food every 6 months – as necessary
						Rotate the medications from the emergency kit, into those you use regularly, and put fresh medications in the emergency kit.

*Hint: When you set your clocks in the fall and spring, also do your emergency plan updates.*