

# **FAMILY EMERGENCY PREPAREDNESS AND RESPONSE PLAN**

This document should be stored in a safe, waterproof container.

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# Household Members

| Household Members | Relation / Birthdate | Social Security |
|-------------------|----------------------|-----------------|
|                   |                      |                 |
|                   |                      |                 |
|                   |                      |                 |
|                   |                      |                 |
|                   |                      |                 |

| Pets | Pet Rabies Vaccination # | Vet Name and Number |
|------|--------------------------|---------------------|
|      |                          |                     |
|      |                          |                     |
|      |                          |                     |
|      |                          |                     |
|      |                          |                     |

# Household Information

|                                 |      |          |      |           |  |
|---------------------------------|------|----------|------|-----------|--|
| Home Address:                   |      |          |      |           |  |
| Phone 1:                        |      | Phone 2: |      |           |  |
| E-mail 1:                       |      |          |      |           |  |
| E-mail 2:                       |      |          |      |           |  |
|                                 |      |          |      |           |  |
| <b>Car Information:</b>         |      |          |      |           |  |
|                                 |      |          |      |           |  |
| Car 1:                          | Make | Model    | Year | License # |  |
| Car 2:                          | Make | Model    | Year | License # |  |
| Car 3:                          | Make | Model    | Year | License # |  |
|                                 |      |          |      |           |  |
| <b>Emergency Numbers:</b>       |      |          |      |           |  |
|                                 |      |          |      |           |  |
| <b>CALL 911 FOR EMERGENCY</b>   |      |          |      |           |  |
|                                 |      |          |      |           |  |
| Doctor #1:                      |      |          |      |           |  |
| Doctor #2:                      |      |          |      |           |  |
| Doctor #3:                      |      |          |      |           |  |
| Fire Number:                    |      |          |      |           |  |
| Police Number:                  |      |          |      |           |  |
| Ambulance Number:               |      |          |      |           |  |
| Poison Control Number:          |      |          |      |           |  |
| Hospital Emergency Room Number: |      |          |      |           |  |
| Name / Number:                  |      |          |      |           |  |
| Name / Number:                  |      |          |      |           |  |

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

# Contacts

| <b>Utility and Service Contacts</b> |         |         |
|-------------------------------------|---------|---------|
| 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   |

| <b>Insurance / Other Information (Health, Auto, Home and Life)</b> |                                     |              |
|--|-------------------------------------|--------------|
| <b>Name</b>  | <b>Policy # / Other Information</b> | <b>Phone</b> |
|  |                                     |              |
|  |                                     |              |
|  |                                     |              |
|  |                                     |              |

# Contacts

| Name | Address/Physical Location to Home | Phone | E-mail Address | Cell Phone Number |
|------|-----------------------------------|-------|----------------|-------------------|
|      |                                   |       |                |                   |
|      |                                   |       |                |                   |
|      |                                   |       |                |                   |
|      |                                   |       |                |                   |
|      |                                   |       |                |                   |

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

| <b>Out- of-Area Contact #1</b> |              |            |                   |
|--------------------------------|--------------|------------|-------------------|
| 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.*

| <b>Out- of-Area Contact #2</b> |              |            |                   |
|--------------------------------|--------------|------------|-------------------|
| Name                           | Home Address | Home Phone | E-mail Address    |
|                                | Work Address | Work Phone | Cell Phone Number |

# Contacts

## Work, School, and Other Contacts

|                       |                       |                     |
|-----------------------|-----------------------|---------------------|
| Household Member Name | Work / School / Other | Disaster Procedure* |
|                       | Address               |                     |
|                       | Phone                 |                     |
| Household Member Name | Work / School / Other | Disaster Procedure* |
|                       | Address               |                     |
|                       | Phone                 |                     |
| Household Member Name | Work / School / Other | Disaster Procedure* |
|                       | Address               |                     |
|                       | Phone                 |                     |
| Household Member Name | Work / School / Other | Disaster Procedure* |
|                       | Address               |                     |
|                       | Phone                 |                     |
| Household Member Name | Work / School / Other | Disaster Procedure* |
|                       | Address               |                     |
|                       | Phone                 |                     |

*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.*

# Procedures

## Reunion Procedures

|                                |   |
|--------------------------------|---|
| In or Around 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.) |

*Note: Identify and discuss with household members the reunion places if a disaster prevents anyone from entering the home. Also, reunion and evacuation procedures need to include children at school and house members with disabilities. Talk to school officials. Write down procedures.*

## Important Notes and Procedures

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

*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. In addition, please contact your local department of social services, local office on aging, and local office of disabilities to discuss registering your specific need (DIAL 211).*

# Medication List

|             |                 |                       |                      |
|-------------|-----------------|-----------------------|----------------------|
| User's Name | Medication Name | Dosage / Frequency    | Reason for Taking    |
| 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 Medicine |
| User's Name | Medication Name | Dosage / Frequency    | Reason for Taking    |
| 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 Medicine |
| User's Name | Medication Name | Dosage / Frequency    | Reason for Taking    |
| 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 Medicine |

*Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications. Take them with you if you have to evacuate to a shelter, friend's house, or other family members.*

|   |
|---|
| <b>Last Update for this Page:</b> Date: _____ |
|---|

## Pharmacy / Doctors / Specialists

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

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

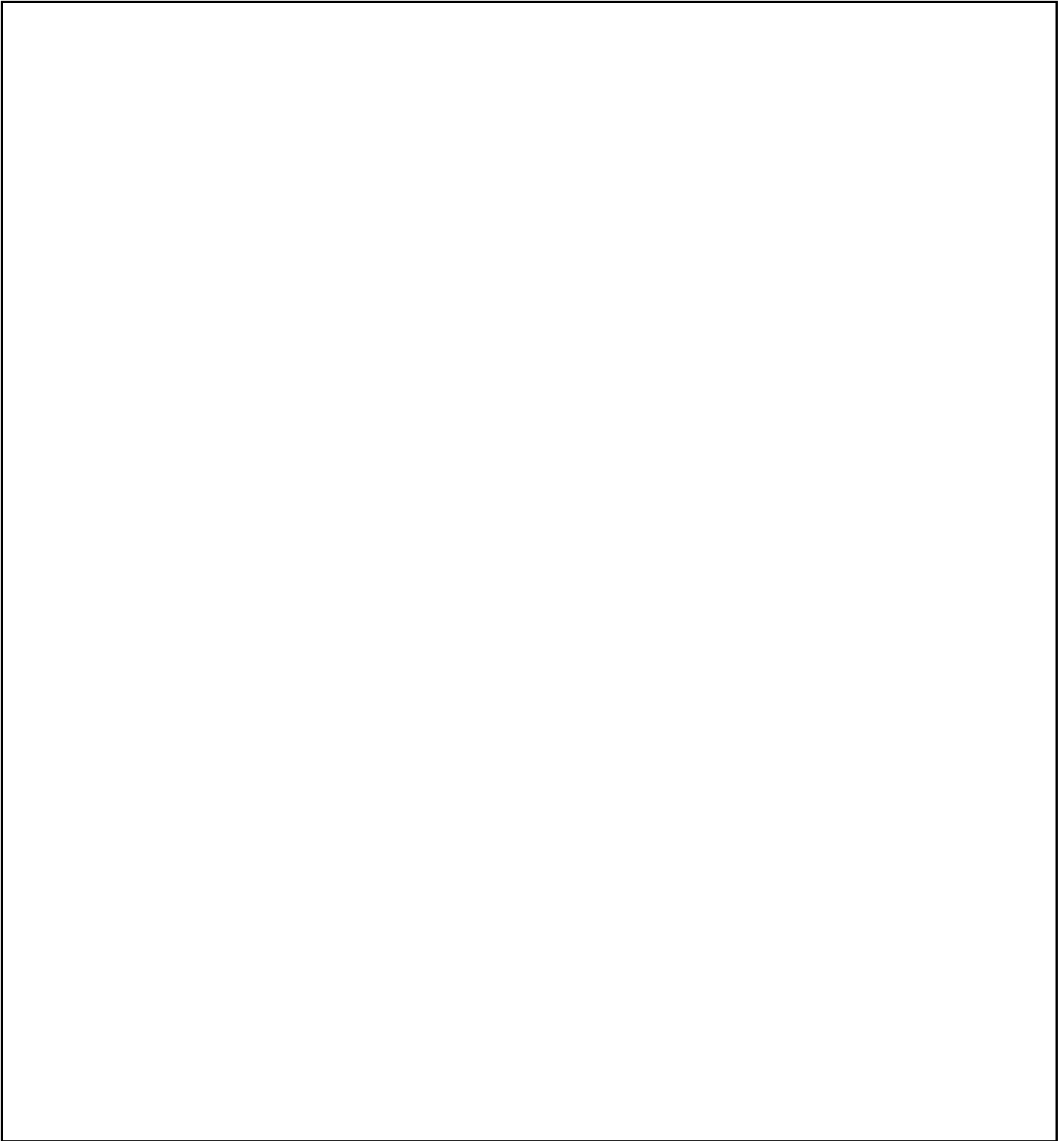
*Note: Fill this and all sections out in pencil. Update regularly.*

# Pharmacy / Doctors / Specialists (con't)

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

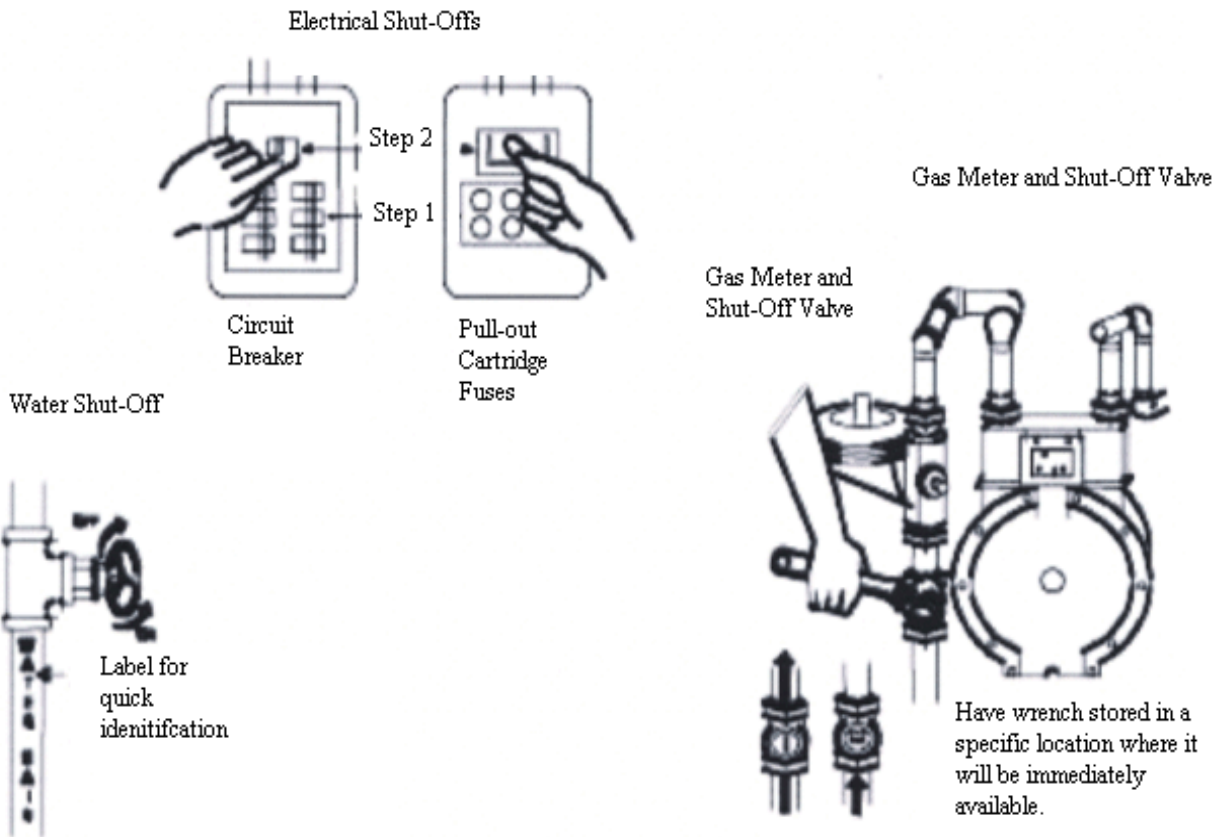
Last Update for Pharmacy/Doctors/Specialists:    Date: \_\_\_\_\_

# Home Layout / Diagram



Draw a layout of your home. Make sure you include locations of utility shut-offs and safety equipment like fire extinguishers, disaster supplies, evacuation plans, etc.

# Utility Control



## Electricity:

In the event that 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 last.

To re-energize your home, 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.

## Propane:

If you live in an area that uses outdoor propane or LPT 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.

**Never run a generator inside; doing so may cause carbon monoxide poisoning and possibly death!**

# Shelter-In-Place Disaster Supply Kit

- Water - at least 1 gallon daily per person for 3 to 7 days
- Food - at least enough for 3 to 7 days
  - Non-perishable packaged or canned food / juices
  - Foods for infants or the elderly
  - Snack foods
  - Non-electric can opener
  - Cooking tools/fuel
  - Paper plates/plastic utensils
- Blankets/Pillows, etc.
- Clothing - seasonal/rain gear/sturdy shoes
- First Aid Kit/Medicines/Prescription Drugs
- Special Items - for babies and the elderly
- Toiletries/Hygiene Items/Moisture Wipes
- Flashlight/Batteries
- Radio - Battery operated and NOAA weather radio
- Cash (with some small bills)
  - Banks and ATMs may not be open or available for extended periods.
- Keys
- Toys, Books, and Games
- Important documents - in a waterproof container or water tight re-sealable plastic bag
  - Insurance, medical records, bank account numbers, Social Security card, etc.
- Tools - keep a set with you during the storm
- Vehicle fuel tanks filled
- Pet care items
  - Proper identification/immunization records/medications
  - Ample supply of food and water
  - A carrier or cage
  - Muzzle and leash

# Other Sources of Information

## **FEMA**

1-800-621-FEMA (3362)

<http://www.fema.gov/>

## **Red Cross**

<http://www.redcross.org/services/prepare/>

## **Department of Aging and Disability**

[www.dads.state.tx.us/dem/hurricane.htm](http://www.dads.state.tx.us/dem/hurricane.htm)

## **Texas Evacuation Routes**

[www.txdps.state.tx.us/dem/hurricane.htm](http://www.txdps.state.tx.us/dem/hurricane.htm)

## **Assistance with evacuation - 211**

[www.211texas.org/211/](http://www.211texas.org/211/)

## **Important Number to Contact after a Disaster:**

### **Local Department of Social Services:**

*(Emergency food stamps, emergency Medicaid, emergency financial assistance)*

### **FEMA:**

*(Apply for disaster funds)*