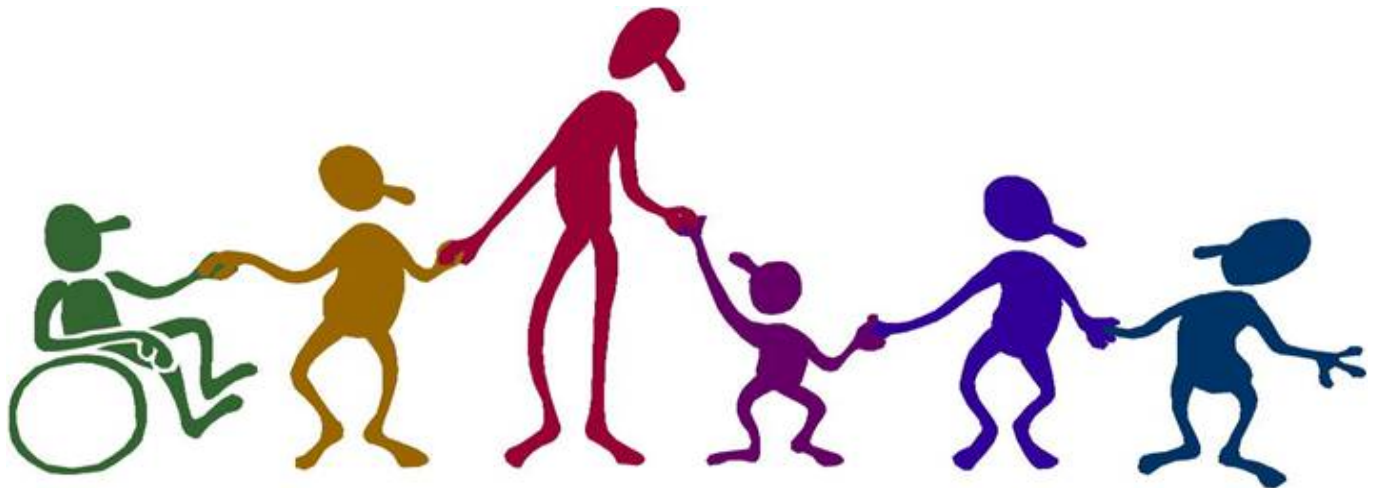


Family Emergency Preparedness Plan: Workbook for Those with Functional Needs



Family name: _____

Home telephone number: _____

Date prepared: _____ **Next review date:** _____

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

**This plan should be shared with family members,
caregivers, home healthcare workers, and neighbors.**

Functional Needs
Emergency Preparedness
Plan Workbook



Five Steps to Disaster Planning

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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 why it would be activated.

Type/description of signal:	
What to do:	
Why it's activated:	

Type/description of signal:	
What to do:	
Why it's activated:	

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 they don't have an emergency plan, volunteer to help create one.

Work – Emergency Plan Available? Y or N
Are you required to report to work? Y or N
If Y, list who, when and where: _____

School/Daycare – Emergency Plan Available? Y or N
Are their lists 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?

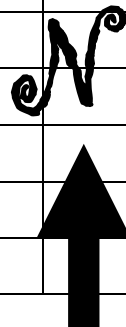
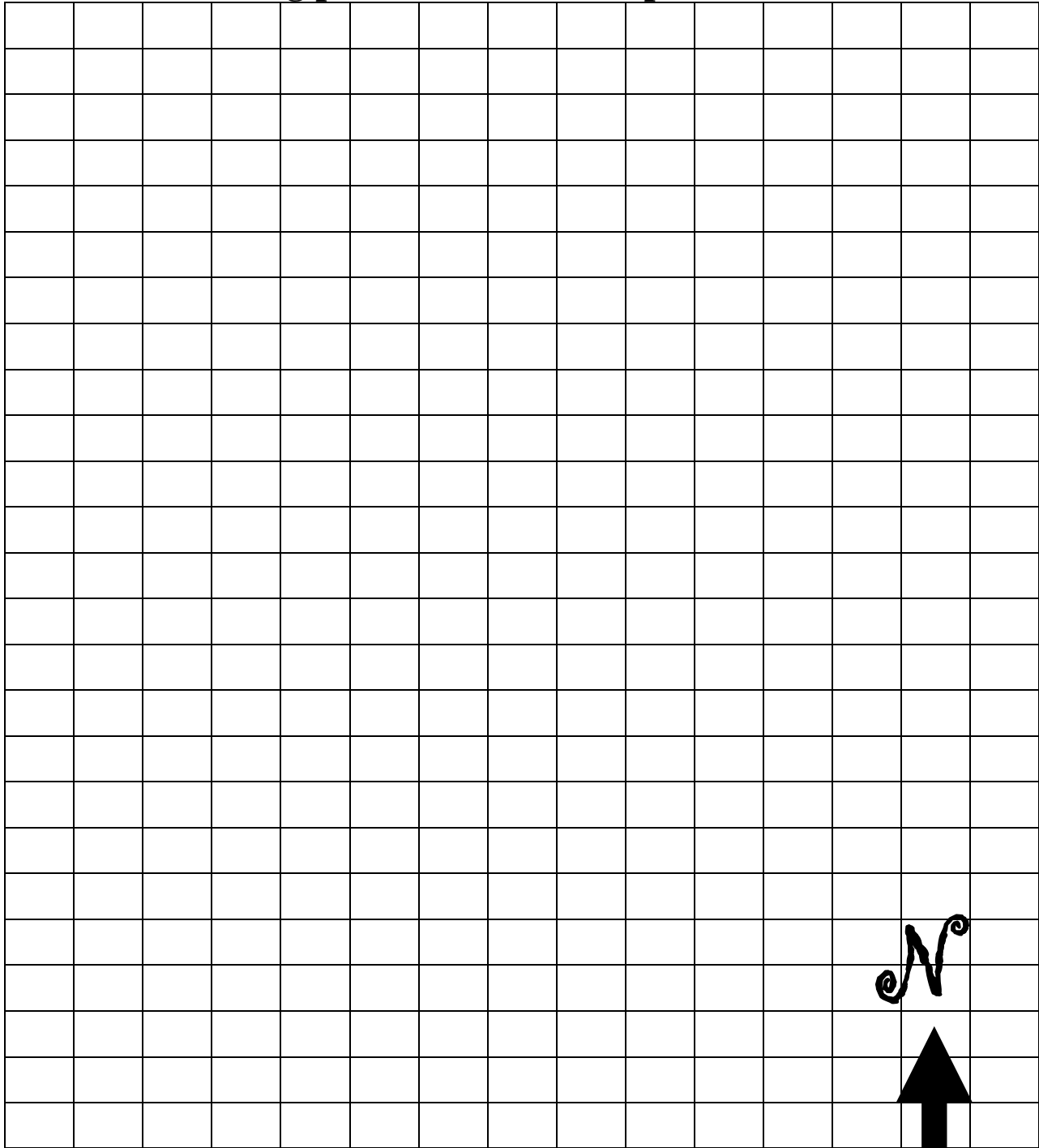
It's important to know the types of disasters that can occur in your community or household. Below are some common disasters and a place for you to add others that may occur in your area. Sit down with your social network (family, friends, neighbors) to identify your primary response/action (where you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

Fire	
Ice Storm/Winter	
Power Outage	
Flood	
Tornado	
Other:	
Other:	

--	--

Home Layout

Create a layout drawing below of your house and identify exits and meeting places or shelter-in-place locations.



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exits

List the location of exits & shelter-in-place locations inside your household (may be used in place of layout above).

Exit	
Exit	
Shelter-in-Place	
Shelter-in-Place	

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 Family Members

Identify people and pets living in your house. 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

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. These 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 if you identify a long distance number or send text messages long distance. 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

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

STEP 4: Get a Kit

Go-Kit

This should be a portable disaster kit that is easy to grab if you have to evacuate your home.

- 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**
 - 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)**
- See specialized list below for possible functional needs supplies/equipment you may need to include**

Basic Disaster Kit

This kit is usually larger and should be stored in your home. Your Go-Kit can be kept close by to compliment this kit. Remember to rotate perishable items every six months or so. A good reminder is when you reset your clocks in the spring and fall seasons.

Water

- **Canned vegetables, fruits, juices and meats may also supply a source of water as well as nourishment if needed.**

Purifying agent – household bleach

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

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**

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

Tools & Supplies

- Eating utensils/plates**
- Battery operated or hand-crank radio (with extra batteries)**
- Baggies/aluminum foil**
- Manual can opener**
- Flashlight**
- Whistle**
- Utility knife**
- Paper/pencil**
- Toilet paper**
- Soap/personal hygiene/hand sanitizer**
- Feminine products**
- Blankets**
- Entertainment**
 - **Games**
 - **Toys**
 - **Crossword puzzles**

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)**

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

**Large print provided by the OSDH Emergency
Preparedness & Response Service.**