

Family Preparedness Plan



The University of Georgia Office of Security and Emergency Preparedness March 2008

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Introduction

This plan is designed for you to list some of the more common problems that might affect a family and their home. As every family is different, some of the plan may not apply. It is also possible that you have other concerns you may wish to add to this plan. Modify as you wish.

We suggest that you not only review this plan with your family, but also let children in the family assist with the plan. Children may be able to draw a diagram of the house, conduct several of the checklists, gather information and other similar tasks. As the family participates in gathering the information it helps them to be more interested and understand emergency procedures.

When filled out, this plan may contain sensitive information such as information about insurance, identity, family member habits and similar information. For this reason, some care should be taken in where the plan is stored. We suggest creating an emergency kit which you can quickly take with you and placing the plan in your emergency kit bag. You may also consider giving a copy of the plan to a trusted friend or relative.

It is also important to review and update the plan regularly. The plan should be updated at least once a year or when significant changes to the household occur.

Please feel free to contact the Office of Security and Emergency Preparedness with any questions or comments about the family plan. Our e-mail contact is osep@uga.edu or call 706-542-5845.

Family Member Descriptions and Information

Please fill in information about every member of the family. This information can be very useful if someone is lost or if the family becomes separated during an emergency. This type of basic information can be helpful to emergency responders.

Name	Date of Birth	SSN
Cell Phone	E-Mail	Blood Type
Description (race, gender, hair/eye color, height, weight, glasses, scars, etc)		
Description Continued		

Name	Date of Birth	SSN
Cell Phone	E-Mail	Blood Type
Description (race, gender, hair/eye color, height, weight, glasses, scars, etc)		
Description Continued		

Name	Date of Birth	SSN
Cell Phone	E-Mail	Blood Type
Description (race, gender, hair/eye color, height, weight, glasses, scars, etc)		
Description Continued		

Name	Date of Birth	SSN
Cell Phone	E-Mail	Blood Type
Description (race, gender, hair/eye color, height, weight, glasses, scars, etc)		
Description Continued		

Name	Date of Birth	SSN
Cell Phone	E-Mail	Blood Type
Description (race, gender, hair/eye color, height, weight, glasses, scars, etc)		
Description Continued		

Work/School Addresses and Phone Numbers

List the contact information for all household members. If a disaster were to occur, household members need to know how to contact each other and where they might be. For students list the school/daycare they attend. Parents may also attach a school schedule so they know what class their children are in during the day. If there are elderly family members in daycare or other facilities, please list them also.

Family Member Name	Business/School	Supervisor/Teacher Name
Work/ School Address	City, State, ZIP	Floor
Work Phone Number	Cell Phone	Pager Number
Notes (Emergency pick-up location, directions, etc)		

Family Member Name	Business/School	Supervisor/Teacher Name
Work/School Address	City, State, ZIP	Floor
Work Phone Number	Cell Phone	Pager Number
Notes (Emergency pick-up location, directions, etc)		

Family Member Name	Business/School	Supervisor/Teacher Name
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Family Member Name	Business/School	Supervisor/Teacher Name
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Work/School Address	City, State, ZIP	Floor
---------------------	------------------	-------

Work Phone Number	Cell Phone	Pager Number
-------------------	------------	--------------

Notes (Emergency pick-up location, directions, etc)

Family Member Name	Business/School	Supervisor/Teacher Name
--------------------	-----------------	-------------------------

Work/School Address	City, State, ZIP	Floor
---------------------	------------------	-------

Work Phone Number	Cell Phone	Pager Number
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Notes (Emergency pick-up location, directions, etc)

Family Member Name	Business/School	Supervisor/Teacher Name
--------------------	-----------------	-------------------------

Work/School Address	City, State, ZIP	Floor
---------------------	------------------	-------

Work Phone Number	Cell Phone	Pager Number
-------------------	------------	--------------

Notes (Emergency pick-up location, directions, etc)

Wallet Cards

For ease in keeping information on your person, fill out the cards provided, cut them out, fold and put in your wallet or purse.

Emergency Contact Information

Name _____

Home Address _____

Phone Number _____

Neighborhood Meeting Place:

Personal Physician and phone number:

Vehicle make/model and tag number:

Person to notify in case of emergency:
(Include name/phone number)

Emergency Contact Information

Name _____

Home Address _____

Phone Number _____

Neighborhood Meeting Place:

Personal Physician and phone number:

Vehicle make/model and tag number:

Person to notify in case of emergency:
(Include name/phone number)

Emergency Contact Information

Name _____

Home Address _____

Phone Number _____

Neighborhood Meeting Place:

Personal Physician and phone number:

Vehicle make/model and tag number:

Person to notify in case of emergency:
(Include name/phone number)

Emergency Contact Information

Name _____

Home Address _____

Phone Number _____

Neighborhood Meeting Place:

Personal Physician and phone number:

Vehicle make/model and tag number:

Person to notify in case of emergency:
(Include name/phone number)

Emergency Contact List

Local Family/Friends/Neighbors:

List the names of local people who can be contacted in case of an emergency. You should discuss this emergency plan with the people that are listed on this form. They must know and understand their role if an emergency should occur.

Name	Physical Address	Home/Work Phone	Cell Phone	E-Mail
[Example] John Newton	123 Main Street Winterville, Ga. 30683	W- 706-542-5845 H – 706-353-1234	706-542-5555	jmnewton@uga.edu

Out of Town or Out of State Family/Friends/Neighbors:

List a contact that does not live in the same city. This should be a contact that would not be adversely affected by a disaster that affects your area. During disasters, local phones may be tied up. It may be possible to make a call to a person out of the area. Designate a person and a back-up for everyone in your family to call if an emergency occurs.

Name	Physical Address	Home/Work Phone	Cell Phone	E-Mail
[Example] John Newton	123 Main Street Winterville, Ga. 30683	W- 706-542-5845 H – 706-353-1234	706-542-5555	jmnewton@uga.edu

Meeting Places

List a meeting place near your home in case of a fire.

Meeting Place: _____

List any notes about the meeting place or any notes about evacuation procedures here:

List the neighborhood meeting place.

This should be a location for the family to meet in case there is a neighborhood evacuation. This should be a safe place within walking distance.

Meeting Place: _____

List any notes about the meeting place or any notes about evacuation procedures here:

List Tornado Shelter Area.

List the place in your home where you should go in case of a tornado. This should be a basement, hall closet or similar area away from glass.

Tornado Shelter Area: _____

Diagram of Home

Draw a layout of your home on this page. Note escape routes for fires and shelter locations for tornados. Also include locations of exits such as doors and windows, utility shutoffs and safety equipment like fire extinguishers, disaster supplies, evacuation plans and other items:

Vehicle Information

Vehicle 1:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Vehicle 2:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Vehicle 3:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Vehicle 4:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Vehicle 5:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Emergency Phone Numbers

Note: call 911 for emergencies. If 911 is out of service or busy, use the numbers listed below:

911

Ambulance: _____

Police: _____

Fire Department: _____

Poison Control: _____

Hospital #1: _____

Hospital #2: _____

Tow Truck: _____

Power Company: _____

Gas Company: _____

Name/Number: _____

Name/Number: _____

Name/Number: _____

Family Emergency Kit Checklist

When preparing for a possible emergency situation, it's best to think first about the basics of survival: **fresh water, food, clean air and warmth**. You should keep emergency supplies on hand. In addition, you should place some needed supplies in a container that can be quickly taken with you. In addition to a grab and go emergency kit, you should store other supplies in case of an emergency requiring you to stay where you are for an extended period of time. Below are suggestions for both an emergency kit and emergency preparation:

Grab & Go Emergency Kit:

- Container for kit – large plastic tub, camping backpack, large duffle bag or similar container
- Water – 1 gallon per person per day (include as much as you can fit)
- Food – Three day supply of non-perishable food such as
 - Ready to eat canned meats, fruits, and vegetables
 - Canned juices, milk and soup
 - High energy food – peanut butter, granola bars, trail mix
- Battery powered radio and batteries
- Flashlight and extra batteries
- First Aid Kit
- Whistle – to signal for help
- Filter mask – cotton t-shirt can also help filter the air
- Wrench or pliers – tools to turn off utilities
- Manual can opener – for canned food – not needed if canned food is not included
- Plastic sheeting and duct tape
- Garbage bag and plastic ties – for personal sanitation
- Clothing – at least one complete change of clothing
- Hygiene – toilet paper, feminine supplies, soap, towelettes
- Medications
- Important documents
- Blankets or sleeping bags
- Utility knife

Other items to store in the home if you need to stay at home for an extended period of time:

- Water – at least 1 gallon per person per day 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 / cooking fuel (take care in storing fuel)
 - Paper plates / plastic utensils

- Copy of your emergency plan
- First aid kit
 - Aspirin or nonaspirin pain reliever
 - Anti-diarrhea medication
 - Antacid
 - Sterile adhesive bandages
 - Sterile gauze
 - Hypoallergenic adhesive tape
 - Roller bandages
 - Scissors
 - Tweezers
 - Antiseptic
 - Thermometer
 - Cleansing agent/soap
 - Latex gloves
- Flashlight / Batteries
- Radio – Battery operated and NOAA weather radio or crank operated radio
- Cash (with some small bills)
 - Banks and ATMS may not be open or available for extended periods
- Non-electric watch or clock
- Important documents – in a waterproof container or watertight resealable plastic bag
 - Insurance, medical records, bank account numbers, social security cards, etc.
- Tools – to turn off utilities as needed
- Pet care items
 - Proper identification / immunization records / medications
 - Ample supply of food and water
 - A carrier or cage
 - Muzzle and leash
- Soap / shampoo / deodorant / toothpaste / toothbrush / moisture wipes
- Knife
- Flares
- Whistle
- Needles and thread
- Make sure vehicle fuel tanks are half-full

Rethink your kit once a year. Replace food and water every six months.

Shutting off Utilities

In case of emergency it is important to know how to shut off utilities. Before attempting any of the utility controls explained below, make sure you and the other members of your household understand the shut-off procedures. Consult your local utility company if necessary.

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 the smaller breakers one by one
2. Flip the “main” breaker last

To reenergize your home, reverse the steps above.

Water:

In the event you need to shut off water 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.

If you use well water, flip the breaker to the well pump to “off” or flip the “main” breaker to “off” if you are unsure of which breaker controls the well pump. Turning off the “main” breaker will turn off all electricity. There may also be a switch to turn off all water in the well house.

Metered 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 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.

Emergency Planning for Pets

If you have to evacuate your home, take your pets with you. Even if you think the evacuation is only temporary take your pets. You may not be able to return to your home to care for them.

If evacuation is recommended, leave early. Do not wait for a mandatory evacuation. If you wait to be evacuated by emergency officials, you may be told to leave your pets behind.

Your pets should be wearing identification. The identification should include a phone number where you can be reached when you are not at home. You may consider including an out of town phone number in case cell phone service is limited.

Research evacuation shelters and hotels. Not all shelters and hotels allow pets. Do your homework ahead of time. Make a list of pet friendly places you can stay.

If you do not evacuate, keep your pets with you in the area where you decide to wait out the disaster. Do not leave your pets outside in a storm. Pets should remain in carriers if possible. If not, dogs should remain on leashes. Keep a supply of pet food, water and any medicines needed by your animals.

If a storm or other disaster is approaching, keep your animals nearby. You need to be able to quickly evacuate with your animals as the need arises.

After a disaster do not let your pets roam loose. Familiar smells and landmarks may be gone causing your pet to become disoriented or lost. Try to get your pets back into a normal routine after a disaster to decrease the stress on your pets.

Animal Evacuation Check-List:

- Medication and medical records in a waterproof container
- Pet first aid book relevant to your animals
- Sturdy leashes, harnesses and carriers for transport
- Current photos and descriptions of your pets
- Food and water bowls
- Cat litter and litter box if applicable
- Feeding schedules, medical conditions, behavior problems and the name/number of your veterinarian in case you have to board your pets
- Pet beds and toys
- Optional items such as newspapers, paper towels, plastic trash bags, grooming items, and household bleach

Common Emergencies

Here are suggested actions for some common emergencies. These suggestions are not specific to your house or location. Make changes to these suggested responses as necessary. Be sure to add plans for any members of the family with special needs such as sight issues or mobility issues.

Medical Emergency:

Call 911 and tell them your location and that there is a medical emergency. Stay on the phone for instructions. Tell them how many people are injured. Keep a list of medicine taken by family members, the dosage and the name of the doctor/pharmacy.

Notes: _____

Fire:

Alert other family members and tell them to get out of the house. Call 911 and tell them your location and that there is a fire in the house. Stay low. Crawl on the floor and stay low when exiting. Get out of the house quickly. Do not open a door if it is hot. When you get out of the house, meet at the pre-determined meeting place. Make sure everyone is accounted for. If someone could not get out of the house, tell the first responders that someone is still in the house and the location of the person in the house.

Notes: _____

Tornado:

Keep a NOAA weather radio turned on so that it can be heard. Make sure the batteries in the radio are charged. When the tornado warning goes off, stay away from windows and glass. If there is a basement go to the basement. If you are in a house without a basement, stay in a hallway or hall closet. Listen to the radio to find out when the tornado warning is over. If you are outside lie in a ditch or crouch near a strong building.

Notes: _____

Suspicious Person:

If there is a suspicious person in your house and you can get out, leave the residence. Call 911 and tell them your location and that there is an unknown person in your house. If you cannot speak on the phone, call 911 and hang-up. If you can't leave, close the door to your room and lock it. Put furniture in front of the door to prevent the stranger from coming inside. Wake up

others inside the home and warn them of the problem. If you can activate an audible alarm, turn the alarm on so that it attracts the attention of others. If the person leaves, immediately write down the description of the person so you can give it to the police when the police arrive.

Notes: _____

Chemical/Hazardous Materials Spill:

Call 911 and tell them the location and the problem. Provide the information on the type of chemical if known, the size of the spill and possible exposures. Evacuate the immediate hazardous area. After leaving the hazardous area contact the responders to determine if decontamination is needed.

Notes: _____

Earthquake:

If you are indoors stay there. Stay away from windows, book cases and tall shelves. Get under a table or desk and hold on to it. Be prepared to move with it and hold that position until the shaking stops. If you don't have anything to get under, brace yourself in an interior corner. If you are in a mobile home that is resting on A-Frame supports, get on top of the bed or sofa and cover your head and face. Watch for falling debris, flying objects and sliding objects.

Notes: _____

Household Hazards Inspection Checklist

You should inspect your home for possible hazards. This is not an exhaustive list of issues that might be present in your home, but are suggestions of items you should look for.

- Defective electrical wiring/overloaded electrical plugs
- Leaky gas connections
- Shelves that are not fastened securely and may fall
- Large, heavy objects are located higher shelves that may fall off
- Mirrors and pictures are placed where they could fall on beds
- Cracks in ceilings and/or foundations
- Weed killers, pesticides and flammable products are stored too close to heat sources
- There are two ways to evacuate the house from each room / ensure exits are not blocked
- Smoke detectors/carbon monoxide detectors are present in home
- Fire extinguisher working
- Flashlights are easy to find and batteries are charged
- Emergency kit is stocked and ready to use
- NOAA weather radio is working properly

Checklist of Safety Plans Discussed and Practiced

You should practice and discuss safety plans. Put a check indicating whether the plan was discussed, practiced or both and list the date.

Plan	Discussed	Practiced	Date
Fire Drill			
Tornado Drill			
Suspicious Person			
Power Outage			
Flood			
Hazardous Material Spill			

Family Emergency Plan Updated

Update and Review Plan	Update Date:	Updated by:
[Example] Created Plan for the First time	September 26, 2007	John Newton

Financial Records

It is important to keep back-up financial information. The records can be maintained in a safe deposit box, a home safe or in another secure place away from the home. Home safes should be placed on the bottom floor so they do not fall through the floor during a fire. If your home is destroyed, these documents may be important for proving your identity, accessing your finances and getting government assistance.

Get official copies or make photocopies as applicable:

- Birth Certificate(s)/Adoption Papers
 - Marriage License/Divorce Papers
 - Social Security Card(s)
 - Passport/Green Cards
 - Will/Name & Address of Attorney
 - Power of Attorney/Living Will Documents
 - Mortgage or Real Estate Deeds/Documents
 - Vehicle Titles/Ownership Papers
 - Copies of Driver's License(s)
 - Stock and Bond Certificates
 - Military Records
 - Checking, Savings, Retirement Account Statement*
 - Credit Card Account Statements/Photo copy of Credit Cards*
 - Investment Account Statements
 - Copies of Health Insurance Cards
 - Medical Records/Immunizations/Allergies/Dental Records
 - Warranties/Receipts for Major Purchases
 - List of Valuables in Home w/Serial Numbers & Descriptions
- * One copy showing current account number, bank name, phone number, etc.

Financial Advisor

Last Name

First Name

Middle Name

Company/Firm

Account Number

Street Address

City, State, ZIP

Work Phone

Cell Phone

E-Mail

Additional Financial Contact

<hr/>		
Last Name	First Name	Middle Name
<hr/>		
Company/Firm	Account Number	
<hr/>		
Street Address	City, State, ZIP	
<hr/>		
Work Phone	Cell Phone	E-Mail

Credit Card Information

<hr/>	
Credit Card Type (Master Card, Visa, AMEX, etc)	Account Number
<hr/>	
Issuer of the Card	Expiration Date
<hr/>	
Member Services Phone Number	Cancellation Phone Number
<hr/>	
Security Code (AMEX: 4 digits on front of card, MC or Visa 3 digits on back)	Web Site

Credit Card Information

<hr/>	
Credit Card Type (Master Card, Visa, AMEX, etc)	Account Number
<hr/>	
Issuer of the Card	Expiration Date
<hr/>	
Member Services Phone Number	Cancellation Phone Number
<hr/>	
Security Code (AMEX: 4 digits on front of card, MC or Visa 3 digits on back)	Web Site

Insurance Information

1.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
--------------------------------------	----------------------

2.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
--------------------------------------	----------------------

3.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
--------------------------------------	----------------------

4.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
--------------------------------------	----------------------

5.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
--------------------------------------	----------------------

6.

Name of Insurance Company	Policy Number
---------------------------	---------------

Type (auto, homeowners, health, etc)	Contact Phone Number
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Web Sites for Additional Emergency Planning

- <http://www.osep.uga.edu> – UGA Office of Security and Emergency Preparedness
- <http://www.gema.state.ga.us/> - Georgia Emergency Management Agency
- <http://www.fema.gov/> - Federal Emergency Management Agency
- <http://www.ready.gov/> - A federal preparedness web site
- <http://www.ready.ga.gov> – State of Georgia Preparedness web site
- <http://www.bt.cdc.gov/> - Center for Disease Control Emergency Preparedness Site
- <http://www.pandemicflu.gov/> Federal web site for Pandemic Influenza Preparedness
- <http://www.dhs.gov/index.shtm> - Department of Homeland Security
- <http://www.redcross.org/> - American Red Cross
- <http://www.operationhope.org/effak/> - Emergency Financial First Aid Kit