

FAMILY PREPAREDNESS PLAN

DATE: _____



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Special Thanks to the following organizations that acted as resources in the development of our
Ottawa County Health Department Family Preparedness Plan Template:

American Red Cross
Center for Disease Control and Preventions
Michigan Department of Environmental Quality
Federal Emergency Management Association – Ready.gov
Humane Society

Ottawa County Sheriff's Office – Emergency Management Unit: Family Preparedness Guide
Shawnee County Family Response Plan



It will never happen to me... That only happens in large cities or metropolitan areas... Terrorist targets, what targets...Although many people following the above pattern of thinking, we all know the truth about disasters. Disasters can occur anywhere to anyone, they have no limitations. So the question is...

Are you prepared?

Preparedness at the community and county levels is happening everyday, but none of those efforts will succeed if you as a community member and your family are not protected. Take this mini survey to see if you are prepared...

- | | | |
|--|-----------|----------|
| Does your family have a prepared disaster plan? | _____ Yes | _____ No |
| Do you have an established meeting place? | _____ Yes | _____ No |
| Do you have a plan for communicating with your family? | _____ Yes | _____ No |
| Do you have all contact information in one location? | _____ Yes | _____ No |
| Do you have a disaster GO kit prepared? | _____ Yes | _____ No |
| Can you shelter in place for up to 10 days? | _____ Yes | _____ No |
| Do you have out of town contacts? | _____ Yes | _____ No |
| Does your family know your plan? | _____ Yes | _____ No |
| Have you updated your plan? | _____ Yes | _____ No |
| Can everyone access your plan? | _____ Yes | _____ No |
| Are all your important documents in one secure location? | _____ Yes | _____ No |

Well if you got 100% on the survey, congratulations!!!!. Most people likely checked yes on only one or two items in their list. So...who is responsible for the health and welfare of you and your family in an emergency or disaster?

YOU ARE!

We are here to help you lessen the impact of a disaster that may impact your family, by providing you with this booklet which is intended to give you a format for a Family Preparedness Plan. This booklet is equipped with templates and suggestions on what to include. Feel free to add or subtract to the plan in order to best meet your families needs. Remember, by completing this plan you will be one step closer to ensuring the safety and security of your family.

You can complete this booklet by hand, via the CD ROM, or the download from the Front Page.



Family Preparedness Plan:

Household Members and Pet(s) Inventory

You will want to begin the process with an assessment of your home, family members, and pets. Along with the assessment you will want to compile important information about your home and vehicles.

Household Member Names	Gender	Date of Birth	Age	Relation	Social Security Number	Special Needs (details on pg. ???)

Total Number of Persons in the Family:

# of:	Adults (18 yrs & over)	Male	_____	Female	_____
	Youth (13 - 17 yrs)	Male	_____	Female	_____
	Children (4 – 12 yrs)	Male	_____	Female	_____
	Baby (1 day - 3 yrs)	Male	_____	Female	_____

Family members with special needs:

# of:	Elderly (over 65 yrs.)	_____
	Persons with Disability	_____
	Sick Persons	_____
	Pregnant women	_____
	Other	_____



Household Information

Home Address:	
Secondary Address:	
Primary Phone:	
Secondary Phone:	
Primary E-Mail:	
Secondary E-Mail:	
Cell Phone:	
Cell Phone:	
Other: _____	
Other: _____	

Vehicle Information

	Make	Model	Year	VIN #	License Plate #	Color
Vehicle #1:						
Vehicle #2:						
Vehicle #3:						
Vehicle #4:						
Vehicle #5:						



Insurance

Household Policy	
Household Policy #:	
Company Name:	
Address:	
Phone:	
E-mail:	

Vehicle Policy	
Vehicle Policy #:	
Company Name:	
Address:	
Phone:	
E-mail:	

Life Insurance Policy	
Life Insurance Policy #:	
Company Name:	
Address:	
Phone:	
E-mail:	

Health Insurance Policy	
Life Insurance Policy #:	
Company Name:	
Address:	
Phone:	
E-mail:	

Other Policy: _____	
Household Policy #:	
Company Name:	
Address:	
Phone:	
E-mail:	



Steps to Creating a Family Plan

Now that you have compiled all of the priority information, next you will want to develop your plan. Your plan should consist of at minimum the following questions.

1. Discuss with your family the need to prepare for disaster. Explain the danger of fire, severe weather (tornadoes, flooding) and potential illnesses to children.

2. Develop a plan to share responsibilities and how to work together as a team.



- Discuss the types of disasters that are most likely to occur and how to respond.

What do we mean by this? Know the types of weather that your geographical area is accustomed to and prepare for the worst. Take a strong look at your community and the location of your home. It is located near railroad tracks, what is transported via the tracks, etc.

- Establish meeting places inside and outside your home, as well as outside the neighborhood. Make sure everyone knows when and how to contact each other if separated.

Meeting Places

	Address	Phone Number	Method of Transportation
Neighborhood Meeting Place:			
Local Meeting Place:			
County Meeting Place:			
Regional Meeting Place:			
Evacuation Meeting Place:			



5. Decide on the best escape routes from your home. Identify two ways out of each room.

6. Learn what to do if you are advised to evacuate or shelter in place. Write below your families plan for evacuation and shelter in place.

Evacuation

- △ Securely lock your home
- △ Place protective materials over windows and doors (board up if resources are available)
- △ Store valuables and furniture as high as possible
- △ Park vehicles against strong walls
- △ Ensure that your yard is clean and clear (furniture, lawn equipment, etc)
- △ Take down TV antenna
- △ Place both you refrigerator and freezer on the highest setting



7. Create a home diagram for the following utilities:

a. Natural Gas

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.

Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home.

When you learn the proper shut-off procedure for your meter, share the information with everyone in your household. Be sure not to actually turn off the gas when practicing the proper gas shut-off procedure.

If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas, using the outside main valve if you can, and call the gas company from a neighbor's home.

CAUTION - If you turn off the gas for any reason, a qualified professional must turn it back on. **NEVER** attempt to turn the gas back on yourself.

Details about turning the power off in your home:

b. Water

Water quickly becomes a precious resource following many disasters. It is vital that all household members learn how to shut off the water at the main house valve.

- △ Cracked lines may pollute the water supply to your house. It is wise to shut off your water until you hear from authorities that it is safe for drinking.
- △ The effects of gravity may drain the water in your hot water heater and toilet tanks unless you trap it in your house by shutting off the main house valve (not the street valve in the cement box at the curb—this valve is extremely difficult to turn and requires a special tool).



Preparing to Shut Off Water

- △ Locate the shut-off valve for the water line that enters your house.
- △ Make sure this valve can be completely shut off. Your valve may be rusted open, or it may only partially close. Replace it if necessary.
- △ Label this valve with a tag for easy identification, and make sure all household members know where it is located.

Details about turning the water off to your home:

c. Electricity

Electrical sparks have the potential of igniting natural gas if it is leaking. It is wise to teach all responsible household members where and how to shut off the electricity.

Preparing to Shut Off Electricity

- △ Locate your electricity circuit box.
- △ Teach all responsible household members how to shut off the electricity to the entire house.

FOR YOUR SAFETY: Always shut off all the individual circuits before shutting off the main circuit breaker.

Details about turning the electricity off in your home:



d. Propane

If you live in an area that utilizes propane or LPG, locate the tank outside of the home. Because there may be different types of shut off valves for different propane tank configurations, it is important to contact your local propane company for guidance on preparation and response regarding propane appliances and service to your home.

Details about turning the propane off in your home:

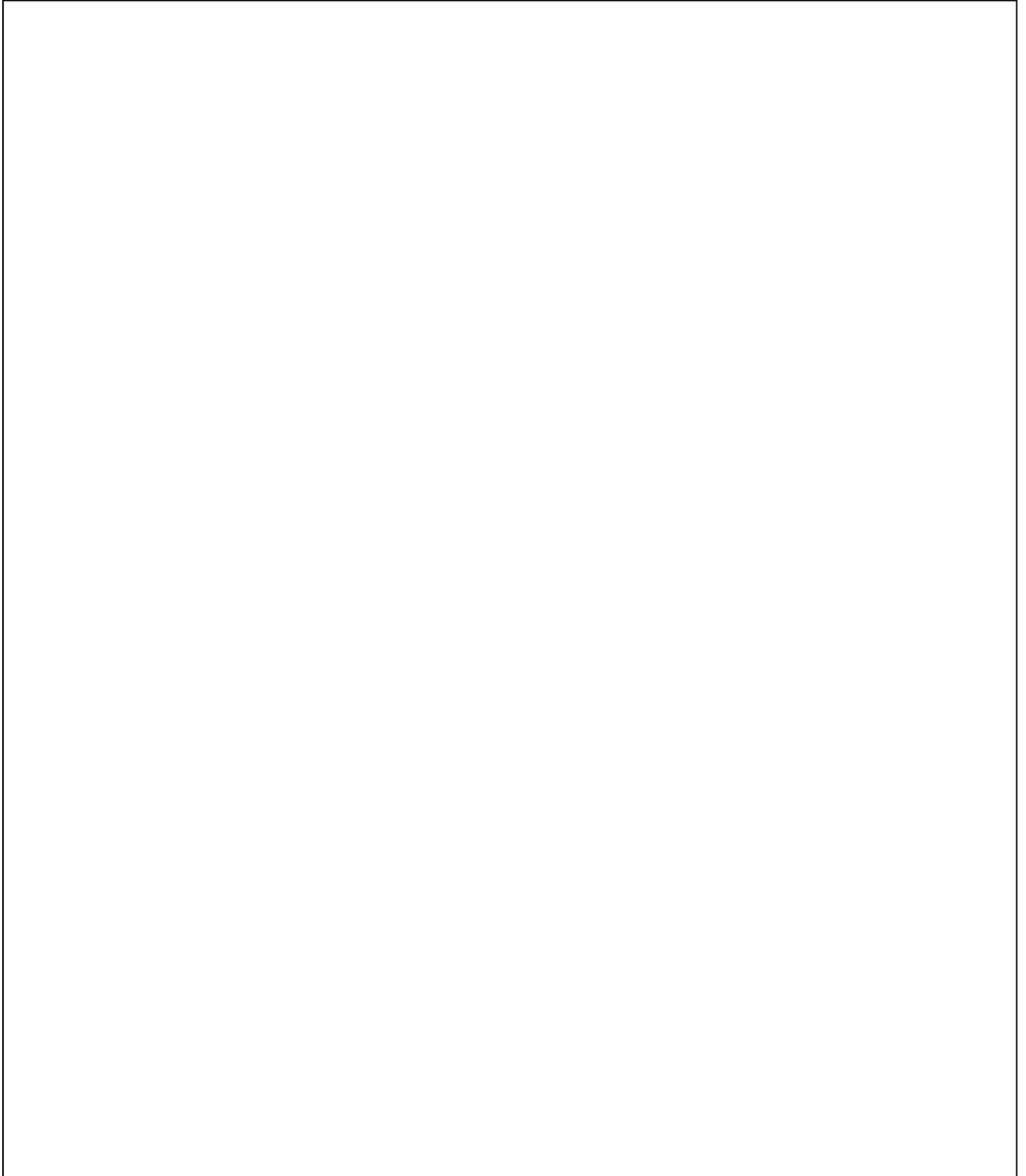
e. Other

Details about disconnecting appliances in your home:



Home Diagram for Utilities

Draw a layout of your home with details in regard to the utilities...



Family Emergency Go Kit

Essentials

- △ Family Emergency Plan
- △ Radio - battery operated
- △ Flashlight - battery operated
- △ Extra batteries, extra bulbs
- △ Wooden matches in waterproof container
- △ Candles - caution they often cause more fires after a disaster

Water Note: Replace water supply every 6 months

- △ 3 gallons per person—minimum
- △ Sealed, unbreakable container
- △ Additional water for sanitation

Food (3 to 5 day supply)

- △ Ready to eat canned meats, soups, fruit, & vegetables
- △ Soups - bouillon cubes or dried soups in cup
- △ Milk - powdered or canned
- △ Juices - canned, powdered or crystallized
- △ Smoked/Dried meats (aka, jerky)
- △ Vitamins
- △ High energy snacks: peanut butter, nuts, trail mix
- △ Cereals
- △ Sugar, salt, & pepper

First Aid Kit

- △ Scissors
- △ Thermometer
- △ Needles
- △ Latex gloves (2 pairs)
- △ Moistened towelettes
- △ 2" sterile gauze pads (4-6)
- △ 2" sterile roller bandages (3 rolls)
- △ Triangular bandages (3)
- △ Tube of petroleum jelly or other lubricant
- △ Sterile adhesive bandages in assorted sizes
- △ Sunscreen
- △ Tweezers
- △ Cleansing Agent/Bar of soap
- △ Tongue blades (2)
- △ Assorted sizes of safety pins
- △ 4" sterile gauze pads (4-6)
- △ 3" sterile roller bandages (3 rolls)
- △ Hypoallergenic adhesive tape
- △ Safety razor blades
- △ Antiseptic spray
- △ Water purification tablets

Sanitation

- △ Disinfectant
- △ Soap, liquid detergent
- △ Feminine supplies
- △ Toilet paper, towelettes, paper towels
- △ Plastic garbage bags, ties
- △ Household chlorine bleach
- △ Personal hygiene items
- △ Plastic bucket with tight lid

Tools & Supplies

- △ Whistle
- △ Crowbar
- △ Paper & pencil
- △ Medicine dropper
- △ Signal flare
- △ Assorted nails, wood screws
- △ Plastic storage containers
- △ Money: cash or traveler's checks, change
- △ Non-electric can opener, utility knife
- △ Mess kits, or paper cups, plates and plastic utensils
- △ Tape, duct and plumber's tape or strap iron
- △ Patch kit and can of seal-in-air for tires
- △ Shut-off wrench (turn off household gas and water)
- △ Aluminum foil
- △ Compass
- △ Plastic sheeting
- △ Needles, thread
- △ Shovel, pliers, screwdriver, hammer, etc.
- △ Heavy cotton or hemp rope
- △ Map of the area (for locating shelters)
- △ Fire extinguisher
- △ Tent/tarp
- △ Dusk mask and work gloves

Clothing & Bedding

- △ Sunglasses
- △ Hat and gloves
- △ Blankets or sleeping bags
- △ Rain gear
- △ Sturdy shoes or work boots; warm socks
- △ Thermal underwear
- △ One complete change of clothing and footwear per person (at least)

Baby

- △ Formula or Powdered Milk
- △ Bottles
- △ Diapers

Pets

- △ Food (Non-tippable containers)
- △ Leash, harness or carrier, litter/pan
- △ Records of vaccinations

Entertainment

- △ Games
- △ Books

Special Considerations

- △ Medications
- △ Contact lenses/eye glasses
- △ Prepaid phone card
- △ Cell phones



Preparedness Kit for your Car

Essentials

- △ Radio - battery operated
- △ Flashlight - battery operated
- △ Extra batteries, extra bulbs
- △ Blankets
- △ Jumper cables
- △ Fire extinguisher
- △ Maps
- △ Shovel, pliers, screwdriver, hammer, etc
- △ Flares
- △ Bottled water
- △ Tire repair kit and pump
- △ Non perishable, high energy snacks: peanut butter, nuts, trail mix, and crackers
- △ Compass
- △ Sunglasses
- △ Hat and gloves
- △ Rain gear
- △ Sturdy shoes or work boots; warm socks
- △ Prepaid phone card
- △ Cell phones

Survival Kit for your Pet

Essentials

- △ Identification collar and rabies tags
- △ Carrier or cage
- △ Leash
- △ Any medications (be sure to check expiration dates)
- △ Newspapers and plastic trash bags for handling waste
- △ 2 week supply of water, food and food/water dishes
- △ Vet records (most animal shelters do not allow pets without proof of vaccination)

Food & Water Supply Tips

Short-Term Food Supplies

Easiest way is to increase the amount of foods kept on your shelves

Storage Tips

- △ Keep food in dry , cool spot - a dark area if possible
- △ Keep food covered at all times
- △ Open food carefully so they can be completely closed after each use
- △ Wrap cereals, cookies, and crackers in plastic bags, and keep them in tight containers
- △ Utilize screw top jars or air tight cans when possible
- △ Inspect all foods for signs of spoilage before use
- △ Date food with marker, rotate food through daily use
- △ Place new items in the back of the storage area

Nutritional Tips

- △ Eat at least one well balanced meal a day
- △ Drink enough liquid to enable your body to function properly
- △ Take in enough calories
- △ Include vitamins, minerals and protein supplements in your stockpile

Purify Water

- 1) Boiling – safest method for purifying – bring water to a rolling boil for 3 to 5 minutes keeping in mind that some water will evaporate. Let the water cool before drinking. Boiled water will taste better if you put oxygen back into it by pouring the water back and forth between two clean containers. It will improve the taste of stored water
- 2) Disinfection – liquid bleach – use only regular household liquid bleach that contains 5.25 percent sodium hypochlorite. Do not use scented bleaches, color-safe bleaches or bleaches with added cleaners. Add 16 drops of bleach per gallon of water; stir and let stand for 30 minutes. If the water does not have a slight bleach odor, repeat the dosage and let stand another 15 minutes. The only agent used to purify water should be household liquid bleach.



Emergency Contact Information:

Household Member(s)

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	

Household Member Name:			
Work/School:		Address:	
Phone:		Alt. Phone:	
E-mail:		Other:	



Emergency

Emergency:	911
Police Number:	
Fire Number:	
Ambulance Number:	
Poison Control Number:	
Hospital ER Number:	
Information Hotline:	211
Other: _____	
Other: _____	
Other: _____	
Other: _____	

Family, Friends, and Neighbors

Name	Address	Distance from Home	Home #	Work #	Cell #	E-mail



Out of Area Contacts

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Name:	Relationship:
Home Address:	Work Address:
Home Phone:	Work Phone:
Cell Phone:	E-mail:



Medical Information:

Physicians Contact List

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	

Family Member Name(s):			
Physician Name:		Type of Service:	
Phone:		Address:	
Emergency Phone:		Other:	



Specialists Contact List

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Family Member Name(s):			
Specialist Name:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	



Pharmacy Contact List

Pharmacy:			
Phone:		Address	
Emergency Phone:		Other:	

Pharmacy:			
Phone:		Address	
Emergency Phone:		Other:	

Pharmacy:			
Phone:		Address	
Emergency Phone:		Other:	

Other Medical Contacts List

Other:			
Other:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Other:			
Other:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	

Other:			
Other:		Type of Service:	
Phone:		Address	
Emergency Phone:		Other:	



Individual Immunization Records

Ages for Routine Childhood Vaccinations

Birth

2 Months

4 Months

6 Months

12 – 15 Months

18 Months

4 – 6 Years

11 – 12 Years

Alternative schedules are possible. Ask your doctor for details.

For more information: www.michigan.gov/immunize or www.cdc.gov/nip

General Information

Getting immunized is a life-long job that prevents serious diseases.

- △ Children 11 – 12 years of age need shots to prevent tetanus, diphtheria, pertussis (whooping cough), and meningococcal disease. Girls should receive human papillomavirus vaccine.
- △ All adults (not just the elderly) need vaccines to protect them from severe illnesses.
- △ Many people need yearly influenza vaccine. Ask if you or one of your family members should get flu vaccine.

Keep track of immunizations you and your child have received.

- △ Bring your immunization card to every medical visit. This is necessary for children and adults.
- △ Ask to have your card updated every time vaccines are given.
 - Combination vaccines should always be documented under each antigen.
 - For more information, call your health care provider, your local health department, or 1-888-767-4687.
- △ The Michigan Care Improvement Registry (MCIR) keeps immunization records for Michigan residents. Ask if the vaccine you and your child received is entered in MCIR.
- △ Children must meet Michigan's immunization requirements to enroll in an nursery, day care, preschool or head start program, and public or non-public school.



Individual Immunization Records

Patient Name:				
Birthdate:		Birth Name:		
Vaccine	Type of Vaccine	Date Given Mo/Day/Year	Health Professional or Clinic	Date of Next Dose
Diphtheria- Tetanus- Pertussis (DtaP/DTP/DT/Td/Tdap)	1			
	2			
	3			
	4			
	5			
	6			
	7			
Haemophilus Influenza type B (Hib)	1			
	2			
	3			
	4			
Hepatitis B (HepB)	1			
	2			
	3			
	4			
Polio (IPV/OPV)	1			
	2			
	3			
	4			
Pneumococcal Conjugate (PCV7)	1			
	2			
	3			
	4			
Rotavirus (Rota)	1			
	2			
	3			
Hepatitis A (Hep A)	1			
	2			
Measles- Mumps- Rubella (MMR)	1			
	2			
Varicella (Var) Chickenpox	1			
	2	HX of chickenpox		
Meningococcal (MCV4)	1			
Meningococcal (MPVS4)	1			
	2			
Human Papillomavirus (HPV4)	1			
	2			
	3			
Zoster Shingles	1			
Pneumococcal Polysaccharide PPV23	1			
	2			
Influenza (TIV/LAIV)**				
Other:				

** Influenza vaccine recommendations change from year to year. Please check www.michigan.gov/flu for the most current changes, or call your local health department,



Pet Information:

In the event of an emergency, pets should not be left behind. It is very unlikely that they will be able to survive on their own. Below are some tips to remember when traveling with your pet during an emergency event.

Disaster Planning for Pets

- △ Shelter requirements (realize that not all shelters or hotels welcome pets in their facilities)
 - Advance research on facilities that allow pets is suggested (locate hotels, motels and shelters that will except animals)
- △ Obtain a list of local animal shelters with emergency contact numbers
- △ Pets need to be on leashes or within carriers/cages
- △ Pets should be up to date on all vaccinations (carry a copy of vaccination records)
- △ Pet should have both an identification collar and rabies tags
- △ Pet beds and toys
- △ Current photos and descriptions
- △ Do not forget your pet survival kit

Vet Information:

Pet Name	Gender	Breed	Age	License #	Vet Name	Phone Number	Vaccinations	Date

Pet Medications:

Patient Name	Medication Name	Dosage/Frequency	Reason for Taking	Prescription #	Date Started/Ending	Location of Medicine



Pet Travel and Lodging Resources:

Most emergency shelters do not take pets. Before an emergency, plan where you will take your family and pets if you are asked to evacuate your home. There are a number of organizations that offer advice and resources for traveling with pets, including searchable lists of lodging establishments that accept pets.

For example, visit

- △ DogFriendly.com
- △ PetTravel.com
- △ petswelcome.com
- △ Travel Pets

Name	Address	Types of Animals Excepted	Phone Number	Emergency Contact Number

Leaving Behind a Pet

If it is determined that you have no choice except leaving the animal behind you will need to ensure the following items for your pet:

- △ You pet is placed in a safe area inside the home
- △ Plenty of water and food are left for them
 - Remove the toilet tank lid and/or raise the seat (be sure to brace the door open)
- △ A note is placed outside of the door
 - Listing the pets which are inside
 - Where they are located
 - Phone numbers where you may be reached
- △ Never leave you pet chained outdoors



Family Resources/Important Documents:

It is critical to have all important documentation located in one centralized location in the event of an emergency. Although many people do not feel it is a safe to keep these types of documents anywhere but a safe or safety deposit box.

If that is the case it recommended that copies of the original documents be placed in your family response plan. Below you will find a list of some documents that you should consider storing in one location, please feel free to delete or add items to the list as necessary.

Family Records

- Birth
- Marriage
- Death

Financial Information

- Bank books
- Credit Union Account Numbers
- Credit Card Account Numbers
- Safety Deposit Box Information
- Stocks/Bonds
- Retirement Plans

Identification

- Drivers License
- Photo ID with address
- Social Security Card
- Passport

Insurance policies

- Home
- Flood
- Life Insurance
- Vehicle

Inventory of Household Possessions

Money

- Cash
- Travelers Checks

Medical Information

- Immunization records

Property Information

- Deeds
- Property records
- Titles (Land, House, and Vehicle)

