



EMERGENCY PLAN FOR INDIVIDUALS AND FAMILIES

Please complete and keep this form.

Names of Persons in Home: _____, _____,
_____, _____, _____,
_____, (Pets: _____, _____, _____)

Address: _____ City: _____ State: ___ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

County Where I Live: _____ Email: _____

County/Countries Where I Work: _____

Agency: _____ Address: _____

Phone: (____) _____ Email: _____

In a major natural or bioterrorism emergency, response systems will be overwhelmed (e.g., police & fire departments, hospitals, utility companies, etc.). Officials tell us we are likely to be on our own for the first 72 hours. The following outline will help you and your family to be prepared, to be safe, and to meet your needs.

The disasters that are most likely to occur in my/our area are

- _____ Flood
- _____ Ice/snow
- _____ Mud slide
- _____ Tornado
- _____ Bioterrorism
- _____ Chemical Spill
- _____ Earthquake
- _____ Fire
- _____ Other _____

Notice of Emergencies

Network TV, NOAA weather radios, or battery-powered radios tuned to AM stations are good sources of information for emergencies.

If I hear the emergency community siren, that means I should go inside and get more information about what is happening from radio or television.

Emergency Contacts

Our family met on (date) _____ to discuss emergency plans.

In case of a **sudden individual emergency** like a fire, my/our escape routes are as follows:

In case of a **community emergency**, our out-of-neighborhood contact:

Name: _____ Phone number(s) () _____

Family members have this contact name and number as of (date) _____.

In case a **state-wide emergency**, the out-of-state contact will be:

Name _____ Phone number(s) () _____

All family members have this contact name and number. Yes _____ No _____.

This contact is aware that as soon as possible following an emergency, I/we will call him/her to report on my/our safety. Yes _____ No _____

Neighborhood Resources

Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together after a disaster until help arrives. If you're a member of a neighborhood organization, such as a home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for child care in case parents/grandparents can't get home.

I have met the neighbors nearest to me and we have exchanged names and telephone numbers. Those with special needs such as *being bed and house bound, wheelchair, oxygen, and/or insulin dependent, etc.* are marked with an asterisk (*) by their names so that they are contacted first:

Name: _____	Address: _____
Phone: _____	Alt Phone: _____
Name: _____	Address: _____
Phone: _____	Alt Phone: _____
Name: _____	Address: _____
Phone: _____	Alt Phone: _____
Name: _____	Address: _____
Phone: _____	Alt Phone: _____

I have posted by the telephone important emergency names and telephone numbers such as the police, fire department, ambulance, health care provider, and family/friends to be contacted in an emergency. Date accomplished: _____

I have a plan for signaling for emergency help. List of possible signals could include *porch lights on/off, blinds open/closed, flag in or out, daily phone call, etc.* This plan is as follows:

Sheltering in Place

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect you and your family. It is important to keep a TV or radio on, even during the workday. If instructed to stay inside your home during an emergency, the following are prepared (check if YES):

- Assembled disasters supplies and medical supplies in a portable bag.
- Placed important documents in waterproof container and know where it is so that I can place it into my portable bag before evacuating.
- Assembled supplies for my pet(s).
- Created a 6 month plan for rotating food and water supplies.
- If receiving home health care or other home delivered services, I/we have planned ahead with the agency for emergency procedures. Date accomplished: _____.

If utilizing special equipment (such as oxygen, wheelchair or scooter, motorized wheelchair) or have special needs (such as being deaf, blind, speech impaired, cognitively disabled, or on self-administered medications), I/we have planned for the special arrangements that need to be made and taught those who are most likely to care for me/us during an emergency how to use equipment/provide special care. Date accomplished: _____.

A safe room has been designated for each type of emergency that is likely to happen in my area and the family knows which rooms are safe for each emergency.

Date accomplished: _____

- Bioterrorism _____
- Chemical Spill _____
- Earthquake _____
- Flood _____
- Mud slide _____
- Tornado _____
- Other _____

I/we have a NOAA weather radio or a battery operated radio and a schedule to replace the battery every 6 months. Date of last check: _____

I/someone in my family has basic First Aid and CPR skills.

Yes _____ If yes, Name (s) _____

No _____ If No, any plans to get skills? _____

Evacuation Plans

If asked to evacuate, I/we plan to do so without delay and have the following in place:
Date accomplished _____

My/our evacuation route is _____

My/our final destination is _____

My/our transportation will be provided by (Name/Phone)

I will contact any personal service workers who come to my home (home health, home care aide, oxygen delivery, etc.) know where I have gone and how to reach me.

Name of Worker	Service Agency	Agency Phone Number
_____	_____	_____
_____	_____	_____

I/we know how to shut off water and electricity at the main switches, if instructed to do so.
Yes ___ No ___

Tools for shutting off utilities are located _____.

I have a trained guide animal. I/we have contacted my local emergency management officials and they say that my guide animal may go with me to the emergency shelter.

Yes _____ No _____. If no, I/we have made other arrangements (see below).

Pets are not allowed in emergency shelters. I/we have made arrangements for emergency care for my/our pet(s) with:

My veterinarian at location/phone: _____

Area hotel/motels and phone numbers that accept pets:

Friends outside the affected area who would take pets:

Pet groomer at: _____

Pet boarding at: _____

Others: _____

Other things I need to remember

Practice and Maintaining the Plan

I/we have conducted emergency drills regularly (preferably monthly but at least every 6 months). Date of last drill: _____

I/we have reviewed and revised the plan as needed (at least every 6 months). Date of last review: _____

I/we have replaced stored water and food every six months. Date of last update: _____

I/we have tested and recharged the fire extinguisher(s) according to the manufacturer's instructions. Date of last test: _____

I/we have checked smoke alarms and other house alarms and batteries monthly. Batteries have been replaced at least annually. Date of last check: _____

Congratulations!! You are on your way to being prepared for an emergency. Please feel free to copy this form and use share it with family and friends. It is available at <http://www.mc.uky.edu/aging/gec.html>

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