Emergency Preparedness Guide

IMAGINE IF. . .

you are the director of a community agency providing services to
vulnerable individuals.   You receive a call late at night telling you that
due to straight line winds, a large tree has fallen on your office building
and you will not be able to enter the building for several days.

or

due to a chemical spill in the neighborhood during business hours,
you are told to shelter in place.

or

due to a pandemic flu situation, thirty to forty percent of volunteers and staff
are not available – either ill, caring for family embers who are ill,
or afraid of becoming ill themselves.

Clients are relying on your services.

Would you be prepared?

Emergency Preparedness Plan

Organization Name

Address

City *State* *Zip*

Telephone Number

E-mail Address

Date plan was created: _____

Plan approved by: _____

Plan Review:

Date: _____ Approved by: _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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Introduction

Vulnerable individuals are especially at risk in emergency situations, and they rely on the services you provide. The best thing your organization can do in an emergency situation is to continue providing services to your clients. You are the most qualified, and they trust you. Emergency preparedness planning will increase the likelihood that your organization will continue to be reliable in time of disaster or crisis.

An emergency is defined as an unforeseen combination of circumstances, resulting in a state that calls for immediate action or an urgent need for assistance or relief. Large-scale emergencies are usually considered disasters. An emergency can be a temporary disruption of services due to a short power outage, a longer-term situation causing an organization to relocate due to substantial building damage or even a larger scale, city-wide or regional emergency. Depending on the magnitude of the event, services may be provided as usual, services may need to be altered temporarily, or in extreme situations, services may be re-located or even discontinued. In any type of event, the goal is to have plans in place that will:

1. minimize damage
2. ensure the safety of staff and clients
3. protect vital records/assets
4. allow for self-sufficiency for at least 72 hours
5. provide for continuity of operations

Given the wide range of sizes of community-based organizations and the services they provide, one preparation checklist will not fit all needs. Choose the areas in this packet that fit your organization, based on the clients you serve and services you provide. The forms may be shortened, expanded and altered to fit the specific needs of your organization. Or you may want to include information unique to your organization not provided in this packet. There are many resources available to develop a more comprehensive plan. The focus of this template is to help ensure that

basic needs are covered by providing a starting point for emergency preparedness planning or a supplement to current plans. Keep in mind that your needs will probably change if the emergency affects your staff and not your location, as in a pandemic (disease outbreak). For information on pandemic flu planning, please refer to www.pandemicflu.gov.

Before getting started, it is important to be aware of basic emergency management. Emergency management is made up of four basic activities:

1. Mitigation – any activity that is undertaken before a disaster strikes to eliminate or reduce the possibility of an emergency or the impact an emergency may have on a community or facility. Example: if subject to frequent power outages, installing a generator.

2. Preparedness – planning and getting ready to handle a disaster when it strikes. Example: stockpiling resources for evacuation and sheltering-in-place.

3. Response – all activities undertaken at the time of an emergency to save lives and property and reduce injuries. Example: evacuation.

4. Recovery – activities undertaken to return things back to normal after response activities have subsided. Example: repairing a damaged building.

Developing a plan may seem overwhelming at first. Begin by determining what parts of the plan pertain to your organization; putting together a planning team or dividing up the tasks among various staff members, volunteers or board members; and setting goals to get the plan completed one step at a time. Once completed, have the plan available for all staff to become familiar with it, keep the plan easily accessible to all, and practice and test it to ensure that the systems you've put in place work. In addition to the fire and severe weather drills you routinely do, set up different scenarios as well. Example: due to a severe storm, the power is out and is expected to be out for several days. Taking into account that some land line phones will not be working in a power outage, practice your calling tree to inform staff of alternate plans. From this you can learn what works

and what doesn't work and make adjustments accordingly. It is also important to have the plan reviewed and updated regularly as staff and programs change. Include a review of the plan in new employee orientation.

Possible Emergencies

(Form 1)

One of the first steps in developing an emergency preparedness plan is to think ahead and determine what could go wrong. While it is impossible to plan for every possible event, it is important to look at what the probability is of a specific event happening, and the risks that it would cause. In reviewing each event, consider the following:

-historical information – has this happened before? e.g. frequent power outages

-geographic location – is your area prone to a certain type of disaster? e.g. flooding

-human error – what emergencies could be caused by employees? e.g. poor training

-physical plant – does the facility enhance safety? e.g. properly stored toxins and combustibles

Upon completion of this checklist, you may find areas where there are things you can do now to reduce the risk of an emergency or minimize the damage.

Personnel

(Forms 2-5)

Ahead of time, designate one person as the crisis manager, to be in charge in an emergency situation and make decisions. Consider having backup crisis managers (at least 3 deep) in case the first designee is unavailable in an emergency. These people must be familiar with the organization and very familiar with the plan. You may want to adopt the Incident Command System. The state of Minnesota has adopted ICS (Incident Command System) as a framework of NIMS (National Incident

Management System) for emergency situations. This essentially involves a larger chain of command with the Incident Commander (the person in charge), delegating to people in charge of the specific areas of operations (the person who does the work), planning (the person who gathers information and keeps everyone in the know), logistics (the person who gathers the resources) and finance (the person who tracks all activities and costs). Your crisis manager may be considered the incident commander. For more information on NIMS and the Incident Command System, please refer to http://training.fema.gov/EMIWeb/IS/crslist.asp.

Because it may be necessary to call staff, volunteers and board members during non-business hours, information on these individuals must be readily available and updated, with private information kept confidential. In addition to basic contact information, you may want to know their ability to work additional hours if needed and what they are trained and licensed to do, e.g. are there retired nurses on the board? In organizations with a larger number of employees and volunteers, it may be helpful and more efficient to have a calling tree to divide up the calling responsibilities.

Communication

(Forms 6-7)

There may be an instance where you will not be able to get to your building or get into it. Keep directions on hand for how to access both voicemail and email remotely. If phones aren't working, you may want to have a plan in place to inform staff to tune to a specific radio or television station, or to meet at a specific location. Consider the loss of service for land line and/or cellular phones.

Services and Functions

(Forms 8-11)

In an emergency situation, review all the services your organization regularly provides and determine the following:

1.   If providing more than one service, which critical services must be maintained and which less critical services that can be suspended temporarily. Example: educational classes

may be suspended but the meal program needs to stay functioning.

2.	Your ability to provide additional services to your clients. Example: in addition to providing meals, would you be able to provide transportation? If not, to whom would you refer clients if they need this service because of an emergency?

3.	Your ability to take on new clients. Example: should a program similar to yours no longer be able to provide services, can you take on their clients and what adjustments would be needed e.g. additional equipment, supplies, volunteers?

4.	If you are not able to provide your most critical services, do you have agreements with similar agencies to provide back up services or with whom you could share resources, including volunteers? Example: corporations, neighborhood or faith-based organizations. Network and develop these relationships before an emergency situation arises and have agreements in place.

Record Storage/Backup

(Forms 12-13)

Record storage and backup are key to an organization's survival. If your building becomes inaccessible, having this information will be critical in resuming operations – these are the things you might need to get you back in business. Preparation includes storing important documents in a fireproof box or safe deposit box and backing up electronic records and having them stored at another location.

Emergency Contacts

(Forms 14-17)

Client emergency numbers should be readily available and updated, in a manner that ensures confidentiality. Rather than the attached form, you may use a database printout. This form may be adjusted to include the information most pertinent to the clients your serve, e.g. the degree to which they are dependent on your services. Key contact numbers should be available for easy reference. These range from public utility phone

numbers, fire/police to media and other non-emergency numbers. (You may find this useful to have on hand even for non-emergency situations.) Keep a list of vendors on whom you rely to provide your services, e.g. food or medical suppliers, with a list of backup vendors in the event your usual vendors' services/products are unavailable. This may include anyone with whom you contract or regularly do business, e.g. therapists, consultants, food vendors.

Physical Plant

(Form 18)

Sketch your facility and note the emergency resources so that everyone is aware of their location and post in an accessible location.

Evacuation

(Form 19)

Predetermine a location where everyone can go in case an emergency requires evacuation during business hours. If you provide services to clients on site, take into account special needs and requirements as well as transportation arrangements.

Extended Relocation

(Form 20)

If your current location is to be inaccessible for an extended period of time, identify a pre-determined alternate location and have an agreement in place.

Shelter-in-Place

(Form 21)

Shelter-in-place means that you stay inside. Severe weather or an event (intentional or accidental) that releases contaminants (chemical, biological or radiological) into the air may cause a shelter-in-place emergency. Authorities will issue a shelter-in-place emergency when necessary. Listen to authorities for directions based on the specific event.

Disaster Supplies Kit/Go-kits

(Form 22)

Items in your disaster supply kit may include but are not limited to those listed on the form. The disaster supply kit may be adjusted to meet the needs of your agency. Have a smaller disaster supplies kit (go-kit) available for evacuation.

Individual/Family Emergency Preparedness

(Form 23)

Your staff is more likely to be available to respond in emergency situations, if they know that their family members are safe and being taken care of. Encourage staff to have their own emergency preparedness plans. Encourage clients to prepare as well. Make copies as necessary for each family member. For more information on individual and family preparedness, please go to www.redcross.org, www.codeready.org and www.ready.gov.

Drills and Exercises

(Form 24)

In order for plans to work in an emergency, they must be implemented and practiced regularly.   If the plan sits on a shelf until the moment a disaster strikes, the chances of your staff knowing what to do, how to access the plan and how to implement it are limited. Training and regular exercises will ensure that your plan will be followed when an emergency occurs. Track and document training requirements for staff and their participation in training and exercises. This may include First Aid, CPR, fire drills, etc.

References/Resources

1. Agency Emergency Plan – A Simplified Version for Community-Based Orgs.
   www.preparenow.org/srplan.html

2. American Red Cross
   www.redcross.org

3. American Red Cross of Southwestern Pennsylvania:
   Emergency Planning Guide for Facilities with Special Populations.
   http://www.swpa.redcross.org/index.php?pr=Emergency_Planning

4. CARD (Collaborating Agencies Responding to Disaster) of Alameda County
   www.preparenow.org

5. Centers for Disease Control and Prevention
   www.bt.cdc.gov

6. codeReady Minnesota
   www.codeready.org

7. Council of Senior Centers and Services of New York City, Inc.
   Preparing for Emergencies: A Planning Guide for Agencies Serving Older People
   www.cscs-ny.org

8. ECHO (Emergency and Community Health Outreach)
   www.echominnesota.org

9. FEMA – Federal Emergency Management Association
   www.fema.gov

10. Institute for Business and Home Safety
    www.ibhs.org/business_protection

11. Minnesota Department of Health
    www.health.state.mn.us or www.health.state.mn.us/oep

12. Minnesota Voluntary Organizations Assisting in Disaster
    www.mnvoad.org

13. Nonprofit Coordinating Committee of New York, Inc.
    http://www.npccny.org/info/disaster_plan.htm

14. Ready Minnesota
    www.readyminnesota.org

15. San Francisco CARD (Community Agencies Responding to Disaster)
    www.sfcard.org

16. U.S. Department of Homeland Security
    www.ready.gov

17. U.S. Government Weather Information
    www.nws.noaa.gov

18. VOICE of Contra Costa
    www.preparenow.org/voicedoc.html

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Be Healthy
+
Be Safe
+
Be Ready
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Emergency Preparedness Forms
Forms 1 – 24

1 - Mitigation–Risk Assessment

Rank the following event accordingly:

H=High Risk   M=Moderate Risk   L=Low Risk   0=No Risk

Possible Emergency Events

_____ Bomb threat	_____ Radiological – internal
_____ Civil disorder	_____ Radiological - external
_____ Cold-extreme temp.	_____ Supply Shortage
_____ Criminal disorder	Terrorism:
_____ Electrical failure/power outage	_____ Biological
_____ Fire - internal	_____ Chemical
_____ Fire - external	_____ Nuclear
_____ Flood - internal	_____ Radiological
_____ Flood - external	_____ Thunderstorm
_____ HAZMAT (chemical spill) - internal	_____ Tornado/straight line winds
_____ HAZMAT (chemical spill) - external	_____ Transportation
_____ Heat-extreme temperatures	_____ Water contamination
_____ Labor action/strike	_____ Winter storm
_____ Mass casualty - trauma	_____ Other _____
_____ Medical – infectious disease	_____ Other _____

Based on this assessment, the following are most likely to be of concern for our organization:

_____

_____

_____

_____

_____

2 - Crisis Manager/Authorized Spokesperson

1. The Crisis Manager for our organization in an emergency is:

_____
Name

_____
Telephone Number   *Alternate Number*

_____
Work E-mail Address   *Home E-Mail Address*

2. In the absence of the crisis manager, the first alternate crisis manager is:

_____
Name

_____
Telephone Number   *Alternate Number*

_____
Work E-mail Address   *Home E-Mail Address*

3. In the absence of the first alternate crisis manager, the second alternate crisis manager is:

_____
Name

_____
Telephone number   *Alternate number*

_____
Work e-mail address   *Home e-mail address*

4. The authorized spokesperson (if different from crisis managers) is:

_____
Name

_____
Telephone number   *Alternate number*

_____
Work e-mail address   *Home e-mail address*

3 - Employee Emergency Information

(Copies may be made as necessary for each employee. Ensure confidentiality of private information.)

Name

Position

Key responsibilities

Home address   _State_   _Zip_

Home phone

Cell phone

Pager   _Fax_

Work e-mail address

Home e-mail address

Emergency contact   _Relationship_

Emergency contact phone number   _Alternate number_

Do you and your family have an emergency preparedness plan?   □ Yes   □ No

Do you and your family have an emergency preparedness kit?   □ Yes   □ No

In an emergency situation would you continue to work assigned duties?   □ Yes   □ No

In an emergency situation would you be willing to work additional days   □ Yes   □ No
or hours?

In an emergency situation would you be able to work from your home?   □ Yes   □ No

With personal protective equipment (PPE), would you be willing to work   □ Yes   □ No
with individuals who have a communicable disease?

Certifications: □ Nursing (assistant or registered)   □ CPR   □ First Aid
                       □ Emergency Medical Technician   □ LPN/RN   □ Other

4 - Volunteer Emergency Information

(Copies may be made as necessary for each volunteer. Ensure confidentiality of private information.)

Name		
Position		
Key responsibilities		
Home address	*State*	*Zip*
Home phone		
Cell phone		
Pager	*Fax*	
Work e-mail address		
Home e-mail address		
Emergency contact	*Relationship*	
Emergency contact phone number	*Alternate number*	

Do you and your family have an emergency preparedness plan? □ Yes □ No

Do you and your family have an emergency preparedness kit? □ Yes □ No

In an emergency situation would you continue to work assigned duties? □ Yes □ No

In an emergency situation would you be willing to work additional days or hours? □ Yes □ No

In an emergency situation would you be able to work from your home? □ Yes □ No

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease? □ Yes □ No

Certifications: □ Nursing (assistant or registered)   □ CPR   □ First Aid
                  □ Emergency Medical Technician   □ LPN/RN   □ Other

5 - Board Member Information

(Copies may be made as necessary for each board member. Ensure confidentiality of private information.)

Name

Position

Key responsibilities

| _Home address_ | _State_ | _Zip_ |

Home phone

Cell phone

| _Pager_ | _Fax_ |

Work e-mail address

Home e-mail address

| _Emergency contact_ | _Relationship_ |

| _Emergency contact phone number_ | _Alternate number_ |

Do you and your family have an emergency preparedness plan?   □ Yes   □ No

Do you and your family have an emergency preparedness kit?   □ Yes   □ No

In an emergency situation would you continue to work assigned duties?   □ Yes   □ No

In an emergency situation would you be willing to work additional days   □ Yes   □ No
or hours?

In an emergency situation would you be able to work from your home?   □ Yes   □ No

With personal protective equipment (PPE), would you be willing to work   □ Yes   □ No
with individuals who have a communicable disease?

Certifications: □ Nursing (assistant or registered)   □ CPR   □ First Aid
                   □ Emergency Medical Technician   □ LPN/RN   □ Other

6 - Communication

Directions for remote voicemail:

_____

_____

_____

_____

_____

_____

Directions for remote e-mail:

_____

_____

_____

_____

_____

_____

If phones are not working, our backup communication plan is as follows (include provisions for land line and cellular phones):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

7 - Sample Calling Tree

Adapt as needed for your organization.

```
                          ┌──────────────────────┐
                          │    Crisis Manager    │
                          └──────────────────────┘

   ┌──────────────┐        ┌──────────────┐        ┌──────────────┐
   │  Department  │        │  Department  │        │  Department  │
   │     Head     │        │     Head     │        │     Head     │
   └──────────────┘        └──────────────┘        └──────────────┘

 ┌──────────┐┌──────────┐ ┌──────────┐┌──────────┐ ┌──────────┐┌──────────┐
 │Line Staff││Line Staff│ │Line Staff││Line Staff│ │Line Staff││Line Staff│
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                          ┌──────────────────────┐
                          │        Crisis        │
                          │       Manager        │
                          └──────────────────────┘
```
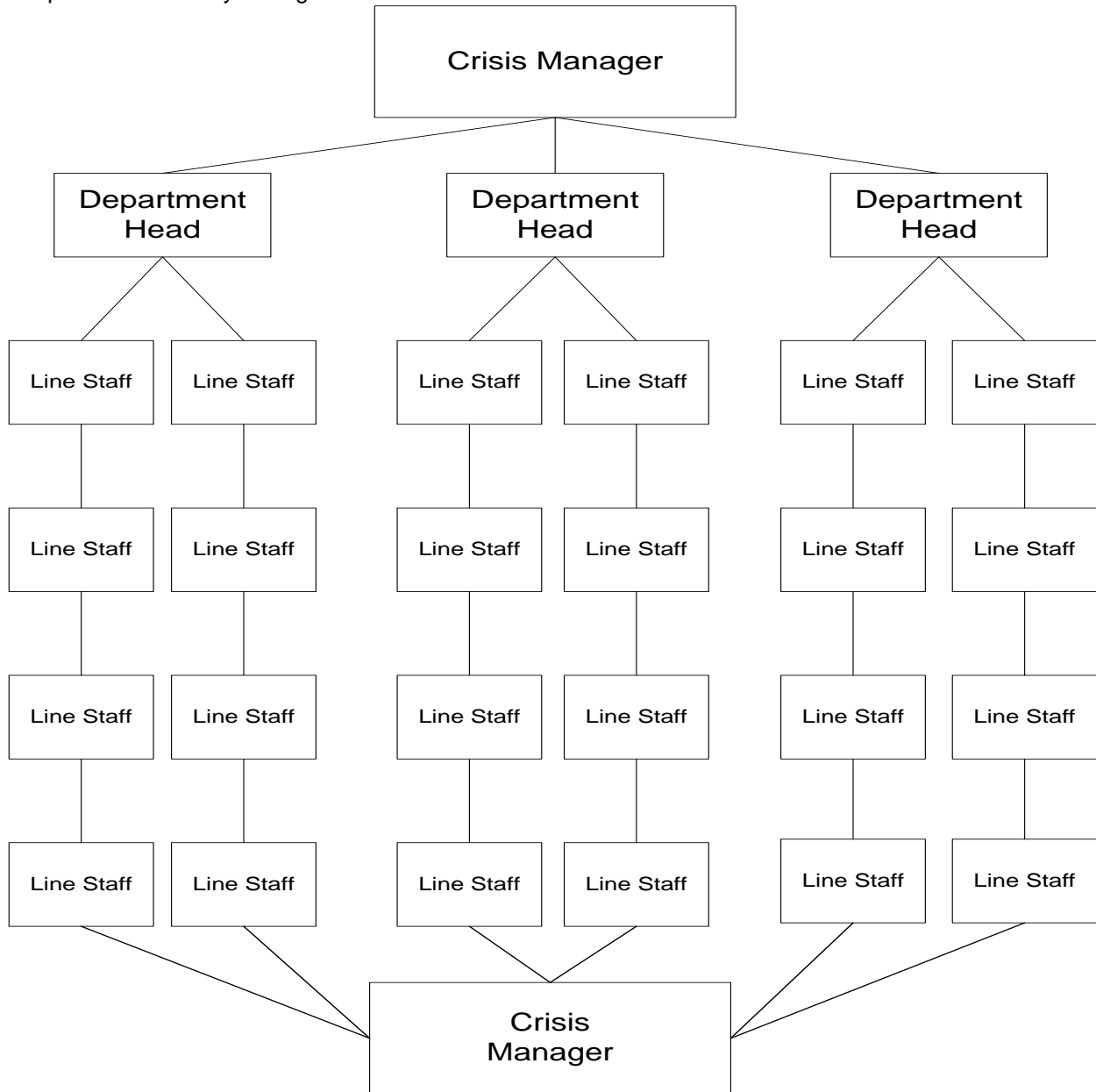
8 - Essential Services

List each service and/or program your agency regularly provides. Consider what services or programs would need to be or could be suspended in an emergency period.   If it must be maintained, indicate in the far right column whether any adjustments or additional resources are needed.

Service or Program	Suspend (x)	Maintain (x)	Adjustments or Additional Resources Needed to Maintain

9 - Providing Additional Services

Identify services needed by your clients that your agency does not routinely provide, e.g. meals, and indicate whether you will respond to them as well as who is responsible. If not able to provide the service, list an agency to where you can refer your clients.

Service or Program Needed	Will do? (y or n)	If yes, who is responsible. If no, refer to:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:

10 - Taking on Additional Clients

An emergency situation may create a demand for your services. Identify what those services may be and if you would be able to provide those services to additional clients. Indicate what adjustments or resources that might be needed, e.g. additional equipment, volunteers, etc.

Service	Will provide to additional clients?	If yes, additional resources needed

11 - Agencies Providing Additional/Backup Services

1. Name of agency	Contact information

Service provided

2. Name of agency	Contact information

Service provided

3. Name of agency	Contact information

Service provided

4. Name of agency	Contact information

Service provided

5. Name of agency	Contact information

Service provided

6. Name of Agency	Contact information

Service provided

7. Name of agency	Contact information

Service provided

8. Name of agency	Contact information

Service provided

12 - Off-Site Storage of Hard Copy Vital Records

Copies of vital records are stored at:

_____

Organization name

_____

Address

_____

City   _State_   _Zip_

_____

Telephone number

Vital Records may include but are not limited to:

- □ articles of incorporation
- □ artwork e.g. stationery, logo
- □ blank checks and account information
- □ board minutes and rosters
- □ bylaws
- □ client records
- □ computer passwords
- □ contracts
- □ corporate seal
- □ diagram of building layout
- □ donor records
- □ emergency plan

- □ financial statements (bank accounts, credit cards)
- □ 501 (c) (3)
- □ insurance information
- □ inventory of organization equipment
- □ leases/deeds
- □ licenses
- □ mission statement
- □ personal records/payroll information
- □ photographs of the facility and key equipment
- □ tax exemption status certificate
- □ vendor records
- □ volunteer records

Other documents:

1. _____

2. _____

3. _____

4. _____

13 - Off-Site Storage of Backed-up Electronic Records

Electronic records are backed up how often? _____

Backed up records are kept at:

_____
Name

_____
Address

_____
City   *State*   *Zip*

_____
Telephone number

If accounting and payroll records are destroyed, continuity will be provided in the following ways:

1. _____

2. _____

3. _____

4. _____

5. _____

Backed up electronic records include the following:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

14 - Client Emergency Information

(This form serves primarily as a reminder to have client emergency information readily available, ensuring confidentiality.)

Client Name	Phone Number	Caregiver	Caregiver Number	Alt. Number	Comments or Special Needs

15 - Key Contacts

Accountant	*Telephone number*
Attorney	*Telephone number*
Bank	*Telephone number*
Billing/Invoicing Service	*Telephone number*
Benefits Administrator	*Telephone number*
Building Manager/Owner	*Telephone number*
Building Security	*Telephone number*
Creditor	*Telephone number*
Electric Company	*Telephone number*
Electrician	*Telephone number*
E-mail/Internet Service Provider	*Telephone number*
Emergency Management Agency	*Telephone number*
Fire Department	*Telephone number*
Gas Company	*Telephone number*
Generator Rental	*Telephone number*
Grocery Store (nearest one)	*Telephone number*
Hardware Store (nearest one)	*Telephone number*

Hazardous Materials	*Telephone number*
Hospital (nearest one)	*Telephone number*
Insurance Agent/Claims Reporting	*Telephone number*
IT/Computer Service Provider	*Telephone number*
Local Newspaper	*Telephone number*
Mental Health/Social Services Agency	*Telephone number*
Payroll Processing	*Telephone number*
Pharmacy (nearest one)	*Telephone number*
Plumber	*Telephone number*
Poison Control Center	*Telephone number*
Police Department (non-emergency)	*Telephone number*
Public Works Department	*Telephone number*
Telephone Company	*Telephone number*
Web Site Provider	*Telephone number*
Other	*Telephone number*
Other	*Telephone number*
Other	*Telephone number*

16 - Phone Numbers

Organization	Phone Number	Web Site
American Red Cross Twin Cities Chapter	612-871-7676	www.redcrosstc.org
Centers for Disease Control & Prevention	1-800-232-4636	www.cdc.gov
ECHO Emergency & Community Health Outreach	651-789-4342 1-888-883-8831	www.echominnesota.org
Minnesota Department of Health	651-201-5000	www.health.state.mn.us
Minnesota Duty Officer	1-800-422-0798 651-649-5451	
MNVOAD (Minnesota Volunteers Responding to Disaster)	612-910-7152 or 651-291-8407	www.mnvoad.org
WCCO 830 AM (radio)	612-370-0611	www.wccoradio.com
KSTP 1500 AM (radio)	651-647-1500	www.am1500.com
WCCO Channel 4	612-339-4444	www.wcco.com
KSTP Channel 5	651-646-5555	www.kstp.com
KMSP Fox 9	952-944-9999	www.myfoxtwincities.com
KARE Channel 11	763-546-1111	www.kare11.com
National Weather Service Chanhassen	952-361-6680	www.nws.noaa.gov

17 - Suppliers and Contractors

(Copies may be made for each supplier or contractor.)

Organization name

Address

City   *State*   *Zip*

Telephone number

Services or materials provided

Contact name   *Account number*

If this company is not able to provide the services or supplies we need, we will obtain them from the following organization:

Organization name

Address

City   *State*   *Zip*

Telephone number

Services or materials provided

Contact name   *Account number*

18 - Physical Plant

Sketch each floor of your facility and note the following emergency resources:

Fire extinguishers	First aid supplies	Exits/escape routes
Water shut off	Generator(s)	Document safe
Tools kit	Alarms	Stairways
Evacuation meeting place	Gas shutoff	Electric shutoff
Hazardous materials storage		

19 - Evacuation Plan

During business hours, everyone in the building will go to:

Name of site

Address

City

Name of site manager (if re-locating to another business)   _Telephone number_

Directions to site:

Agency person in charge at evacuation site:

Responsibilities include:

- □ Conduct attendance at site
- □ Bringing emergency documents and phone lists
- □ Bringing emergency kit
- □ Other

Are there people who will need assistance evacuating your facility? If so, what assistance is needed?

Who will be responsible for the care of clients at the alternate site?

What will your clients need that may not be available at a temporary location?

Transportation for moving program clients to a temporary location or to their homes will be provided by:

Transportation company	
Contact name	*Telephone number*
Alternate company	
Contact name	*Telephone number*

20 - Extended Relocation

If current location is not accessible for an extended period of time, operations will be moved to the following location:

Business name/owner

Address

| _City_ | _State_ | _Zip_ |

Telephone number   _Alternate number_

Directions to relocation site:

21 - Shelter-in-Place

If a "shelter-in-place" emergency is issued, we will move to the following room:

_____

Ensure the following:

- ☐ All doors and windows are closed
- ☐ Cracks around doors or windows are sealed with duct tape or plastic sheeting
- ☐ All vents are closed and sealed
- ☐ Any ventilation systems, motors or fans are turned off
- ☐ Disaster supplies kit is available
- ☐ Listen to radio or television and follow directions given by authorities until an "all-clear" has been issued.

22 - Disaster Supplies Kit/Go-Kit

Items in a disaster supplies kit may include but are not limited to the following items. Adjust these items to meet the needs of your agency.

- □ Batteries – extra ones for flashlights and radios
- □ Blankets/sleeping bags/mylar "space blankets"
- □ Bottled water (1 gallon per person per day)
- □ Can opener (manual)
- □ Cash in small denominations (include correct change for pay phones)
- □ Duct tape
- □ Fire extinguisher
- □ First aid kit (scissors, tweezers, band-aids, cotton balls, gauze pads/roller gauze and tape, anti-bacterial wipes, first aid ointment, vinyl gloves, non-aspirin pain reliever, safety pins, first aid book)
- □ Flashlight/light sticks
- □ Food/snacks (ready to eat canned goods, raisins, granola bars, etc.)
- □ Gloves
- □ Hand sanitizer
- □ NOAA weather alert radio
- □ Office supplies (note pads, pens)
- □ Paper plates, cups, utensils
- □ Paper towels, wipes
- □ Personal hygiene items
- □ Plastic bags – all size re-sealable bags and garbage bags
- □ Plastic sheeting
- □ Radio – battery operated
- □ Rope
- □ Tool kit (pliers, screwdriver, hammer, nails, crow bar, adjustable wrench, etc.)
- □ Water
- □ Whistle
- □ Other
- □ Other
- □ Other
- □ Other

23 - Individual and Family Emergency Preparedness Planning

CREATING EMERGENCY PLANS

Disasters can happen unexpectedly. They may force you to evacuate your neighborhood or confine you to your home. You may be without basic services such as gas, water, electricity or telephone for an unknown time; by preparing ahead of time you can remain calm and safe.

- Discuss the types of disaster that are likely to occur with your family. Plan what to do in each case. Discuss what to do in evacuation.

- Identify two places to meet: one right outside your home in case of a fire; one outside your neighborhood in case you cannot return home.

- Ask a relative or friend that lives out of the area to be your family's contact person. After a disaster, it is often easier to call long distance. All family members should call this person to tell them where they are.

- Create a list of important contact numbers and share it with all family members.

- Learn how to turn off utilities such as water, gas and electricity. Keep necessary tools near shut-off valves.

- Make plans for taking care of pets in an emergency.

- Check supplies every six months; and replace water and food.

ADDITIONAL RESOURCES

Emergency and Community Health Outreach (multilingual webpage)
http://www.echominnesota.org/

City of Minneapolis Emergency Preparedness
http://www.ci.minneapolis.mn.us/emergency/

Minnesota Department of Health
http://www.health.state.mn.us/oep/index.html

Centers for Disease Control and Prevention
http://www.bt.cdc.gov/

SHELTERING IN PLACE

Sheltering in place is used to minimize exposure to chemicals or other hazardous situations. Public officials will notify you when to shelter in place. If you shelter in place turn off fans, heating and air conditioning and go to an interior room. Listen to the radio or television for further instructions.
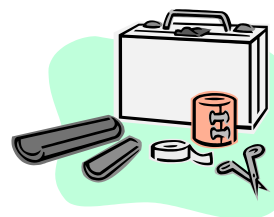
GATHERING DISASTER SUPPLIES

Keep enough supplies in your home to meet your needs for at least three days. Store the disaster supply kit in an easy-to-carry container such as backpack or duffel bag. The kits can be used in case you have to leave your home quickly or if you must remain in your home for an extended period of time. **Try to include:**

- Water, one gallon per person per day.
- Food, non-perishable food such as crackers, canned food and dried food.
- One set of clothing and footwear per person, and one blanket per person.
- First aid kit.
- Prescription medications for your family.
- Tools including can opener, shut-off wrench, and work gloves.
- Battery-powered radio.
- Flashlight and extra batteries.
- Extra set of car keys and a credit card, cash or traveler's checks.
- Personal care items: toilet paper, soap, towels, shampoo, deodorant, toothbrush, toothpaste, comb and bleach.
- Special items for infants, elderly, or disabled family members.
- An extra pair of glasses.
- Entertainment such as games and books.
- Household documents and contact numbers.

Fill out this page to have together all the information you would need in an emergency.

Home Address_____ Phone _____

Adult Name _____ Work Phone_____

Employer _____ Phone _____

Adult Name _____ Work Phone_____

Employer _____ Phone _____

Children's Names and Schools/Daycare

Name_____ Age____ School/School phone _____

Name_____ Age____ School/School phone _____

Name_____ Age____ School/School phone _____

School/Daycare's policy for release of children after disaster_____

_____

We have made arrangements for _____ to pick up our children if we are unable to do so.

Name_____ Phone_____

Medical Information

Please list details for your family; include name, medications, equipment and special needs.

_____

_____

_____

In case of emergency, please contact: (List one out of state contact)

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Meeting Place

Outside home_____ Outside Neighborhood _____

Pets

Name_____ Type_____ Indoor/Outdoor_____

Name_____ Type_____ Indoor/Outdoor_____

Neighbors

Name_____ Phone _____

Name Phone

EMERGENCY SERVICES
In a life threatening emergency, call 911

Safety	Utilities	Family Physician
Police _____	Electric _____	Name _____
Fire _____	Gas _____	Phone _____
Hospital _____	Water _____	Name _____
Nurse Line _____	Telephone _____	Phone _____

24 - Drill/Exercise Evaluation Form

Date and time of drill/exercise: _____

Type of drill/exercise: _____

Objectives of drill/exercise: (Objectives should be measurable.) _____

_____

_____

_____

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Staff participating: _____

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Assessment:

Explain what worked well: _____

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Explain what needs improvement/correction action: _____

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Plan for improvement/corrective action: _____

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_____

_____

Planned re-test date: _____

Evaluation completed by: _____