

DHHS FAMILY DISASTER PLAN



Note: It is important to store this document in a secure location to reduce the risk of losing personal information that could lead to possible ID theft and fraud.

In addition, this document should be stored in a water tight container and on a computer disk.

Cover photographs appear courtesy of FEMA.

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This plan was prepared by Jo Paul, NC DHHS Office and Citizen Services State Emergency Response Coordinator Team and Phil Benson, NC Division of Public Health Disaster Preparedness Planner/Evaluator. The materials used to develop this plan were gathered from the Missouri Outreach and Extension Family Plan by Eric Evans, FEMA, Red Cross, and Salvation Army disaster preparation plans.

Household Members

Household Members	Relation/Birthdate	Social Security

Pets	Pet Rabies Vaccination #	Vet name & number

Household Information

Home Address: _____

Phone1: _____ Phone2: _____

E-mail:1 _____

E-mail:2 _____

Car Information:

Car 1: Make _____ / Model _____ / Year _____ / License # _____

Car 2: Make _____ / Model _____ / Year _____ / License # _____

Car 3: Make _____ / Model _____ / Year _____ / License # _____

Emergency Numbers

CALL 911 FOR EMERGENCY *Note: After a disaster, 911 may not be working. Use the numbers you listed below.*

Doctor # 1 _____

Doctor # 2 _____

Doctor # 3 _____

Fire Number _____

Police Number _____

Ambulance Number _____

Poison Control Number _____

Hospital Emergency Room Number _____

Name/Number #1 _____

Name/Number #2 _____

Name/Number #3 _____

Name/Number #4 _____

Name/Number #5 _____

Name/Number #6 _____

Contacts

Utility and Service Contacts		
Organization Name Water/Sewer	Address	Contact
	Note	Phone
Organization Name Electric	Address	Contact
	Note	Phone
Organization Name Gas	Address	Contact
	Note	Phone
Organization Name Phone/cable	Address	Contact
	Note	Phone
Organization Name Home Medical	Address	Contact
	Note	Phone

Insurance/Other Information (health, auto, home, and life)		
Name	Policy#/Other Information	Phone

Contacts

Family/Friends/Neighbors				
Name	Address/Physical Location to Home	Phone	E-mail Address	Cell phone Number
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		

Note: Identify two neighbors. Agree to check on each other.

Out-of-Area Contact # 1			
Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of-area to report in. Let this person contact others.

Out-of-Area Contact # 2			
Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Contacts

Work, School, and Other Contacts		
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	

*Note: *Disaster Procedures: Household members should know each other's disaster procedures for work, school, or other places where they spend time during the week.*

Procedures

Reunion Procedures	
In or Around House/Apartment	Inside House/Apartment
	Outside House/Apartment
When Family is Not Home	Priority Location (Leave note in a designated place where you will be: i.e., neighbor, relative, park, school, shelter, etc.)

Note: Identify and discuss with household members the reunion places if a disaster prevents anyone from entering the home. Also, reunion and evacuation procedures need to include children at school and house members with disabilities. Talk to school officials. Write down procedures.

Important Notes and Procedures

Note: People with disabilities are advised to identify two or three people at work, school, neighborhood, etc. who will assist them in the event of a disaster. In addition, please contact your local department of social services, local office on aging, and local office of disabilities to discuss registering your specific needs.

Medication List

User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine

Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications. Take them with you if you have to evacuate to a shelter, friends house, or other family members.

Last Update for this page: _____

Pharmacy/Doctors/Specialists

Pharmacist Name(s)	Pharmacy Name	Phone/Address
	Pharmacy Name	Phone/Address
Specialist Name	Area of Concern	Phone
	Organization	Address
Specialist Name	Area of Concern	Phone
	Organization	Address

Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

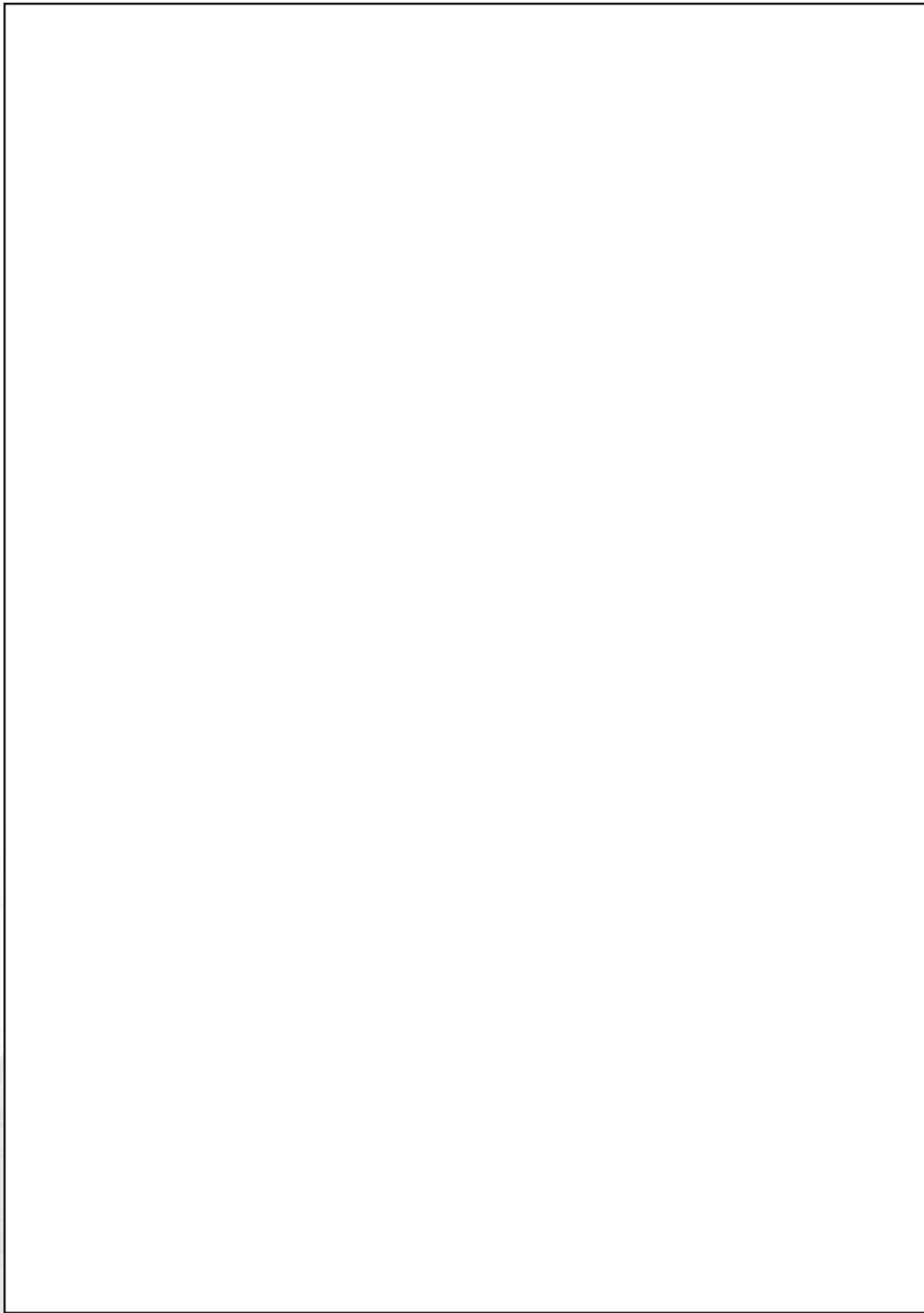
Note: Fill this and all sections out in pencil. Update regularly.

Last Update for this page: _____

Pharmacy/Doctors/Specialists cont.

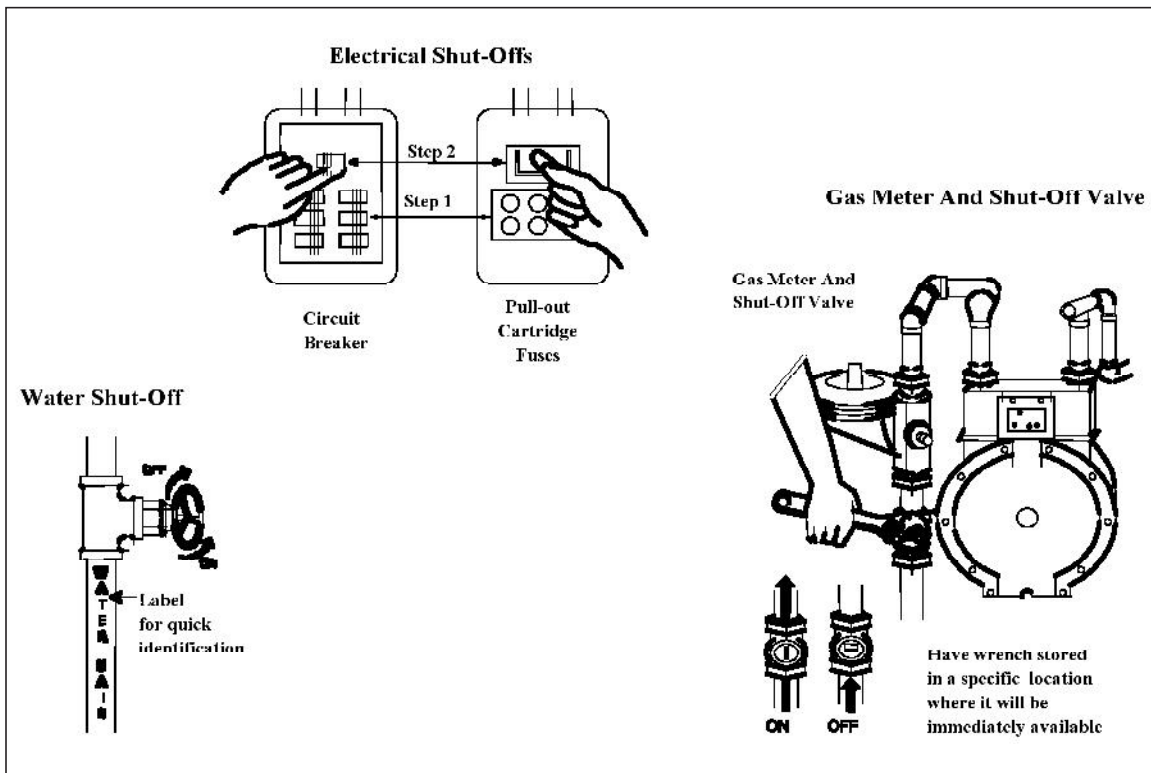
Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		
Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

Home Layout/Diagram

A large, empty rectangular box with a thin black border, intended for drawing a home layout diagram. The box is centered on the page and occupies most of the middle section.

Draw a layout of your home. Make sure you include locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, evacuation plans, etc.

Utility Control



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 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 water off 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.

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. For quarter turn valve see above.

Disaster Supply Kit



- Water - at least 1 gallon daily per person 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 / fuel
 - paper plates / plastic utensils
- Blankets / Pillows, etc.
- Clothing - seasonal / rain gear/ sturdy shoes
- First Aid Kit / Medicines / Prescription Drugs
- Special Items - for babies and the elderly
- Toiletries / Hygiene items / Moisture wipes
- Flashlight / Batteries
- Radio - Battery operated and NOAA weather radio
- Cash (with some small bills)
 - Banks and ATMs may not be open or available for extended periods.
- Keys
- Toys, Books and Games
- Important documents - in a waterproof container or watertight resealable plastic bag
 - insurance, medical records, bank account numbers, Social Security card, etc.
- Tools - keep a set with you during the storm
- Vehicle fuel tanks filled
- Pet care items
 - proper identification / immunization records / medications
 - ample supply of food and water
 - a carrier or cage
 - muzzle and leash

Other Sources of Information:

ReadyNC

www.readync.org

FEMA

www.fema.gov

Red Cross

www.redcross.org

NC Commission on Volunteerism & Community Service

www.volunteernc.org

Important Numbers to contact after a disaster:

Local Department of Social Services: _____
(Emergency food stamps, emergency Medicaid, emergency financial assistance)

FEMA: _____
(Apply for disaster funds)



State of North Carolina * Department of Health and Human Services

www.ncdhhs.gov

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