Family Disaster Preparedness Plan

DEVELOP A PLAN AND GET YOUR FAMILY INVOLVED

DISASTERS CAN HAPPEN SUDDENLY | BE PREPARED

Get to know your surroundings...

My house could possibly be affected by the following hazards:

- Flood
- Hurricane
- Earthquake
- Volcano
- Sea/Storm Surge
- Tsunami
- Landslide
- Bush/Forest Fire
- Industrial Accident

IMPORTANT: Consider if it is safe to stay home or if you should leave for the shelter

If I stay at home, I can do the following to protect my home and myself from disaster:

**Flood:**
- Move things to higher ground
- Install flood barriers e.g. flood gate and sandbags

**Earthquake:**
- Secure large objects which can fall and injure people
- Teach my family personal safety. e.g. DCH, Drop, Cover and Hold on!

**Hurricane and strong winds:**
I can have the following protection for my windows and glass doors:
- Install hurricane shutters
- Board windows with Plywood (1/2 inch or thicker)
- Reinforce the roof with hurricane straps
- Ensure that loose galvanise is bolted

**Fire:**
- Monitor open flames in your environment
- Clear dry bush from around the house to prevent fire from spreading (fire trace)

Tip: Think about any other risks that can affect your family

Where are the shut-off valves for the following located?

- Water Main
- Electricity
- Water Tank
- Gas

I have copies of important papers and have them in a waterproof packaging in a secure known location:

- Yes
- No
- Birth, marriage and other certificates
- Personal ID cards/ papers/ passport
- Land & building deeds/ rental agreement
- Insurance & other policies
- Medical Card, Prescriptions

In the event of an emergency, I have identified a safe room in the home:

- Yes
- No

Tip: The safe room should be a centralised room with an escape route.
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I have made an alternative plan and special arrangements, if in traffic or at work (e.g. Grab & Go car kit, meeting spots and extra medication, etc.): Yes ☐ No ☐

I have notified my family/friends of our plans: Yes ☐ No ☐

If I have to evacuate, I will go to:
Name: __________________________
Address: __________________________
Phone: __________________________

My nearest shelter is ________________
Address: __________________________

My alternate shelter is ________________
Address: __________________________

What can I do to protect my Livelihood if I have to leave my home?
☐ Secure my livestock
☐ Secure my tools and equipment
☐ Secure my vehicle or boat

Tip: Check if the shelter can house pets. If not, then make arrangements for pets to be secured while at the shelter.

Secure property and assets in the event of a hazard:
☐ Check on loose items in/around the house
☐ Identify encroaching trees and plants that need to be trimmed
☐ Clear clogged drains and maintain waterways
☐ Secure my appliances based on threat

Survival kit:
Do I have a survival kit for staying home? Yes ☐ No ☐
Do I have a survival kit and Grab and Go Bag for going to the shelter? Yes ☐ No ☐

See the Survival Checklist staying at home and prepare for shelter.
**Family Disaster Plan Checklist**

**CHECKLIST FOR STAYING AT HOME & FOR THE SHELTER**

**Family Survival Kit:**

The Family Survival Kit checklist is applicable when your family decides it is safe to stay at home based on the hazard or emergency event. It can include...

- Non-perishable food items - e.g. biscuits, canned foods, packaged foods, packed soups, etc. **Avoid sugary and highly salted food.**
- Water 1 gallon (2-6 litres) per person, per day (for drinking & cooking) for at least 3 days
- Hygiene supplies soap, toothbrushes & toothpaste, feminine products
- Essential medications
- First aid supplies and kit
- Matches
- Mechanical can opener & kitchen knife
- Cooler and ice (to store perishables)
- Copies of important documents in water proof container
- Transistor radio, battery/solar powered radio
- Torchlight and batteries /lamps with fuel
- Whistle
- Bedding -inflatable bed or sleeping bags for shelter.
- Reading glasses and other items for special needs
- Pet food
- **Cash on hand** (ATMS may not be functional in disaster)
- Fuel for vehicles, generators
- **Grab and Go bag** prepared i.e. for when you need to suddenly evacuate the home to have basic essentials all in one bag.
Family Disaster Plan Checklist

CHECKLIST FOR STAYING AT HOME & FOR THE SHELTER

FAMILY SHELTER KIT:

The Family Shelter Kit checklist is applicable when your family plans to go to the shelter. It can include...

- Non-Perishable Food items e.g. biscuits, canned foods, packaged foods, packed soups, etc. with manual can opener & kitchen knife
- Hygiene supplies - soap, toothbrushes & toothpaste, feminine products
- Essential medications
- First aid supplies and kit
- Matches, torchlight and batteries
- Cash on hand (small denominations)
- House and car keys
- Bedding - inflatable bed or sleeping bags
- Personal identification and documents in waterproof container
- Rain gear, proper clothing, light blanket, sturdy closed toe shoes
- Items for special needs i.e. Reading glasses, ventilators, prescription medications
- 1 comfort item to take with you or children i.e. cards, games, books and toy for child

GRAB & GO BAG:

The Grab & Go Bag is a bag which you can quickly take with you when you need to suddenly evacuate your home.

- Food items
- Essential Hygiene supplies
- Essential medications
- First aid supplies and kit
- Matches, torchlight and batteries
- Cash on hand (small denominations)
- Personal identification and documents in waterproof container
- Rain gear, proper clothing, light blanket, sturdy closed toe shoes
- Items for special needs
- House and car keys

Pocket Sized Emergency Contacts:

See below Pocket Sized Important Information for Family Emergency Checklist
### Family Disaster Plan Checklist

**Adult**

#### Family Emergency Important Information Sheet:

- **Name:** __________________  **D.O.B.** __/__/__  **Sex:** __________
- **Address:** __________________
- **Home Phone:** ______________  **Cell Phone:** ______________
- **Email:** __________________
- **Special Needs, Medical Conditions, Allergies:** __________________

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**Child**

#### Family Emergency Important Information Sheet:

- **Name:** __________________  **D.O.B.** __/__/__  **Sex:** __________
- **Address:** __________________
- **Home Phone:** ______________  **Cell Phone:** ______________
- **Email:** __________________
- **Special Needs, Medical Conditions, Allergies:** __________________

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**Business**

- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________
- **Work Phone:** ______________  **Cell Phone:** ______________
- **School / Daycare**
- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________

**Work Emergency Plan:**

- ______________

**Neighbourhood Emergency Meeting Place**

- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________

**Out of Town Emergency Meeting Place**

- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________

**Important Numbers or Information**

- **Name:** __________________  **Phone:** ______________
- **Name:** __________________  **Phone:** ______________
- **Name:** __________________  **Phone:** ______________
- **Name:** __________________  **Phone:** ______________
- **Name:** __________________  **Phone:** ______________

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**Child**

#### Family Emergency Important Information Sheet:

- **Name:** __________________  **D.O.B.** __/__/__  **Sex:** __________
- **Address:** __________________
- **Home Phone:** ______________  **Cell Phone:** ______________
- **Email:** __________________
- **Special Needs, Medical Conditions, Allergies:** __________________

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**Parent / Guardian / Care Giver**

- **Name:** __________________  **D.O.B.** __/__/__  **Sex:** __________
- **Address:** __________________
- **Home Phone:** ______________  **Cell Phone:** ______________
- **Address:** __________________
- **Home Phone:** ______________  **Cell Phone:** ______________

**Office Phone:** __________________

**School / Daycare**

- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________

**School / Daycare**

- **Name:** __________________
- **Address:** __________________
- **Point of Contact or Special Instructions:** __________________

**Important Numbers or Information**

- **Name:** __________________  **Phone:** ______________
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**Disaster Planning**

- **Cadrim.org**
- **Caribbean Disaster Risk Management Reference Center**
  - [cadrim.org](http://cadrim.org)