

DISASTERS CAN HAPPEN SUDDENLY | BE PREPARED

# Family Disaster Preparedness Plan

DEVELOP A PLAN AND GET YOUR FAMILY INVOLVED



Start Here

1

## Get to know your surroundings of your house

My house could possibly be affected by the following hazards:

- |   |  |
|---|--|
| <input type="radio"/> Flood               | <input type="radio"/> Hurricane        |
| <input type="radio"/> Earthquake          | <input type="radio"/> Volcano          |
| <input type="radio"/> Sea/Storm Surge     | <input type="radio"/> Tsunami          |
| <input type="radio"/> Landslide           | <input type="radio"/> Bush/Forest Fire |
| <input type="radio"/> Industrial Accident |  |

**i** **IMPORTANT:** Consider if to stay home or if to leave for the shelter

3

## Where are the shut-off valves for the following located:

- ☐ Water Main \_\_\_\_\_
- ☐ Electricity \_\_\_\_\_
- ☐ Water Tank \_\_\_\_\_
- ☐ Gas \_\_\_\_\_



4

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

2

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

### Flood:

- ☐ I will move things to higher ground
- ☐ I will install flood barriers e.g flood gate and sandbags

### Earthquake:

- ☐ I will secure large objects which can fall and injure family members
- ☐ I will teach my family DCH, Drop, Cover and Hold on!

### Hurricane and strong winds:

I 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
- ☐ I will 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**

5

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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7

**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

6

**If I have to evacuate, I will go to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**My nearest shelter is** \_\_\_\_\_

**Address:** \_\_\_\_\_

**My alternate shelter is** \_\_\_\_\_

**Address:** \_\_\_\_\_

8

**What will I do to protect my Livelihood if I have to leave my home?**

☐

I will secure my livestock

☐

I will secure my tools and equipment

☐

I will 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.**

9

**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

10

**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 to stay at home and the home is safe as a shelter for the hazard or emergency event.

- 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.





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# 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.

- 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 water proof 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 water proof 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



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# Family Disaster Plan Checklist

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Adult



## Family Emergency Important Information Sheet:

### Personal ID

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Special Needs, Medical Conditions, Allergies : \_\_\_\_\_

<Fold Here>

### Child/Children

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
Identifying Characteristics: \_\_\_\_\_  
School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
Identifying Characteristics: \_\_\_\_\_  
School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<Fold Here>

### Work

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Point of Contact or Special Instructions: \_\_\_\_\_  
Work Emergency Plan : \_\_\_\_\_

<Fold Here>

### 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: \_\_\_\_\_

<Fold Here>

### Important Numbers or Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Child



## Family Emergency Important Information Sheet:

### Personal ID

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Special Needs, Medical Conditions, Allergies : \_\_\_\_\_

<Fold Here>

### Parent / Guardian / Care Giver

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<Fold Here>

### School / Daycare

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Point of Contact or Special Instructions: \_\_\_\_\_  
Work Emergency Plan : \_\_\_\_\_

<Fold Here>

### 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: \_\_\_\_\_

<Fold Here>

### Important Numbers or Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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