

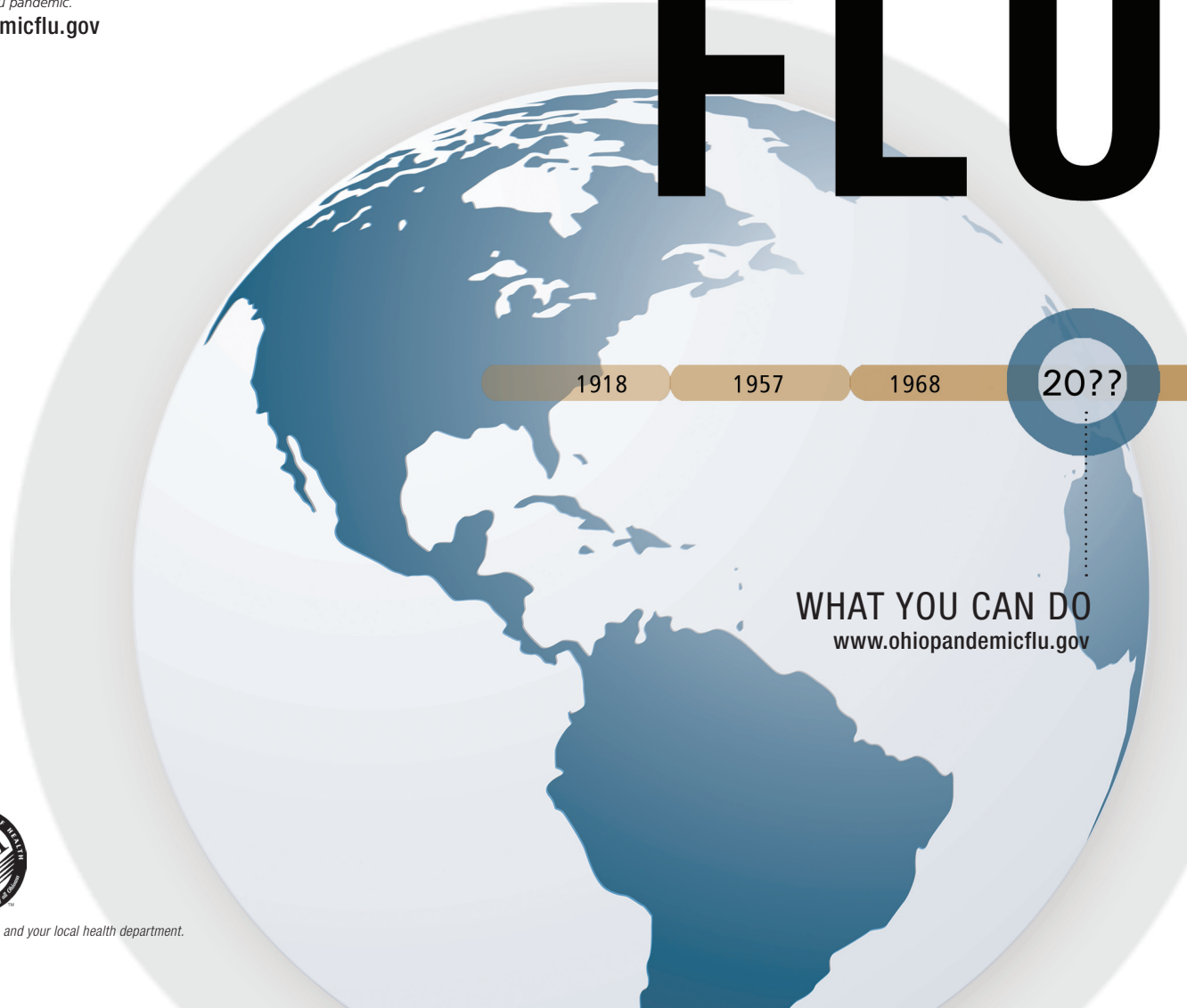


IT WILL HAPPEN AGAIN.
Prepare *NOW* for a flu pandemic.

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P A N D E M I C

FLU



1918

1957

1968

20??

WHAT YOU CAN DO
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Brought to you by the Ohio Department of Health and your local health department.

PREPARE Your Family for an Emergency

This booklet is intended to provide a format and suggestions about information you may wish to include in an emergency plan. It should be modified to fit individual or family needs.

For the millions of Americans who have physical, medical or mental disabilities, emergencies present unique challenges. If you or someone you know has these types of special needs, planning ahead provides the best protection when disaster strikes. Keep their needs in mind as you plan for an emergency.

After completing a basic plan, you can address the information and resources you need for a variety of other disasters:

- Fires – in your home or a wildfire nearby
- Floods
- Pandemic illnesses
- Power outages
- Thunderstorms
- Tornadoes
- Winter storms – snow, ice, extreme cold
- Use a pencil for ease of making future corrections to information contained in the document.
- Keep copies of your plan in a location known to all family members in your home as well as in your vehicles.
- Keep this plan updated with current and correct information.

Plan Completed

Last Update:

Next update: _____

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Household Members

Household Members	Relation/Birth Date	Social Security Number

Many view their pets as members of their family. To ensure your safety, as well as the safety of pets, take some time to prepare for your pet's needs in a disaster.

Pets	Pet License Number	Vet Name and Number

Household Information

Home address _____

Phone 1 _____

Phone 2 _____

Phone 3 _____

Phone 4 _____

E-mail 1 _____

E-mail 2 _____

Homeowner's Insurance (agent policy and number) _____

Mortgage (company and policy number) _____

Car Information

Car 1: Make/Model _____

Year _____

License # _____

VIN _____

Car 2: Make/Model _____

Year _____

License # _____

VIN _____

Car Insurance (agent and policy numbers) _____

Emergency Numbers

CALL 911 FOR EMERGENCY

Doctor # 1 _____

Doctor # 2 _____

Doctor # 3 _____

Fire _____

Police _____

Ambulance _____

Poison Control _____

Hospital Emergency Room _____

Urgent Care _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Notes:

After a disaster, 911 may not be working. Use numbers you listed above.

Do you know where the nearest urgent care facility is located and can you get there without a vehicle? If not, how would your family make the trip?

It is also good to know what your community's disaster plan entails. For example, where are tornado shelters for those without a basement?

Utility and Service Contacts

Water/Sewer: _____

Address _____

Phone _____

Account _____

Note _____

Electric: _____

Address _____

Phone _____

Account _____

Note _____

Gas: _____

Address _____

Phone _____

Account _____

Note _____

Phone/cable: _____

Address _____

Phone _____

Account _____

Note _____

Home Medical: _____

Address _____

Phone _____

Account _____

Note _____

Insurance Information (Life, Medical, Boat)

Company Name/Policy Type	Policy Number	Phone

Contact Information

Family, Friends, Neighbors

Name _____

Address/Physical Location to Home _____

Phone _____

Home _____

Work _____

Cell _____

E-mail address/Notes _____

Name _____

Address/Physical Location to Home _____

Phone _____

Home _____

Work _____

Cell _____

E-mail address/Notes _____

Name _____

Address/Physical Location to Home _____

Phone _____

Home _____

Work _____

Cell _____

E-mail address/Notes _____

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 _____

Out-of-Area Contact #2

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 busy. Make one call out-of-area to report in. Let this person contact others.

Work, School and Other Contacts

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

Household Member Name _____

Work/School/Other _____

Address _____

Phone _____

Disaster Procedures* _____

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.

Medication List

User's Name _____

Medication Name _____

Dosage/Frequency _____

Reason for Taking _____

Doctor _____

Prescription No. _____

Date Started/Ending _____

Location of Medicine _____

User's Name _____

Medication Name _____

Dosage/Frequency _____

Reason for Taking _____

Doctor _____

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User's Name _____

Medication Name _____

Dosage/Frequency _____

Reason for Taking _____

Doctor _____

Prescription No. _____

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.

Last update of this information: _____

Medication List

User's Name _____

Medication Name _____

Dosage/Frequency _____

Reason for Taking _____

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Prescription No. _____

Date Started/Ending _____

Location of Medicine _____

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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.

Last update of this information: _____

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 _____

Medication _____

Person's Name _____

Medication _____

Health/Disability Information

Special Needs, Equipment and Supplies _____

Note: Fill this and all sections in pencil. Update regularly. If additional information is needed, tape or staple another sheet of paper.

Last update of this information: _____

Meeting Procedures

Identify and discuss with household members places to meet if the family is not together when a disaster occurs. Consider various places depending on the scope of the disaster. For example, if the house is flooded, where should the family meet?

In or Around House/Apartment

Inside House/Apartment (circle one that works for your family)

Basement

Inside bathroom with no windows

Other _____

Outside House/Apartment (circle one that works for your family)

End of driveway/walkway

At a neighbor's house _____

In the backyard

Other _____

When Family is Not Home

Priority Location (circle one that works for your family)

In front of nearest local school _____

At local store or business _____

At a friend/relative's house _____

At the center of town, courthouse, town square _____

At a park _____

Other _____

(Leave note in a designated place where you will be: i.e., neighbor, relative, park, school, shelter.)

Checklist of medical, first-aid and hygiene supplies

Have non-prescription drugs and other health supplies on hand. Be sure to periodically rotate medications. It is also a good idea to have medical information for all family members documented and packaged with your kit. This medical history document should include the following for everyone: allergies; past and current medical conditions; and current medications and dosages.

- Prescription medications
- Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
- Soap and/or alcohol-based hand sanitizer
- Tissues, toilet paper and disposable diapers
- Medicines for fever such as acetaminophen, ibuprofen or aspirin
- Thermometer
- Vitamins
- Fluids with electrolytes such as sports drinks
- First-aid kit

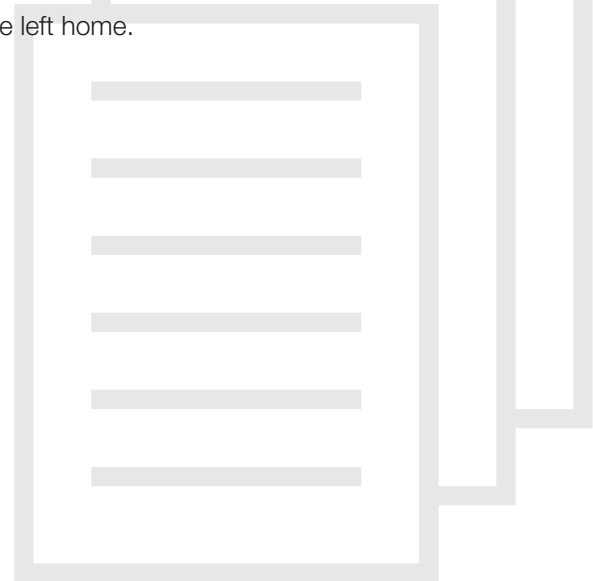
Checklist of Emergency Supplies

- | | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Rock salt to melt ice on walkways |
| <input type="checkbox"/> Portable, battery-powered radio | <input type="checkbox"/> Sand to improve traction of your vehicle in icy conditions |
| <input type="checkbox"/> Batteries for flashlight, radio and any medically prescribed equipment | <input type="checkbox"/> Snow shovels and other snow-removal equipment. |
| <input type="checkbox"/> Manual can opener | <input type="checkbox"/> Wood for wood-burning stoves or fireplaces |
| <input type="checkbox"/> Pet food and prescriptions | <input type="checkbox"/> Backup fuel for alternative heating sources |
| <input type="checkbox"/> Garbage bags | <input type="checkbox"/> Extra change of warm clothing for all members of your household |
| <input type="checkbox"/> Camping or other stand-alone stove and fuel | <input type="checkbox"/> Warm blankets |
| <input type="checkbox"/> NOAA weather radio (alerts you to developing weather threats) | |

Important Family Documents

Earlier when completing this plan, you listed insurance policy numbers and important contacts. It is important to have this information for quick reference in your emergency kit. It is also advisable to keep all original documents in a safe place such as safe deposit box away from your home.

In the event you need to evacuate your home quickly, you may consider keeping copies of all important documents in an easy access location protected from the elements. Consider sealing copies in a plastic bag. This bag should be placed in a fire-proof lock box with a handle to quickly grab and leave the home in the event of an emergency. You can place your document box with your emergency kit or in another designated area. Be sure all members of your household know where these documents are. Do not leave documents unattended if you've left home.



Document Checklist (copies)

- Emergency plan
- Insurance policies – home or renter’s, auto, recreational vehicle and flood
- Deeds, titles and other ownership records for your house and vehicle
- Birth and marriage certificates, child custody papers
- Living wills, powers of attorney and health care powers of attorney
- First two pages of the previous year’s federal and state income tax returns
- Certificates for stocks bonds and other investments
- Trust agreements
- Retirement accounts
- Mortgage records
- Household inventory
- Negatives for irreplaceable personal photographs, protected in plastic sleeves
- Prescriptions for medicines and eyeglasses
- Immunization records
- Health, dental or prescription insurance cards or information
- Passports and military/veteran papers
- Backups of computerized financial records
- Appraisals of expensive jewelry and heirlooms
- List of bank accounts, loans, credit cards and Social Security numbers
- Driver’s license
- Extra set of house and car keys
- Safe deposit box key

Preparing for specific emergencies

This emergency plan is effective for most emergencies you will face, however, take action to combat the following specific emergencies:

Consider the following and include additional information in your plan that may apply to your family.

Fires – Test smoke alarms every month and change batteries twice a year to keep you and your family safe. Plan and practice an escape route.

Floods – Flash floods can occur at any time anywhere so prepare for floods even if you live on high ground.

Power Outages/“Rolling Blackouts” – Power outages can occur at any time of the year for various reasons. Extreme heat or cold and food safety are some issues to consider when planning for power outages.

Thunderstorms – There are protective measure you can take to keep you and your family safe from thunderstorms and the lightning that accompanies them. Observe thunderstorm watches and warnings issued by local officials, go indoors and stay indoors 30 minutes after hearing the last clap of thunder.

Tornadoes – To stay safe, identify a safe room in the basement or first floor interior with no windows. Observe tornado warnings and take shelter immediately.

Winter storms – Have an emergency supply kit in place during a winter storm to keep you and your family safe and comfortable.

Additional Resources

For more information or additional planning resources go to <http://www.ohiopandemicflu.gov>.