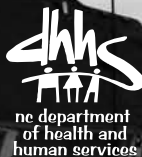


# DHHS FAMILY DISASTER PLAN



This document was developed by the North Carolina Department of Health and Human Services.

**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.



Officially endorsed by ReadyNC



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*This plan was prepared by Jo Paul, NC DHHS Office of 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

<b>Household Members</b>	<b>Relation/Birthdate</b>	<b>Social Security</b>

<b>Pets</b>	<b>Pet Rabies Vaccination #</b>	<b>Vet name &amp; number</b>

# 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

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

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

# Contacts

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

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

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

*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.*

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



# Contacts

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

*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

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

*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.*

<b>Important Notes and Procedures</b>

*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

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

*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

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

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

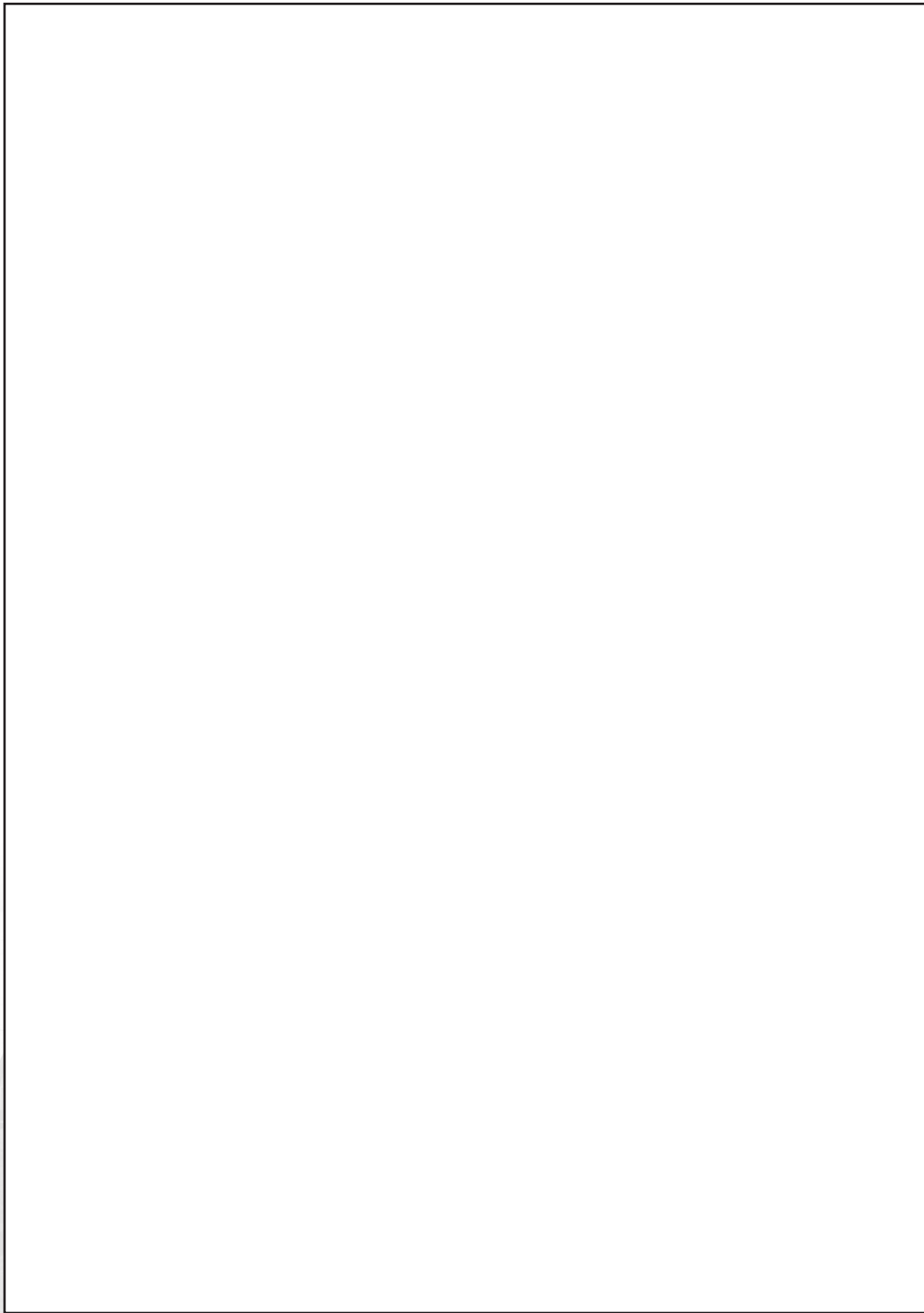
*Note: Fill this and all sections out in pencil. Update regularly.*

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# Pharmacy/Doctors/Specialists cont.

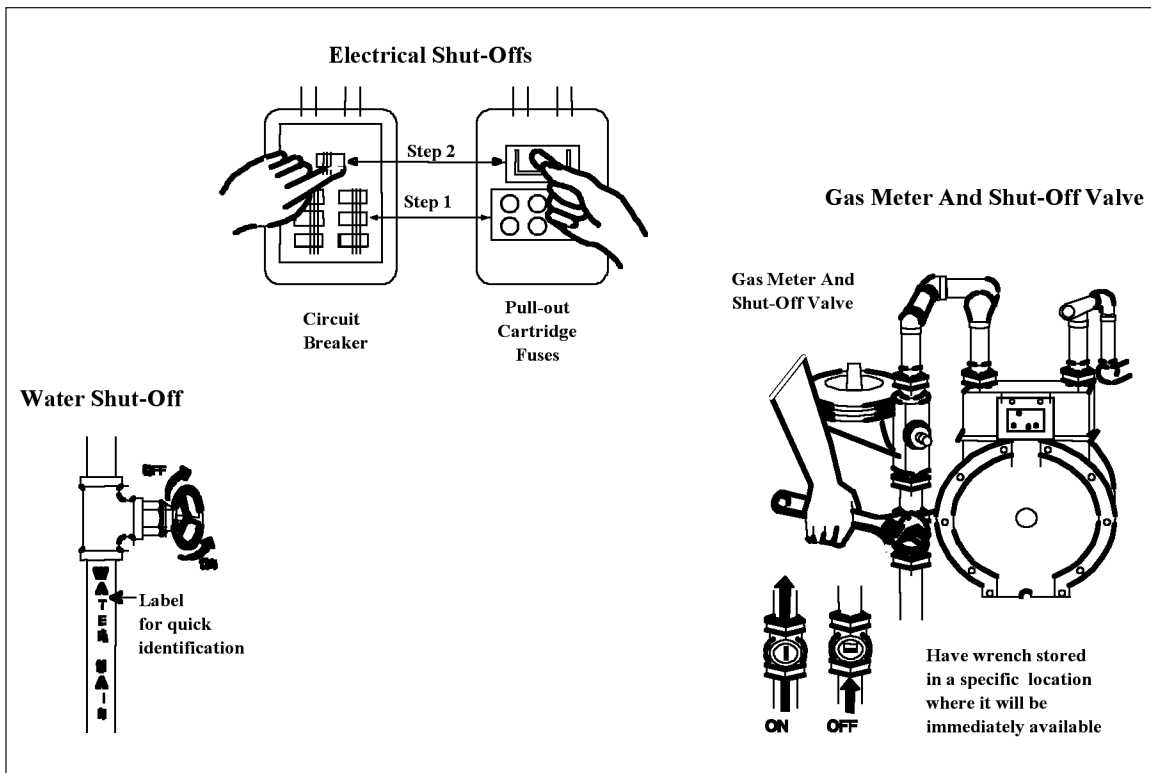
<b>Allergies to Medications</b>	<b>Person's Name</b>	<b>Person's Name</b>
	<b>Medication</b>	<b>Medication</b>
<b>Health/Disability Information</b>		
<b>Special Needs, Equipment, and Supplies</b>		
<b>Allergies to Medications</b>	<b>Person's Name</b>	<b>Person's Name</b>
	<b>Medication</b>	<b>Medication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

# Home Layout/Diagram



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:

## **CARE-LINE**

1-800-662-7030 or 919-855-4400  
TTY 1-877-452-2514 or 919-733-4851(for deaf and hard of hearing)

## **ReadyNC**

<http://www.readync.org/>

## **FEMA**

<http://www.fema.gov/>

## **Red Cross**

[http://www.redcross.org/services/prepare/0,1082,0\\_239\\_,00.html](http://www.redcross.org/services/prepare/0,1082,0_239_,00.html)

## **Florida Disaster**

<http://www.floridadisaster.org/bpr/family%20preparedness/index.htm>

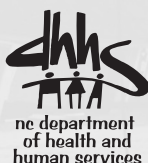
## **NC Commission on Volunteerism & Community Service**

<http://www.volunteernc.org/code/about.htm>

## **Important Numbers to contact after a disaster:**

**Local Department of Social Services:** \_\_\_\_\_  
(Emergency food stamps, emergency Medicaid, emergency financial asst)

**FEMA:** \_\_\_\_\_  
(Apply for disaster funds)



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