

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...

My house could possibly be affected by the following hazards:

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

i **IMPORTANT:** Consider if it is safe to stay home or if you should 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 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. eg. 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

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 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.

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 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 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

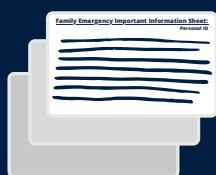
GRAB & GO BAG:

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



Family Disaster Plan Checklist

DEVELOP A PLAN AND GET YOUR FAMILY INVOLVED

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: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 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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