

# Los Angeles County Emergency Medical Services Agency

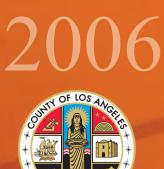
### Disaster Preparedness: Your Family's Disaster Plan

"Prepare in Advance" & "Know what to do"





| 1. | Pick two (2) places to meet   |
|----|-------------------------------|
|    | a. Right outside your home:   |
|    | b. Outside your neighborhood: |
|    |                               |
| 2. | Home Escape Route:            |
|    | Plan A:                       |
|    |                               |
|    | Plan B:                       |
|    |                               |
| 3. | Family Contact:               |
|    | Name:Relation:                |
|    | Address:                      |
|    |                               |
|    | Phone Number:                 |
|    |                               |
|    |                               |
|    |                               |

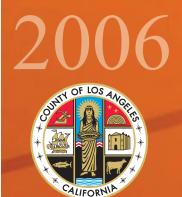




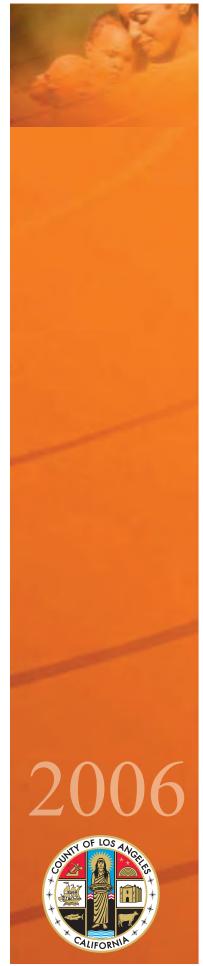
4. Emergency Communication Plan: How will your family get back together:

#### Cell Phone Numbers of Family Members:

| NAME | CELL# |
|------|-------|
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |







5. What is the School's Emergency Policy for each of your children?

| Child's Name     | Age                      |  |
|------------------|--------------------------|--|
| School           |                          |  |
|                  |                          |  |
|                  |                          |  |
| Phone Number     | Teacher                  |  |
| Grade Level      |                          |  |
| Will this school | a. Hold Children         |  |
|                  | b. Release Children      |  |
|                  | c. Authorize release to: |  |
|                  | <b>A</b> = -             |  |
| Child's Name     | Age                      |  |
| School           |                          |  |
| Address          |                          |  |
|                  |                          |  |
| Phone Number     | Teacher                  |  |
| Grade Level      |                          |  |
| Will this school | a. Hold Children         |  |
|                  | b. Release Children      |  |
|                  | c. Authorize release to: |  |
|                  |                          |  |

| Me V        |    |  |
|-------------|----|--|
| 1.12        |    |  |
|             | 5. | What is the School's Emergency Policy for each of your children?   |
|             |    | Child's Name Age   |
|             |    | School   |
|             |    | Address  |
|             |    |  |
|             |    | Phone Number Teacher   |
|             |    | Grade Level  |
|             |    | Will this school a. Hold Children  |
| -           |    | b. Release Children  |
| /           |    | c. Authorize release to:   |
|             | 6. | Teach children how to dial 911   |
|             | 7. | Family members should learn basic First Aid and CPR from the American Red Cross                          |
|             | 8. | All Adult Family Members should learn how to use their (ABC type)<br>Fire Extinguisher – Fire Department |
|             | 9. | All Adult Family members should know the location of the Fire Extinguiser(s) in the home                 |
| 2006        |    |  |
| CALLEOR NUM |    |  |

| A. |     |   |
|----|-----|---|
|    | 10. | Post Emergency Numbers by Phone:            |
|    |     | a. Fire:                                    |
|    |     | b. Police:                                  |
|    |     | c. Ambulance:                               |
|    | 11. | Practice your plan                          |
|    |     | a. Kids: Every six (6) months               |
|    |     | b. Fire / Evacuation Drills: Twice per year |
|    |     | c. Drive Evacuation Route                   |
|    |     | d. Drive Alternate Route                    |
|    | 12. | Evacuation Route A:                         |
|    |     | Evacuation Route B:                         |
|    | 13. | Shelter Location:                           |
|    |     |   |
|    |     | Name:Address:                               |
|    |     | Phone:                                      |
|    |     |   |

Post a message on your front door indicating where you can be found if you evacuate

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- 14. Replace Stored Food every six (6) months
- 15. Test smoke detectors once per month
- 16. Change Smoke Detector Batteries with Daylight Savings Time

## Elderly / Disabled

| List of Medications: |        |  |
|----------------------|--------|--|
|                      | Dose:  |  |
| Allergies?           |        |  |
| Special Needs:       |        |  |
| Doctor's Name:       |        |  |
|                      | Phone# |  |
|                      | Phone# |  |
|                      |        |  |



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

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

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





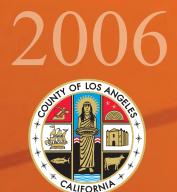


- 1. Update Pet's ID Tags
- 2. Store a 72 hour supply of Food / Water
- 3. Evacuation Kit for your Pet:
  - a. Unbreakable Dish
  - b. Veterinarian Records / Vaccination History
  - c. Restraint: leash / pet carriers
  - d. Medications with instructions
  - e. Photo of your Pet in case he/she is lost
- 4. Neighbor who can care for your Pet in case you cannot return to your home...for example, after an earthquake

Neighbor's Name:\_\_\_\_\_

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

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







#### Do you have the following?

1. Personal Supply Kits / Emergency Supplies:

| Home:   | yes | no |
|---------|-----|----|
| Car:    | yes | no |
| Office: | yes | no |
|         | -   |    |

2. Three (3) day supply of Food and Water:

yes \_\_\_\_\_ no \_\_\_\_\_

3. Smoke Detectors installed in your home:

Near Bedrooms: yes \_\_\_\_\_ no \_\_\_\_\_

On each level of your home: yes \_\_\_\_\_ no \_\_\_\_\_

4. Fire Extinguisher (ABC Type):

Training from FD yes \_\_\_\_\_ no \_\_\_\_\_

5. Portable, battery operated Radio or Television and extra batteries

yes \_\_\_\_\_ no \_\_\_\_\_

- 6. Two (2) photocopies of vital documents: Marriage License, tax documents, insurance papers, copies of credit cards, etc.
  - a. Original stored in a Safe Deposit Box
  - b. Copy stored in a safe place at home
  - c. Copy mailed to an out-of-town relative or friend
- 7. Inventory your home / garage / property with videotape, pictures, or written descriptions. Be sure to include important serial numbers, make and model numbers, and purchase prices. Store this record AWAY from your home.

