This document is meant to help you and your family piece together a plan **BEFORE AN EMERGENCY** occurs. Take some time to sit down with others in your household, discuss the different topics and sections, and fill in the information to put that plan together.

## NOTE:

If you include people outside of your household in your plan, whether it be extended family, neighbors, or other contacts, make sure that you inform them about their inclusion in the plan.

Each member of your household should have a copy of this plan that they can reference in an emergency. Give a copy of the **Household Contact Information sheet (Pages 3-6)** to each member of your household and have them upload it to their phone, or carry it in their purse, wallet, etc.

This Family Emergency Plan is broken up into different sections to help you begin thinking about all the specific needs your family has, how to address both general and specific needs in the event of an emergency, and things to consider when preparing for different types of emergencies.



# **Step 1: Consider**

Consider the general and specific needs of your family that need to be accounted for in your plan.



## **Step 2: Collect**

Collect important information on members of your household and resources available in your community.



# Step 3: Connect

Connect with extended family, friends, and neighbors that you wish to include in your plan.



# Step 4: Prepare

Prepare a plan for a variety of emergencies and put together an emergency supply kit.



# Step 5: Practice

Practice your plan, gather your supplies, and ensure that everyone has a copy of the plan.

# ? Step 1: Consider

Consider the general and specific needs of your family that need to be accounted for in your plan.

When making a plan, there are general things that are universal to any plan:

- Meeting Places (on property, in the neighborhood, or out-of-town)
- Evacuation Plans (where you will go locally and out-of-town)
- Emergency Supplies or Go-Bag

But there are also needs specific to each individual household that must be taken into account when putting together an emergency plan.

Take some time to go through this short questionnaire and consider the specific needs you should plan for.

Are there any people outside of your direct household that need to be included in your plan? (e.g., parents, grandparents, elderly neighbors, single-parent neighbors, friends, extended family, etc.)	Yes or No
Are there any age-specific needs that should be addressed in the plan? (e.g., infants, toddlers, or elderly people that need to be accounted for in evacuation plans, gathering supplies, etc.)	Yes or No
Are there any unique items you need to include in your emergency supply kit or Go-Bag? (e.g., mementos, toys, spare medications, etc.)	Yes or No
Are there any health-specific, medical, dietary, or functional needs that should be addressed in the plan? (e.g., disabilities, conditions, allergies, medications, medical equipment, etc.)	Yes or No
Are there any animals (pets or livestock) that will need to be included in the plans?	Yes or No



Collect important information on members of your household and resources available in your community.

# **General Emergency Contact Information:**

IN THE EVENT OF AN EMERGENCY, CALL 9-1-1.					
Doctor	Poison		control	800-222-1222	
Hospital		Other:			
Pharmacy		Other:			
Veterinarian		Other:			
Animal Control	919-934-8474	Other:			
Location Information	n:				
Home Address:					
Home Phone:			Number of People	in Household:	
Evacuation Location Address:					
Main Contact(s):	Main Contact(s):  Main Contact Phone(s):			ne(s):	
Household Contact	Information:		•		
Full Name: Dat		Date of Birth:		Cell Phone:	
Work/School Address:		Work/School Phone:	Work/School Phone:		
Medications or Medical Equipment:  Dosage, Frequency, and Instructions					
Health Insurance Company:	Insurance Phone Number:		Policy Number:		
Notes (Frequent Locations, Specific Nee	eds, Medical/Physical Conditions, etc.):				



# **Household Contact Information:**

Full Name:		Date of Birth:		Cell Phone:	
Work/School Address:		Work/School Phone:			
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
Health Insurance Company:	nsurance Ph	one Number:		Policy Number:	
Notes (Frequent Locations, Specific Needs, Medical/Ph	ysical Cond	itions, etc.):			
Full Name:			Date of Birth:		Cell Phone:
Work/School Address:			Work/School Phone:		
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
Health Insurance Company:	nsurance Ph	I one Number:		Policy Number:	
Notes (Frequent Locations, Specific Needs, Medical/Ph	ysical Condi	itions, etc.):			
Full Name:			Date of Birth:		Cell Phone:
Work/School Address:			Work/School Phone:		
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
Health Insurance Company:	nsurance Ph	one Number:		Policy Number:	
Notes (Frequent Locations, Specific Needs, Medical/Ph	ysical Condi	itions, etc.):			

# **Household Contact Information:**

Full Name:			Date of Birth:		Cell Phone:
Work/School Address:		Work/School Phone:			
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
Health Insurance Company:	Insurance Ph	lone Number:		Policy Number:	
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Notes (Frequent Locations, Specific Needs, Medical/P	'nysical Cond	itions, etc.):			
Full Name:			Date of Birth:		Cell Phone:
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Work/School Address:			Work/School Phone:		
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
Health Insurance Company:	Insurance Ph	lone Number:		Policy Number:	
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Notes (Frequent Locations, Specific Needs, Medical/P	hysical Cond	itions, etc.):			
Full Name:			Date of Birth:		Cell Phone:
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Work/School Address:			Work/School Phone:		
Medications or Medical Equipment:		Dosage, Frequency	, and Instructions		
		1			
Health Insurance Company:	Insurance Ph	one Number:		Policy Number:	
Notes (Frequent Locations, Specific Needs, Medical/P	hysical Cond	itions, etc.):			



Connect with extended family, friends, and neighbors outside the household that you wish to include in your plan.

Your plan will likely include others outside of your household. As you think of these people, make contact with them and ask if you can include them in your plan. There may be some logistics and details you need to work out with them. Do this **BEFORE AN EMERGENCY**.

## **EVACUATION PLAN**

Some emergencies may require you to evacuate your home. To make sure you have a place to go, we recommend having two location options:

A Local Evacuation Location

A Out-of-Town Evacuation Location

Main Contact Phone(s):

Once you have identified these locations, record the details down below:

## **Local Evacuation Location**

Evacuation Location Address:

Main Contact(s):

Out-of-Town Evacuation Location			
Evacuation Location Address:			
Main Contact(s):	Main Contact Phone(s):		
People to Check On During Eme Include information of friends, r	ergencies relatives, & neighbors that may need to be checked on.		
Name:	Phone Number:		
Address:	·		
Name:	Phone Number:		
Address:			
Name:	Phone Number:		
Address:			



Prepare a plan for a variety of emergencies and put together an emergency supply kit.

Disasters come in all shapes and sizes, and although you never know when and where they will strike, it is vital to be prepared for whatever event may occur.

Our main way to receive emergency info is:
Our backup method to receive emergency info is:
Our Emergency Supply Kit / Go-Bag is located:
Our local evacuation plan is to go to:
Our main contact for our local evacuation location is:
Our Out-of-Town evacuation plan is to go to:
Our main contact for our out-of-town evacuation location is:
In the event of a house fire, our meeting place close by is:
If a storm gets bad, our safe spot to shelter in is:

#### PREPARING FOR HURRICANES

- Pay attention to weather reports.
- Should you need to leave your home, have a plan for where you will go.
- Should you need to leave your home, plan possible routes in advance.
- Discuss how you will communicate with those in your plan.

## PREPARING FOR FLASH FLOODING

- Check to see the risk of flooding in your area (ncfloodmaps.com).
- Purchase or renew flood insurance policy. This is **NOT** covered under standard Homeowners insurance.

- Gather supplies for, or update, your Emergency Supply Kit/Go-Bag.
- Secure your home & property.
- Secure/tie down loose objects.
- Be aware of flooded or washed out roadways. Avoid low hanging or downed powerlines.
- Gather supplies for, or update, your Emergency Supply Kit/Go-Bag.
- Move valuables up high, declutter drains & gutters.

## **PREPARING FOR TORNADOES**

- Know the signs of a tornado:
  - The risk of a tornado increases during thunderstorms
  - Rotating, funnel-shaped cloud
  - Approaching cloud of debris
  - Loud, freight train-like roar

- Pay attention to weather reports.
- Secure property and loose objects.
- Establish a "Safe Spot" in a windowless place on the lowest floor and near the center of your home.

#### **PREPARING FOR HOUSE FIRES**

- Map your home, find AT LEAST TWO ways to get out of every room.
- Test your smoke alarms regularly to ensure they are working. Replace batteries or unit as needed.
- Make sure you have escape ladders (if your home has multiple stories) and fire extinguishers.

#### PREPARING FOR THUNDERSTORMS

- Pay attention to weather reports.
- Prepare your home by cutting down trees or large limbs that could fall and damage your property.
- Go indoors if you hear thunder or see lightning.

## PREPARING FOR WINTER WEATHER

- Pay attention to weather reports.
- Prepare your home. Keep the cold out by insulating, caulking, and weather stripping. Disconnect hoses and learn how to keep your pipes from bursting.

## PREPARING FOR EXTREME HEAT

- Pay attention to weather reports.
- Check to see if your air conditioning unit and fans are working properly.
- Limit time outdoors.

- Ensure your home's address numbers are displayed outside & clearly visible.
- Establish a meeting place a safe distance away from your home where you can gather after escaping.
- If an alarm goes off, exit your home quickly and safely. If you see smoke, get low to the ground and crawl towards the exit.
- Use surge protectors to protect your appliances and electronics from lightning.
- Avoid electronics that are plugged into outlets. Avoid running water. Avoid fallen power lines. DON'T drive through flooded roads.
- Gather supplies you will need if you have to stay at home for a few days.
- Remember elderly people. Make sure they have what they need. Remember your pets and keep them warm.
- Cover windows with drapes and blinds. Use weather strips to keep heat out.



## **EMERGENCY SUPPLIES KIT / GO-BAG CHECKLIST**

Put together a kit with the supplies you will need (including items unique to your family). Update this kit frequently so you are prepared **BEFORE AN EMERGENCY**.

It is helpful to have these supplies in a Go-Bag, so that they can be easily transported with you if you need to leave your home.

Our Kit's Location:

Water (1 gal. per person per day)  Non-Perishable Food (for 3-7 days)  Crank or Battery-Powered Radio  NOAA Weather Radio  Flashlight  Spare Batteries  First Aid Kit  Cell Phone  Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener  Waterproof Matches	 
Crank or Battery-Powered Radio  NOAA Weather Radio  Flashlight  Spare Batteries  First Aid Kit  Cell Phone  Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Water (1 gal. per person per day)
NOAA Weather Radio Flashlight Spare Batteries First Aid Kit Cell Phone Phone Charger Spare Medication Spare Glasses Hygiene Products Blanket/Sleeping Bags Spare Clothes Important Documents Fire Extinguisher Cash & Spare Change Manual Can Opener	Non-Perishable Food (for 3-7 days)
Flashlight  Spare Batteries  First Aid Kit  Cell Phone  Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Crank or Battery-Powered Radio
Spare Batteries  First Aid Kit  Cell Phone  Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	NOAA Weather Radio
First Aid Kit  Cell Phone  Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Flashlight
Cell Phone Phone Charger Spare Medication Spare Glasses Hygiene Products Blanket/Sleeping Bags Spare Clothes Important Documents Fire Extinguisher Cash & Spare Change Manual Can Opener	Spare Batteries
Phone Charger  Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	First Aid Kit
Spare Medication  Spare Glasses  Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Cell Phone
Spare Glasses Hygiene Products Blanket/Sleeping Bags Spare Clothes Important Documents Fire Extinguisher Cash & Spare Change Manual Can Opener	Phone Charger
Hygiene Products  Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Spare Medication
Blanket/Sleeping Bags  Spare Clothes  Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Spare Glasses
Spare Clothes Important Documents Fire Extinguisher Cash & Spare Change Manual Can Opener	Hygiene Products
Important Documents  Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Blanket/Sleeping Bags
Fire Extinguisher  Cash & Spare Change  Manual Can Opener	Spare Clothes
Cash & Spare Change  Manual Can Opener	Important Documents
Manual Can Opener	Fire Extinguisher
	Cash & Spare Change
Waterproof Matches	Manual Can Opener
	Waterproof Matches

Local Maps
Copy of Family Emergency Plan
Entertainment Items
Hand Sanitizer
Moist Towelettes or Toilet Paper



Practice your plan, gather your supplies, and ensure that everyone has a copy of the plan.

## **Now that You Have Completed Your Plan:**

- Distribute a copy of the plan to each member of your household. Have them keep it in a safe place where they can easily access it.
- Have each member of your household keep a copy of the Household Contact Information sheet (Pages 3-6) under the Collect and Contact portions of the document. Have them load these contacts into their phone or carry it in their purse, wallet, etc.
- Put a copy of your plan in your Emergency Supplies Kit or Go-Bag.

## **Maintain Your Plan & Supplies:**

- The specific needs of your family may change over time. Reevaluate your plan **EACH YEAR** to make sure it is up-to-date with those needs.
- Check your emergency supply kit and Go-Bag regularly:
  - Make sure expired food and beverages are disposed of and replaced
  - Keep canned food in a cool, dry place
  - Store boxed food in a tightly closed plastic or metal container
  - Remove items that are no longer needed
  - Add newer items you need based on your reevaluation

## **Practice Your Plan:**

- To make sure your family is primed and ready for a fire emergency, go over and practice your escape routes **TWICE A YEAR**.
- Update your contacts **EACH YEAR** to make sure you have the correct information.
- Reach out regularly to your local and out-of-town contacts to ensure you have a place to go should you need to leave your home.