



PREPARING FOR EMERGENCIES

CREATING EMERGENCY PLANS

Disasters can happen unexpectedly. They may force you to evacuate your neighborhood or confine you to your home. You may be without basic services such as gas, water, electricity or telephone for an unknown time; by preparing ahead of time you can remain calm and safe.

- ◆ Discuss the types of disaster that are likely to occur with your family. Plan what to do in each case. Discuss what to do in evacuation.
- ◆ Identify two places to meet: one right outside your home in case of a fire; one outside your neighborhood in case you cannot return home.
- ◆ Ask a relative or friend that lives out of the area to be your family's contact person. After a disaster, it is often easier to call long distance. All family members should call this person and tell them where they are.
- ◆ Create a list of important contact numbers and share it with all family members.
- ◆ Learn how to turn off utilities such as water, gas and electricity. Keep necessary tools near shut-off valves.
- ◆ Make plans for taking care of pets in an emergency.
- ◆ Check supplies every six months; and replace water and food.

ADDITIONAL RESOURCES

Emergency and Community Health Outreach
(multilingual webpage)
<http://www.echominnnesota.org/>

City of Minneapolis Emergency Preparedness
<http://www.ci.minneapolis.mn.us/emergency/>

Minnesota Department of Health
<http://www.health.state.mn.us/oep/index.html>

Center for Disease Control and Prevention
<http://www.bt.cdc.gov/>

SHELTERING IN PLACE

Sheltering in place is used to minimize exposure to chemicals or other hazardous situations. Public officials will notify you when to shelter in place. If you shelter in place turn off fans, heating and air conditioning and go to an interior room. Listen to the radio or television for further instructions.



GATHERING DISASTER SUPPLIES

Keep enough supplies in your home to meet your needs for at least three days. Store the disaster supply kit in an easy-to-carry container such as backpack or duffel bag. The kits can be used in case you have to leave your home quickly or if you must remain in your home for an extended period of time. **Try to include:**

- ◆ Water, one gallon per person per day.
- ◆ Food, non-perishable food such as crackers, canned food and dried food.
- ◆ One set of clothing and footwear per person, and one blanket per person.
- ◆ First aid kit.
- ◆ Prescription medications for your family.
- ◆ Tools including can opener, shut-off wrench, and work gloves.
- ◆ Battery-powered radio.
- ◆ Flashlight and extra batteries.
- ◆ Extra set of car keys and a credit card, cash or traveler's checks.
- ◆ Personal care items: toilet paper, soap, towels, shampoo, deodorant, toothbrush, toothpaste, comb and bleach.
- ◆ Special items for infants, elderly, or disabled family members.
- ◆ An extra pair of glasses.
- ◆ Entertainment such as games and books.
- ◆ Household documents and contact numbers.

EMERGENCY CONTACT INFORMATION

***Fill out this page to have together all the information you would need in an emergency.

Home Address _____ Phone _____
Adult Name _____ Work Phone _____
Employer _____ Phone _____
Adult Name _____ Work Phone _____
Employer _____ Phone _____

Children's Names and Schools/Daycare

Name _____ Age _____ School/School phone _____
Name _____ Age _____ School/School phone _____
Name _____ Age _____ School/School phone _____
School/Daycare's policy for release of children after disaster _____

We have made arrangements for _____ to pick up our children if we are unable to do so.
Name _____ Phone _____

Medical Information

Please list details for your family; include name, medications, equipment and special needs.

In case of emergency, please contact: (List one out of state contact)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Meeting Place

Outside home _____ Outside Neighborhood _____

Pets

Name _____ Type _____ Indoor/Outdoor _____
Name _____ Type _____ Indoor/Outdoor _____

Neighbors

Name _____ Phone _____
Name _____ Phone _____



Share copies with all family members

EMERGENCY SERVICES

In a life threatening emergency, call 911

Safety

Police _____

Fire _____

Hospital _____

Nurse Line _____

Utilities

Electric _____

Gas _____

Water _____

Telephone _____

Family Physician

Name _____

Phone _____

Name _____

Phone _____