

CREATING A FAMILY DISASTER PLAN

A Step-By-Step Guide

Provided to you by Jefferson County Homeland Security
& Emergency Management

The _____'s Family Disaster Plan

Last Updated _____

List of Family Members:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

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Designated Meeting Places

In the event we need to immediately evacuate from our house, or in the event that we come home and the house is not safe to enter, it is important that we have a designated meeting place outside of our home so that we know everyone is out and safe. Examples of meeting places outside the house include: mail box, end of driveway, the big oak tree behind or in front of the house.

Our meeting place outside of our house is: _____

In the event we are not able to enter our neighborhood or have to leave our neighborhood for reasons such as a hazardous materials spill or other neighborhood evacuation it is important we have a designated meeting place outside of our neighborhood so that we know everyone is out and safe. Examples of meeting places outside of the neighborhood include: school parking lot, local restaurant or friends house.

Our meeting place outside of our neighborhood is: _____

In the event that we would have to leave the entire area, such as in the case of a national attack, our meeting place would be: _____

Designated Out of Town Contacts

In many emergencies, it is easier to contact someone out of town than to make a local call. For this reason, it is necessary to designate an out of town contact that our family will call to let them know our condition and whereabouts in time of emergency when we may not be able to get in touch with each other. Out of town contacts may include a friend, aunt or other family member that everyone is familiar with.

Designated Out of Town Contact

Name _____ Phone _____

In the event that we cannot contact _____, the backup contact is:

Name _____ Phone _____

Floor Plan of Our Home

(Draw the Flood Plan of Your Home here. Designate 2 escape routes from each room)

Emergency Telephone Numbers

For All Emergencies	9-1-1
Jefferson County Homeland Security & Emergency Management	304-728-3290*
Jefferson County Emergency Communications Center	304-725-8484
Poison Control Center	800-222-1222
American Red Cross	304-725-5015
Salvation Army	304-267-4612
WV State Police, Jefferson County	304-725-9779 or cell *77
Jefferson County Sheriff's Department	304-728-3205*
Charles Town Police Department	304-725-2714*
Harpers Ferry Police Department	304-535-6366*
Ranson Police Department	304-725-2411*
Shepherdstown Police Department	304-876-6036*
Shepherd University Security	304-876-5202*
Federal Bureau of Investigation	304-260-8600
US Marshal Service	304-623-0486
US Secret Service	304-347-5188
Jefferson County Health Department	304-728-8416*
WVU Healthcare – Jefferson Medical Center	304-728-1600
WVU Healthcare – Berkeley Medical Center	304-264-1000

Winchester VA Medical Center	540-536-8000
Jefferson Urgent Care (Rt.340, Charles Town)	304-728-8533
WV Department of Health & Human Resources	304-724-2600
National Response Center (Chemical and oil spills; chemical/biological terrorism)	800-424-8802
Bakerton Volunteer Fire Department (Harpers Ferry)	304-876-0007*
Blue Ridge Volunteer Fire Department	304-725-8118*
Citizens Volunteer Fire Department (Charles Town)	304-725-2814*
Friendship Volunteer Fire Department (Harpers Ferry/Bolivar)	304-535-2211*
Independent Volunteer Fire Department (Charles Town/Ranson)	304-725-2514*
Shepherdstown Volunteer Fire Department	304-876-2311*
Middleway Volunteer Fire Department	304-668-3203*
State Emergency Spill Notification	800-642-3074
WV State Fire Marshal's Arson Hotline	800-233-3473
Potomac Edison Power Company Account No. _____	888-544-4877 or 800-686-0011
Frontier Communications Account No. _____	800-921-8101
Comcast Account No. _____	800-934-6489
Cell Phone Provider _____ Account No. _____	
Other Provider _____ Account No. _____	

Neighbor's Telephone Numbers

Get to know your neighbors. It is the most significant step you can take to improve your safety. In an emergency, your neighbors can respond faster than anyone else. Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together during a disaster until help arrives. Know your neighbor's special skills (i.e., medical, technical and equipment) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make a plan for child care in case parents can't get home.

Name _____
Address _____
Phone Number _____
Notes _____

Name _____
Address _____
Phone Number _____
Notes _____

Name _____
Address _____
Phone Number _____
Notes _____

Name _____
Address _____
Phone Number _____
Notes _____

Name _____
Address _____
Phone Number _____
Notes _____

Name _____
Address _____
Phone Number _____
Notes _____

Emergency Alert System Radio Stations

In times of emergency, some radio stations are designated Emergency Alert System Stations. We should listen to these stations for emergency information, evacuation routes, sheltering information and other emergency information that needs to be relayed to us. Additionally, the County's Plan calls for sirens to alert us to turn to one of the EAS stations. There will be fire trucks or other emergency vehicles to go through the neighborhoods with public address system notification for emergencies. If we hear the public address system, we should immediately turn to one of these stations for further information. The following EAS Stations near our home:

WEPM-AM 1340

WLTF-FM 97.5

Local TV and Radio Stations

WINC Radio	92.5 FM
WWEG Radio	106.9 FM
WEPM Radio	1340 AM
WKMZ Radio	95.9 FM
WLTF Radio	97.5 FM
WRNR Radio	740 AM or 106.5 FM
WSCH Radio	89.7 FM
WUSQ Radio	1550 AM or 102.5 FM
Kiss Radio	98.3 FM
WVEP WV Public Radio	88.9 FM
WDVM TV	Channel 25
Jefferson County Government	Channel 17 or HD-73-3
Jefferson County Schools	Channel 18 or HD-79-5

Insurance Policy Information

Health Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Dental Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Optical Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Life Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Home Owners/Renters Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Business Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Vehicle Insurance

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Bank Account Information

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Credit Card Information

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Other

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Other

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Other

Company Name _____
Group Name or Number _____
Policy Holder _____
Policy Holder's Social Security No. _____
Telephone Number _____
Other Information _____

Medical Information for _____

Doctor(s) Name and Phone Number _____

Dentist (s) Name and Phone Number _____

Pharmacy Name and Phone Number _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

Additional Information _____

Medical Information for _____

Doctor(s) Name and Phone Number _____

Dentist (s) Name and Phone Number _____

Pharmacy Name and Phone Number _____

RX# _____ Drug Name & Dose _____ Dr. _____

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Additional Information _____

Medical Information for _____

Doctor(s) Name and Phone Number _____

Dentist (s) Name and Phone Number _____

Pharmacy Name and Phone Number _____

RX# _____ Drug Name & Dose _____ Dr. _____

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RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

Additional Information _____

Medical Information for _____

Doctor(s) Name and Phone Number _____

Dentist (s) Name and Phone Number _____

Pharmacy Name and Phone Number _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

Additional Information _____

Medical Information for Pets

Pet Name _____

Veterinary Name and Phone Number _____

Species _____

Breed _____

Age _____ as of _____

Sex _____

Spayed or Neutered (Please Circle) Yes or No. If yes, date _____

Color/Markings _____

Rabies Tag No. _____

Last Date of Vaccinations _____

Any illnesses or major surgeries _____

Food (Brand and amount used daily) _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

RX# _____ Drug Name & Dose _____ Dr. _____

Pet-friendly Hotel _____

Name and Phone Number _____

Boarding Kennel _____

Name and Phone Number _____

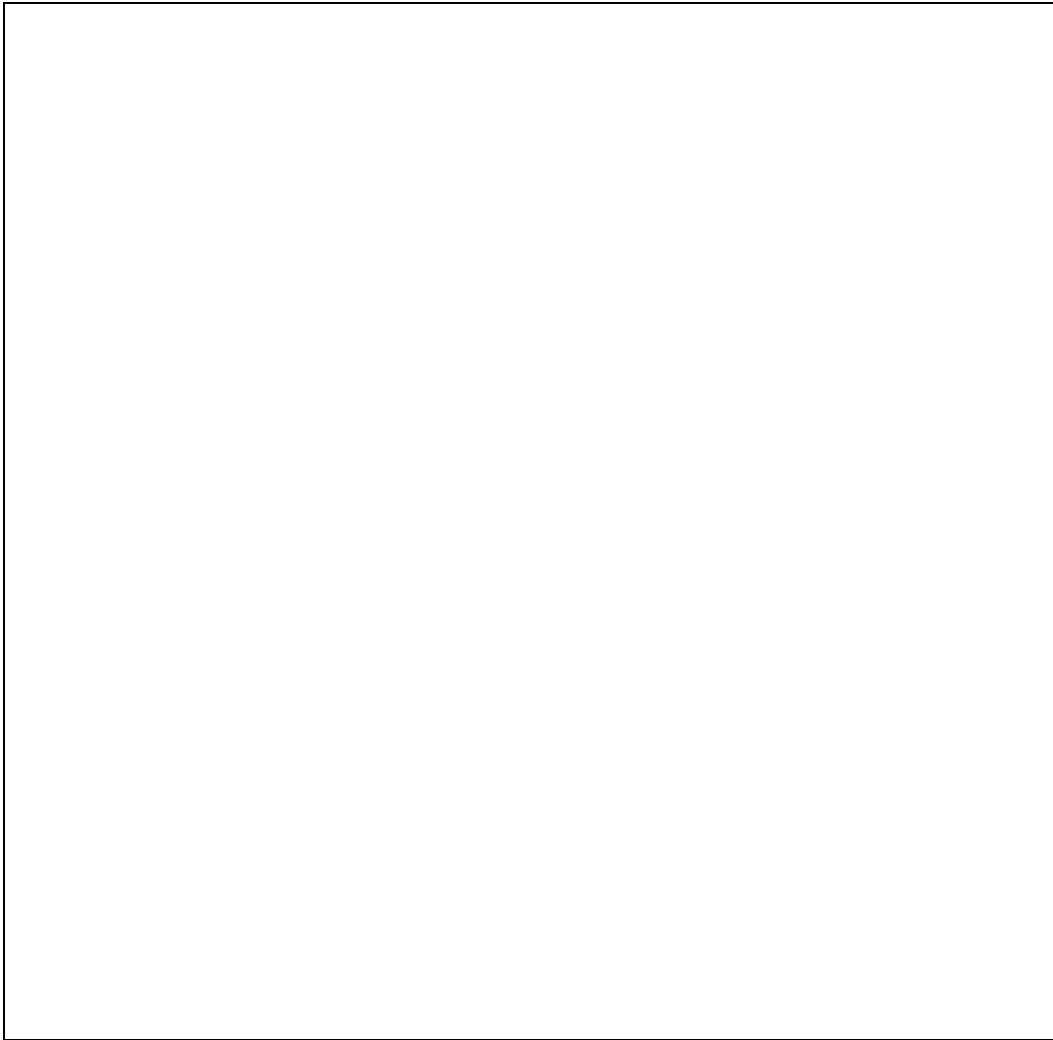
Animal Hospital _____

Name and Phone Number _____

Friend or pet sitter _____

Name and Phone Number _____

Additional Information _____



(Please be sure to attach a picture of you and your pet to your plan)

How to Build a Disaster Supply Kit

A disaster supply kit is simply a collection of basic items your household may need in the event of an emergency. Try to assemble your kit well in advance of an emergency. You may have to evacuate at a moment's notice and take essentials with you during an emergency. You will probably not have time to search for the supplies you need or shop for them.

You may need to survive on your own after an emergency. This means having your own food, water and other supplies in sufficient quantity to last for at least 72 to 96 hours. Local officials and relief workers will be on the scene after a disaster but they cannot reach everyone immediately. You could get help in hours or it might take days. Additionally, basic services such as electricity, gas, water, sewage treatment and telephones may be cut off for days or even a week, or longer. Your supply kit should contain items to help you manage during these outages.

The following checklists will help your family assemble a disaster supply kit that meets the needs of your household. The basic items that should be in a disaster supply kit are water, food, first-aid supplies, tools and emergency supplies, clothing and bedding, medication and specialty items. You will need to change the stored water and food supplies every six months, so be sure to write the date you stored it on the container.

We should also re-think our needs every year and update our kits as our household changes. Keep items in airtight plastic bags and put your entire disaster supply kit in one or two easy to carry containers such as an unused trash can, camping back pack or duffel bag.

Basic Disaster Supply Kit Essentials Include: (Remember to include items for each member of your family)

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food. Stock canned foods, dry mixes and other staples that do not require refrigeration, cooking, water or special preparation.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate and/or as the seasons change.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First Aid Kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation

- Wrench or pliers to turn off utilities
- Can opener for food
- Local Maps
- Notepad and pens/pencils

Once you have gathered the supplies for a Basic Disaster Supply Kit, you may want to consider adding the following items:

First-Aid Kit:

- Two pairs of Latex or other sterile gloves if you are allergic to Latex
- Sterile dressings to stop bleeding
- Cleansing agent/soap and antibiotic towelettes
- Antibiotic ointment
- Burn ointment
- Adhesive bandages in a variety of sizes
- Eye wash solution to flush the eyes or as general decontaminant
- Thermometer
- Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
- Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies
- Non-prescription drugs such as aspirin, anti-diarrhea medication, antacid and laxatives
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant

Tools and Emergency Supplies

- A portable, battery-powered or hand crank radio or television and extra batteries
- NOAA Weather Radio
- Flashlight and extra batteries
- Signal Flare
- Matches in a waterproof container (or waterproof matches)
- Shut-off wrench, pliers, shovel and other tools
- Duct tape and scissors
- Plastic sheeting
- Whistle
- Small canister, A-B-C type fire extinguisher
- Tube tent
- Compass
- Work gloves
- Paper, pens, and pencils

- Needles and thread
- Battery-operated travel alarm clock
- Safety goggles

Kitchen Items

- Manual can opener
- Mess kits or paper cups, plates and plastic utensils
- All-purpose knife
- Unscented household liquid bleach to treat drinking water
- Sugar, salt and pepper
- Aluminum foil and plastic wrap
- Re-sealing plastic bags
- If food must be cooked, small cooking stove and a can of cooking fuel (sterno, or propane)

Sanitation and Hygiene Items

- Washcloth and towel
- Towelettes, soap, hand sanitizer, liquid detergent
- Toothpaste, toothbrushes, shampoo, deodorant, comb and brush, razor, shaving cream, lip balm, sunscreen, insect repellent, contact lens solutions, mirror, feminine supplies
- Heavy-duty plastic garbage bags and ties—for personal sanitation uses and toilet paper
- Medium sized plastic bucket with tight lid
- Disinfectant and household chlorine bleach
- Consider including a small shovel for digging latrine
- Toilet paper, preferably camper's toilet paper

Household Documents and Contact Numbers

- Personal identification, cash (including coins) or traveler's checks, and a credit card
- Copies of important documents: birth certificates, wills, deeds, inventory of household goods, insurance papers, immunization records, bank and credit card account numbers, stocks and bonds. Be sure to store these in a watertight container
- Emergency contact list and phone numbers
- Map of the area and phone number of places you could go
- An extra set of car keys and house keys

Clothes and bedding

- One complete change of clothing and footwear for each household member. Shoes should be sturdy work shoes or boots. Rain gear, hat and gloves, extra socks, extra underwear, thermal underwear and sunglasses.

- Blankets or a sleeping bag for each household member and pillows.

Pet Supplies

- Food and water
- Litter and litter pan
- Bags for clean up
- Pet First Aid Kit and book
- Treats
- Collar with ID
- Pet carrier or crate
- Leash
- Rabies tag and medical information
- Towel or blanket for inside carrier
- Flea and tick spray
- Comb or brush
- Toys
- Medicine

Baby Items

- Formula
- Diapers
- Bottles
- Powdered Milk, formula or baby food
- Medications
- Moist Towelettes
- Diaper Rash Ointment
- Toys

Other Items

- Eyeglasses or contacts
- Hearing aid with extra batteries
- Medical Equipment
- Wheelchair with extra batteries
- Oxygen