



## SAFETY EDUCATION AND OUTREACH

INDIANA UNIVERSITY

School of Medicine  
Department of Pediatrics

# Family Emergency Planning



## Emergency Preparedness For You and Your Family

[www.safescape.org](http://www.safescape.org)

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Safety Education and Outreach  
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Department of Pediatrics

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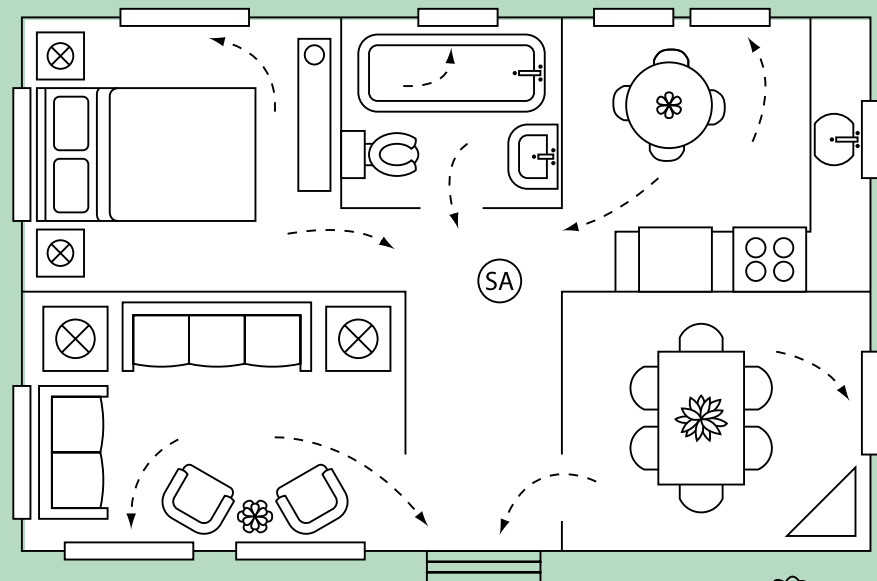
# Emergency Evacuation Plan

Please take time to develop an emergency evacuation plan with your family using this grid as a guide. Here are a few helpful hints when designing your family's escape plan:

- Make the plan large and easy for your child(ren) to read. If you have children who are not able to read, then use drawings to identify items specific to each room.
- Your plan should include each level and every room in your home.
- You should identify safe places in your home for different emergencies (i.e. an interior room or basement for a tornado).
- You should identify a meeting place outside of the home for the entire family to meet in case of a fire or other emergency and mark it on your plan.
- Have your child(ren) help you mark two exits (a door and a window) from each room in your home in case one exit is blocked.
- Have your child(ren) help you draw a path from each room to the safe places and meeting place.
- Include local emergency phone numbers on your plan.
- Practice your emergency evacuation plan at least twice a year with your child(ren).
- Post your emergency evacuation plan somewhere in your home where it can be easily seen and reviewed.
- It may be helpful to take a picture of the meeting place that you and your child(ren) selected and post it in your child(ren)'s room(s) or on the refrigerator to help everyone remember the meeting place.

## Sample Evacuation Plan:

\* SA stands for smoke alarm



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Meeting Place

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Make copies of this page for each floor or level of your home. Remember to include: Two exits from each room, safe places within the home, a meeting place outside of the home, plans for each floor of the home, and local emergency phone numbers.

**Local emergency phone numbers and locations:**

Police: \_\_\_\_\_

Fire: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Family Meeting Place: \_\_\_\_\_

Other: \_\_\_\_\_



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## Emergency Evacuation Kit

Recommended items to include in your kit. Indicate date each item is added to keep kit current.

DATE	✓	FAMILY EVACUATION KIT
		Large backpack or container for all emergency items
		Health profile of everyone in my family
		Medications (update regularly)
		Copy of insurance and benefits cards
		Copy of important paperwork (i.e. driver's license or ID card, bank information, immunization records, deeds, will, certificates)
		List of model and serial numbers of medical equipment
		Spare keys
		Cash, checks, or change
		First aid kit
		Wrench or pliers for utility shut-off valves
		Pen, pencil, and paper
		Cell phone charger
		Pre-paid calling card
		Extra batteries for medical devices or equipment
		Work gloves, rope, tarp, and utility knife
		Fire smothering blanket
		Emergency whistle
		Filter mask for each family member
		Crank-operated or battery-powered flashlight
		Crank-operated or battery-powered radio
		Extra batteries for radio and flashlights
		Light sticks/glow sticks
		Can opener (manual)
		Plastic bags and waste bags
		Alcohol-based hand sanitizer or moist towelettes
		Non-perishable food for up to three days for each family member (update regularly)
		Bottled drinking water (1 gallon for each family member)
		Blanket (emergency thermal blanket) or warm clothing for each family member
		Baby items (diapers, wipes, formula and water for 3 days, if applicable)
		Pet items (water and food, if applicable)



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# Emergency Evacuation Kit

Items are specific to a disability or health care need. Not all areas will apply to each family.

DATE	✓	MOBILITY IMPAIRMENT
		If using a manual wheelchair, a pair of gloves to protect hands from fallen debris
		Extra battery for power chair
		Wheel patch kit and tire pump for flat tires on wheelchair
		Spare cane or walker
		Lighting device to light walking path
		Ice pick to clear feet or wheels of walker or cane tip of snow/ice
		Bag or basket with emergency numbers, communication device, basic first aid items, and backup prescription medications
		AlbacMat, Pakkie, or other evacuation device to move to a safe area
		Rock salt or small shovel to help remove snow, ice, or debris

DATE	✓	WANDERER OR RUNNER
		Updated pictures of my child
		Dental records of my child
		Fingerprints of my child
		Extra batteries for my tracking device

DATE	✓	HEARING IMPAIRMENT OR AUDITORY SENSITIVITY
		Pen and paper pad to communicate with rescue personnel
		Preprinted card stating "I use American Sign Language (ASL)" or "Please use pen and paper to communicate with me" or "I can read lips"
		Extra hearing aid batteries

DATE	✓	VISUAL IMPAIRMENT OR VISUAL SENSITIVITY
		Heavy gloves for protection if there is broken glass or debris on the floor
		All emergency supplies marked with large print or Braille, if applicable
		Extra folding cane, if applicable

DATE	✓	SPEECH IMPAIRMENT OR NONVERBAL
		Pen and paper pad to communicate with rescue personnel
		Preprinted card stating "I cannot speak"
		Whistle to alert emergency personnel



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# Emergency Evacuation Kit

Items are specific to a disability or health care need. Not all areas will apply to each family.

DATE	✓	COGNITIVE OR EMOTIONAL DISABILITY
		Emergency whistle
		Copy of emergency evacuation plans
		A favorite item (e.g. small videogame or book) to help my child maintain focus
		Extra batteries for communication device (if applicable)
		Paper and writing materials

DATE	✓	MEDICATION USE
		A three day supply of current medications (update regularly)
		Updated medical information including names of each medication and dosage
		Cooling supplies to keep medicines cold if needed
		Extra medicine dispensers (i.e. droppers, pill splitters, syringes)
		Bottled water to take oral medications
		Updated snacks to take medications that require food intake
		Instruction on administering medications for emergency personnel
		Extra copies of prescriptions

DATE	✓	USE OF SERVICE ANIMAL
		Medications and vaccination/medical records (stored in a waterproof container)
		Animal first aid kit
		Sturdy leashes, harnesses, and/or carriers
		Current photos of service animal in case of separation
		Food, drinking water, bowls, and can opener
		Information on feeding schedules, medical conditions, and behavior issues
		Plastic bags and paper towels for disposing feces
		ID and vaccination tags (including your name and phone number) or microchip ID information



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# Evacuation Needs Assessment

Check off each action step that applies and record the date as you complete it.

DATE	✓	FAMILY EVACUATION NEEDS ASSESSMENT
		We are familiar with disasters that may impact our local area
		We know the local community emergency plans
		We have registered with our community emergency personnel that someone in our home has a disability or health care need
		We have a home evacuation plan
		Each family member practices the evacuation plan twice a year
		Each family member knows the location of all possible exits in our home
		Each family member knows the family meeting place outside the home if we need to evacuate
		Each family member knows the best place in our home to go to during a tornado, hurricane, or earthquake (whichever applicable)
		We have at least one non-cordless phone in our home
		We have an emergency contact list near all telephones and programmed in cellular phones
		Everyone in our home knows how and when to use 9-1-1
		We know where our emergency shut off valves are for the water and electricity
		We can access and use all shut off valves
		We have a copy of important medical information and documents stored on a flash drive or in a safe place (i.e. a safe deposit box, a fire/water proof safe, or with out-of-state contact person)
		We have a support network close to home that can assist us during an emergency, if needed
		Each adult family member knows where all fire extinguishers are in our home
		Each adult family member knows when and how to use a fire extinguisher
		We test the smoke detectors monthly
		We change the batteries in our smoke detectors twice a year
		We test the carbon monoxide detectors monthly
		We change the batteries in our carbon monoxide detectors twice a year
		We have prepared an emergency evacuation kit
		We have a NOAA Approved All-Hazards Alert Radio
		We have communicated with the electric company that someone in our home uses medical equipment that requires electricity to receive priority <i>return to services</i> status during a power outage



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# Evacuation Needs Assessment

**Specific to a disability or health care need. Not all areas will apply to each family.**

DATE	✓	MOBILITY IMPAIRMENT
		My child is able to demonstrate to rescue personnel how to use his/her mobility devices
		My child is able to show rescue personnel how best to transfer him/her out of his/her chair
		My child can reach all alerting devices, including our telephone
		My child has accessible telephones in all rooms
		My child can access all exits
		My child has access to ramps or other assistive equipment to move to all levels of our home
		My child can move easily down all hallways and through all doorways in our home
		My furniture does not block any doorway or exit
		My child has a small emergency kit attached to his/her mobility device
		My child is familiar with evacuation devices specifically for persons with limited mobility
		We are familiar with local shelters that can accommodate persons with limited mobility, if needed

DATE	✓	WANDERER OR RUNNER
		My child has proper identification and contact numbers on him/her at all times
		My family uses a tracking device or locator to help find my child
		My neighbors are familiar with my child and know how to contact my family

DATE	✓	HEARING IMPAIRMENT OR AUDITORY SENSITIVITY
		My child is able to alert all rescue personnel that he/she has a hearing impairment
		My home has a smoke detector with a strobe light and/or vibrating transmitter
		My home has a carbon monoxide detector with a strobe light and/or vibrating transmitter
		My home has an emergency weather radio with a strobe light and/or vibrating transmitter
		My home has accessible phones (including TTY, if needed)
		We are familiar with local emergency shelters that can accommodate persons with hearing impairments
		My child has flashlights readily available in our home to access reading material and/or identify visual landmarks if electricity is out

DATE	✓	VISUAL IMPAIRMENT OR VISUAL SENSITIVITY
		My child has practiced our evacuation plan periodically with assistive devices and service animal
		We have furniture arranged to allow for easy exit out of all doors during an emergency
		We are familiar with local emergency shelters that can accommodate persons with visual impairments



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# Evacuation Needs Assessment

**Specific to a disability or health care need. Not all areas will apply to each family.**

DATE	✓	<b>SPEECH IMPAIRMENT OR NONVERBAL</b>
		My child is able to alert all rescue personnel that he/she has a speech impairment
		We have "Nonverbal Occupant" emergency alert stickers or window clings posted at all entrances to our home, on our child's bedroom door, and/or in our vehicle
		We have accessible phones (i.e. TTY or emergency connect)
		We are familiar with local emergency shelters that can accommodate persons with speech impairments or who are nonverbal

DATE	✓	<b>COGNITIVE OR EMOTIONAL DISABILITY</b>
		My child has practiced how to alert emergency personnel about his/her needs
		My child knows how and when to use the telephones for an emergency
		My child has a contact person he/she knows how to call in case of an emergency
		My child knows the sound of our smoke detectors and what to do when they activate
		My child knows the sound of our emergency weather radio and what to do when it activates
		My child has practiced our emergency evacuation plans at least twice a year
		Our emergency evacuation plans are written out and/or illustrated so that my child can understand
		We are familiar with local emergency shelters that can accommodate persons with cognitive or emotional disabilities

DATE	✓	<b>SERVICE ANIMAL</b>
		We are familiar with local emergency shelters that can accommodate service animals
		We have supplies for my child's service animal in our emergency evacuation kit
		We have a "Service Animal Inside" emergency alert sticker posted at all entrances to our home
		Our emergency contacts are familiar with my child's service animal
		We have an emergency caregiver lined up if we are unable to care for our child's service animal
		My child can evacuate out of our home without his/her service animal, if needed

DATE	✓	<b>DIFFICULTIES WITH GRASP OR GRIP</b>
		My child can operate all alerting devices in our home, including our telephone
		My child can open doors to all exits of our home
		My child can open all windows in our home
		We are familiar with local emergency shelters that can accommodate persons with difficulties with hand grasp or grip



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# Evacuation Checklist Record

Keep track of important tasks that need to be completed and/or updated regularly.

DATE COMPLETED		DATES UPDATED
	Installed at least one smoke detector outside each sleeping area, inside every bedroom, and on each level of our home	
	Installed a carbon monoxide detector on every level of our home	
	Completed all appropriate Special Needs Evacuation Assessments	
	Completed an Evacuation Plan for any type of disaster that could occur in our local area	
	Established a family meeting place outside of the home	
	Practiced our Evacuation Plan	
	Completed and posted an emergency contact list	
	Put together an Evacuation Kit	
	Placed important medical profiles in <i>Family Safe Escape Plan</i> portfolio	
	Placed a list of model numbers and names of medical devices in <i>Family Safe Escape Plan</i> portfolio	
	Placed important insurance information in <i>Family Safe Escape Plan</i> portfolio	
	Talked to our doctors about prescription medicine storage and emergency needs	
	Contacted local emergency agencies to alert them of a family member with a disability or health care need	
	Identified local shelters that can accommodate for our family's medical needs	
	Contacted utility companies for <i>priority return of services</i> status during outages	
	Identified where our emergency shut-off valves for water and electricity are located	



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## Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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## PLAN!

Use the resources of Safe Escape to discover your emergency preparedness needs. Take the online assessment to find out what evacuation products your family needs and create a customized emergency preparedness planning kit. You can make a personalized emergency evacuation plan for your family.

## PREPARE!

Gather all of the necessary supplies for your emergency preparedness kit. Make sure you complete the Evacuation Checklist Record. Review and install all of your evacuation products to have them ready for an emergency.

## PRACTICE!

You and your family should practice your emergency evacuation plan and include a review of your family meeting place at least 2 times per year. You should also practice using each of your evacuation products so you will be ready when an emergency strikes.



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