

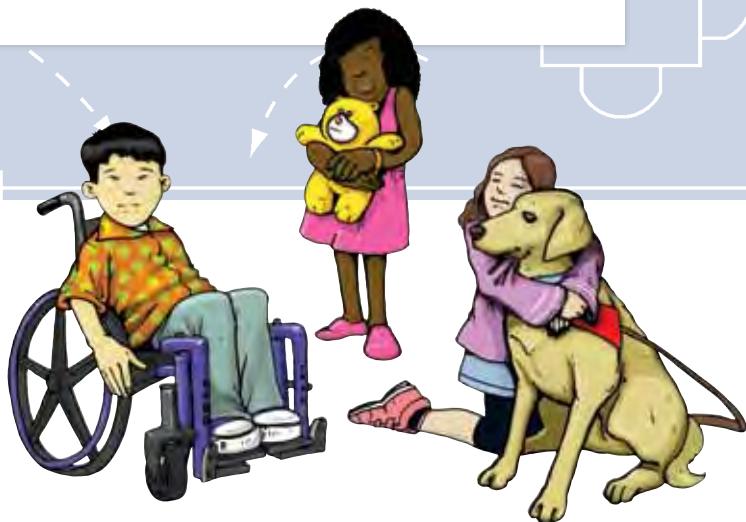


## SAFETY EDUCATION AND OUTREACH

INDIANA UNIVERSITY

School of Medicine  
Department of Pediatrics

# Family Emergency Planning



## Emergency Preparedness For You and Your Family

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

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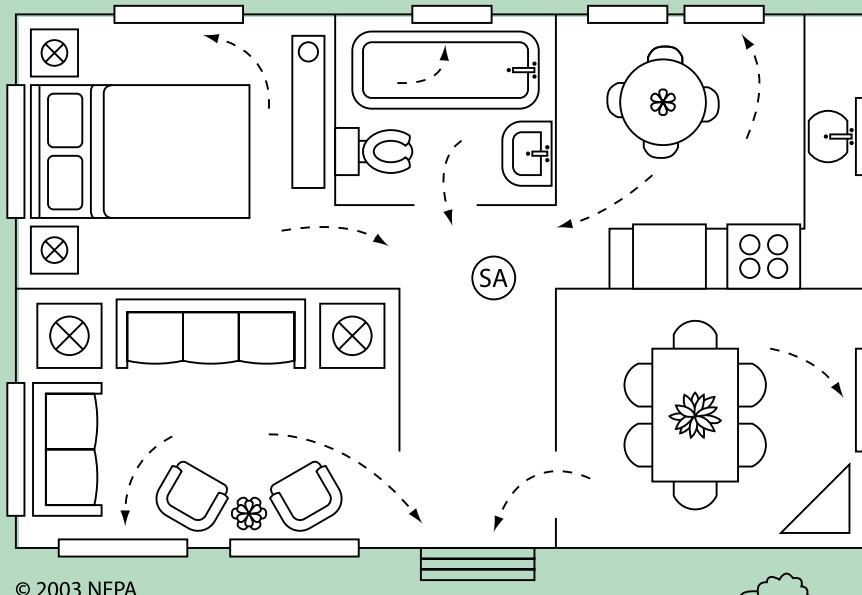
# Emergency Evacuation Plan

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:

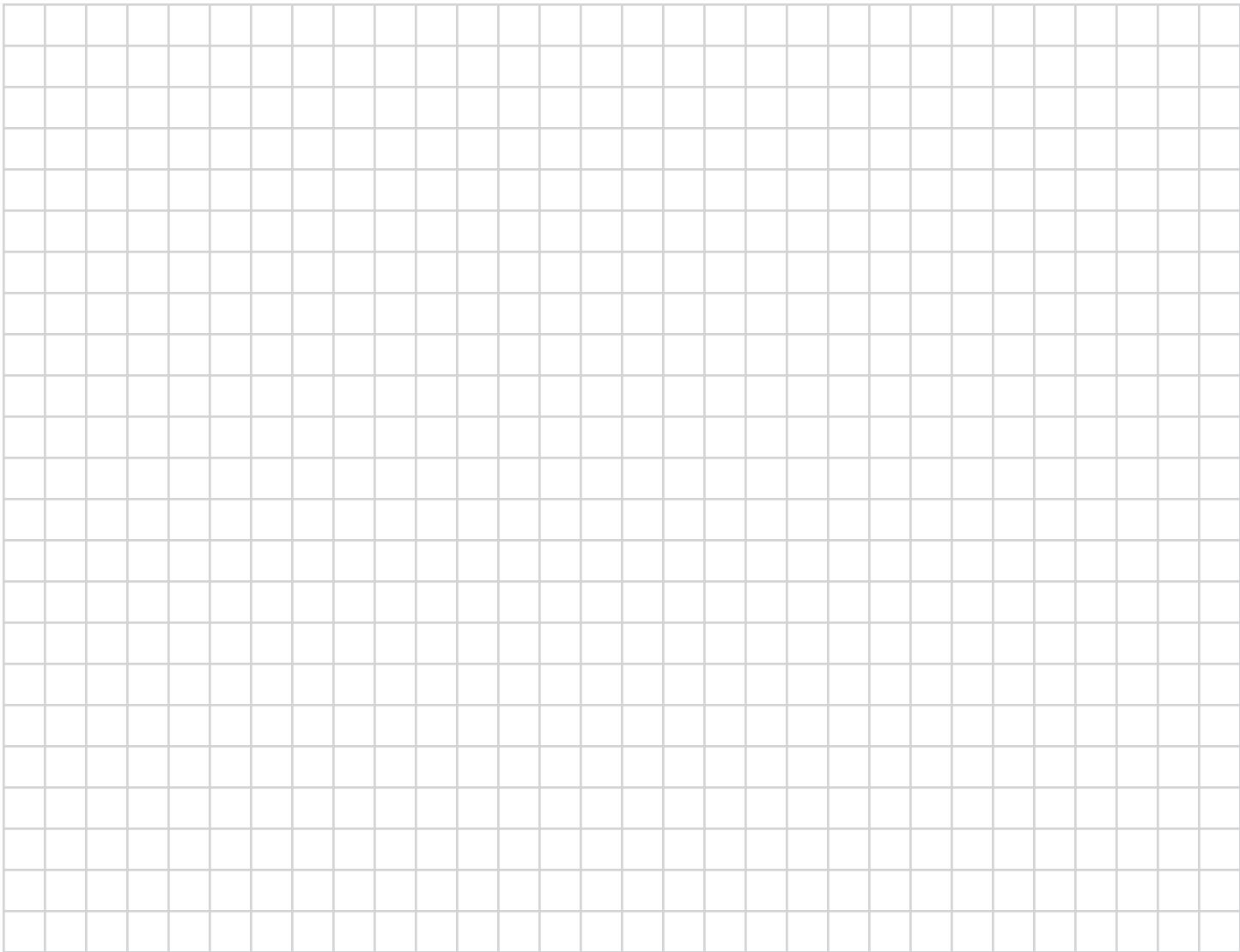
\* SA stands for smoke alarm



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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: \_\_\_\_\_



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

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

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

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

## 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 | <input checked="" type="checkbox"/> | <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 | <input checked="" type="checkbox"/> | <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 | <input checked="" type="checkbox"/> | <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 | <input checked="" type="checkbox"/> | <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



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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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