National Center for Disaster Preparedness

EARTH INSTITUTE | COLUMBIA UNIVERSITY

Preparedness Wizard
MY PERSONAL EMERGENCY PLAN

ACTION 1: Know Your Risks 1
ACTION 2: Assure Food and Water 2
ACTION 3: Protect Yourself and Your Family 3
ACTION 4: Communicate and Plan 8
ACTION 5: Engage With Your Community 14

This workbook is a supplement to the National Center for Disaster Preparedness' Preparedness Wizard tool. It is meant to be completed as you go through the online Preparedness Wizard. Please fill this in and save as a PDF, or print and fill it out by hand. Instructions on how to fill in each section can be found by clicking the 'Workbook Activity' button on each section, found at the top right corner.

Name: _____

Date: _____

ACTION STEP 1: KNOW YOUR RISKS

The risks _____ state/region has been prone to are:

- ☐ Avalanches
- ☐ Blizzards
- ☐ Chemical leaks
- ☐ Drought
- ☐ Earthquakes
- ☐ Extreme winter weather
- ☐ Fires/forest fires/wildfires
- ☐ Flash flooding
- ☐ Flooding (inland or coastal)
- ☐ Ground saturation
- ☐ Hail
- ☐ Heat waves
- ☐ Heavy snow
- ☐ Heavy rain
- ☐ High surf
- ☐ Hurricanes
- ☐ Ice jams
- ☐ Ice storms
- ☐ Landslides
- ☐ Mud and debris flows
- ☐ Mudslides
- ☐ Rockslides
- ☐ Severe Storms
- ☐ Snowmelt
- ☐ Thunderstorms
- ☐ Terrorist attacks
- ☐ Tidal Surges
- ☐ Tidal waves
- ☐ Tornadoes
- ☐ Torrential rains
- ☐ Tropical Storms/Depressions
- ☐ Typhoons
- ☐ Volcanic eruptions
- ☐ Windstorms/high winds/straight-line winds
- ☐ Winter Storms

Stay informed: Sign up for alerts and updates from local emergency management or health departments. Emergency alert apps and alerts you are subscribed to:

Additional Notes:

ACTION STEP 2: ASSURE FOOD AND WATER

Think about who is in your household and if they have special needs (pregnant women, nursing mothers, children, elderly, those with functional disabilities or on special diets, pets)

- ☐ For my household comprising ____ members, we will require ____ gallons or ____ 2-liter bottles of clean drinking water to stockpile to last for 3 days (use water calculator).
- ☐ 3 extra gallons per pet (one gallon per day).
- ☐ One (1) gallon of water per day for cooking and personal hygiene.

List of Foods to Stockpile	Quantity (enough for family for 3 days)

Additional Notes:

ACTION 3: PROTECT YOURSELF AND YOUR FAMILY

SHELTER-IN-PLACE

If you have to shelter-in-place at home, work, or school, in addition to your family's food and water needs, make sure you have:

Essential Home Supplies (Sample Checklist):

- ☐ Flashlights
- ☐ Spare batteries
- ☐ Battery-operated radio
- ☐ Cash
- ☐ Copies of essentials documents like passport, insurance papers, title or lease documents, driver's license
- ☐ First-aid kit
- ☐ Extra cellphone/laptop battery packs
- ☐ Manual backups for assistive devices e.g. wheelchair

Additional Items/Notes:

Essential Supplies for Workplace (Sample Checklist):

- ☐ Flashlights
- ☐ Spare batteries
- ☐ Battery-operated radio
- ☐ Cash
- ☐ Copy of work ID
- ☐ First-aid kit
- ☐ Extra cellphone charger

Additional Items/Notes:

EVACUATE

Go-Kit Supplies (Sample Checklist):

- ☐ Food (protein/energy bars, snacks)
- ☐ 2-liter bottle of water
- ☐ Copies of essentials documents like passport, insurance papers, title or lease documents, driver's license, work ID
- ☐ Cash
- ☐ First-aid supplies
- ☐ Medicines
- ☐ Eyeglasses and contact lenses
- ☐ Copies of prescriptions
- ☐ Waterproof and/or warm jacket

Additional Items/Notes:

PROTECTIVE MEASURES TO TAKE FOR SPECIAL CONSIDERATIONS

For Children:

- ☐ Pack some comfort food, books, and non-digital toys as part of emergency supplies and go-kit.
- ☐ Fill in the child's emergency contact form in the plan workbook. Make sure they have emergency contact info on them always.
- ☐ Download and attach our list of top 10 steps on how to help and support children during disasters and use as a resource.

Additional Items/Notes:

For Infants/Nursing Mothers:

- ☐ Add a stockpile of powdered formula to your emergency supplies and go-kit.

Additional Items/Notes:

For Special Nutritional Needs:

- ☐ Put together a 2-week supply of the foods required and medication, if necessary.
- ☐ Complete a care form of daily routine.
- ☐ If your infant has special nutritional needs, put together back-up supplies for feed and care for your child like feeding bags, tubing, syringes, mic-key buttons, catheters, etc. in your emergency supplies and go-kit.

Additional Items/Notes:

For Elderly:

- ☐ Prepare medications and a list of medications (and pharmacy), allergies, special equipment and keep in a water-proof container.
- ☐ Place important personal documents in waterproof containers - home insurance, flood insurance, etc.
- ☐ Add glasses, medications, extra batteries and backups (e.g. manual wheelchair) for assistive devices to the go-kit.
- ☐ Keep a list of doctor's names, care takers, support systems, family members, next door neighbor in a prominent, easy-to-find place at home.
- ☐ Identify transport routes to shelters in case of evacuation.
- ☐ Pre-register your family member with your local health department or office of emergency management.

Additional Items/Notes:

For Functional Disabilities:

Conduct a personal assessment. Ask yourself:

- ☐ Do you use adaptive equipment?
- ☐ Do you require assistance with personal care?
- ☐ Do you use special utensils to prepare or eat food?
- ☐ What electricity-driven equipment do you use? (dialysis, electrical lifts, chairs)
- ☐ Do you have safe back-up power supply?

What personal equipment do you use? _____

- ☐ Assure you have access to manual wheel chair.
- ☐ If you live in a high rise apartment and have functional needs, have an escape chair. Ask management to mark exits clearly and illuminate them at night. Ask management to help you leave.
- ☐ Have a 6-7 day supply of medications, and extra batteries for all assistive devices, both as part of home supplies and in your go-kit.
- ☐ Identify location of special needs shelter. Address and phone number:

Additional Items/Notes:

For Deaf/Hard of Hearing:

- ☐ Have a written list of medications and special needs. Make sure it states that you are hard of hearing or deaf. Pack a 7 day supply of medications, if required.
- ☐ Have a written list of emergency contact numbers in the go-kit.
- ☐ Carry a pre-printed card that states how you prefer to communicate, i.e. ASL, a few written phrases that will help you to communicate with others.
- ☐ Pack a note book and pen for writing.
- ☐ Carry a cell phone with text message ability or two-way pager, portable TTY, assistive listening device. Also carry extra batteries and chargers.

Additional Items/Notes:

For Pets/Service Animals:

- ☐ ID your pet with your cell phone number on the tag.
- ☐ Pick a predetermined place you and your pets can go in the case of an evacuation. Address and contact info for this location:

- ☐ Get a Rescue Alert Sticker and place in a visible spot. Veterinarian's name and phone:

- ☐ Make a disaster kit for your pet.

Additional Items/Notes:

ACTION 4: COMMUNICATE AND PLAN

- ☐ Fill out the Ready.gov Family Emergency Plan (on the following page) and distribute among the members of your family.
- ☐ If you have a child with special needs in your household, fill out the emergency information form for children with special needs.

Additional Items/Notes:

Ready®
Prepare. Plan. Stay Informed.

Family Emergency Plan

FEMA



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: Phone:

Out-of-Neighborhood Meeting Place: Phone:

Out-of-Town Meeting Place: Phone:

Fill out the following information for each family member and keep it up to date.

Name: Social Security Number:
Date of Birth: Important Medical Information:

Name: Social Security Number:
Date of Birth: Important Medical Information:

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Date of Birth: Important Medical Information:

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Date of Birth: Important Medical Information:

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One
Address:
Phone:
Evacuation Location:

School Location One
Address:
Phone:
Evacuation Location:

Work Location Two
Address:
Phone:
Evacuation Location:

School Location Two
Address:
Phone:
Evacuation Location:

Work Location Three
Address:
Phone:
Evacuation Location:

School Location Three
Address:
Phone:
Evacuation Location:

Other place you frequent
Address:
Phone:
Evacuation Location:

Other place you frequent
Address:
Phone:
Evacuation Location:

Name	Telephone Number	Policy Number

Dial 911 for Emergencies

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FEMA

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

Ready®

DIAL 911 FOR EMERGENCIES

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

Ready®

DIAL 911 FOR EMERGENCIES

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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DIAL 911 FOR EMERGENCIES

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

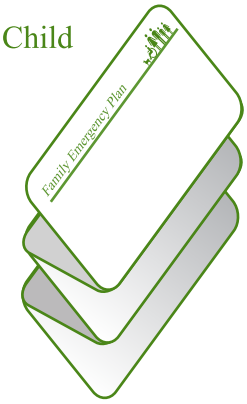
NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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DIAL 911 FOR EMERGENCIES

Child



Family Emergency Plan

Personal ID

Name: DOB:
Address 1: State: Zip:
Address 2: State: Zip:
Home Phone: E-mail:
Cell Phone: Other E-mail:

Special Needs, Medical Conditions, Allergies, Important Information:

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< FOLD HERE >

School / Daycare

School Name:
Address: State: Zip:
Office Phone:
Point of Contact or Special Instructions:

School Emergency Plan:

< FOLD HERE >

Parent / Guardian / Care Giver

Name: Home Phone:
Address 1: State: Zip:
Address 2: State: Zip:
Work Phone: E-mail:
Cell Phone: Other E-mail:
Identifying Characteristics:

Name: Home Phone:
Address 1: State: Zip:
Address 2: State: Zip:
Work Phone: E-mail:
Cell Phone: Other E-mail:
Identifying Characteristics:

< FOLD HERE >

Name: **Neighborhood Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

Name: **Out of Neighborhood Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

Name: **Out of Town Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

< FOLD HERE >

Important Numbers or Information

Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:

Name: Type: Age: **Pets**
Name: Type: Age:
Veterinarian Phone:

DIAL 911 FOR EMERGENCIES

Place additional Information on the reverse side as needed.

Ready

Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:	
Signature/Consent*:		
Primary Language:	Phone Number(s):	

Physicians:

Primary care physician:	Emergency Phone:
	Fax:
Current Specialty physician:	Emergency Phone:
Specialty:	Fax:
Current Specialty physician:	Emergency Phone:
Specialty:	Fax:
Anticipated Primary ED:	Pharmacy:
Anticipated Tertiary Care Center:	

Diagnoses/Past Procedures/Physical Exam:

1.

2.

3.

4.

Synopsis:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	
4.	Prostheses/Appliances/Advanced Technology Devices:
5.	
6.	

Management Data:

Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	**and why:**
1.	
2.	
3.	

Immunizations (mm/yy)

Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: Indication: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: Print Name:

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ACTION 5: ENGAGE WITH YOUR COMMUNITY

Neighbor One: _____

Phone: _____

Neighbor Two: _____

Phone: _____

Neighbor Three: _____

Phone: _____

Neighbor Four: _____

Phone: _____

List of organizations or community groups you could volunteer with:

☐ Contact local emergency management office for information on Citizen Emergency Response Teams (CERTs).

Phone: _____

☐ Contact your local health department for information on Medical Reserve Corps (MRCs).

Phone: _____

☐ Contact your local chapter of the American Red Cross.

Phone: _____

Other organizations or groups you can volunteer with:

_____

_____

_____

_____

_____

Additional Items/Notes:

_____

_____

_____

_____

_____