

# Household Emergency Plan

Last updated:

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## Preparedness

How will we get warnings? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What are our hazards? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Household Safety Equipment

Smoke alarms: Locations: \_\_\_\_\_

Last checked: \_\_\_\_\_

Batteries changed: \_\_\_\_\_

Carbon Monoxide Alarms: Locations: \_\_\_\_\_

Last checked: \_\_\_\_\_

Batteries changed: \_\_\_\_\_

Fire extinguishers: Locations: \_\_\_\_\_

Last checked: \_\_\_\_\_

Recharged: \_\_\_\_\_

Flash lights: Locations: \_\_\_\_\_

Last checked: \_\_\_\_\_

Batteries changed: \_\_\_\_\_

Emergency radio: Locations: \_\_\_\_\_

Last checked: \_\_\_\_\_

Batteries changed: \_\_\_\_\_

### Emergency Kits

Evacuation kit: Location: \_\_\_\_\_

Last restock: \_\_\_\_\_

Shelter-in-place kit: Location: \_\_\_\_\_

Last restock: \_\_\_\_\_

Car kit 1: Location: \_\_\_\_\_

Last restock: \_\_\_\_\_

Car kit 2: Location: \_\_\_\_\_

Last restock: \_\_\_\_\_

# Action Plans

## House evacuation plan:

Map (Floor plan with 2 escape routes for every bedroom and an outside nearby meeting place)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Neighborhood evacuation plan (remember that which roads are safe and where you will be told to go will depend on the situation)

Meeting place: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shelter in place plan**

Map (Our storm shelter room, our upper level shelter, locations of our emergency kit, flashlights etc)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Severe weather special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Power outage special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Communication plan

How will we contact each other? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Household members:

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Work/School name: \_\_\_\_\_ Boss/ Teacher: \_\_\_\_\_

Important medical Info: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Work/School name: \_\_\_\_\_ Boss/ Teacher: \_\_\_\_\_

Important medical Info: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Work/School name: \_\_\_\_\_ Boss/ Teacher: \_\_\_\_\_

Important medical Info: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Work/School name: \_\_\_\_\_ Boss/ Teacher: \_\_\_\_\_

Important medical Info: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Work/School name: \_\_\_\_\_ Boss/ Teacher: \_\_\_\_\_

Important medical Info: \_\_\_\_\_

\_\_\_\_\_

Children's School evacuation site(s): \_\_\_\_\_

\_\_\_\_\_

**Pet info**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type/ Breed: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vet's emergency number: \_\_\_\_\_

Important medical information: \_\_\_\_\_

Microchip/ License tag information: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type/ Breed: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vet's emergency number: \_\_\_\_\_

Important medical information: \_\_\_\_\_

Microchip/ License tag information: \_\_\_\_\_

**Out of state contact**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

**Other Important contacts (Doctors, insurance agents, other family)**

Relationship: \_\_\_\_\_ Policy/Member number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Policy/Member number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Policy/Member number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Policy/Member number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ email: \_\_\_\_\_

## Instructions

### Page 1:

- Choose which source of warnings you will use, including a primary, alternate and back up. This should be the most reliable warning methods for you. Remember that some warning methods are only for certain types of dangers, others may cover all danger types. Warning methods include NOAA All Hazards Radios, Wireless Emergency Alerts, mobile apps or services, TV or Radio Emergency Alerts, Outdoor Warning Sirens.
- What dangers area most common in your neighborhood? You can visit Ramsey County's website to know more about the hazards in the county, but also look around your neighborhood. For example, do you live near train tracks or a river? That may impact what threats are more likely for you than others.
- A good place to list all the safety equipment and emergency kits in your home/cars and record their maintenance. Batteries should be checked at a minimum of twice a year. Monthly is better. Emergency kits should be cleared of expiring items and restocked twice a year. Check with your fire department about recharging fire extinguishers.

### Page 2:

- Home evacuation: Draw a floor plan of your home including how everyone would get out of the house and where you would meet. Your meeting place should be easy to find, it is where you will gather to make sure everyone got out safely. You should have at least 2 ways out of every bedroom, second story bedrooms may need escape ladders. Make sure your whole household understands and practices your Action Plan!
- Neighborhood evacuation: If you have to evacuate your neighborhood follow official emergency instructions for which roads to use and where to head to, it will change depending on the situation. Once you are safe out of the danger area where will you go to spend the night if you have to? A hotel, a friends, the cabin? Make sure loved ones know where to expect you to go.

### Page 3:

- Shelter-in place: Draw a floor plan of your home showing where your storm shelter is (lowest floor smaller interior room), where you would go if you had to shelter on a high floor like for a chemical spill (small room on highest floor- depending on emergency instructions). Mark the map with locations of your emergency flashlights and emergency sheltering kit)
- Include special instructions, especially about severe weather (such as gathering the pets, putting on safety helmets once you reach your shelter, and listening to the radio to find out when its safe to come out) and power outages (how to stay cool in the summer or warm in the winter with no power, keeping food safe etc).

### Page 4:

- Choose the primary way you will try to get ahold of your loved ones after a disaster. Texting, social media and email are often more reliable than phone call services and don't tie up emergency lines.
- List the main and back up contact information for everyone in your household. Help young children memorize names and phone numbers. If you need additional sections print out an extra of the page 4 and attach it to your plan. Include important medical information like serious medical conditions and critical medications
- Check with your children's school to find out their evacuation/reunification site plan so you know where to go to pick up your child should their school have to evacuate.

### Page 5:

- If you have pets write their important information here. Remember that most emergency shelter's will require proof of rabies vaccination
- Choose an out of state emergency contact who will act as the clearing house for all information from your extended family from and to you during the disaster. This will ease the number of calls you have to make and clear up phone lines for emergency calls.
- Include other main contacts, like Doctors, grandparents, and Insurance agents. You may want to write policy numbers for quick reference when talking to insurance/medical staff.

Page 7: Fill out contact cards. Fold along the solid line. Cut along dashed lines. Give to each person in household.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Out of area Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Blood type: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Primary care Doctor: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Out of area Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Blood type: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Primary care Doctor: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Out of area Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Blood type: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Primary care Doctor: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Out of area Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Blood type: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Primary care Doctor: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_  
Out of area Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_

Blood type: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Primary care Doctor: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_