

**Archdiocese of Dubuque  
Disaster Preparedness  
and  
Response  
Planning Guide**



**CHAPTER 3**  
**Planning for Families**

## DEVELOPING A FAMILY DISASTER PLAN

Families should be as prepared as the parish to face a disaster. If a disaster was to strike and the parish staff and parishioners' families were not prepared, the parish community would be unable to adequately respond to the broader community.

### **Preparing Your Family for a Disaster**

Unfortunately, disasters are familiar to many citizens of Iowa. Having experienced these disasters, we have learned that we can take some simple steps to protect our families and ensure the safety of our children, while at the same time making it easier to recover if and when we have to go through a future disaster. This family readiness guide is designed to help you and your family be prepared for future disasters.

### **Find Out What Can Happen to Your Family**

Your risk for particular disasters is dependent on where you live. Take these steps to find out what could happen to your family:

- Contact your county emergency management office or your local American Red Cross chapter to find out which disasters could affect you specifically.
- Determine what types of disasters are more likely to happen near you and how to prepare for each.
- Identify what your community's warning sirens sound like and what to do if you hear them.
- Purchase and maintain a battery operated weather alert radio with crank backup and tone alert.

Create a Family Emergency Plan

### **Hold a Family Meeting: Keep It Simple and Work as a Team**

It is important to warn children - without overly alarming them - about potential disasters. Use the following guidelines to teach children about disaster and to make them feel as if they are helping in disaster planning.

- Tell children that a disaster is something that could hurt people or cause damage. Explain that "sometimes nature provides too much of a good thing," like fire, rain, and wind.
- Explain how important it is to make a Family Disaster Plan.
- Tell children there are many people who can help them in a disaster.
- Have a common plan in case family members are separated.
- Choose a place to go outside of your neighborhood in case you cannot go home.
- Choose someone out of town to be your family contact.
- Fill out the local emergency phone numbers and child identification cards including photos.
- Keep emergency phone numbers by each phone.

- Teach Children:
  1. How to call for help (emergency numbers).
  2. When to call each emergency number.
  3. How to dial long distance.
  4. How to memorize the names and numbers of local and out-of-state emergency contacts.
- Show adults how and when to turn off the utilities.
- Locate the main electric fuse box, water service main, and natural gas main.
- Keep a wrench near gas and water shut-off valves.
- Remember: If you turn off the gas, you will need a professional to turn it back on again.
- Do a home hazard hunt for items that can move, fall, break, or cause a fire.
- Plan home escape routes – two from each room.
- Find safe places in your home for each type of disaster.
- Designate meeting points where you and your family can meet if a disaster happens when you are all away from home.
- Have all adults take a Red Cross first aid and CPR class.

If you are told to evacuate, please take the following steps:

- If the Emergency Management Office recommends evacuating, take its advice and do so immediately. It could save your life.
- Listen to the radio, TV, or a NOAA Weather Radio for instructions from local officials. They will provide instructions on evacuation routes and shelter openings.
- Shut off water, gas, and electricity if told to do so.
- Leave a note telling when you left and where you are going.
- Call your family contact to tell them where you are going.
- Make sure you have all of your disaster supplies.
- Secure doors and garage doors from the inside.
- Fill up your car with gasoline.
- Use evacuation routes recommended by officials.

If you decide to stay in your home during a disaster, do the following:

- Only stay at home if you have NOT been ordered to leave.
- Prepare your home as if you were evacuating.
- Stay in a large center room with few windows.
- If flooding occurs, move to higher floors.
- Keep all windows and doors closed tightly.
- Monitor radio for news and weather reports continuously.
- Turn off propane tank. Unplug all unnecessary appliances.
- Fill bathtub and large containers with water for sanitary purposes.
- Use flashlights instead of candles. Cook with canned heat; do not use charcoal or pressurized gas inside.
- Turn refrigerator to maximum cold and open only when necessary. Place a penny on a frozen block of ice in the freezer to monitor power outages when absent.
- Turn off utilities if told to do so by authorities.
- If you are in a multiple-story building and away from the water, go to the first or second floors and take refuge in the halls or behind interior doors.
- Stay inside until "all clear" is announced.
- Be alert for and ready to seek shelter from tornados, which can happen during a severe thunderstorm.

### **Tips for Storing and Using Water**

Purify water by boiling it for 5 –10 minutes. Purification tablets or a filter system designed for backpackers also work well. Store water in plastic three-liter soda bottles or larger water bottles instead of plastic milk-type jugs. Milk jugs will breakdown over time, while soda bottles last considerably longer. Consider freezing water so it will last until needed.

### **Storing Your Kit**

Choose a cool, dark location in which to store your kit. If you live in an apartment or have limited space, be innovative.

### **Layer and Monitor Your Supplies**

Layer supplies and keep them together in a container such as a plastic container with wheels. Check the items every 6 months for expiration dates, changes in your children's clothing sizes, and weather requirements. A good way to remember to inspect your kit is to do it when you set your clocks back and change your smoke detector batteries.

### **Use what you already have**

Use what you already have. If you are a camper, you have a head start: camping supplies, tent, camp stove, and water jugs can double as emergency supplies.

### **Practice and Maintain Your Plan**

Without practice and maintenance, your family risks forgetting its disaster plan and your disaster supplies will expire or be ruined. Use this schedule to remember to practice and maintain your plan.

#### **Every Six Months**

- Test your smoke alarms.
- Go over the family disaster plan and do escape drills. Quiz children.
- Replace stored food and water.
- Make sure to rotate clothing according to the season and size.

#### **Every year**

Wash blanket/clothing supplies. Replace batteries in smoke alarms, flashlights, and radios.

### **Resources**

FEMA Family Plan for Emergencies

[www.fema.gov/plan/prepare/plan.shtm](http://www.fema.gov/plan/prepare/plan.shtm)

Hazards That May Strike Your Community and Their Risks

Iowa Homeland Security:

[www.iowahomelandsecurity.org/Disasters/DisastersinIowa/tabid/71/Default.aspx](http://www.iowahomelandsecurity.org/Disasters/DisastersinIowa/tabid/71/Default.aspx)

Red Cross – by zip code:

[www.redcross.org/where/where.html](http://www.redcross.org/where/where.html)

There are many sources for purchasing pre-made first aid and disaster kits. One source is the American Red Cross: [www.redcrossstore.org/](http://www.redcrossstore.org/)

**Archdiocese of Dubuque  
Disaster Preparedness  
and  
Response  
Planning Guide**



**Distributed by: Saint Ludmila's Disaster Planning Team**

Last updated on 10-16-2010

## **Family Preparedness Tool Kit**

Completed for:

---

(Family Name)

## APPENDIX II: Family Preparedness Tool Kit

### Personal 24-Hour Pack

- 1800 cubic inch back pack

#### **Personal/First Aid Kit**

- quart size Ziploc bag for this kit
- Ziploc plastic bags for medications
- acetaminophen or aspirin tablets
- antihistamine (25mg Benadryl)
- antacid tablets
- sugar packets
- multivitamins
- disposable exam gloves
- antiseptic cleansing pads
- towelettes
- antiseptic ointment
- alcohol-based hand sanitizer
- various size band aids
- 4 x 4 dressing pads (nonstick)
- feminine napkins
- ½ roll Saran Wrap, compressed
- self-adhering roller bandage
- large safety pins
- cotton swabs
- moleskin
- single edge razor blade
- tweezers
- magnifying lens
- multi-purpose scissors
- sunscreen lotion
- container of tissue papers or baby wipes
- personal medications, medical ID info, copies of prescriptions
- personal identification

#### **Food & Water**

- 2 water containers (1 quart each)
- water purification tablets
- various size Ziploc plastic bags for food
- protein bars, bags of nuts
- 3 non-perishable "MRE" meals
- metal cup or pot containing soup packets, tea, etc.
- long burning candle
- 1 can Sterno

#### **Shelter**

- 8' X 10' plastic tarp
- "space" or "emergency" blanket

#### **Tools**

- compass
- map of the area
- LED flashlight & extra batteries
- multi-purpose knife/tool
- cigarette lighter
- steel wool
- woven steel wire 5-10' long
- plastic wire ties
- 50 feet of "para" cord (grade 550)
- watch
- 10 feet of duct tape wrapped around pencil
- large plastic leaf bag

#### **Signaling**

- whistle
- small mirror
- telephone calling card

#### **Clothing**

- large "Ziploc" clothes bag
- bandanna or large handkerchief
- cap or head gear
- rain poncho
- pair extra socks
- change of clothing suitable for climate
- durable work style all season gloves
- sun glasses 97% UV protection
- spare prescription glasses
- goggles or eye protection (clear)
- insect repellent
- note pad & pencil

## Appendix II: Family Preparedness Tool Kit

### Longer-Term Shelter-In-Place Kit Page 1 of 2 Stored in clean plastic bins or "Tupperware" containers

#### **Personal/First Aid Kit**

- larger version of the personal kit in the 24-hour pack, stored in a container within the shelter-in-place kit
- medications

#### **Food & Water**

- 3-week supply of bottled drinking water – one gallon of water per person per day. Don't forget water for pets. Store water in sealed unbreakable containers. Replace every 6 months.
- 3-week supply of nonperishable, packaged or canned food (e.g., canned or dried juice mixes, powdered or canned milk, peanut butter, jelly, crackers, unsalted nuts, trail mixes, cereals, rice, cookies, hard candies, instant coffee, tea bags)
- basic food seasoning (salt/pepper)
- manual can opener
- plastic plates
- plastic cups
- steel pot
- aluminum foil
- propane grill with extra propane bottles

#### **Shelter**

- plastic sheeting/tarps

#### **Tools**

- battery-powered flashlights (LED type preferred) with extra batteries
- map to follow evacuation routes/find shelters
- fire extinguisher (small ABC type)
- duct tape
- waterproof matches and cigarette lighter
- sewing kit
- plastic storage containers
- paper & pencils
- basic tool kit (adjustable wrench, screwdrivers, pliers, hammer, etc.)
- deck of cards

#### **Signaling**

- battery operated weather alert and AM radio with crank backup and tone alert (note: some radios can also charge cell phones)

#### **Clothing**

- clothing for each person
- sturdy shoes or work boots
- rain gear
- blankets, pillows, and sleeping bags
- hat and work gloves
- thermal underwear
- insect repellent and sun screen
- cash or travelers checks and change

#### **Sanitation Supplies**

- plastic buckets with tight lid
- toilet paper, towelettes
- plastic garbage bags with ties
- soap, liquid detergent
- feminine supplies
- personal hygiene items
- disinfectant
- unscented household bleach

(go to page 2)

## Appendix II: Family Preparedness Tool Kit

### Longer-Term Shelter-In-Place Kit Page 2 of 2

Family Documents (stored in a water-proof container or zip-lock bags) see following list:

- |  |   |
|--|---|
| <input type="checkbox"/> birth certificates                  | <input type="checkbox"/> medical records/children's vaccinations histories  |
| <input type="checkbox"/> marriage certificates               | <input type="checkbox"/> photocopies of all cards carried in wallet   |
| <input type="checkbox"/> death certificates                  | <input type="checkbox"/> backup disks of computer information   |
| <input type="checkbox"/> ownership documents                 | <input type="checkbox"/> irreplaceable photographs/videotapes/family heirlooms  |
| <input type="checkbox"/> insurance policies                  | <input type="checkbox"/> inventory of personal property for filing insurance claims (list everything and include receipts of big-ticket items.) |
| <input type="checkbox"/> passports/visas                     | <input type="checkbox"/> videotape or photos of home contents to supplement your written inventory of your home                                 |
| <input type="checkbox"/> social security cards               |   |
| <input type="checkbox"/> bond/stock issues                   |   |
| <input type="checkbox"/> wills/living trusts                 |   |
| <input type="checkbox"/> power of attorney (medical & legal) |   |

#### **Baby Needs**

- |   |  |
|---|--|
| <input type="checkbox"/> disposable diapers | <input type="checkbox"/> powdered milk       |
| <input type="checkbox"/> formula            | <input type="checkbox"/> medications         |
| <input type="checkbox"/> bottles            | <input type="checkbox"/> changes of clothing |

#### **Adult/Elderly Needs**

- |  |   |
|--|---|
| <input type="checkbox"/> extra months' supply of prescription medicine refills | <input type="checkbox"/> extra set of prescription glasses/contacts |
| <input type="checkbox"/> denture needs   | <input type="checkbox"/> entertainment – books and games            |
|  | <input type="checkbox"/> extra set of car keys                      |

#### **Pet Needs**

- 
- 
-

## Appendix II: Family Preparedness Tool Kit


### Emergency Telephone Numbers and Information

<b>Emergency Telephone Numbers</b> In case of a serious emergency, call 911	<b>Numbers of Insurance Carriers</b>
Police (from the house):	<b>Health Insurance:</b> Company:
Police (from school):	Telephone:
Fire Department:	Policy Number:
School	<b>Car Insurance:</b> Company:
School	Telephone:
Preschool/Child care	Policy Number:
<b>Family/Important Contacts</b>	<b>Important Medical Information</b>
<b>Name:</b>	<b>Doctor (Name):</b>
Telephone (Home):	Telephone:
Work:	
Relationship:	<b>Doctor (Name):</b>
<b>Name:</b>	Telephone:
Telephone (Home):	
Work:	
Relationship:	<b>Pediatrician (Name):</b>
<b>Name:</b>	Telephone:
Telephone (Home):	
Work:	
Relationship:	<b>Clinic</b> Name & Address:
<b>Name:</b>	Telephone:
Telephone (Home):	
Work:	
Relationship:	<b>Hospital</b> Name & Address:
<b>Name:</b>	Telephone:
Telephone (Home):	
Work:	
Relationship:	<b>Pharmacy</b> Name & Address:
<b>Name:</b>	Telephone:
Telephone (Home):	Telephone:
Work:	
Relationship:	


**Appendix II: Family Preparedness Tool Kit**

<b><u>Important Work Numbers</u></b>	<b>Important Records of Your Family:</b> Use this form in order to have all important information in the same accessible place. Put the originals of each document in a safe place (for example, in a lock box).
<b>Employer #1</b>	<b><u>Important Numbers of School and Daycare</u></b>
Name:	<b>School #1</b>
Telephone:	Name of child:
Supervisor:	Name of school:
Telephone of supervisor:	Name of teacher:
Union representative:	Telephone:
Telephone:	School identification number:
<b>Employer #2</b>	<b>School #2</b>
Name:	Name of child:
Telephone:	Name of school:
Supervisor:	Name of teacher:
Telephone of supervisor:	Telephone:
Union representative:	School identification number:
Telephone:	
<b>Employer #3</b>	<b>School #3</b>
Name:	Name of child:
Telephone:	Name of school:
Supervisor:	Name of teacher:
Telephone of supervisor:	Telephone:
Union representative:	School identification number:
Telephone:	
You should attach any information about the places where you work.	<i>You should attach any policy or plan for disasters existing in the school of your children.</i>
<b><u>Important Information of Your Vehicles</u></b>	
Vehicle 1 – license plate number:	<b><u>Social Security Numbers or ITIN</u></b>
Identification number:	Name:
Car loan:	Number:
Insurance:	Name:
Vehicle 2 – license plate number:	Number:
Identification number:	Name:
Car loan:	Number:
Insurance:	Name:
	Number:
<i>Attach a copy of the registration of each vehicle and a photograph of each vehicle.</i>	Number:

## Appendix II: Family Preparedness Tool Kit


	<b>Medical Information and Identification of Your Family</b>
<b>Family Member 1</b>	
Name:	
Date of birth: No	Organ donor:      Yes
Allergies:	
Medications:	
Medical conditions & medical history:	
<b>Family Member 2</b>	
Name:	
Date of birth: No	Organ donor:      Yes
Allergies:	
Medications:	
Medical conditions & medical history:	
<b>Family Member 3</b>	
Name:	
Date of birth: No	Organ donor:      Yes
Allergies:	
Medications:	
Medical conditions & medical history:	
<b>Family Member 4</b>	
Name:	
Date of birth:	Organ donor:      Yes      No
Allergies:	
Medications:	
Medical conditions & medical history:	
<b>Family Member 5</b>	
Name:	
Date of birth:	Organ donor:      Yes      No
Allergies:	
Medications:	
Medical conditions & medical history:	

**Appendix II: Family Preparedness Tool Kit**


	<p align="center"><b>Medical Information and Identification of Your Family</b></p> <p>Attach a copy of his or her birth certificate, records of vaccination, and a photograph of each member of your family.</p>
<p><b>Family Member 6</b></p>	
<p>Name:</p>	
<p>Date of birth: No</p>	<p>Organ donor:            Yes</p>
<p>Allergies:</p>	
<p>Medications:</p>	
<p>Medical conditions &amp; medical history:</p>	
<p><b>Family Member 7</b></p>	
<p>Name:</p>	
<p>Date of birth: No</p>	<p>Organ donor:            Yes</p>
<p>Allergies:</p>	
<p>Medications:</p>	
<p>Medical conditions &amp; medical history:</p>	

<p align="center"><b><u>Persons who CAN pick up my children from school/day care</u></b></p>	<p align="center"><b><u>Persons who CANNOT pick up my children</u></b></p>
<p><b>Name:</b></p>	<p>Name:</p>
<p>Date of birth:</p>	<p>Name:</p>
<p>Telephone (Home):</p>	<p>Name:</p>
<p>Telephone (Work):</p>	<p>Name:</p>
<p>Relationship:</p>	
<p><b>Name:</b></p>	<p><b>*Be sure to inform personnel at your children’s school that the persons listed in these sections have permission to pick up your children or do not have permission and have the most up-to-date and complete information.</b></p> <p><b>*If there is a restraining order, attach a copy of this order, and file another copy with the school or day care of your children.</b></p>
<p>Date of birth:</p>	
<p>Telephone (Home):</p>	
<p>Telephone (Work):</p>	
<p>Relationship:</p>	
<p><b>Name:</b></p>	
<p>Date of birth:</p>	
<p>Telephone (Home):</p>	
<p>Telephone (Work):</p>	
<p>Relationship:</p>	

**Appendix II: Family Preparedness Tool Kit**

	<p><b>Contacts for Legal Problems, Identity Theft, and Fraud</b> For your security, DO NOT NOTE the numbers of your credit cards or account numbers on this document</p>
<p><b><u>Credit Card Companies</u></b></p>	<p><b><u>Contacts for your Financial Affairs</u></b></p>
<p><b>Card #1</b> Company: Number (toll-free): Names on card:</p>	<p><b>Checking Account #1</b> Bank: Number (toll-free): Persons with access to account:</p>
<p><b>Card #2</b> Company: Number (toll-free): Names on card:</p>	<p><b>Checking Account #2</b> Bank: Number (toll-free): Persons with access to account:</p>
<p><b>Card #3</b> Company: Numbers (toll-free): Names on card:</p>	<p><b>Savings Account #3</b> Bank: Number (toll-free): Persons with access to account:</p>
<p><i>Remember to report any theft of credit cards immediately.</i></p>	<p><b>Savings Account #4</b> Bank: Number (toll-free): Persons with access to account:</p>
	<p><b><u>Civil Legal Assistance</u></b></p>
<p><b><u>Potential Contacts</u></b></p>	
<p>Actuary:</p>	<p>Legal Assistance:</p>
<p>Public Prosecutor:</p>	<p>Civil Attorney:</p>
<p>Program for Domestic Violence:</p>	<p>Criminal Attorney:</p>
<p>Place to report child abuse:</p>	<p>Victims' Defense:</p>
<p align="center"><b><u>Other important &amp; necessary numbers:</u></b></p>	

## Appendix II: Family Preparedness Tool Kit

	<b>Emergency Care for Pets</b> Attach a photograph of each pet.
<b>Pet 1</b>	
Name:	
Date of birth:	
Breed:	
Description:	
Registration number:	
Medications:	
Medical problems:	
<b>Pet 2</b>	
Name:	
Date of birth:	
Breed:	
Description:	
Registration number:	
Medications:	
Medical problems:	
<b><u>Veterinarian</u></b>	<b><u>Emergency Veterinarian</u></b>
Name:	Name:
Telephone:	Telephone:
Emergency telephone:	Address:
<b><u>Emergency Housing for Pets/Humane Society</u></b>	<b><u>Other Notes:</u></b>
Name:	
Telephone:	
Address:	