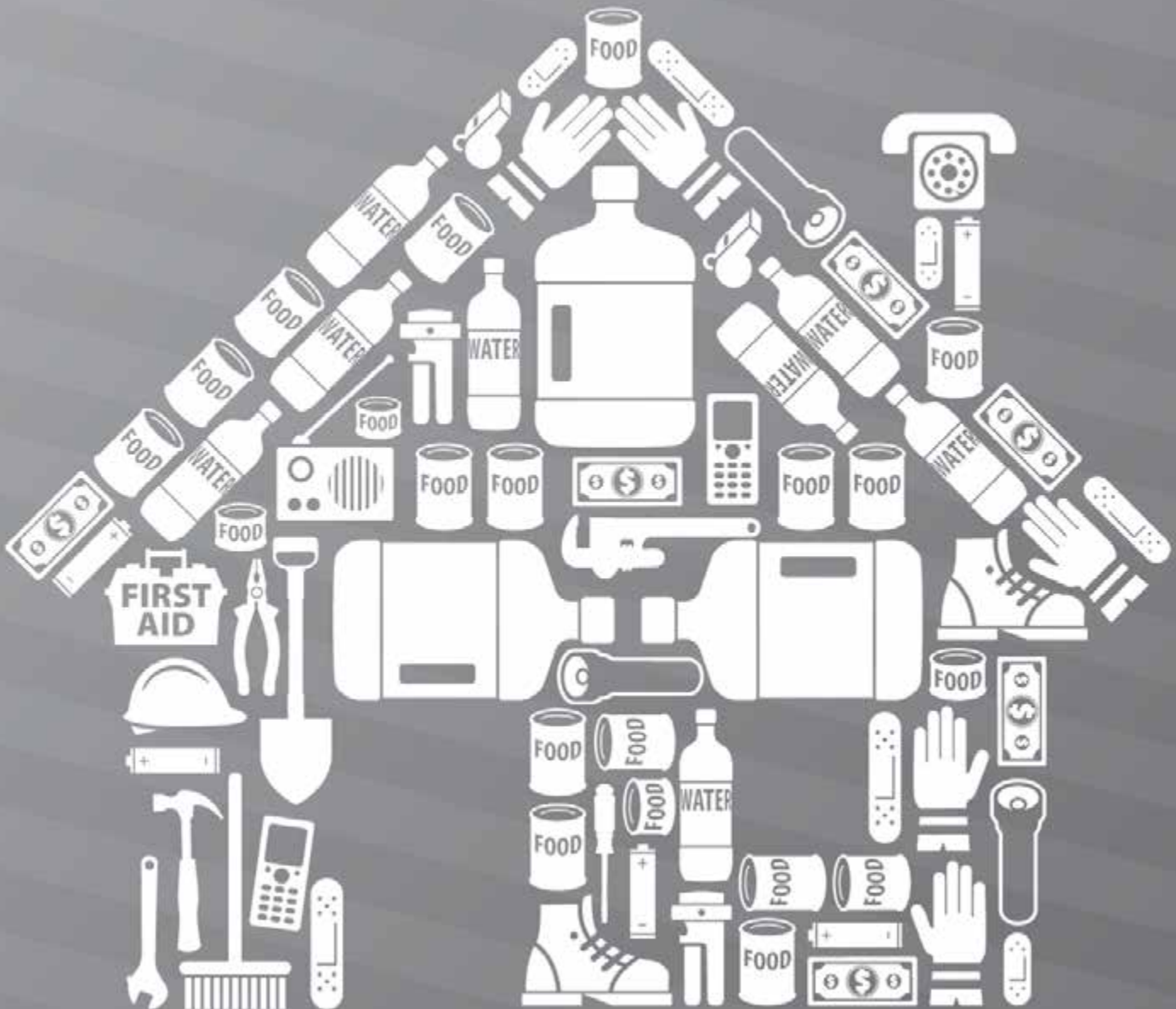


PreparedBC: Household Emergency Plan



Family last name and home address:

Family member contact information:

Full name: Phone: Email:

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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Pet information:

Name: Type/Breed: Colour: Registration/ID:

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Plan of action:

1. The disasters most likely to affect our household are:

2. The escape exits from our home are:

3. If separated during an emergency (i.e. if at work or school), the meeting place near our home is:

4. The route to get to our neighbourhood meeting place is:

TIP:

Keep this plan in an easy-to-find, easy-to-remember place (for example, with your emergency kit). You may also want to make duplicate copies to keep in your car and/or at work.

TIP:

Your family may not be together when a disaster occurs, so it's important to practice what you've planned so you know how to connect with each other in the case of an emergency. Be sure to discuss what you would do in different situations. Review and update your plan yearly.



TIP:

Your pets should wear current identification tags and have their vaccinations up-to-date at all times. Along with your information on their tag, also include the phone number of your out-of-area contact.

HOUSEHOLD EMERGENCY PLAN

5. If we cannot return home or are asked to evacuate, the meeting place outside of our neighbourhood is:

6. The route to get to our meeting place outside of our neighbourhood is:

7. The room we would go to in our home if we are asked to “shelter-in-place” (that is, stay inside and seal off doors, windows and vents) is:

School-aged children:

People designated to pick up children from school:

Name:

Phone:

Email:

SCHOOL NAME(S) AND ADDRESS(ES)

School name:

School name:

Child attending:

Child attending:

School address:

School address:

Phone:

Phone:

School name:

School name:

Child attending:

Child attending:

School address:

School address:

Phone:

Phone:

School name:

School name:

Child attending:

Child attending:

School address:

School address:

Phone:

Phone:

TIP:

Inform your child(ren)'s school who you've designated to pick them up if you are unable.

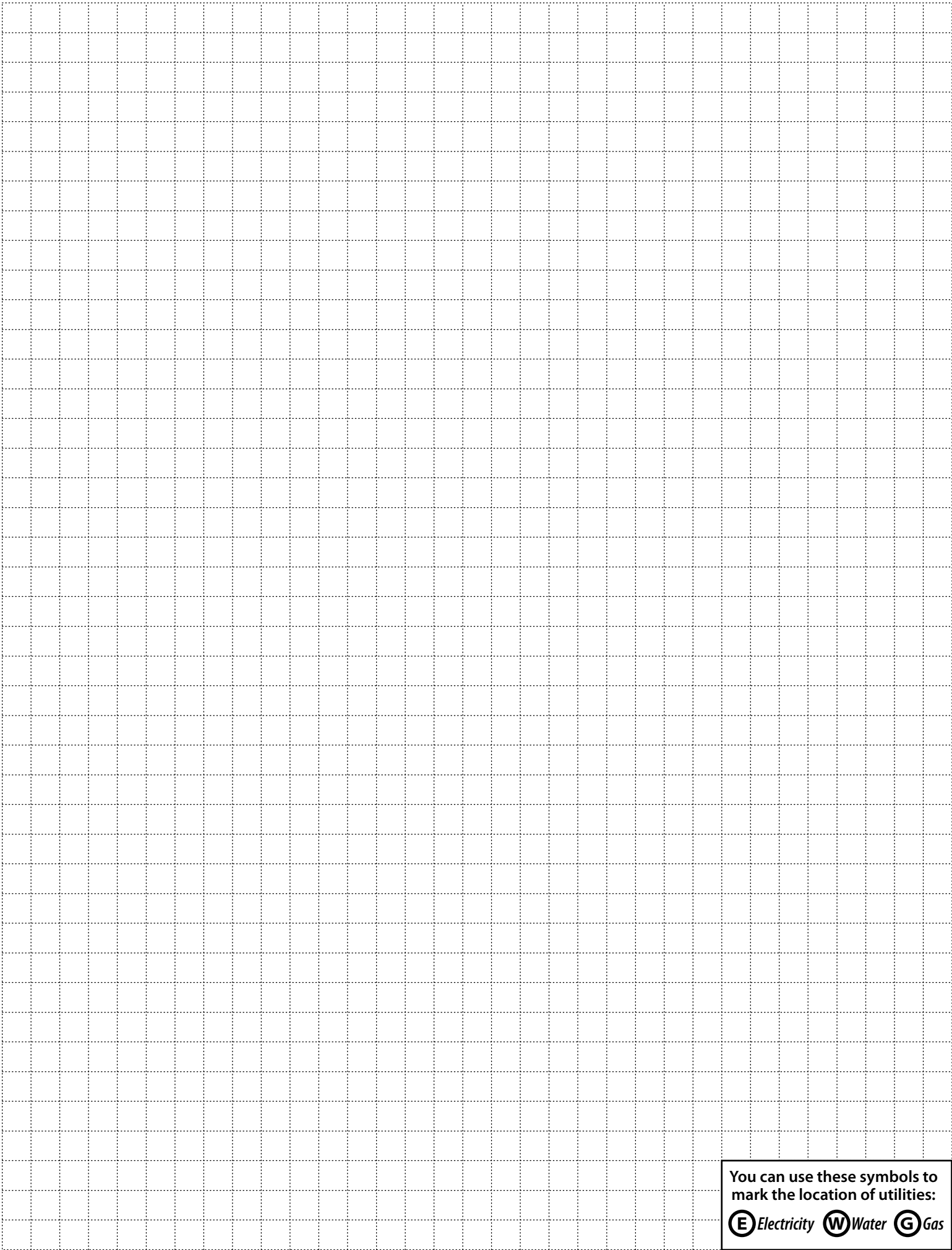
TIP:

Pack an envelope in your child(ren)'s backpack that contains your contact information, a recent photo of your family, their health information or special requirements, and your out-of-area contact's information.



TIP:

Check with your child(ren)'s school or daycare about their emergency plans. Ask how they will communicate with families during an emergency and what type of authorization they require to release your child(ren) to a designated person if you are unable to pick them up yourself.



You can use these symbols to mark the location of utilities:

E Electricity **W** Water **G** Gas

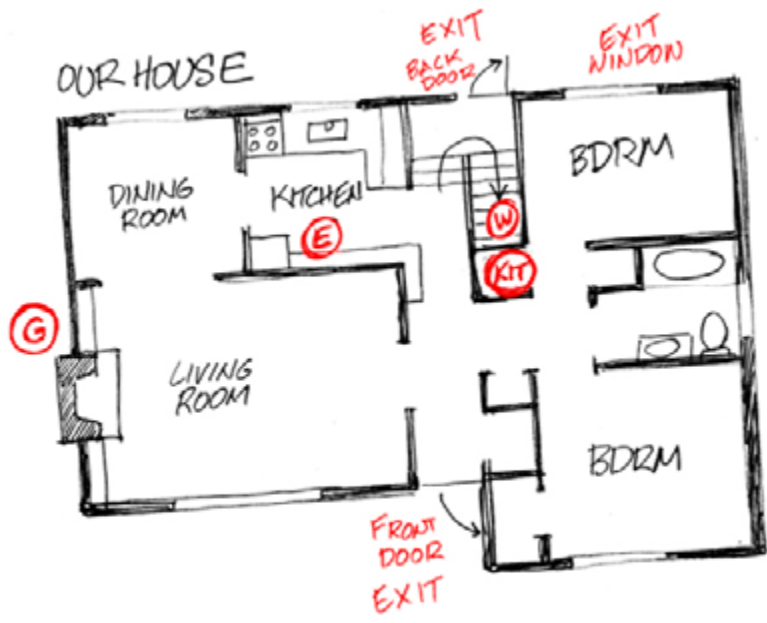
HOUSEHOLD EMERGENCY PLAN

Our neighbours:

Street address: _____	Street address: _____	Street address: _____
Name(s): _____	Name(s): _____	Name(s): _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____
Skills/resources: _____	Skills/resources: _____	Skills/resources: _____
Emergency role: _____	Emergency role: _____	Emergency role: _____
Other notes: _____	Other notes: _____	Other notes: _____

Street address: _____	Street address: _____	Street address: _____
Name(s): _____	Name(s): _____	Name(s): _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____
Skills/resources: _____	Skills/resources: _____	Skills/resources: _____
Emergency role: _____	Emergency role: _____	Emergency role: _____
Other notes: _____	Other notes: _____	Other notes: _____

Street address: _____	Street address: _____	Street address: _____
Name(s): _____	Name(s): _____	Name(s): _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____
Skills/resources: _____	Skills/resources: _____	Skills/resources: _____
Emergency role: _____	Emergency role: _____	Emergency role: _____
Other notes: _____	Other notes: _____	Other notes: _____



Our out-of-area contact(s):

- After a major disaster, local phone service may be limited, so phone your out-of-area contact to keep in touch with your family
- Listen to the radio or TV for phone-use instructions, then call your contact person to say how you are, where you are and what your plans are
- Keep the call short and, if possible, arrange to call back at a specified time for another check-in

OUT-OF-AREA CONTACT:

Name: _____

City/Province: _____

Phone: _____

PLACES TO MEET FAMILY:

Working days location:

daytime: _____

evening: _____

Non-working days location:

daytime: _____

evening: _____

Family member health information

Full Name: _____ Care card number: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medications, medical equipment or other health information:

Full Name: _____ Additional health information: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TIP:

Keep copies of birth and marriage certificates, passports, licences, wills, land deeds, insurance and other important documents in a safe place both inside and outside your home, such as a safety deposit box or give them to trusted friends or family who live out of town.

TIP:

Keep a month's supply of prescription medication in your grab-and-go bag. Be sure to check it regularly and replace before it expires. Also, store an extra set of contact lenses and prescription glasses, if possible.

HOUSEHOLD EMERGENCY PLAN

FAMILY DOCTOR(S):

Name:

Phone:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Household utilities:

1. Location of fire extinguisher(s):

2. Water valve location:

a. Utility company phone number:

3. Electrical panel location:

a. Utility company phone number:

4. Gas valve location:

a. Utility company phone number:

5. Floor drain location:

Other information:

Insurance agent/company contact information and policy number:

Home:

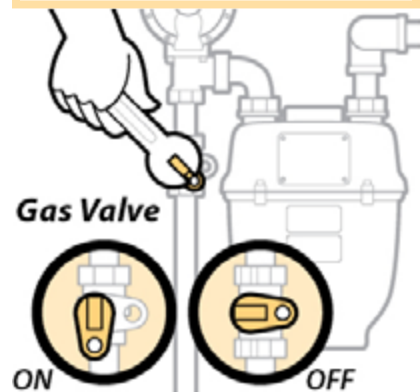
Auto:

Life:

Emergency kit location:

TIP:

If you suspect a gas leak, turn off the gas valve and leave immediately. *Do not try to turn it back on.* Only a registered gas contractor can do that safely.



TIP:

Make large, easy-to-see signs indicating the location of the water and gas shut-offs, as well as for the front of the electrical panel.

TIP:

Check with your insurance agent/company about what sort of assistance they can provide if you are evacuated for your home or cannot return.

Basic Emergency Supply Kit



First Aid kit and medications



Whistle to signal for help



Battery-powered or hand crank radio



Cell phone with chargers, inverter or solar charger



Battery-powered or hand crank flashlight with extra batteries



Local maps (identify a family meeting place) and some cash in small bills



At least a three-day supply of non-perishable food. Manual can opener for cans



Water, four litres per person per day for at least three days, for drinking and sanitation



Garbage bags, moist towelettes and plastic ties for personal sanitation



Dust mask to help filter contaminated air



Seasonal clothing and footwear

Emergency Contact Information Cards

You and each family member should carry this card at all times



BRITISH COLUMBIA

Emergency ManagementBC

EMERGENCY CONTACT INFORMATION CARD

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TIP:

Plan for each family member to call or e-mail your out-of-area contact in the event of an emergency. Let them know if you are okay, where you are located and when you will be calling them back. Teach young children how to make this call as well.

Emergency Contact Information Cards

You and each family member should carry this card at all times

Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
Places to meet family Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	Places to meet family Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____
Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
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TIP:

If you have or a family member has physical, medical, sensory or cognitive disabilities, or require(s) extra assistance, be sure to establish a support network of friends, relatives, health-care providers, co-workers and neighbours who understand these special needs.



