PERSONAL EMERGENCY PLAN

DEPARTMENT OF
EMERGENCY MANAGEMENT
SONOMA COUNTY
Connect.Empower.Prepare.Protect

SONOMA READY
SONOMA STRONG

EMERGENCY PLAN FOR:

__________________________________________________________

REVIEW ANNUALLY ON:

__________________________________________________________
PERSONAL INFORMATION

Make it easy for first responders and shelter workers to understand important information about you in case you are unable to communicate for yourself. Put the relevant information on this sheet. If a first responder has to evacuate you, or if you arrive at an evacuation shelter, this sheet can provide important information to those trying to assist you.

Name: _______________________________________________________________________________________________________

Health insurance company: ______________________________________________________________________________________

Health insurance policy/group number: ______________________________________________________________________________

Health/medical information

My medications: __________________________________________________________________________________________________

__________________________________________________________________________________________________________________

☐ Inhaler ☐ Epi Pen ☐ Glasses/contacts ☐ Hearing aids

My doctor: _______________________________________________________________________________________________________

My caregiver: ____________________________________________________________________________________________________

Allergies: _______________________________________________________________________________________________________

Information about my disability: ____________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

Special requirements

Diet: _____________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

Equipment: ______________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

Other: __________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

This document may contain privileged and confidential information that is protected by federal and state privacy laws. It is intended only for use in an emergency situation by a trusted friend, neighbor, family member, or disaster-response person. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please return this document to the owner.
SHELTERING IN PLACE

Your home kit. Sometimes, the best action is to stay put. This is called Shelter in Place. For example, after a large earthquake it is usually best to stay home and off the roads. Have enough supplies to last at least seven days and preferably for two weeks. Call the people on your Emergency Plan form to let them know where you are and that you are sheltering in place.

Your shelter-in-place kit should include:

- Water: One gallon of water per person per day for at least seven days
- Food: At least a seven-day supply of non-perishable food; if you live in an isolated area, a two-week supply is better
- Battery-powered or hand-crank radio
- NOAA Weather Radio with tone alert
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Manual can opener for food
- Warm clothes and extra blankets
- Food and extra water for your pets or assistance animal
- Important items for you (e.g. spare eyeglasses, medications):
  ........................................................................................................................................
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Location of shelter-in-place kit:

Keep your kit where it is accessible and safe! Remember to keep it where you can get it after an earthquake!

For more information, visit www.SoCoEmergency.org
GO BAG

In some emergencies, the safest action may be to evacuate to a place of safety. Put the things you need every day in a Go Bag. Below is a list of items you may want to have in your Go Bag. Include any medical supplies and medicine that you take every day. Keep a copy of your health information in your Go Bag, and enough supplies to last at least three days.

- Emergency plan (including emergency contact list)
- Water, six 8-oz. servings, and food (minimum needed for three days)
- Sturdy shoes, a change of clothes, and a warm hat
- Emergency blanket
- Emergency poncho
- N95 mask
- Flashlight
- Battery-operated radio (with extra batteries)
- Copies of health insurance and identification cards
- Copies of critical documents (e.g. deed, home insurance policy)
- Extra prescription eye glasses, hearing aid, or other vital items
- Medical consent forms for minors or those with access and functional needs
- Prescription medications (3-7 day supply) and first-aid supplies
- Personal hygiene items
- Emergency cash in small denominations
- Garbage bags (30-gallon and 10-gallon)
- Extra keys to your house and vehicle
- Any special-needs items for children, seniors, or disabled family member
- Other important items: __________________________________________________________

Go bag for pets/service animals

- Sturdy leashes and pet carriers
- Food, potable water, and medicine for at least one week
- Non-spill bowls, manual can opener, and plastic lid
- Plastic bags, litter box and litter
- Recent photo of each pet
- Names and phone numbers of your emergency contact, emergency veterinary hospitals, and animal shelters
- Copy of your pet’s vaccination history and any medical problems
EVACUATION

Some circumstances require you to evacuate for your safety. Your evacuation plan should cover: Where will you go? How will you get there? Who will move you (if necessary)? What will you take (“go bag”)? Have at least two locations planned for reuniting with family.

Where will you go?

Although during a disaster evacuation shelters may be opened, ideally your first choice should be to go to a family or friend’s home (or caregiver if appropriate). List places below in order of preference. Make sure they know you are relying on them in the event of an emergency before the disaster happens!

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<th>Name or Facility</th>
<th>Address</th>
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Call before you go—the location may be unavailable!

How will you get there?

• What route will you take? Know the best route to get from where you are to your first, second, and third choice of evacuation location.

• Be aware that in a disaster your normal or preferred route may be closed and plan accordingly. As an example, if you are threatened by flood, avoid roads along rivers. Have an alternate route chosen if possible.

• Print out a map of primary and alternate routes and attach here.

Who will get you there?

If you are able and can transport yourself, check with neighbors about their planning needs and assess if anyone will need your assistance. If you cannot drive yourself, who will drive you? This can be your caregiver, a family member, neighbor, or a public/commercial paratransit. Have multiple methods of transportation as the disaster may make it difficult or impossible for your first choice to get to you. Make sure they can accommodate your needs, for example wheelchair accessibility.

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<th>Transportation</th>
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If all else fails call 9-1-1. But remember, first responders may be overwhelmed by the disaster (and may be poorly equipped to handle disabilities). Use them only as a last resort.
CONTACT INFORMATION

Your safety depends on being able to receive information and warnings about imminent threats. It is also critical to have emergency-contact details easily accessible. Take a moment to identify how you will stay informed during a disaster and who you can call for assistance.

Stay informed

- Sign up for SoCoAlert (www.socoalert.com)
- Identify what local radio station to tune to in an emergency:
  _______________________________________________________________________________________________________________
- Identify what local television station to tune to in an emergency:
  _______________________________________________________________________________________________________________
- Identify which websites will keep you informed (i.e. SoCoEmergency.org):
  _______________________________________________________________________________________________________________
- Consider purchasing a NOAA Radio to receive local emergency alert.

Who to call for assistance

Neighbor: _________________________________________________________________________________________________
Caregiver: _________________________________________________________________________________________________
Family/friend (Out of State): _________________________________________________________________________________
Family/friend: ______________________________________________________________________________________________
Family/friend: ______________________________________________________________________________________________
Family/friend: ______________________________________________________________________________________________
Apartment manager: _______________________________________________________________________________________
Other: _____________________________________________________________________________________________________

Community resources

Fire department (non-emergency): ______________________________________________________________________________
Police department (non-emergency): ______________________________________________________________________________
PG&E: _______________________________________________________________________________________________________
Other (i.e. water, cable company...): __________________________________________________________________________

BE READY TOGETHER

BE SAFE TOGETHER