

Pacific Palisades City of Los Angeles

Neighborhood Emergency Planning Guide

Neighbors Saving Neighborhoods Through
Emergency Preparedness



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Neighborhood Disaster Plan Forms

How the plan works.

Elect 2 Chairpersons

Neighborhood Disaster Plan

1 per Household

Complete and return to Chairperson.

Neighborhood Registration Form

1 per Household

Complete and return to Chairperson

Neighborhood Skills Checklist

1 per Household

Complete and return to Chairperson

Neighborhood Resources/Equipment Checklist

1 per Household

Complete and return to Chairperson

Tips For The Elderly And Disabled

Tips For Preparing Children

File of Life – For Persons on medications.

Fill out in pencil. One per family member as necessary.

Duplicate 1 for refrigerator, 1 for the car, and 1 to carry on your person.

Disaster Proof Your Life

Family Guide for important documents

Documents to photocopy and where to keep them.

Important Items to Have

For car, home, work, bedside and evacuation

Wildfire Preparedness

Preparation, Planning and Survival guide in the event of a Wildfire.

Family Radio Service

Suggested communication system for streets and buildings

when electricity is out for a period of time

9 Disaster Teams (for Chairpersons only)

Chairpersons to complete with information from the returned Registration Forms, Skills Checklists, and Resources/Equipment checklists.

Neighborhood Disaster Plan Forms

What is the Neighborhood Plan Each Neighborhood group must agree on 2 members to be chairpersons or controllers to prepare and operate the plan.

The clipped 9-page section at the back of the plan is for completion by the Chairpersons or Controllers after the neighbors in the group return the forms in the first clipped section. From experience, we know that when a major disaster strikes, emergency assistance – fire, police, medical – may take up to several days to reach us. This means that each of us along with our neighbors would have to deal and cope with the situation alone until help arrived. This plan is compatible with local fire, police, and The Red Cross.

How the Neighborhood Plan works: The forms in the first clipped section are handed out to families from the neighborhood at a meeting arranged to explain the plan. The information in the forms include the number of people living in each home, medical problems (if any), where you can be reached during the day, numbers and types of pets, and so forth. **ALL INFORMATION IN THESE FORMS WILL BE TREATED AS CONFIDENTIAL, AND WILL BE SHARED ONLY WITH THE CHAIRPERSON OR CONTROLLER.**

What we will do at upcoming meetings: The Neighborhood Plan will be explained fully, and our own neighborhood resources will be discussed. Also, we will then set up Emergency Teams. **The 9 teams are: Animal Care, Communication, Education and Childcare, Fire and Crime Control, Food, Water and Shelter, Host the Stranded, Medical, Repair and Cleanup, Search and Rescue.** All the teams are explained on the next page.

What is Host the Stranded ? During recent emergencies, our police and fire people went with little sleep or food. Many police officers slept on cots on jail floors, while firefighters were forced to sleep in the cabs of their vehicles to catch a few snatches of rest. Most lived too far away to go home during the few hours of time off they were allowed. By opening up our homes in an emergency, we will be able to take care of the people who safeguard our lives. In an emergency, others in our neighborhood, such as our postmen, teachers, construction workers etc may need a temporary place to stay. Please indicate if you are able to provide these facilities.

Why you are important: During a disaster, **we have to rely on each other for support.** You may need food or water, medical care, a place to stay, or protection from looters. By coming together, we will be able to take care of each other's needs. Through togetherness comes strength. As a caring neighbor, we urge you to fill in your forms now and make **sure** they get back to us on or before the next meeting. Then attend the next meeting!

Neighborhood Disaster Plan

- 1) Home address and Phone _____
- 2) Names of Residents _____
Children & (Age) _____
House Language (if not English) _____
Pets (what kind) _____
Housekeeper _____
- 2) Work Address & Phone: His: _____
Hers: _____
- 3) People with special needs: Name: _____ Age _____
Situation: _____
- 4) Relative to contact (out of state) Name: _____ Phone: _____
- 5) () Pool or large fountain. (If your home or apartment building has one it could be a source of water for fire, drinking water, washing, etc.)

PLEASE COMPLETE THE "NEIGHBORHOOD REGISTRATION FORM" THE "NEIGHBORHOOD SKILLS CHECKLIST" SHEET AND THE "NEIGHBORHOOD RESOURCES EQUIPMENT" CHECKLIST SHEET.

- 6) **Emergency Teams** (Please choose at least one; some may serve on several):
- () ANIMAL CARE (Caring for pets who are injured or temporarily without owners)
 - () COMMUNICATION (Operation of CB or Ham Radio Equipment)
 - () EDUCATION & CHILDCARE (Teaching, keeping children safe and occupied)
 - () FIRE & CRIME CONTROL (Fighting fires, barrier control, and stopping looters)
 - () FOOD, WATER & SHELTER (Preparing food, locating necessities)
 - () HOST THE STRANDED (Provide food and/or shelter for people stranded in the area)
 - () MEDICAL (Caring for, or assisting those who are caring for any injured)
 - () REPAIR & CLEANUP (Assisting neighbors with emergency repairs & cleanup)
 - () SEARCH & RESCUE (Locating and rescuing injured, shutting off leaking gas pipes)
- 7) **WE NEED A BIG BUCKET** In the event of a FIRE in our neighborhood, and if there is no water Pressure, all of us might be needed to form a BUCKET BRIGADE from the nearest pool.

NEXT STEP

Take all 4 completed forms to this address ASAP: _____

NEXT MEETING

Date _____ Time _____ Place _____ RSVP Call _____

PLEASE RETURN YOUR 4 FORMS NOW

PLEASE COMPLETE AND RETURN

NEIGHBORHOOD REGISTRATION FORM

Name; _____ Date _____
Address; _____ Phone _____
City _____ State _____ Zip _____ Work Phone _____
Home Insurance Company _____ Phone: _____
Address _____ Policy # _____
Name of Physician _____ Phone: _____
Health Insurance Company _____ Phone: _____
Address _____ Policy# _____
Medical Condition(s), Disabilities or Allergies: _____
Medications: _____
Special Equipment (Wheelchair, Walker, etc.) _____
Names of other persons living with you (indicate ages): _____
Pet(s) Type (and names) _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____ Phone # _____
Address: _____ Work Phone# _____

PLEASE IDENTIFY A RELATIVE OR CONTACT OUTSIDE OF CALIFORNIA

Name _____ Relationship _____ Phone# _____
Address: _____ Work Phone# _____

In the event that no one is home, I hereby give permission for the water, gas, and electricity to be shut off, if it is necessary for the safety of the neighborhood.

Signature: _____ Date: _____

(Please use the back of this form for any additional information.)

PLEASE COMPLETE AND RETURN

NEIGHBORHOOD SKILLS CHECKLIST

Date: _____

Phone: () _____

Street Address: _____

Name: _____

I HAVE RECEIVED TRAINING AND/OR I HAVE THE FOLLOWING SPECIAL SKILL TO OFFER.

(Check off boxes where training has been received.)

	RECEIVED TRAINING	IS CERTIFICATION OR LICENSE REQUIRED? YES/NO	HAS CURRENT LICENSE. IF YES, EXP. DATE
First Aid			
CPR			
Firefighting			
Shelter Management			
Rescue			
Damage Assessment			
Operate Communications Equip			
Construction, Carpentry, Plumbing, etc.			
Crisis Counseling			
Other (please specify)			

DO YOU HAVE ANY OTHER SPECIAL SKILLS NOT MENTIONED ABOVE

(i.e., translation, cooking for large groups, child care, etc.)?

IF YES, PLEASE INDICATE SKILL/SERVICE AND WILLINGNESS TO VOLUNTEER ASSISTANCE IN THE EVENT OF AN EMERGENCY.

Please indicate if you would like to attend classes in:

- () First Aid,
- () CPR,
- () Operating Communications Equipment.

PLEASE COMPLETE AND RETURN

NEIGHBORHOOD RESOURCES/ EQUIPMENT CHECKLIST

Date: _____

Phone: () _____

Street Address: _____

Names of family members at this address: _____

IN CASE OF AN EMERGENCY, OUR HOUSEHOLD HAS STORED THE FOLLOWING EMERGENCY RESOURCES AND EQUIPMENT:

(Please note any extra supplies which your household has stored and will be able to share with the neighborhood in the event of an emergency.)

ITEM (TYPE)	QUANTITY PER HOUSEHOLD	EXTRAS (AVAILABLE TO SHARE, INDICATE HOW MANY)
Radio (AM Battery Operated)		
Communications Equipment		
Batteries		
Flashlight		
Fire Extinguisher		
Charcoal Grill/Camp Stove		
Hygiene Necessities		
Sleeping Bags/Tent/Blankets		
Stored Water		
Stored Food		
Pet Food/Leashes		
Work Tools/Equipment (shovels, wheelbarrows, saws, etc.)		
First Aid Kit		
Portable Generator		
Medical Equipment (crutches, wheel chair)		
Mobile Equip (RV, trucks, motorcycles)		
Other supplies not listed		

PLEASE COMPLETE AND RETURN

TIPS FOR THE ELDERLY AND DISABLED

***Fill out an emergency health information card, such as the File of Life, and keep copies around the house.**

The American Red Cross suggests that the disabled and elderly should fill out an emergency health information card. The card tells the rescuers what they need to know about you if they find you unconscious or incoherent, or if they need to help evacuate you in a hurry. The card should list the medications you take and the healthcare equipment you use, as well as any allergies or sensitivities you may have. Also list the names of people who should be contacted in an emergency. Make multiple copies of the card to keep in your purse or wallet, near the doors to your home, in your car and if appropriate, in your wheelchair pack.

***Keep a working flashlight handy in case you have to signal emergency personnel. If you are disabled or elderly, you should augment your emergency supplies.**

Make sure you have enough prescription medicines and other necessary medical supplies (e.g., medication syringes, colostomy, respiratory, catheter, padding, distilled water, etc.) to last one to two weeks in the event of an emergency. If you have a respiratory, cardiac or multiple chemical-sensitivities condition, store towels, masks, industrial respirators or other supplies you can use to filter your air supply. Be sure, too, that you have a non-electric can opener and a battery-powered radio (and extra batteries) in case the electricity goes out. If you use a hearing aid, keep spare batteries on hand. Stay in contact with your friends and relatives.

***Establish and maintain a personal support network.**

Keep in touch with your Neighborhood Disaster Plan Chairpersons.

Call them every once in a while, saying hello and telling your network how you are and the condition you are in. Ask in advance if any of your contacts would be willing to take care of your pets in the event of evacuation.

***The American Red Cross recommends the following six important items you should discuss with and give to your Neighborhood Disaster Plan Chairpersons.**

*Ask them to immediately check on you after a disaster, and, if needed offer assistance.

*Exchange important keys.

*Show where you keep emergency supplies.

*Share copies of your relevant emergency documents, and emergency health information card (File of Life).

*Agree on and practice a communication system, and don't count on the Telephone or cell-phones working.

*You and your Neighborhood Disaster Chairperson should always notify each other when you are going out of town and when you return.

***If you use a wheelchair or other special equipment, show the Chairpersons how it operates. If you have difficulty speaking, ask someone to record a message you can use over the phone in an emergency; the message should include your name, address and the nature of your disability.**

***Life-Support Devices That Depend on Electricity**

*Devices such as Home Dialysis, suction, breathing machines, etc.

*Talk to Equipment Suppliers about your power options in the event of a power cut, such as back up batteries, generators, etc.

TIPS FOR PREPARING CHILDREN

CHILDREN NEED TO BE PREPARED FOR AN EARTHQUAKE AND/OR DISASTER AS MUCH AS ADULTS, IF NOT MORE.

***Teach your children to dial 911.**

We suggest parents try role-playing. Have adults and children interchangeably act the parts of victim and rescuer, using an unplugged phone to dial 911. Add a third person to serve as the 911 operator.

***Make sure younger children know their last name and address.**

Post a list of emergency names and numbers. In a convenient spot, low enough for any member of your household to read tack up a list of important names and phone numbers. These might be relatives, friends or next-door neighbors who could be contacted in an emergency. Also include your work numbers. When traveling, add the phone number at which you can be reached.

***Children should never let an unfamiliar caller at the door or on the phone know they are home alone, so teach them to say something like, "Mom can't come to the phone (or door) right now".** Remind children never to speak with strangers on the street, accept gifts from strangers, or go near a vehicle if the driver or passenger asks them a question.

Practice home evacuation drills with your children. Seconds can make the difference between life and death in a fire or explosion so it's wise to have a home evacuation plan laid out in advance. With your children, go over all the different ways they could safely escape in an emergency.

***To help young children understand how to escape in an emergency, draw a floor plan of your home and have your kids trace various exit routes. Quiz your children regularly on fire safety and disaster planning.**

Educate your kids in fire detection. Teach your children how to tell if fire is on the other side of a closed door by using the palm of their hand to feel for heat on the door, the doorknob and the crack around the door. Conduct fire drills at least twice a year – holding one in the daytime and the other at night- and explain the symptoms of carbon-monoxide poisoning (e.g., light headedness, headaches, dizziness, nausea, vomiting and fainting).

***Give each of your children a flashlight and a bell or whistle to keep at their bedside for use in an emergency.**

Instruct children never to enter or re-enter a burning building. Make sure your children understand that they are never to enter or go back into a burning building – not to retrieve a pet, a toy or even you. Assure them that the firefighters will rescue you.

***Practice rolling on the floor or ground to put out flames**

This is one exercise kids love. Teach them to drop to the ground and roll if their clothes are on fire. Explain to them that running only fans the flames.

***For more information on escape planning and fire education for kids go to the Federal Emergency Management Agency website at www.fema.gov and the U.S. Fire Administration's website at www.usfa.fema.gov.**

***Pick places to gather in an emergency, and ask people to serve as phone contacts.**

Pick two places – one near your home and another outside your neighborhood – to meet in an emergency. Also, ask a few friends and relatives to serve as emergency contacts if the members of your family become separated. Be sure you and your children carry those numbers with you. Give older children mobile phones.

***Choose at least one telephone contact from out of state in case the emergency disrupts local phone service or necessitates a large-scale evacuation.**

Don't neglect family pets in your emergency planning.

FILE OF LIFE®

A personal medical home file

prepared for emergency first responders

Instructions for using the FILE OF LIFE®

- Fill out the medical card and be sure the information is accurate and legible. If necessary, have someone assist you.
- Use pencil where you fill in the medications and where you date the card to allow future updates.
- When completed, place the file on the outside face of your refrigerator.
- Keep all medical data up-to-date.
- Whenever there is a change in medications or dosage be sure to change it on your card and redate the card.
- Take the file with you when you visit your doctor.

cut along dotted line

Review at Least Every Six Months!

MEDICAL DATA REVIEWED AS OF _____ **MO.** _____ **YR.**

Name: _____

Address: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

MEDICAL DATA

Use pencil for ease in making changes

Special conditions/Remarks: _____

Medical Problems	Medication	Dosage	Frequency

Pharmacy: _____ Phone #: _____

Date of Birth: _____ Soc Sec #: _____

Blood Type: _____ Religion: _____

Living Will on file at: _____

FILE OF LIFE® SEE BACK OF CARD FOR ADDITIONAL INFORMATION

Use pencil for ease in making changes

Recent Surgery: _____ Date: _____

Do you have an EMS-NO CPR Directive or a DNR form?

YES NO Where is it located? _____

MEDICAL CONDITIONS

Check all that exist

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Alzheimer's
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Other: _____
- Dementia
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing
- Heart Valve
- Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis-Type ()
- Hypertension
- Hypoglycemia
- Laryngectomy
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired

ALLERGIES

- Aspirin
- Barbiturate
- Codeine
- Demerol
- Horse Serum
- Environmental:
- Other: _____
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays Dyes
- No Known Allergies

MEDICAL INSURANCE

Med. Ins. Co.: _____

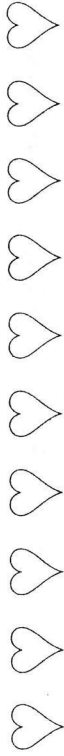
Policy #: _____

Other Med. Ins. Co.: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____

What FILE OF LIFE® means



Benefits to first responders:

- Faster help for citizens in emergencies.
- Instantly know medical history of patient.
- Corrective treatment can begin at once.

Benefits to hospital emergency staff:

- On arrival, data is immediately available to medical staff.
- No wasted time getting information from confused patient.

Benefits to each individual:

- Peace of mind knowing they will have prompt and quality care.
- Easy access to potentially life-saving information.
- Assurance that proper persons will be notified quickly.

Member



National Sheriff's Association

National Council on Aging



Disaster Proof Your Life

What To Keep Where – (IN ZIP LOCK BAGS, IF POSSIBLE)

Grab-and-Go Case

Copies of:

Will and/or trust documents
Power of attorney
Insurance policies
Contact list
Recent investment statements
Recent tax return
Birth/marriage certificates
Social Security cards
Passports and other identity documents
List of prescriptions you take
Emergency cash
Safe combination
Safe-deposit box keys
Driver's license
Computer user names and passwords
Checking/savings account numbers
Credit card numbers & company information
Extra Car Keys

Friend,Relative/Advisor

***Paper or digital copies of documents in your grab-and-go case.**
***Your emergency contact information (including e-mail and cell phone)**
***Contact list for heirs and advisors should something happen to you.**

Safe- Deposit Box

Copies of Will and/or trust
Copies of powers of attorney
List of insurance policies
List of financial account numbers
Birth, marriage and death certificates
Adoption papers
Citizenship papers
Military service records
Certificates of deposit
Real Estate deeds
Vehicle Titles
Mortgages paperwork
Stock and Bond certificates
Inventory of home contents (photos/list).
Jewelry/precious metals
Employment contracts/business agreements

In Event of Evacuation

Take:-

Grab-And-Go-Case

Sleeping bag and change of clothing for each family member

WHEN ON VACATION:

Place:-

Grab-And-Go case in Freezer

Important Items to Have

In Your Car:

Keep your gas tank at least 1/2 full at all times.

1. A survival backpack
2. A pair of sneakers
3. A sweat suit
4. Flashlight
5. Your "out of state card"
(in the Disaster Folder)
6. Extra batteries (NOT RECHARGEABLE)
7. Cash

In Your Disaster Pack at Home and at work:

1. Out of State card
2. Crowbar
3. Rope
4. Chalk
5. Garden gloves
6. Mask
7. Light sticks
8. Sanitary supplies
9. Pet supplies (if needed)
10. Garbage bags
11. Fire Extinguisher
12. First Aid supplies
13. Saran Wrap for burns
14. Extra Batteries (NOT RECHARGEABLE)
15. Cash
16. Toys, candy, books as needed
17. Hand wipes and/or hand-sanitizer liquid

At Your Bedside

In A Plastic bag, tied to the bed or nightstand, have extra shoes, socks, glasses and Medicines and flashlight.

Everyone should have, on hand, a prescription and 1/2(of your Medications) and a flashlight and clothes nearby and CASH.

In the event of a power cut

If there is a major power cut, unplug electrical appliances that will automatically switch on when power is restored. – If several start at once, they may overload the system. Tune in to local radio for advice, and updates using a battery-powered radio.

In Case of Evacuation

If you have time, turn off electricity, gas and water, unplug appliances and lock all doors and windows. When you are told that it is safe to return home, open windows to provide fresh air before re-connecting, electric and water. The Gas Company **must** be called to check for leaks and turn on the gas.

Sleeping bag and change of clothing for each family member.

Disaster Proof Your Life

What To Keep Where – (IN ZIP LOCK BAGS, IF POSSIBLE)

Grab-and-Go Case

Copies of:

Will and/or trust documents
Power of attorney
Insurance policies
Contact list
Recent investment statements
Recent tax return
Birth/marriage certificates
Social Security cards
Passports and other identity documents
List of prescriptions you take
Emergency cash
Safe combination
Safe-deposit box keys
Driver's license
Computer user names and passwords
Checking/savings account numbers
Credit card numbers & company information
Extra Car Keys

Friend,Relative/Advisor

*Paper or digital copies of documents
in your grab-and-go case.
*Your emergency contact information
(including e-mail and cell phone)
*Contact list for heirs and advisors
should something happen to you.

Safe- Deposit Box

Copies of Will and/or trust
Copies of powers of attorney
List of insurance policies
List of financial account numbers
Birth, marriage and death certificates
Adoption papers
Citizenship papers
Military service records
Certificates of deposit
Real Estate deeds
Vehicle Titles
Mortgages paperwork
Stock and Bond certificates
Inventory of home contents (photos/list).
Jewelry/precious metals
Employment contracts/business agreements

In Event of Evacuation

Take:-

Grab-And-Go-Case

Sleeping bag and change of clothing for
each family member

WHEN ON VACATION:

Place:-

Grab-And-Go case in Freezer

WILDFIRE PREPAREDNESS

HERE ARE FOUR KEYS TO PREPARATION AND PLANNING THAT ARE CRUCIAL FOR SURVIVAL:

A. With respect to wildfires, your kit should contain, at a minimum, the following items for each person in the household:

1. Goggles
2. Bottled Water
3. Respiratory protection (filter mask)
4. Flashlight and batteries
5. FRS , 2 way radio
6. Protective clothing including long-sleeve cotton T-Shirts, jeans, cotton/wool blankets, scarves/bandanna, gloves, etc.

EDUCATE YOURSELF AND YOUR FAMILY, AND CREATE A FAMILY PLAN BEFORE A DISASTER OCCURS.

B. Remember, you may not be with your loved ones when they need this information.

1. Have a plan and discuss the plan with your family. Practice the plan.
2. First and foremost, refer to a map so everyone knows where everyone lives and And works and/or goes to school.
3. Learn the evacuation routes that will be used for your area and study the locations of your nearest Community Safety Areas and Neighborhood Survival Areas.

BE PREPARED TO LEAVE IMMEDIATELY WHEN AN EVACUATION IS ORDERED.

C. The longer you wait, the greater the chance you will not reach safety. You may interfere with firefighters trying to do their job. In a fire, evacuation routes can quickly be blocked by traffic congestion, downed trees and poles, rocks, etc.

1. Make an inventory list of all your belongings (including serial numbers) and keep this List in a safe place outside of your home (with friends or relatives or in a safe-deposit box).
2. Check your insurance policy to ensure that you have adequate coverage.
3. Place all important documents and photo albums, along with any other valuables or Keepsakes, in a box or bin, and keep it wherever it will be readily accessible to grab if you need to leave your home in a hurry.

Before evacuating consider spraying the fire blocking gel BARRICADE on your home and surrounding landscape. (800)201-3927 (or) www.barricadegel.com

D. CLEAR YOUR BRUSH FOR A DEFENSIBLE SPACE.

Family Radio Service

During a major disaster it is highly probable that both telephone and cell phone service will be unavailable as lines may be down, electricity cut off and poles and antennas toppled.

Ham radio operators may be the only means of communication, and we have these listed on a page in the personal survival guide folder. They have a special wider responsibility than your immediate neighborhood, and so it is suggested that each individual in each neighborhood group have a Family Radio Service (FRS) hand held transmitter /receiver. These battery-operated radios cost about \$30 each and enable those in a small neighborhood group to talk with one another.

FRS radios have 7 different channels, which do not require you to have a license, and therefore all those in one neighborhood group would select a certain channel and other adjacent groups would select a different channel so there would be no interference. It is important that you remember to have spare batteries for your radio, (not rechargeable) as remember there may be no electricity.

The Chairperson (s) of your group will arrange drills for you all to test these radios from time to time.

DO NOT PURCHASE HEAVY DUTY BATTERIES AS THEY HAVE A SHORTER SHELF LIFE.



ANIMAL CARE TEAM

ANIMAL CARE TEAM: Caring for pets who are injured or temporarily without owners

TEAM TOPICS FOR DISCUSSION:

- *Who has 1st Aid knowledge for pets? Perhaps set up a meeting with a local vet to educate the team.
- *1st Aid supplies.
- *Housing facilities, the location of the pet hospital.
- *Separation of hostile species (i.e., cats and dogs.)
- *Obtaining food and water for pets.

TEAM LEADER

ADDRESS

PHONE #

BACK-UP LEADER

TEAM MEMBERS

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

COMMUNICATIONS

COMMUNICATIONS TEAM: Any CB or Ham Radio Equipment should be set up as soon as possible at CONTROL CENTER and used to communicate with the rest of the city.

TEAM TOPICS FOR DISCUSSION;

*Make a list of all people and equipment that can do this including any Generators.

*Set up procedure for testing and using the Family Radio Service.

TEAM LEADER

ADDRESS

PHONE #

BACK-UP LEADER

TEAM MEMBERS

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

EDUCATION & CHILD CARE TEAM

EDUCATION AND CHILDCARE TEAM: Teaching, keeping children safe & occupied.

TEAM TOPICS FOR DISCUSSION:

- *Who has teaching, child-raising experience?
- *Keeping scared children calm.
- *How to explain what has happened.
- *Helping children to be useful (empowering them with responsibility.)
- *Regular feeding of children, organizing playtime, story time.
- *Who has books, toys, and games?

TEAM LEADER

ADDRESS

PHONE#

BACK-UP LEADER

TEAM MEMBERS

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

FIRE AND CRIME CONTROL TEAM

FIRE AND CRIME CONTROL TEAM; Fighting Fires, barrier control, stopping looters

TEAM TOPICS FOR DISCUSSION:

- *Barriers to secure the block or building.
- *During the night designing a regular watch patrol.
- *Citizen's Arrest – holding captured criminals for the police.
- *Choosing a Fire Captain to be in charge of a bucket brigade for putting out fires.
Discussion of procedure.
- *Who has firearms, army/police training, martial arts?
- *Understanding the limitations of force, looking at non-violent options.

TEAM LEADER

ADDRESS

PHONE #

BACK-UP LEADER

TEAM MEMBERS

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

FOOD, WATER & SHELTER TEAM

FOOD, WATER AND SHELTER TEAM ; Preparing food, locating necessities.

TEAM TOPICS FOR DISCUSSION;

- *Running the Host the Stranded program.
- *Caring for such guests as the local Gas Company Rep., Postman, UPS driver, people caught in stopped traffic, people unable to return home, etc.
- *Locating supplies of potable water, securing a water filter.
- *Coordinating food and water among people. Some may have little and some may have more.

TEAM LEADER

ADDRESS

PHONE #

BACK-UP LEADER

TEAM MEMBERS

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

HOST THE STRANDED TEAM

HOST THE STRANDED TEAM: Provide food and/or shelter for people stranded in the area.

TEAM MEMBERS	ADDRESS	PHONE #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		

MEDICAL TEAM

MEDICAL TEAM: Caring for, or assisting those who are caring for any injured person.

TEAM TOPICS FOR DISCUSSION;

- *Who in the team has medical or 1st Aid training?
- *Hospital facilities and 1st Aid supplies.
- *How to move injured people.
- *Treating most likely injuries;
 - Glass in the eyes
 - Cuts and gashes
 - Bruises
 - Panic and hysteria
 - Heart attack
 - Splinters
- *Treating other possible problems;
 - Chronic conditions. Who do not have their medication (is there a pharmacist?).
- *Birth of a baby
- *Other occurrences, including death.

TEAM LEADER

ADDRESS

PHONE#

BACK-UP LEADER

TEAM MEMBERS

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REPAIR AND CLEANUP TEAM

REPAIR AND CLEANUP TEAM; Assisting neighbors with emergency repairs & Cleanup.

TEAM TOPICS FOR DISCUSSION;

- *Disposal of garbage.
- *Who has repair skills: carpentry, plumbing, electrical?
- *Who has repair tools and supplies?
- *Handling the most likely repairs.
 - Board up broken windows, doors or walls.
 - Dangerous electrical wires.
 - Broken water lines.
 - Temporary support of sagging structures.
 - Clean up broken glass.

TEAM LEADER

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SEARCH AND RESCUE TEAM

SEARCH AND RESCUE TEAM: Locating and rescuing injured, shutting off leaking Gas.

TEAM TOPICS FOR DISCUSSION;

- *Where are the gas shut-off valves?
- *Where are the gas shut-off wrenches?
- *How would you organize a search party?
- *What tools do you have which you can use to get a person out of a wreck?
- *What do you do if a building looks too dangerous to enter?
- *What do you do if you find hurt people or animals?

TEAM LEADER

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