



**OREGON DEPARTMENT OF
EMERGENCY MANAGEMENT**

**Find us on social media @OregonOEM
www.Oregon.gov/oem
www.Ready.gov**

EMERGENCY

POCKET PLAN

The background features a large, light gray watermark of the Oregon Department of Emergency Management logo. The logo is circular with the text "OREGON DEPARTMENT OF" at the top and "EM" in large letters at the bottom. In the center, there is a stylized landscape with a mountain range and a sun or moon rising over a body of water.

**Create a valuable household
emergency action plan**

This Emergency Pocket Plan Belongs To:

Household Last Name(s)

Street Address

City, State Zip

Landline (if applicable)



Why Do You Need an Emergency Plan?

Disasters don't wait for you to be ready. Everyone in your household needs to be as prepared as possible for an emergency. When a disaster happens, it could take days to weeks for first responders to reach you. There's also a good chance your household won't be in the same place when a disaster happens, so create a plan that covers:

- How you'll get to a safe place.
- How you'll contact one another.
- How you'll find each other if you're separated.
- What you'll do in different situations.



How to Create an Emergency Plan

Fill out this booklet to create an emergency plan for you and your household. You can include details for up to six people and four pets. If you need more room, fill out the notes section or request a second booklet. You'll also want to make copies of the important documents you'd need to get your life back on track after a disaster, like your driver's license, Social Security card, birth certificate, insurance policies, banking information, etc. Scan or take photos of this information and put it on a password-protected flash drive in a waterproof container. Keep this booklet and your document copies with your emergency kit in a secure, easy-to-reach spot.



Adapt Your Emergency Plan

Make sure your plan matches your household's specific daily needs and responsibilities. Make a list of people who can help you with specific tasks.

Think about:

- Different ages of everyone in your household.
- Responsibilities for taking care of others.
- Places you visit often.
- Dietary needs.
- Medical needs, including prescriptions and equipment.
- Disabilities or access and functional needs, including devices and equipment.
- Languages spoken.
- Any special beliefs or customs you follow.
- Pets or service animals.



People With Disabilities and Access and Functional Needs

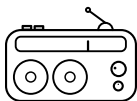
If anyone in your household has a disability or needs extra help with daily activities, list their name(s) and explain what actions are necessary to assist them. Plan for their everyday requirements and know what to do if their usual support is not available. Learn more at www.Ready.gov/Disability.





Emergency Preparedness Steps

1. Sign up at www.ORAlert.gov to receive emergency alerts in your area.
2. Identify hazards in or around your home.
3. Create a plan for what to do during a disaster.
4. Practice your plan so everyone knows what to do.
5. Put together a kit with things you'll need during a disaster.
6. Check the structural safety of your home and make needed repairs.
7. Protect yourself during a disaster.
8. Evacuate, if necessary.
9. Follow the steps in your emergency plan.

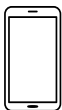


Be Informed

What kind of hazards are in your area? Wildfire?
Winter Storm? Flood? Earthquake? Tsunami?

- Learn about what types of disasters can happen where you live.
- Sign up or update your information to receive local emergency alerts at www.ORAlert.gov.
- Know how to get weather alerts from the National Weather Service at www.Weather.gov/Alerts.
- Turn on Wireless Emergency Alerts (WEA) on your mobile phone.
- Know the evacuation routes in your area.
- Follow official social media accounts from local emergency agencies to know what's happening.

Being aware and ready can mean the difference between life and death.





Household Member #1

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #1

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Household Member #2

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #2

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Household Member #3

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #3

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Household Member #4

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #4

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Household Member #5

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #5

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Household Member #6

Name:

Date of birth:

Mobile #:

Email:

Social media handles:

Employer/school/caregiver name, #:

Religious preference:

Blood type:

Current medical conditions:

Medical devices (e.g. pacemaker, internal defibrillator):

Breathing machines:

Implants (location):



Household Member #6

Allergies:

Doctors' names, #s, locations:

Pharmacy name, #, address:

Medical insurance name, policy #:

Prescription names, dosage:

Over-the-counter medications, dosage:

Immunizations:



Pet Information

Animal type:

Name:

Color:

License #:

Vaccinations:

Medications:

Veterinarian name, website, #:

Animal type:

Name:

Color:

License #:

Vaccinations:

Medications:

Veterinarian name, website, #:



Pet Information

Animal type:

Name:

Color:

License #:

Vaccinations:

Medications:

Veterinarian name, website, #:

Animal type:

Name:

Color:

License #:

Vaccinations:

Medications:

Veterinarian name, website, #:



Key Contacts

Local emergency contact name:

Home #:

Mobile #:

Email:

Social media handles:

Out-of-state emergency contact name:

Home #:

Mobile #:

Email:

Social media handles:

County/Tribe Emergency Management office #:

Non-emergency police #:

CERT/Neighborhood Watch name, #:

Poison Control: 1-800-222-1222

American Red Cross Disaster Relief: 1-800-733-2767



Emergency Meeting Places

If your household is separated during an emergency:

Where's a meeting place near the home?

Where's a meeting place outside the neighborhood?

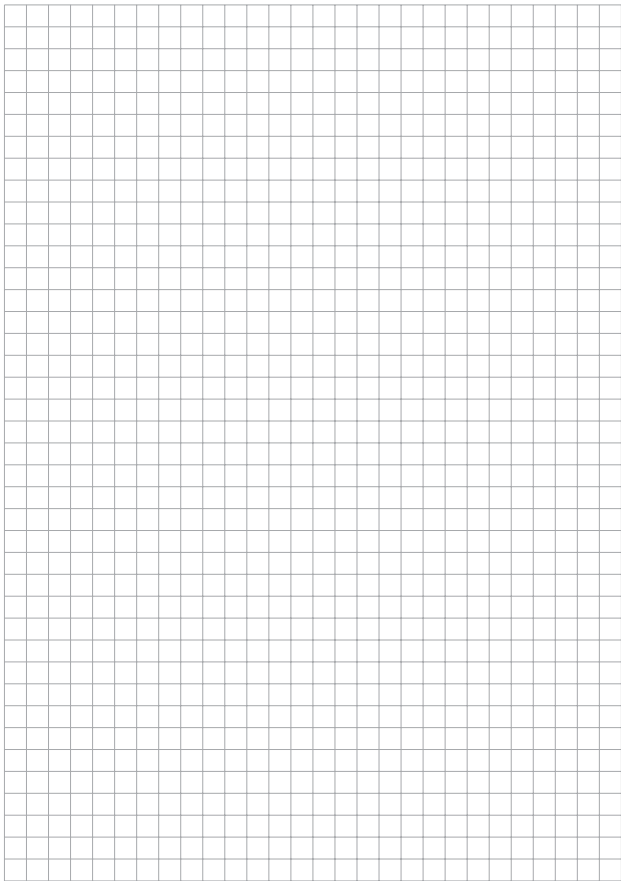
List any friends or family members you could stay with in case you have to evacuate your home.

Include names, #s, addresses.

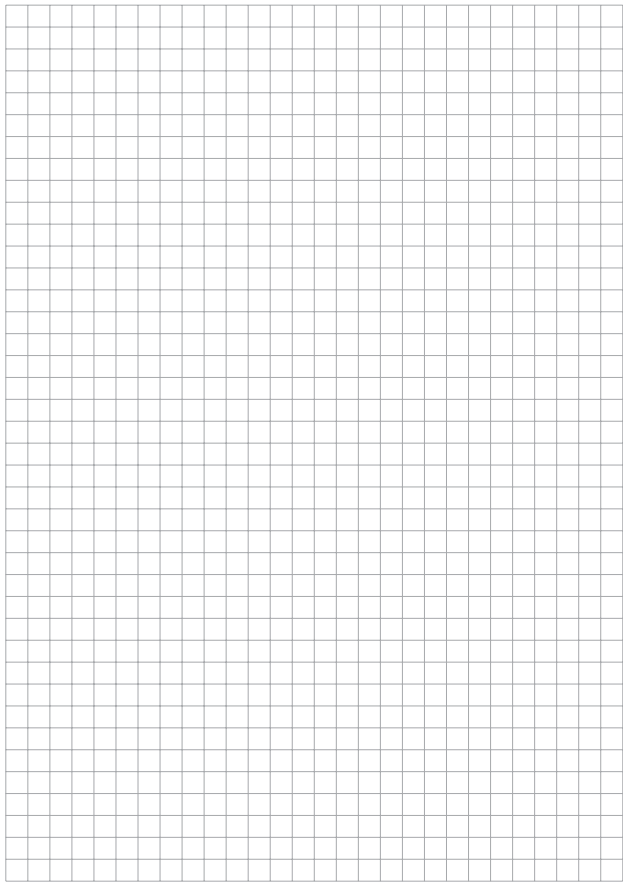
Draw an Outline of Your Home's Floor Plan



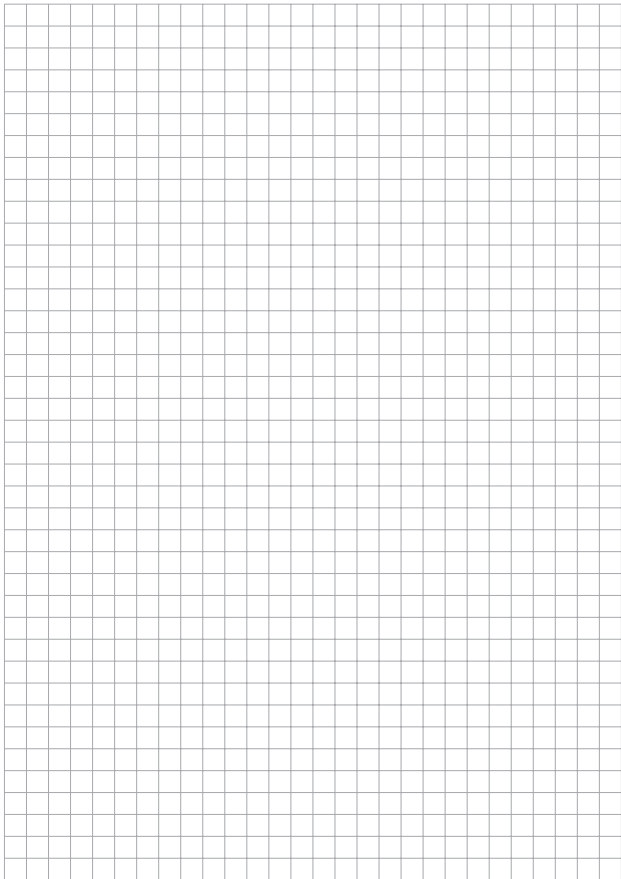
- Mark two escape routes from each room.
- Where is the gas shut-off valve?
- Where is the water shut-off valve?
- Where are oxygen tanks stored?



Draw a Map of Your Neighborhood



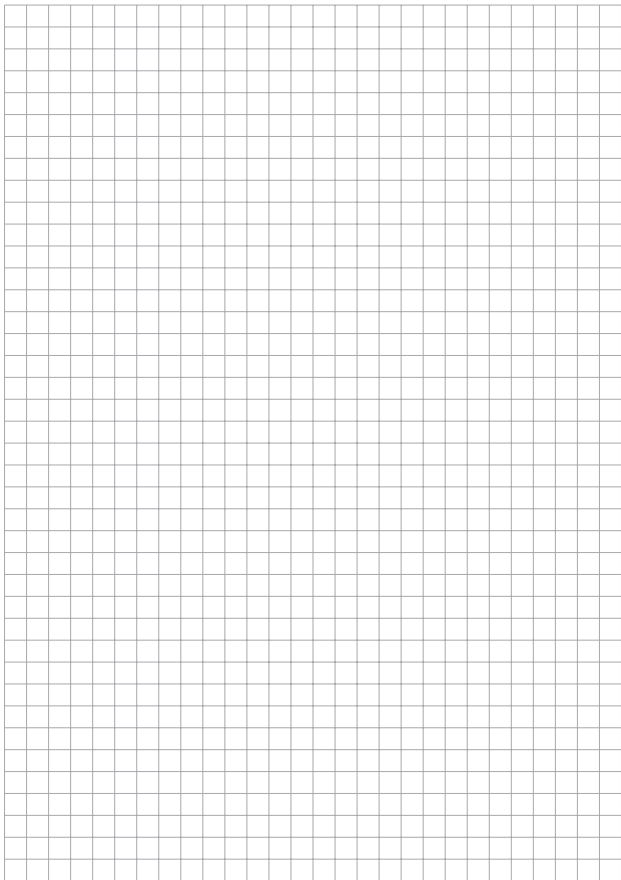
- Show evacuation routes, meeting places, etc.



Draw a Map of Your Work or School



- Show evacuation routes, meeting places, etc.





Insurance

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:



Insurance

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:



Insurance

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Company:

Phone #:

Web:

Email:

Insurance ID or Policy #:

Insurance Group #:

Basic Emergency Kit Supplies

Location of your Emergency Kit:

- Water, 14-gallons per person
(one gallon per person, per day)
- Food (14-day supply) for each person
- Radio, battery-powered or hand-crank
- Flashlights and extra batteries
- First-aid kit
- Whistle to signal for help
- Dust mask
- Moist towelettes
- Wrench or pliers to turn utility shut-off valves
- Manual can opener for food
- Local maps
- Mobile phone and chargers
- Seasonal jacket
- Prescription eyeglasses
- Infant formula and diapers



Basic Emergency Kit Supplies

- Pet food and extra water for each pet (one gallon per pet, per day)
- Important family documents (insurance papers, birth certificates, bank records, etc.)
- Cash (small values, such as \$5 or \$10)
- First-aid manuals
- Sleeping bag or warm blankets
- Complete change of clothing
- Household chlorine bleach, unscented and soap-free (change every 6 months along with water)
- Fire extinguisher
- Matches in a waterproof container or a lighter
- Feminine supplies and personal hygiene items
- Toilet paper
- Plastic bags for sanitation
- Utensils, paper cups and plates
- Paper and pencil
- Games, books, puzzles or other activities



Disaster Resources

Want to know more about emergency preparedness?

- American Red Cross, www.RedCross.org
- FEMA, www.Ready.gov

Want to know about hazards in Oregon and find your local emergency management office?

- Oregon Department of Emergency Management, www.Oregon.gov/OEM

Want to know about wildfires in Oregon?

- www.Wildfire.Oregon.gov

Want to know about being Firewise?

- Oregon Department of Forestry, www.Oregon.gov/ODF
- Oregon State Fire Marshal, www.OregonDefensibleSpace.org

Want to know about tsunami preparedness?

- www.oregon.gov/dogami/tsuclearinghouse

Want to know about severe weather?

- National Weather Service, www.Weather.gov

Want to know about health preparedness?

- Oregon Health Authority, www.Oregon.gov/OHA/PH

Want to know about pandemics?

- Centers for Disease Control and Prevention, www.CDC.gov

Want to know how to help your pets during an emergency?

- American Humane Society, www.HumaneSociety.org

The Emergency Pocket Plan

was created as a personal preparedness tool by the:

Oregon Department of Emergency Management

Federal Emergency Management Agency

The Oregon Department of Emergency Management urges individuals, families, households and communities to take steps to *Be 2 Weeks Ready*. This means having an emergency plan and enough food, water and supplies for everyone in your household to survive for at least two weeks without electricity, gas, water, garbage, internet and phone service.

Whether it's an ice storm, a wildfire or a Cascadia Subduction Zone earthquake, two weeks is the expected amount of time it could take for emergency help to reach you if transportation routes are blocked. *Being 2 Weeks Ready* allows your household to survive until help arrives. It lets emergency workers focus on the most urgent cases. And it encourages neighbors to help each other during disasters.

The Emergency Pocket Plan is an important part of the *Be 2 Weeks Ready* program, which uses lessons and activities to help people better prepare for disasters and emergencies. Learn more at www.Oregon.gov/OEM.

