EMERGENCY PREPAREDNESS BOOKLET



Created in partnership with the Greater Columbus Network of Villages

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THINGS TO CONSIDER

for Emergency Preparedness

1

DO YOUR RESEARCH

Familiarize yourself with the risks that could occur in your community.

2

MAKE A PLAN

Plan to make it on your own for at least three days without access to your usual resources. (e.g., stores, doctors, etc.)

3

CONSIDERATIONS

Consider how an emergency might differently affect your family member's needs. (e.g., dietary, hygiene, medical, etc.)

4

STAY INFORMED

Contact your local government to find out how it will share alerts and instructions during an emergency. See page 9 for local information.

For more safety tips, visit

READY.GOV

QUESTIONS TO ASK

When Creating a Communication Plan

Do all household members know how to identify emergencies and/ or when to start following the emergency plan?

Who is responsible for sending information about the designated meeting place to other household members?

Who should household members contact during emergencies?

How will household members communicate with each other during emergencies? (Include several options, e.g., text, call, email.)

What should household members communicate about during emergencies? (At a minimum, share any conditions and locations.)

Does each household member know how to use the communication channels outlined in your plan to contact people? (e.g., Do they know how to text?)

Who is responsible for updating other household members on hazard alerts and instructions from authorities on the scene?



for Creating a Communication Plan



- If household members have mobile phones, texting is often easiest.
- If someone has no mobile phone, add a prepaid phone to your kit.
- It is especially vital to have alternatives to communicating via social media and email in case someone has no Wi-Fi during an emergency.
- Add emergency contacts to each household member's mobile phone and create a family group text with all emergency contacts.
- Name at least one emergency contact "In Case of Emergency" so that a stranger could easily ID your emergency contact.
- Put a printed emergency contact list in a central part of your home.
- Give each household member a printed copy of your emergency communication plan to carry around in wallets, backpacks, or purses.
- Update your emergency preparedness plan annually.
- Practice your plan with household/emergency contacts regularly.



MEETING SPOTS

& Escape Routes

What is my "shelter-in-place" plan? (e.g., a safe room where you can seal windows, vents, and doors, and access the Internet.)

What are the quickest routes to escape from my home? (e.g., in case of a fire.)

What are the quickest routes from different directions to our family meeting places? Establish a meeting place in:



- Your neighborhood, in case you are separated and/or need to leave home.
- Another neighborhood, if there is an area evacuation and you cannot return home.
- Out of town, if there is a large-scale evacuation.

How does my escape/meeting plan account for each person's needs? (e.g., limited mobility, cognitive capacity, etc.)

How does my plan incorporate different modes of transportation in case transit is unavailable during an emergency? (e.g., no buses.)

PREVENTING

Fires & Carbon Monoxide Poisoning

BUYING SMOKE & CO2 DETECTORS

Most hardware and home improvement stores sell them. Only buy detectors certified by Underwriters Laboratories, with a UL logo on the packaging.

INSTALLING SMOKE DETECTORS

Install smoke detectors on every level of your home, inside and outside each sleeping area. If a floor has no bedroom(s), install them where people spend the most time and/or near stairs.

INSTALLING CO2 DETECTORS

Install CO2 detectors on the walls of rooms with fuel-burning appliances, bedrooms, and where people spend the most time. If you need assistance with installing/testing a CO2 detector, please call your township's fire department for more information.

FIRE EXTINGUISHERS

Routinely check your fire extinguishers and replace as necessary.

LINT FILTERS

Clean lint filters after use and ensure all vents are unobstructed.

EMERGENCY KIT SUPPLIES

Supplies provided in your kit:

- First aid kit
- Manual can opener
- Towelettes
- Toilet paper
- Trash bags/bucket liners
- Gloves
- Dust mask

- Hand sanitizer and soap
- Toothbrush & toothpaste
- Emergency blankets
- Whistle
- Mini flashlight
- Bucket lid turns the bucket into an emergency toilet



Supplies to add to your kit:

- Water, one gallon/person/day for at least 3 days
- Non-perishable food (at least a 3-day supply)
- Local maps
- Fire extinguisher
- Sleeping bags, winter gear, matches
- Spare cash, cell phone with charger/battery, house and car keys
- Pet supplies (e.g., collar, leash, ID, food, carrier)
- Hand-crank/battery radio, NOAA Weather Radio, spare batteries
- Extra sets of clothing for each person, especially socks and underwear
- Needed medications, order extra supply/mail-order 90 days

Check your kit supplies annually. Think about where to store your kit and who should be in charge of retrieving it during an emergency.

DOCUMENTS

to Include in Your Kit

- Vital records: Driver's licenses, birth certificates, Social Security cards, passports, citizenship papers, marriage license, medical and vaccination records for your pets.
- Insurance policies: Homeowners, renters, flood, auto, earthquake, life, health, disability, long-term care. (At a minimum, have the company contact and policy numbers.)
- Property records.
- Wills, estate planning, and power-of-attorney documents.
- Financial records, including taxes, bank accounts, credit.
- Emergency contact information, including cell phone numbers.
- Medical information, updated annually or as needed.

Complete the contact information on page 18 and store this in your kit. Check annually that the information is correct. Reach out to the individuals who you write on the card to let them know you would like to be in contact in the event of an emergency. Maybe you can be their contact, as well!

EMERGENCY ALERT

Local Options

NOAA All Hazards Weather Radio: Broadcasts weather warnings, watches, forecasts, and other information 24/7.

Mobile Apps: FEMA, American Red Cross, the Weather Channel, and many local news outlets offer apps or text alerts.

DelcoAlerts: Sign up to receive critical information quickly in a variety of situations, such as severe weather, unexpected road closures, missing persons, and evacuations of buildings or neighborhoods.

Wireless Emergency Alerts: Emergency messages sent by government authorities.

Emergency Alert System: An alert sent to TV and radio stations, often used for severe weather alerts.

Outdoor Warning Sirens: Located throughout the county. Used for tornado warnings, sirens are designed to be heard outdoors.

To learn more or opt in to DelcoAlerts, go to **delcoema.org** or call 740-833-2180.

NON-EMERGENCY

Fire Department Numbers

Battle Run Prospect (200)

740-494-2355

battlerun200@gmail.com

Berlin Township (390)

740-548-6031

firechief@berlintwp.us

B.S.T. & G. (350)

740-965-3841

info@bstgfiredistrict.org

Concord Township (340)

740-881-5338

Info@concordtwp.org

Delaware City (301)

740-203-1300

cgarcia@delawareohio.net

Delaware City (302)

740-203-1302

cgarcia@delawareohio.net

Delaware City (303)

740-230-1303

Elm Valley (340)

740-747-2510

elm_valley_fire@frontier.com

Fort Morrow Waldo (611)

740-726-2830

chief@fortmorrowfire.com

Genoa Township (440)

614-568-2040

ghoneycutt@genoatwp.com

Harlem Township (450)

740-965-2661

dfling@harlemtwp.com

Liberty Township (321)

740-938-2021

tobrien@libertytwp.org

NON-EMERGENCY

Fire Department Numbers

Liberty Township (322)

740-938-2022

tobrien@libertytwp.org

Orange Township (361)

740-657-8290

mnoble@orangetwp.org

Orange Township (362)

740-657-8290

mnoble@orangetwp.org

Porter-Kingston (380)

740-524-5050

pkfd@rrohio.com

Radnor Township (430)

740-595-3623

rfdchief431@yahoo.com

Scioto Township (370)

740-666-2121

firemc371@yahoo.com

Tri-Township (331)

740-369-2703

tmorris@tritwp.org

Tri-Township (332)

740-362-1600

tmorris@tritwp.org

Washington Township (92)

614-652-3892

Westerville (113)

614-901-6630

brian.miller@westerville.org

NON-EMERGENCY

Police Department Numbers

Ashley

740-833-2800

Delaware

740-203-1100

Delaware County Sheriff's Office

740-833-0800

Dublin

614-889-1112

Genoa Township

614-568-2060

Ostrander

740-666-3014

Powell

614-885-5005

State Highway Patrol

740-363-1392

Sunbury

740-965-1411

OTHER

Emergency Resources

Adult Protective Services

740-833-2340

American Red Cross

740-362-2021 800-RED CROSS

Attorney General

Consumer Protection Help Center 800-282-0515

Delaware County Dog Warden

740-368-1915

Delaware County Hunger Alliance

Food Pantries and Community Meals delawarecountyhunger.org

HelpLine

800-684-2324

Humane Society of Delaware County

740-369-7387

SourcePoint

740-363-6677

MySourcePoint.org

Turning Point

800-232-6505

Emergency Response Systems

Connect America

800-815-5809

connectamerica.com

Guardian Medical Monitoring

800-782-9688

guardianalarm.com/medical

Valued Relationships, inc. (VRI)

800-860-4230

vricares.com

EMERGENCY PREPAREDNESS

Checklist

BE INFORMED

Most Likely Hazards:	Personal Risk Factors:
☐ Winter storm	☐ Living alone
☐ Thunderstorm	☐ Reliant on medical equipment
☐ Flooding	☐ Limited physical mobility
☐ Tornado	☐ Hearing/vision impairment
☐ Home fire	☐ No access to transportation
☐ Terrorism	☐ Reliant on medications
☐ Other	☐ Other
Smoke and Carbon Monoxide A	larms:
☐ Installed and tested in the last ye	ear
☐ Installed, not tested	
□ Unknown	

EMERGENCY PREPAREDNESS

Checklist

2 MAKE A PLAN

Local Emergency Contact:	Safe Area(s) in Home:
Name:	1
Phone:	2
Other Phone:	3
Address:Relationship:	Escapes from Residence:
Out-of-Town Contact: Important in local disasters.	2
Name:	Designated Meeting Place:
Phone:	
Address:	Plan for Pet Care:
Relationship:	

EMERGENCY KIT

Checklist

☐ Water 1 gallon/person/day for 3 days	☐ Radio Battery- or hand-crank- powered
☐ Food	☐ Hygiene Items
Canned or packaged non- perishables	Soap, toilet paper, toothbrush
F	☐ First Aid
☐ Clothes 1 extra set of clothes/person	Bandages, antiseptic, non-prescription
☐ Medications	medications
3-day supply	☐ LifeCard
, , , ,	Filled out with current
☐ Flashlight	information
Extra batteries, no candles	
☐ Can Opener Manual	☐ Cold Weather Items Blankets, gas-powered heater with fuel

EMERGENCY KIT

Other Considerations

Batteries for medical devices (e.g., hearing aids, implants, TT) wheelchair)
Extra glasses/other visual aids
Cane, walker, or manual wheelchair
Mask or respirator
Extra oxygen, respiratory equipment
Necessary medical supplies (e.g., ostomy bags, syringes, feeding tubes)
ID tags for service animals and pets with out-of-town contact
Battery-operated television
Pet supplies
Games/other entertainment

My Emergency Contacts

Police:	Dial 911 or
Fire:	Dial 911 or
Poison Control:	
Doctor:	
Doctor:	
Dentist:	
Hospital:	
Pharmacy:	
Medical Insurance:	
Policy Number:	
Home Insurance:	
Policy Number:	
Electric Company:	
Gas Company:	
Water Company:	• • • • • • • • • • • • • • • • • • • •
Transportation:	



Complete this card and place in magnetic clip on refrigerator for easy access

800 Cheshire Road Delaware, Ohio 43015 740-363-6677 **MySourcePoint.org**

This is my LifeCard

Medications and important information for emergency and medical personnel.

Date Card Updated:

CALL 911 IN AN EMERGENCY

Other Important Numbers:

Adult Protective Services, Delaware: 740-833-2340

Attorney General Consumer Protection Help Center: 800-282-0515

Red Cross: 1-800-RedCross

Name:	Emergency Contact Name / Relationship / Phone
Address:	1
Phone:	
Date of Birth:	2. 3.
Doctor:	
Doctor's Phone:	Allergies:
Doctor:	Major Medical Conditions or Surgeries:
Doctor's Phone:	
Medicare Number:	
Other Healthcare Plan:	De la la calli de Millo VEC / NO
Plan ID#:	Do you have a Living Will? YES / NO
Prescription Drug Plan Name:	Do you have a Healthcare Power of Attorney? YES / NO
Drug Plan ID#:	Name / Phone:
	Other Important Medical Information:
Pharmacy / Location:	
Pharmacy Phone:	Do you have a DNR order? (See below.) YES / NO

DNR (Do Not Resuscitate) document must be attached/readily available during emergencies for personnel to follow.

Medications

Name of Medication	Dosage Strength	How Often Taken	Medication Purpose	Special Notes

Over-the-Counter or Short-Term Medications

List herbal supplements, cold or allergy medications, pain relievers, antibiotics, vitamins, etc.

Name of Medication	Dosage Strength	How Often Taken	Medication Purpose	Dates Taken

Other Notes