

**UCLA** Health System

Get Ready  
Stay Ready



Personal Preparedness Challenge 2010

Office of Emergency Preparedness  
UCLA Health System

January 2010

Dear UCLA Health System Faculty, Staff, and Volunteers:

Are you prepared?

As witnessed in the last several weeks, emergencies and disasters can happen anytime and anywhere. They typically strike without warning and disrupt hundreds of thousands of lives each year. Each emergency and disaster has its own lasting effects on individuals, families, and communities. Through preparedness efforts, you can help reduce the fear and anxieties related to these unknown situations as well as reduce the immediate and long term risks to you and your families.

We recognize that emergency planning can be overwhelming if you attempt to think about every situation, so the program is designed so that each month, you can take one step to completing your personal preparedness. At the end of one year, you and your family will have successfully completed a comprehensive emergency plan and put together an all hazards disaster kit.

Each month, we will be sending out a reminder email with the monthly theme. This month we will be focusing on **Communications**. While we suggest that you perform at least one task a month as outlined, you could choose to complete these personal preparedness tasks at a faster rate. To download the entire program, please go to <http://disaster.mednet.ucla.edu/2010challenge.pdf>

We hope that you will find this program both easy to follow and very effective, in preparing you and your loved ones for the best response possible to a real disaster situation. Remember, awareness and preparedness will save lives!

Sincerely,

The Office of Emergency Preparedness

PS - Please note that a basic 3-day supply is discussed throughout this program as a minimum kit that can be used at home, or taken with you in the event of an evacuation. After considering the needs of your household, and the disasters or emergencies that may occur in your area, you may wish to increase your level of preparedness to be self sufficient for a longer period of time.

# Communications Plan

**TASK 1:** Prepare Emergency Contact Cards for each household member to carry with them at all times.

## Emergency Contact Cards

An Emergency Contact Card should be made for all household members. The next page will provide you with the American Red Cross Emergency Contact Card. If you require more for your household, they can be viewed and printed by visiting the following link.

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/ECCard.pdf>

- ✓ Print one card for each member of your household.
- ✓ Write the contact information for each household member, such as: work, school, and frequently visited places.
- ✓ Write the meeting place outside your home and outside your neighborhood.
- ✓ Add any specific comments or information.
- ✓ Fold the card so it fits in your pocket, wallet or purse.
- ✓ Carry the card with you so it is available in the event of a disaster or other emergency.



- Directions:**
- \* Print out a card for every member of your household.
  - \* Fill in your emergency contact information.
  - \* Carry this card with you to reference in the event of a disaster or other emergency.

Health Care Provider: \_\_\_\_\_

Poison Control Center: 800-222-1222


Ambulance: Call 9-1-1 or \_\_\_\_\_

Fire Dept.: Call 9-1-1 or \_\_\_\_\_

Police: Call 9-1-1 or \_\_\_\_\_

Important Phone Nos.

Emergency Contact Card




Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

People to Call or Text in an Emergency



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Out-of-Area Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Meeting Place Outside of Neighborhood: \_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Poison Control Center: 800-222-1222


Ambulance: Call 9-1-1 or \_\_\_\_\_

Fire Dept.: Call 9-1-1 or \_\_\_\_\_

Police: Call 9-1-1 or \_\_\_\_\_

Important Phone Nos.

Emergency Contact Card




Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

People to Call or Text in an Emergency



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Out-of-Area Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Meeting Place Outside of Neighborhood: \_\_\_\_\_

\_\_\_\_\_

Visit [RedCross.org](http://RedCross.org) for more valuable information about creating an emergency communications plan, putting together an emergency preparedness kit and for other important preparedness information.

**TASK 2:** Complete the following Communication Plan. You may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Communication Plan

Out-of-State Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

In-State Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**I. Fill out the following information for each household member and keep it up-to-date. Include a picture of each household member.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

**II. Important Information**

Doctor(s): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Veterinarian/Kennel: \_\_\_\_\_ Tel. No.: \_\_\_\_\_



### III. Where to go in an emergency

#### **Home**

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

#### **School(s)**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

#### **Work**

Name of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Name of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_



**(Make a copy of this page and post near telephones.)**

**IV. Important Emergency Telephone Numbers**

FIRE:            911    or    \_\_\_\_\_

POLICE:        911    or    \_\_\_\_\_

POISON CONTROL: \_\_\_\_\_

GAS COMPANY: \_\_\_\_\_

ELECTRIC COMPANY: \_\_\_\_\_

WATER: \_\_\_\_\_

TELEPHONE SERVICE: \_\_\_\_\_

**V. Find the following in your home and write down their location**

Fire Extinguisher(s): \_\_\_\_\_

\_\_\_\_\_

Water Heater: \_\_\_\_\_

Gas Shut-Off Valve: \_\_\_\_\_

Smoke Detector(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Water Valve: \_\_\_\_\_