

ARE YOU READY?

# My Plan:

## Emergency Preparedness Workbook



### My Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_



# Introduction

Emergencies such as fires, floods, and acts of terrorism present a real challenge for all. Everyone must plan ahead and stay informed in order to protect themselves and their families when disaster strikes. This Montgomery County, MD Emergency Preparedness Workbook is designed to help individuals start planning and preparing for emergencies, but planning should not be done alone. We encourage family, friends, and other members of your support network to be involved in the planning discussion and to help assemble an emergency kit. Post the plan where everyone will see it, keep a copy with you, and make sure everyone involved in your plan has a copy.

## Get Ready in 6 Steps



*This document was prepared under a grant from FEMA's Grant Programs Directorate, U.S. Department of Homeland Security. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of FEMA's Grant Programs Directorate or the U.S. Department of Homeland Security.*

# 1

## Stay informed



**Community Hazards:** It is important to know what hazards may threaten your community and about the risks from those hazards. **Learn which specific hazards may impact Montgomery County.**

There are different warning systems which can notify you of an emergency and give you instructions of what to do during that emergency.



Sign up to receive alerts at  
[Alert.MontgomeryCountyMD.gov](http://Alert.MontgomeryCountyMD.gov)



**Twitter pages**  
[@MontgomeryCoMD](https://twitter.com/MontgomeryCoMD)  
[@ReadyMontgomery](https://twitter.com/ReadyMontgomery)



**Search:** [Montgomery County, MD Office of Emergency Management and Homeland Security](#)



### TV

WRC/Channel 4  
WTTG/Channel 5  
WJLA/Channel 7  
NewsChannel 8  
WUSA/Channel 9  
County Cable Montgomery  
Rockville 11  
Takoma Park City TV  
MCPS-TV



### Radio

WTOP-FM 103.5  
WNEW-FM 99.1  
WAMU-FM 88.5  
WMAL-AM 630 / FM 105.9



### Spanish Language Radio Stations

WACA-AM 1540  
WLXE-AM 1600

### 311

311 is Montgomery County's phone number for non-emergency government information and services.



**Relay Calls** 240-777-0311

**TTY** 301-251-4850



**Learn about Montgomery County's response and evacuation plans** by placing a request to 311.

Also, find out about designated shelters by calling 311 or going to [www.montgomerycountymd.gov](http://www.montgomerycountymd.gov) during an emergency.

# Important Phone Numbers and Resources

**Police** - 911 (emergency) and 301-279-8000 (non-emergency) are both equipped with TTY/TDD interface.

**Fire** - 911 (emergency)

**Ambulance** - 911 (emergency)

**Report Crime Tips** - 800-492-TIPS (8477). TTY users should use Maryland Relay.

**Maryland Relay** - 711

**Poison Control** - 800-222-1222

**Montgomery County Non-Emergency  
Government Information and Services**

311  
TTY - 301-251-4850

## Utilities

### PEPCO

202-833-7500  
202-872-2369 (TTY-TDD Hearing Impaired -  
Servicio en Español: 202-872-4641)

### WSSC

301-206-4002  
301-206-8345 (TTY-TDD  
Hearing Impaired)

### BG&E

800-685-0123  
800-735-2258 (TTY-TDD Hearing Impaired)

### Washington Gas

703-750-1400  
800-735-2258 (TTY-TDD  
Hearing Impaired)

### First Energy

888-544-4877 (TDD service is also available)

## Website Resources

### Montgomery County:

**Office of Emergency Management and Homeland Security:** [www.montgomerycountymd.gov/oemhs](http://www.montgomerycountymd.gov/oemhs)

**Police Department:** [www.mymcpnews.com](http://www.mymcpnews.com)

**Fire Department:** [www.montgomerycountymd.gov/FireRescue](http://www.montgomerycountymd.gov/FireRescue)

**County Health and Human Services:** [www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

**Transportation Options for Older Adults and people with disabilities:**

- [www.montgomerycountymd.gov/senior/Resources/Files/transportation\\_flyers/SeniorTransportationFlyer\\_english.pdf](http://www.montgomerycountymd.gov/senior/Resources/Files/transportation_flyers/SeniorTransportationFlyer_english.pdf)
- [www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/TransportationOptionsforSeniorsandPWD.pdf](http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/TransportationOptionsforSeniorsandPWD.pdf)

**Maryland Relay 711:** Maryland Relay (<http://doit.maryland.gov/mdrelay>) serves Marylanders who have difficulty using a standard telephone. They provide a vast array of solutions, including calling options, free telecommunications equipment, and training.

### Additional Resources:

**Federal Emergency Management Agency (FEMA):** [www.fema.gov](http://www.fema.gov)

**Center for Disease Control and Prevention:** [www.cdc.gov](http://www.cdc.gov)

**Disaster Assistance:** [www.disasterassistance.gov](http://www.disasterassistance.gov)

**American Red Cross:** [www.redcross.org](http://www.redcross.org)

**U.S. Department of Homeland Security:** [www.ready.gov](http://www.ready.gov)

**Humane Society of the United States (for pet preparedness):** [www.hsus.org/disaster](http://www.hsus.org/disaster)

# 2

## Identify your support network

Going through an emergency alone is difficult. Ask at least two people to be your emergency support network—family members, friends, neighbors, caregivers, coworkers, or community/faith based group members. Ask your emergency support network to:

Stay in contact  
with you  
during an  
emergency



Keep a  
spare set  
of your  
keys



Know where  
to find  
your  
emergency  
supply kit



Know how to  
operate any  
special  
medical or  
mobility equipment  
you may have



If needed,  
help you  
evacuate or  
shelter-in-place  
during an  
emergency



### Support Network

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Main) \_\_\_\_\_ Phone (Alternative) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Main) \_\_\_\_\_ Phone (Alternative) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### Meeting Place

Know where you will meet family, friends, or caregivers after an emergency. Pick two places to meet: one right near your home and another outside your neighborhood, such as a library, community center, or place of worship.

Close to home: \_\_\_\_\_ Outside of neighborhood: \_\_\_\_\_

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

### 3 Develop a Plan

Have a plan that you and your support network can keep in an easily accessible location. Include in your plan the following important health and life-saving information:

Allergies \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Medications and daily doses \_\_\_\_\_

Eyeglass prescription \_\_\_\_\_ Blood type \_\_\_\_\_

#### Doctors/Specialists



Primary Doctor Name \_\_\_\_\_ Primary Doctor Phone \_\_\_\_\_

Specialist Name \_\_\_\_\_ Specialist Phone \_\_\_\_\_

#### Hospital and Pharmacy



Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Pharmacy Phone \_\_\_\_\_

#### Insurance



Insurance Provider \_\_\_\_\_ Individual # \_\_\_\_\_

Insurance Phone \_\_\_\_\_ Group # \_\_\_\_\_

#### Write in other important health information below

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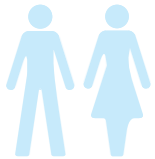
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**Evacuation.** Evacuate immediately if your life is in danger, you smell gas, or see smoke or fire. Call 911 if you are stranded and need emergency assistance to evacuate your home. If you need evacuation assistance beyond the transportation options below and it is not a 911 emergency, sign up in advance for these **transportation alternatives**.

**Transportation.** In some cases, you may need to evacuate during an emergency. Both public and private transportation may be disrupted during an emergency. Depending on the emergency, there may be blocked streets and sidewalks, the transit system may be overcrowded and difficult to access, or the transit system may not run at all. You should have contingency plans in place before an emergency, in case your regular mode of transportation is disrupted. **This comprehensive guide** to transportation includes information for people with disabilities and older adults. In case of an emergency, make a list of the best alternative transportation options for you.

## Transportation Options:



1) Family/Friend \_\_\_\_\_

Phone \_\_\_\_\_



2) Accessible  
Vehicle Service \_\_\_\_\_

Phone \_\_\_\_\_



3) Taxi Service \_\_\_\_\_

Phone \_\_\_\_\_

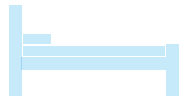
**For people who have to evacuate and have no other places to stay, county emergency shelters may be set up. Shelters will generally provide:**



Basic meals  
and water



First aid and  
non-emergency  
health services



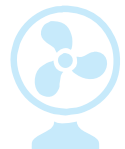
Cots for  
sleeping and  
sitting



In-shelter  
security



Running water  
for personal  
hygiene



Warming or  
cooling centers

Functional Support Services will be provided that enable individuals with access and functional needs to maintain their independence in general population shelters. This will include the use and provision of durable medical equipment, consumable medical supplies, personal support services and the use of service animals.

## 4 Make a To Go Kit

Assemble a **To Go Kit** if you need to evacuate your home for a shelter. Your To Go Kit should be sturdy and easy to carry, like a backpack or a small suitcase on wheels. This kit should be kept near an exit door if you need to evacuate quickly. Some of these supplies will also be part of your Shelter-in-Place Emergency Kit (Page 9).

- |                                                                                                     |                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Clothes and shoes fit for the weather                                      | <input type="checkbox"/> Medications (as well as a list of what you take, why you take them and their dosages)                                                                                                                                       |
| <input type="checkbox"/> Cash in small bills                                                        | <input type="checkbox"/> Supplies for your pet or service animal (see below)                                                                                                                                                                         |
| <input type="checkbox"/> Hygiene Items (toothbrush, toothpaste, deodorant, etc.)                    | <input type="checkbox"/> Important documents in a waterproof container (insurance cards, Medicare/Medicaid cards, photo IDs such as passport or driver's license, proof of address, marriage and birth certificates, copies of credit and ATM cards) |
| <input type="checkbox"/> Eyeglass Prescription                                                      |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Communication devices/equipment                                            |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Favorite personal and/or comfort items                                     |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Cell phone charger                                                         |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Contact information for your household and members of your support network |                                                                                                                                                                                                                                                      |



Consider having another kit at work and in your vehicle. Make special considerations for areas where you spend a good deal of time.

### Items for Owners of pets or service animals

- |                                                                                             |                                                          |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Food, medicine, and favorite toy                                   | <input type="checkbox"/> Identification tags             |
| <input type="checkbox"/> Plastic bags, disposable gloves, and other items for animal's care | <input type="checkbox"/> Leash, collar, harness, muzzles |
| <input type="checkbox"/> Cage/carrier labeled with contact information                      | <input type="checkbox"/> No-spill food and water dishes  |
| <input type="checkbox"/> Veterinary records and proof of ownership                          | <input type="checkbox"/> Other _____                     |



Add your own To Go Kit supplies on the lines below:

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# 5

## Gather Supplies to Shelter-in-Place

Gather supplies to Shelter-in-Place for 72 hours (or 3 days) at your home. These supplies should include your To Go Kit items as well as:

- |                                                                                                                                                                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Water (1 gallon of water per person per day)                                                                                                         | <input type="checkbox"/> Aerosol tire repair kits and/or tire inflator to repair flat wheelchair or scooter tires |
| <input type="checkbox"/> Nonperishable food and manual can opener                                                                                                             | <input type="checkbox"/> Notepad and pen                                                                          |
| <input type="checkbox"/> Flashlight and batteries                                                                                                                             | <input type="checkbox"/> Radio and batteries                                                                      |
| <input type="checkbox"/> Back-up medical equipment (e.g., oxygen, medication, scooter battery, hearing aids, mobility aids, glasses, facemasks, gloves, spare cane or walker) | <input type="checkbox"/> First Aid Kit                                                                            |
|                                                                                                                                                                               | <input type="checkbox"/> Pair of heavy gloves                                                                     |
|                                                                                                                                                                               | <input type="checkbox"/> Whistle or bell                                                                          |



Add your own shelter-in-place supplies on the lines below:

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Review your **To Go Kit** and **Shelter-in-Place Emergency Kit** every six months and regularly rotate food, water, batteries and medications.

Last time I updated my **To Go Kit**:

|              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| <hr/>        | <hr/>        | <hr/>        | <hr/>        | <hr/>        |
| (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) |

Last time I updated my **Shelter-In-Place Emergency Kit**:

|              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|
| <hr/>        | <hr/>        | <hr/>        | <hr/>        | <hr/>        |
| (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) |

# 6

## Prepare for Special Considerations

- If you rely on electrical medical equipment, contact your medical supply company for information about back-up power. Learn how to connect and start a back-up power supply for essential medical equipment.
- Ask your utility company if you qualify as a life-sustaining equipment customer, and see if you can sign up for their notification programs.
- If you rely on oxygen, talk to your oxygen supplier about emergency replacements.
- If you receive treatments such as dialysis or chemotherapy, know your provider's emergency plan.
- Arrange for personal care assistance if in-home care support is unavailable during an event.
- Make a habit of learning exits whenever you are in a new location (e.g., shopping mall, restaurant, movie theater) and gauge if there are alternative exits which are available.

### Communication/Medical devices/equipment



Type of device \_\_\_\_\_

Style \_\_\_\_\_ Serial # \_\_\_\_\_

Repair Phone # \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Instructions \_\_\_\_\_

Type of device \_\_\_\_\_

Style \_\_\_\_\_ Serial # \_\_\_\_\_

Repair Phone # \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Instructions \_\_\_\_\_

## File of Life



Consider obtaining a **“File of Life”** magnet. The completed information to the right and on the following page will save emergency medical personnel time and allow them to quickly

access important information. You can remove the section on the right and place it in the magnet on your refrigerator, where medical personnel are trained to look for it. Contact the [County’s Aging and Disability Resource Unit](#) for a free File of Life magnet or call 311 for more information.

## Reduce Potential Damage

Prevent or reduce disaster damage in your home by:

- Securing tall bookcases to wall studs.
- Protecting breakable objects by removing them from or securing them to a stand or shelf.
- Relocating large objects that could fall and break or hurt someone to lower shelves.
- Protecting occupants and sensitive equipment from breaking windows and flying debris.
- Making sure that you have enough insurance coverage for your property. Specifically, think about the types of disasters that are common in your area.
- Learning how and when to turn off the water, gas, and electricity at the main shut-off locations.
- Showing each family member how to use the fire extinguisher, and showing them where it’s kept.



PERSONAL PLANNING FOR EMERGENCIES



**Aging and Disability Services**  
**240-777-3000**

ADS@MontgomeryCountyMD.gov

**Fire & Rescue Safety Education**  
**240-777-2430**

Use pencil to fill out one card for each person.

Fold card; insert in red magnetic pouch.

Place on refrigerator door. Update as changes occur.

Call with questions or for a new clean card.

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

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

Doctor: \_\_\_\_\_

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

Language Spoken: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

### Check All Medical Conditions That Exist

- |                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Eye Surgery            |
| <input type="checkbox"/> Abnormal EKG                | <input type="checkbox"/> Glaucoma               |
| <input type="checkbox"/> Adrenal Insufficiency       | <input type="checkbox"/> Hard of Hearing        |
| <input type="checkbox"/> AIDS                        | <input type="checkbox"/> Heart Valve Prosthesis |
| <input type="checkbox"/> Alcohol Addiction           | <input type="checkbox"/> Hemodialysis           |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Hypertension           |
| <input type="checkbox"/> Angina                      | <input type="checkbox"/> Internal Defibrillator |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Irregular Heart Rhythm |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Kidney Failure         |
| <input type="checkbox"/> Behavior                    | <input type="checkbox"/> Laryngectomy           |
| <input type="checkbox"/> Bleeding Disorder           | <input type="checkbox"/> Leukemia               |
| <input type="checkbox"/> Blind                       | <input type="checkbox"/> Lung Disease/Emphysema |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Lymphomas              |
| <input type="checkbox"/> Cardiac Dysrhythmia         | <input type="checkbox"/> Malignant Hypothermia  |
| <input type="checkbox"/> Cataracts                   | <input type="checkbox"/> Memory Impaired        |
| <input type="checkbox"/> Congestive Heart Failure    | <input type="checkbox"/> Mental Illness         |
| <input type="checkbox"/> Clotting Disorder           | <input type="checkbox"/> Mental Retardation     |
| <input type="checkbox"/> COPD                        | <input type="checkbox"/> Myasthenia Gravis      |
| <input type="checkbox"/> Coronary Bypass Graft       | <input type="checkbox"/> Pacemaker              |
| <input type="checkbox"/> Deaf                        | <input type="checkbox"/> Previous Heart Attack  |
| <input type="checkbox"/> Dementia                    | Date: _____                                     |
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Seizure Disorder       |
| <input type="checkbox"/> Diabetes/Insulin Dependent  | <input type="checkbox"/> Sickle Cell Anemia     |
| <input type="checkbox"/> Diabetes/Non-Insulin        | <input type="checkbox"/> Stroke                 |
| <input type="checkbox"/> Drug Addiction              | <input type="checkbox"/> Tobacco Use            |
| <input type="checkbox"/> Epilepsy/Seizures           | <input type="checkbox"/> Vision Impaired        |
| <input type="checkbox"/> Other: _____                |                                                 |

### ALLERGIES

- |                                             |                                        |                                       |
|---------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> No Known Allergies | <input type="checkbox"/> Environmental | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Aspirin            | <input type="checkbox"/> Horse Serum   | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Codeine            | <input type="checkbox"/> Latex         | <input type="checkbox"/> X-Ray Dyes   |
| <input type="checkbox"/> Demerol            | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Morphine     |
| <input type="checkbox"/> Novocaine          |                                        |                                       |
| <input type="checkbox"/> Other: _____       |                                        |                                       |

| MEDICATIONS     |            |        |           |
|-----------------|------------|--------|-----------|
| Medical Problem | Medication | Dosage | Frequency |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
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|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |
|                 |            |        |           |

Date of last flu shot: \_\_\_\_\_

Date of last pneumonia shot: \_\_\_\_\_

### EMERGENCY CONTACTS

NAME: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

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

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

### HEALTH INSURANCE INFORMATION

Health Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

### HEALTHCARE DECISIONS

Do Not Resuscitate Order on file? ..... ☐ YES ☐ NO

IF YES, Location: \_\_\_\_\_

Advance Directive on file? ..... ☐ YES ☐ NO

IF YES, Location: \_\_\_\_\_

To access File of Life, go to  
[www.MontgomeryCountyMD.gov](http://www.MontgomeryCountyMD.gov)  
 and search for "File of Life."

## Practice Communicating your Plan

Take time now to plan how you will talk to friends or emergency workers in an emergency. During an emergency, your normal way of communicating may be affected by changes in environment, noise, or confusion. Internet or cell phone service may be disrupted. Know how and what you will need to communicate during an emergency.

If you have communication access and functional needs, be prepared to explain to others how to best assist you. One option is to prepare wallet size "Emergency Cards" that describe your needs in short, meaningful phrases. Be sure to include a photo ID of yourself. Prewritten cards or text messages can help you share information during a stressful or uncomfortable situation. Phrases/ information can include:

- "I may have difficulty understanding what you are telling me"
- "Please speak slowly and use simple language"
- "I use a device to communicate"
- "I am Deaf and use American Sign Language"
- "Please write down directions"
- "I speak [insert language]"
- "I currently take [insert medication and dosage] to treat [insert condition]."
- "My blood type is [insert type]"



# Kids Preparedness

## When to use **311** and **911**

Use **911** for emergencies only!

- For immediate danger, if you see or smell smoke, see a fire, or witness a crime in progress
- For serious injury or a medical emergency

Do NOT dial **911** for information or to report a power outage.

It's against the law to call **911** unless you have an emergency.

Use **311** for information or non-emergency reporting, such as:

- Public transit information
- County public pool hours
- Volunteer activities in your neighborhood
- Learning how to care for pets during a disaster
- Health and counseling services for family members

**311** Live operators are available Monday through Friday from 7:00am – 7:00pm.



## Pocket Disaster Plan

Keep this plan with you or somewhere easy to find in case you have to use it!

Your Name:

Parent/Guardian's Name:

Parent/Guardian's Work Address:

Parent/Guardian's Work or Cell phone Number:

Meeting Place Close to Home:

Meeting Place Outside our Neighborhood:

Faraway Friend/Relative's Phone Number:

Other Important Information (list of medicines, allergies, doctor's phone number)

**Ask your parents if you should share your Family Disaster Plan with your teachers, relatives, and/or close family friends.**

**For a copy of a children's activity or coloring book, please contact**  
**emergency.management@montgomerycountymd.gov**  
**or call 311**



# Pet Preparedness

## Important Contact Information for Your Pets

Create a list of contacts before an emergency. Consider local and out-of-area resources. Keep a copy of this contact list by your phone.

Local Veterinarian:

Alternate Veterinarian:

Emergency Pet Contact:

Local Boarding Facility (30-90 miles from your home)

Pet-Friendly Hotels (30-90 miles from your home)

Local Animal Shelter:

## Service Animals and Pets



Name of Service Animal

Name of Pet

Type of Service Animal

Veterinarian Name

Type of Pet

Veterinarian Phone

## Make a Pet Go-Kit

Make sure to include supplies for your pet or service animal in your own emergency supply kit- gather basic supplies that will help you and your animal survive in your home or at a shelter for at least 72 hours. These include the following:

- Pet food or special dietary needs and feed bowl
- Containers of clean water
- Medications and a pet first-aid kit
- Portable crate or carrier
- Muzzle, collar, and leash
- Cotton sheet to place over the carrier to help keep your pet calm
- Comforting toys or treats
- Litter, litter pan, scoop, and/or other required sanitation items
- Blankets, can openers, trash bags, newspapers, containers
- A current color photograph of you and your pet together (in case you are separated)
- Copies of your pet's medical records, including rabies vaccination status
- Proof of identification and ownership (microchip information)
- Physical description of your pets

## Update your Pet's ID

Dogs and cats should wear a collar or harness with their rabies tag, pet license tag, and identification at all times.

Identification tags should include your name, address, and phone number, as well as the phone number of an emergency contact. Talk to your veterinarian about micro-chipping your pet. A properly registered microchip enables positive identification if you and your pet are separated.



# Workplace and Public Space Preparedness

When and where you should go? In most emergencies, you will need to either ***Shelter in Place*** until the danger is resolved or ***Evacuate*** the area to safety. Be prepared to act immediately for either of these options:

## Shelter in Place

- Plan a secure or safe room to shelter in place.
- Be prepared to shelter in place for a few hours or for periods lasting up to 72 hours.
- Close all doors and windows or develop a plan for securing them.
- Stay informed via Alert Montgomery, reputable social media, or TV/radio.
- In your workplace, know how to turn off the ventilation systems and electrical systems and seal doors if directed by emergency officials.
- Make use of the Emergency Supply Kit that you have prepared for your workplace or when you are away from home.

## Evacuate

- Evacuate immediately when the official order is given, and follow the instructions of first responders and officials.
- Have multiple escape routes and plans in mind.
- Direct all people to your designated assembly site. Pick one location near your facility and another farther away, in case you have to move away from the building. Include a public rally point near your workplace to avoid a secondary device in the case of a coordinated attack.
- For your workplace, account for all workers, visitors, contractors, and/or customers at the assembly site. Inform fire or police officials if anyone is left in the building or is not accounted for.
- Assign duties to shut down critical business systems and operations and to lock the doors when facilities are empty.

## When Confronted With an Active Assailant



### **AVOID** (Evacuate)

- Have multiple escape routes in mind, including a public rally point
- Leave your belongings behind, only take your phone and keys/access card if you need it to exit
- When you are safe, call 911 and notify them of the location, potential hostages or victims, description of the assailant, type of weapon, and any other pertinent information

### **DENY** (if you can't safely evacuate)

- Hide in an area out of the assailant's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone, turn off vibrator
- Turn off lights in your hiding place

### **DEFEND** (Take Action)

- Commit to your actions
- Improvise weapons
- Act with physical aggression
- Attempt to incapacitate the assailant

# Recovery

## When Returning Home or Once the Power Goes Back On:

When I return home or once the power goes back on, I will:

- ☐ Check for gas smell (do not enter a home if you smell gas)
- ☐ Avoid contaminated water – touching and drinking
- ☐ Check for structural, plumbing and/or electrical damage
- ☐ Watch for mold growth and throw away old food
- ☐ Reach out to others for support (especially if you need help getting groceries, medications and medical supplies)
- ☐ Other \_\_\_\_\_

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## Coping with a Disaster or Traumatic Event

During and after a disaster it is natural to experience different and strong emotions. Feeling stressed before or after a traumatic event is normal. But, this stress becomes a problem when we are unable to cope well with it and when the stress gets in the way of taking care of ourselves and family, going to school, or doing our jobs.

There is no simple fix to feeling better right away. Healthy activities can help you, your family, and community heal. Be sure to connect with family, friends and others who were affected in your community. Take care of yourself and each other, and know when and how to reach out for help. Remember that disasters affect all of us in different ways. Some people might react to the stress immediately, while others may not experience stress until later.

If you need assistance, call 311 for local Montgomery County resources that can help. Montgomery County provides a [24 Hour Crisis Center](#), which provides crisis services over the telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed). The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) also provides the Disaster Distress Helpline (1-800-985-5990) which provides crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.



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For additional copies of this document, please contact:

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