

# Disaster Preparedness For You and Your Household



**2<sup>nd</sup> Edition**  
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**Prepared by the**  
Lincoln County Sheriff's Office  
Lincoln County Health & Human Services  
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Lincoln County Sheriff's Office - Emergency Preparedness  
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**Urgent Numbers**

**CALL 9-1-1 FOR EMERGENCY\***

Workplace Emergency # \_\_\_\_\_

Doctor # 1 \_\_\_\_\_

Doctor # 2 \_\_\_\_\_

Doctor # 3 \_\_\_\_\_

Fire \_\_\_\_\_

Police \_\_\_\_\_

Ambulance \_\_\_\_\_

Poison Control \_\_\_\_\_

Hospital \_\_\_\_\_

**Family/Household Emergency Contacts**

Name	Relationship	Telephone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\* Note:** After a disaster, 9-1-1 may be overwhelmed or not working altogether. Local telephone service may be out as well.

## Table of Contents

General Disaster Preparedness Tips .....	2
Your Planning Checklist .....	3
Household Contact Information .....	4
Work, School and Other Contacts .....	5
Pets .....	6
Vehicle Information .....	6
Friends/Neighbors & Out of Area Contact Information ...	7
Medical Provider List .....	9
Medication List .....	11
Allergies & Other Health Information .....	13
Utility and Service Contacts .....	15
Insurance and Other Information .....	17
Reunion Information .....	18
Home Layout .....	19
Home Hazard Hunt .....	20
Utilities .....	21
Water, Sanitation and Hygiene .....	23
Know What to Do in an Emergency.....	26
Household/Family Disaster Kit .....	28
Vehicle Emergency Kit .....	31
Road and Weather Information/Contacts .....	32
Preparing for Influenza .....	33
Emergency Preparedness Resources .....	34
Notes .....	35
Acknowledgements .....	36

## About Disaster Preparedness ...

Lincoln County is vulnerable to a variety of natural and human-caused threats, including:

- Snow/Ice Storm
- Windstorm
- Utility Failure
- Flood
- Wildfire
- Earthquake
- Tsunami

Any of these events could leave you without power, water or phone service for hours or days at a time. You may need to take care of yourself and your family without these services.... Are you prepared?

This booklet will help you prepare your household for any of these threats. Please modify it to suit your individual and family needs, and keep it in a **safe, secure and accessible location**.

Use a pencil to complete this document and **update it every year**. As you update it, read through the booklet and practice the activities with your family.

**Keep this plan updated with current and correct information.**  
**Review it as needed, at least annually, consider Fall or**  
**♥ Valentine's Day ♥ – for the ones you love!**

**Plan reviewed/updated:**

**By:**

## **General Disaster Preparedness Tips**

**Know the hazards in your area.** Flooding, wind storms, snow and ice occur regularly in the late fall to early spring. We are also at risk for earthquakes, tsunamis, fire and wildfire and hazardous materials accidents.

**Prepare now and stay prepared.** You never know when an emergency will happen. Preparedness efforts are your safety (and peace of mind) investment – not unlike a smoke or carbon monoxide detector. Periodically check your emergency kits to ensure they are complete and current. Keep kits at home and in each vehicle.

**Practice what to do** in an earthquake or tsunami, just as you would a fire drill, and print out an evacuation map for your area (see Page 27).

**Preparing for an earthquake** is a great way to prepare for any type of emergency. Earthquake preparedness includes doing hazard hunts at home and at work, setting aside emergency supplies, preparing a family emergency plan, and knowing when and how to shut off utilities.

**Connect with your neighbors.** In an emergency, neighbors are generally your first and best source of help.

Contact your local American Red Cross or visit the Lincoln County website for more information about disaster preparedness in your area (see Page 34 for more Emergency Preparedness Resources).

# Your Planning Checklist

## Family Information

- Review household needs and contact information
- Fill out Household/Family Members, Pets and Vehicles worksheets (Pages 4-6)

## Emergency Contact Information

- Complete Urgent Phone Numbers worksheet
- Decide who you need to call in an emergency - Fill out Non-Household/Family, Friends & Neighbors and Out-of-Area Contacts worksheets (Pages 7-8)
- Have information for others you may want to check on

## Emergency Procedures Away from the Home

- Set up an emergency meeting place (Page 18)
- Know the emergency procedures for work, school and other important places (Page 5)

## Medical Information

- Fill out Medical Provider Contact Information, Medication List, and Allergy Information worksheets (Pages 9-14)
- Know how to contact your utility providers (Page 15)

## Other Important Information

- Review insurance information and fill out Insurance and Other Important Information worksheet (Page 17)

## Safety Procedures

- Draw a picture of your home and mark important places – for example, meeting places, emergency kits and utility shut-offs (Page 19)
- Search for hazards inside and outside of your home. Fix these hazards (Page 20)
- Review and practice emergency drills (Page 26)
- Know how to shut off your power, water, gas, and other services (Page 21)
- Know how to stay healthy (Page 33)
- Have emergency kits in your home & car (Page 28)

## Household Members

Name:	Male/Female
Relation:	Birth Date:
Health Condition/Special Need:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Relation:	Birth Date:
Health Condition/Special Need:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Relation:	Birth Date:
Health Condition/Special Need:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Relation:	Birth Date:
Health Condition/Special Need:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	

## Work, School, and Other Contacts

Household Member Name	Work/School/Other
	Address
	Phone
Emergency Procedures:	
Household Member Name	Work/School/Other
	Address
	Phone
Emergency Procedures:	
Household Member Name	Work/School/Other
	Address
	Phone
Emergency Procedures:	
Household Member Name	Work/School/Other
	Address
	Phone
Emergency Procedures:	
Household Member Name	Work/School/Other
	Address
	Phone
Emergency Procedures:	

**Note:** Know and share emergency procedures for work, school, and other places where you spend time.

## Pets

Pet name:	
Description:	
Pet License #:	
Male Female Neutered (circle all that apply)	
Shots & Dates:	
Medications and special needs:	
Vet Name:	Vet Phone:
Pet name:	
Description:	
Pet License #:	
Male Female Neutered (circle all that apply)	
Shots & Dates:	
Medications and special needs:	
Vet Name:	Vet Phone:
Pet name:	
Description:	
Pet License #:	
Male Female Neutered (circle all that apply)	
Shots & Dates:	
Medications and special needs:	
Vet Name:	Vet Phone:

## Vehicles

Make/Model:	Color:
Year:	License #:
Make/Model:	Color:
Year:	License #:
Make/Model:	Color:
Year:	License #:
Make/Model:	Color:
Year:	License #:

## Non-Household Family/Friends/Neighbors

Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	

### Out-of-Area Contacts

Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	
Name:	Male/Female
Approximate Age:	
Address:	
Home Phone:	
Cell Number:	
Work Number:	
Email Address:	

**Important:** In a disaster, use phone for emergencies only. Local phone lines may be down. Make one call to your out-of-area contact to report in. Let this person contact others.

# Medical Provider Contact List

For each household or family member, fill in information for each type of provider, including dentists, doctors, pharmacists and eye doctors.

Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:

## Medical Provider List (continued)

Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:
Type of Provider:
Provider Name:
Address:
Phone Number:
Patient Name:

## Medication List

Always have at 7 days of vital medications on hand. Talk to your doctor about storing a 30 day supply.

Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		

## Medication List (Continued)

Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		
Patient Name:	Male/Female	Age:
Medication Name:		
Medication Instructions:		
Reason for Taking & Date Started:		
Doctor Name:		
Doctor Phone #:		

**Important** – medications pages updated on \_\_\_\_\_

## Allergies and Other Health Information

Patient Name:	Male/Female	Age:
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		
Patient Name:	Male/Female	Age:
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		
Patient Name:	Male/Female	Age:
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		

Patient Name: _____	Male/Female	Age: _____
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		
Patient Name: _____	Male/Female	Age: _____
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		
Patient Name: _____	Male/Female	Age: _____
Names of Medicines Allergic to:		
Other Allergies:		
Other Health Information:		

## Utility and Service Contacts

<b>Type of Service: Water/Sewer</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Electricity</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Gas / Oil / Propane (circle one)</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Garbage</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Cable</b>
Service Provider:
Account Number:
Local Address:
Phone:

**Utility and Service Contacts (continued)**

<b>Type of Service: Telephone</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Cell Phone</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service: Well/Septic</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service:</b>
Service Provider:
Account Number:
Local Address:
Phone:
<b>Type of Service:</b>
Service Provider:
Account Number:
Local Address:
Phone:

## Insurance/Other Information

Include information for each type of insurance, including health insurance, vehicle insurance, life insurance, or home insurance.

<b>Type of Insurance/Information:</b>
Company:
Policy and Other Numbers:
Phone:
Notes:
<b>Type of Insurance/Information:</b>
Company:
Policy and Other Numbers:
Phone:
Notes:
<b>Type of Insurance/Information:</b>
Company:
Policy and Other Numbers:
Phone:
Notes:
<b>Type of Insurance/Information:</b>
Company:
Policy and Other Numbers:
Phone:
Notes:
<b>Type of Insurance/Information:</b>
Company:
Policy and Other Numbers:
Phone:
Notes:

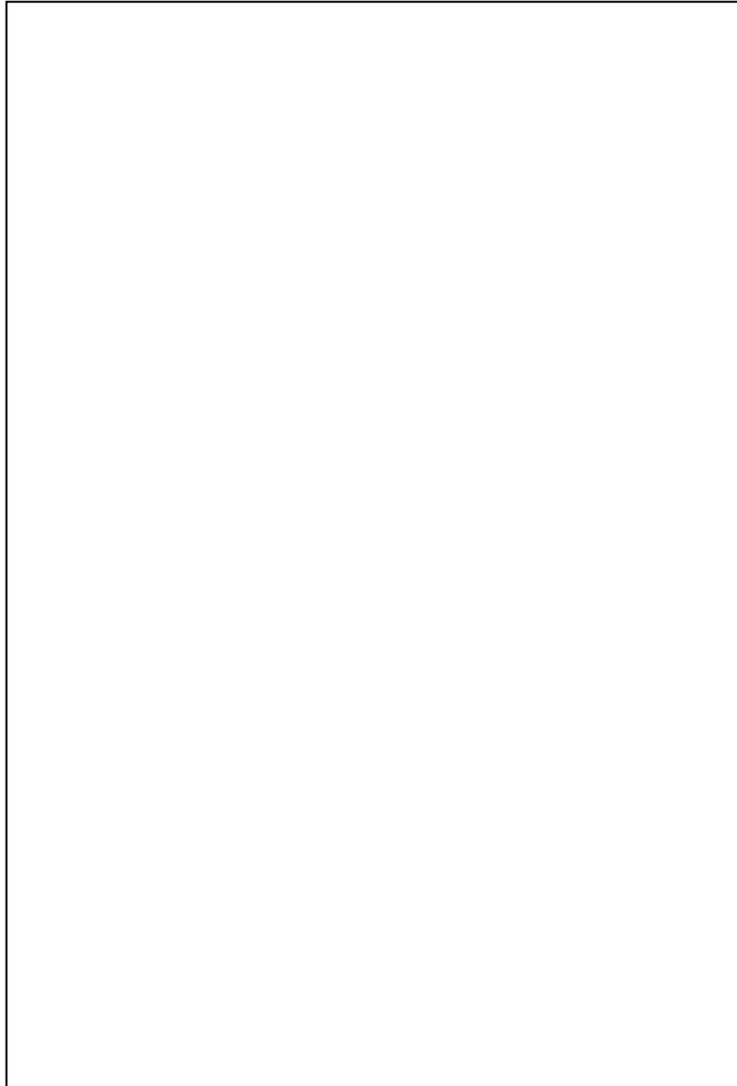
## Reunion Information

<p><b>Gathering and/or Evacuation Place</b> (in or Around House/Apartment)</p> <p>Gather Inside – in case of prowler or some outside threat, power outage, heavy storm, etc.</p> <p>Gather Outside – following fire or earthquake evacuation for example.</p>	<p><b>Inside House/Apartment</b></p>
	<p><b>Outside House/Apartment</b></p>
<p><b>When Family is Not Home</b></p> <p>Community Reunion or gathering place (in case you cannot get home due to disaster situation).</p> <p>Leave note in a designated place where you will be and a reminder of any contact telephone numbers: i.e., with a neighbor, relative, park, school, shelter, etc.</p>	<p><b>Priority Location</b></p>

**Note:** Identify and discuss with household members the reunion places if you need to find a safe place inside, a gathering place after evacuation outside, or elsewhere in the community if you cannot all get home. Reunion and evacuation procedures need to include procedures for children if they are at school and house members with disabilities. Talk to school officials to find out their plans and training. Write down procedures. \*\*\* **Practice.** \*\*\*

## Home Layout/Diagram

Sketch a layout of your home. Include locations of utility shutoffs, safety equipment like fire extinguishers, disaster supplies, meeting places, etc.



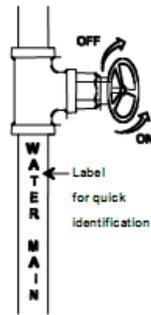
## Home Hazard Hunt

Conduct a home hazard hunt and correct safety concerns:

- Place heavy or breakable objects on lower shelves.
- Install latches on cabinet doors to prevent contents from falling out in an earthquake.
- Move beds away from windows.
- Store flammables & hazardous chemicals in the garage or shed. Secure so they will not fall, break or combine to make more hazardous substances.
- Secure breakables by adhering them to surfaces with special putty available at antique stores or museums.
- Secure tall, heavy furniture that could topple, such as bookcases, china cabinets, entertainment units & filing cabinets. “L” brackets with three-inch lag bolts into a stud are recommended.
- Secure heavy electronic equipment (televisions, computers and microwaves) by strapping them down or placing them on top of a specially designed quake mat (non-skid mat).
- Strap water heaters to studs so that they remain upright. This preserves an important source of water and may prevent a fire.
- Hang plants and heavy pictures more securely from eye-bolts instead of simple hooks.
- Clear exits of obstacles & trip hazards.
- Be sure your fire extinguishers and alarms are current and working. Make sure all household members old enough to use a fire extinguisher know where they are in your home and how to use them properly - an excellent family drill
- After an earthquake or explosion, falling and fallen debris are major sources of serious injury – keep a helmet, sturdy shoes, gloves and two light sticks under every household member’s bed. Protective eyewear or goggles are also a good idea.
- Know where your natural gas meter is and when to turn off natural gas. Never turn natural gas back on yourself. Call the utility company for a safety inspection and service restoration.

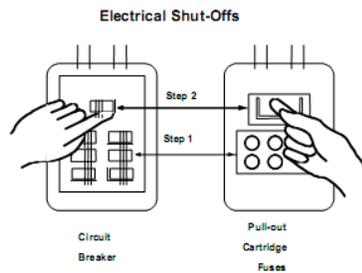
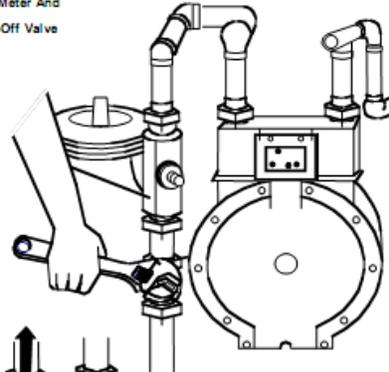
# Utilities

## Water Shut-Off



## Gas Meter And Shut-Off Valve

Gas Meter And Shut-Off Valve



**To shut off utilities in an emergency, locate each of the utility control points in your home:**

### To turn off the Electricity:

1. Find the breaker box and flip the breaker to “off”. Flip breakers one at a time, starting with the smaller breakers.
2. **Flip the main breaker last**
3. To turn the power back on, repeat these steps by flipping breakers to “on”

### To turn off the Water:

1. Find the main water valve
2. To turn off the water, turn the valve to your right
3. To turn on the water, turn the valve to your left

**To turn off Natural Gas:**

Shut off your gas only if you smell gas, hear a hissing noise, or have some reason to believe there is a problem like a break in the gas line

1. Use an adjustable wrench
2. Tighten the wrench around the shut off valve. It is on the stand pipe going into the gas meter
3. Turn the wrench one quarter turn
4. **Once the gas is off leave it off.** Call the gas company when you are ready for the gas to be turned back on

**To turn off Propane Gas:**

1. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve
2. Turn the knob to your right to shut off the flow of propane into your house
3. For quarter turn valves, see natural gas instructions

**If you lose power in a disaster**

- Check your electrical panel for tripped breakers or blown fuses. Report t outages to your utility company.
- Turn off major appliances to avoid overloading circuits when power is restored.
- Switch on an outside light to help utility crews tell if power has been restored to your home.
- Check on your neighbors and others who may not be able to cope as well with a power outage.
- Use non-flammable light sources such as flashlights or light sticks
- Keep refrigerator and freezer doors closed to keep contents cool. A full freezer is more efficient and will stay cold longer. Empty space can be filled with milk jugs of water (well before any power outage!).
- Never use a camp stove or barbecue indoors
- Never use kerosene or propane heaters inside without proper ventilation – they create dangerous fumes.
- Generators must be operated only as designed and must be ventilated away from your home. Consult a professional.

## **Emergency Water, Sanitation & Hygiene**

### **Plan Ahead**

All households should store emergency drinking water (one gallon per person per day for 5 days) Do not use plastic milk bottles for potable water storage. Use hard/smooth plastic bottles designed for long-term water storage such as two liter soda bottles.

### **Expect Water Shortages**

Water and sewer pipes may break or clog during a disaster. Local officials may ask you not to use the water or sewer system. You may be asked not to flush your toilet or run water in your sinks.

### **Know how and where to get emergency water**

Local Public Works staff may attempt to provide central locations of emergency water, and will advertise those locations through normal media outlets (local radio stations, County website, Public Works main phone number, etc.) See pages 34-35 for contact information.

### **Know how to treat contaminated water**

If public officials announce concerns about the safety of drinking water, use one of the methods below to purify your drinking water:

- **Use unscented chlorine bleach** - add 16 drops per gallon, and wait 30 minutes. If water has a foul odor, repeat treatment. Check bleach for expiration date – bleach does expire and go bad.
- Use **purification tablets**, follow directions.
- Use **purification systems** according to directions (generally camping or backpacking filters).
- **Boil water** – rolling boil for 10 minutes.

**Sanitation:**

Damaged or under-functioning sanitation facilities can quickly create a secondary disaster unless basic guidelines are followed.

**What not to do when water/sewer lines are broken:**

**Do not** flush the toilet

**Do not** dig holes in the ground for raw sewage. It can pollute fresh ground water supplies, attract flies and promote the spread of serious disease. For sanitation emergencies:

**What to do when water/sewer lines are broken:**

**Make a sanitation kit:** Store a large supply of heavy-duty plastic bags, twist ties, disinfectant, and toilet paper.

**Make your own disinfectant** by combining one part liquid bleach to ten parts water. Do not use dry bleach – it is caustic and not safe for this use.

**Make a temporary toilet:**

1. Remove all water from the bowl and line it with two heavy-duty plastic bags.
2. Place kitty litter, fireplace ashes, or sawdust into the bottom of the inner bag.
3. At the end of each day, add a small amount of deodorant or disinfectant, secure the bag with twist ties, and dispose of it in a large trash can lined with a sturdy trash bag and with a tight fitting lid.
4. Eventually, there will be a means of disposal for these bags. You can also use a 5 gallon pail or other appropriately-sized waste container.

## **Tips for Staying Clean in an Emergency Situation**

As much as possible, continue regular hygiene habits such as brushing your teeth, washing your face, combing your hair and even washing your body with a wet washcloth or cleansing wipe. This will help prevent the spread of disease and will help relieve stress.

- Wash and cleanse hands thoroughly and frequently. Do not use contaminated water.
- Keep your fingers out of your mouth, eyes and away from your face. Avoid handling food with your hands. Use utensils when ever possible.
- Sterilize your eating utensils by heat. You can also rinse dishes in purified water that has additional chlorine bleach added to it. (Use 2 1/2 teaspoons bleach per gallon of purified water, allow utensils to dry before use.)
- Keep your clothing as clean and dry as possible, especially under-clothing and socks.

If you become ill during an emergency situation, (particularly with vomiting or diarrhea) rest and stop eating solid foods until the symptoms go away. Make sure you stay hydrated - take fluids, particularly water, in small amounts at frequent intervals. As soon as can be tolerated, resume eating semi-solid foods. Normal salt intake should be maintained.

## **Know what to do In an Emergency!**

### **In an Earthquake:**

- If you are outdoors, stay there. Move away from buildings, trees, street lights and utility wires.
- If you are in a moving car, pull safely to the side of the road and stay in the car. Avoid stopping near tall buildings, trees, overpasses and utility wires. Avoid parking near areas that may have landslides. Do not attempt to drive across damaged bridges or overpasses.
- Indoors, immediately DROP, COVER and HOLD ON. Drop down low, move beneath or alongside something sturdy, and hold on until the shaking stops.
- If you're at the beach or along the coastline, DROP, COVER and HOLD ... after the shaking stops, move IMMEDIATELY to higher ground. On the coast, a tsunami can follow within minutes of an earthquake.

### **Where there is Flooding:**

- Never enter flood waters or go around flood warning signs and barricades. Water can be deeper than you think and can carry away a vehicle in no time.
- Be alert for gas and other hazardous materials leaks.
- Stay clear of power and electrical wires.
- Flood waters are often contaminated with chemicals and/or sewage. Avoid them if you can.
- Disinfect anything that comes into contact with flood waters thoroughly.

### **In Bad Weather:**

- Generally, postpone travel until conditions improve.
- KNOW BEFORE YOU GO – check road and weather information sources before you travel. (See page 32).
- Make sure someone knows your travel plans and route.
- SLOW DOWN and allow extra distance between you and other vehicles if you must drive.
- Always have an emergency kit and food in your car

- Check on others who may be less able to cope with severe weather.
- If there is potential for lightning – move quickly indoors and away from windows. If you must be outside, stay away from trees and other tall objects. “Get low and small,” crouching on the balls of your feet and clasping your knees.

**Before a Tsunami:**

- A tsunami is a series of waves caused by an undersea earthquake. The earthquake could be near or far away from the Oregon Coast.
- If you feel the earthquake, this is your warning. IMMEDIATELY move to higher ground.
- If you hear a unique pattern siren or receive a warning over the radio or NOAA Weather Alert Radio, IMMEDIATELY move to higher ground.
- Grab your emergency kit and quickly move to higher ground. Plan to travel by foot, due to possible roadway jams or damage. **Pre-plan your evacuation route.**
- Get the official “All Clear” before returning home.

**In case of Evacuation:**

If an evacuation is ordered for the area, quickly grab your family disaster supply kit (see next page), leave a prominent note in the home describing who evacuated and where you were headed, and follow the official evacuation instructions.

 *Evacuation maps for your area are located on the Lincoln County website: [www.co.lincoln.or.us](http://www.co.lincoln.or.us)*

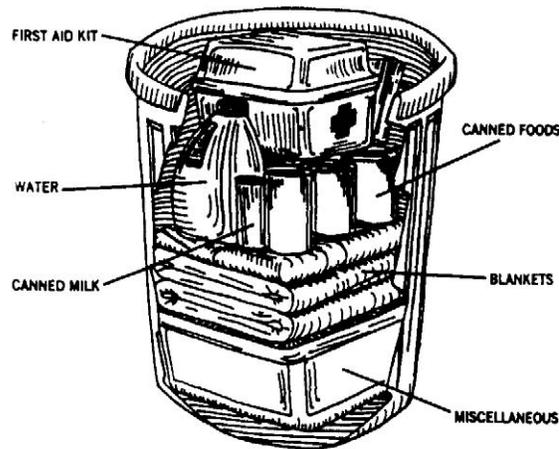
Evacuation routes will vary depending upon the emergency, roadway hazards, traffic and the accessibility of each route. The quickest and most accessible routes will be announced by public officials via normal media outlets at the time of the emergency (local radio stations).

## Household/Family Disaster Kit

**It's never too early to prepare.** Disasters seldom give warning and can be devastating to their victims. Simple preparedness measures can make all the difference.

**Prepare your household for a minimum of five days.** Due to overwhelming need or no road access, emergency responders and assistance may not be available for five or more days after a major disaster.

### Storing Emergency Supplies



**Layer supplies** as shown above. Keep them together in a container that will keep them dry and pest-free, such as a plastic garbage can with wheels. Check every six months for expiration dates, clothing that fits, etc.

**Start with what you already have.** If you're a camper or backpacker, you've got a head start! Your tent, cook stove, water purification device and other gear can double as emergency supplies.

**Choose a location for your kit**, such as a closet or “safety corner” in the garage, where it is cool, dark and readily accessible. If you live in an apartment or have limited space, be innovative - other storage locations include: under the bed or staircase, or even in a large plastic tub that can be covered with a tablecloth and used as an end table.

### **Being prepared is another form of insurance**

#### **FOOD:**

- Canned foods are easy for storage and long shelf life. Ready-to-eat canned meat, fruits and vegetables are some examples. Choose foods your family members like - a disaster is not the time to try new menu items. Check expiration dates at least annually.
- Also recommended are canned or dried juice mixes; powdered or canned milk; high energy foods such as peanut butter, jelly, crackers, unsalted nuts, trail mix; freeze-dried foods, cereals, and rice.
- Store foods in single or family meal-size packaging that you will use up in one sitting; unrefrigerated leftovers can lead to food poisoning.
- Don't forget your pets. Store canned and dry pet food along with an extra collar and leash. Every pet should have a pet carrier. Include pet shot records in your family medical health records.
- Add a manual can opener, cooking and eating utensils, and basic food seasonings to your kit.

#### **WATER:**

- Store at least a five-day supply of water for each family member and/or a way to treat water for safe drinking. One gallon per person per day is recommended for drinking, cooking, and minimal washing. Include water for your pets. Write the date on the water containers and replace every six months.
- Learn how to preserve and remove the water from your water heater just in case you need it. Be sure to turn off the gas or electricity to the tank before draining off water for emergency use.

- Purify water by boiling it for 5-10 minutes or by adding drops of household bleach containing 5.25% hypochlorite. The Federal Emergency Management Agency (FEMA) recommends 16 drops of bleach per gallon of water. Water purification tablets or a filter system such as those designed for campers and backpackers also work

**ADDITIONAL SUPPLIES:**

- |  |  |
|--|--|
| <input type="checkbox"/> First aid kit                       | <input type="checkbox"/> Cook stove with fuel                |
| <input type="checkbox"/> Hearing aid batteries               | <input type="checkbox"/> Battery-powered clock               |
| <input type="checkbox"/> Blankets                            | <input type="checkbox"/> Heavy gloves                        |
| <input type="checkbox"/> Duct tape                           | <input type="checkbox"/> Light sticks                        |
| <input type="checkbox"/> Flashlights                         | <input type="checkbox"/> Medications                         |
| <input type="checkbox"/> Battery-powered radio               | <input type="checkbox"/> Extra batteries                     |
| <input type="checkbox"/> Ax, shovel, broom                   | <input type="checkbox"/> Hygiene products                    |
| <input type="checkbox"/> Sturdy shoes for each family member | <input type="checkbox"/> Warm clothes for each family member |
| <input type="checkbox"/> Fire extinguisher                   | <input type="checkbox"/> Diapers, baby formula               |
| <input type="checkbox"/> Pliers, wrench, pry bar             | <input type="checkbox"/> Vaccination records                 |
| <input type="checkbox"/> Household bleach                    | <input type="checkbox"/> Extra eye glasses                   |
| <input type="checkbox"/> Matches                             | <input type="checkbox"/> Copy of prescriptions               |
| <input type="checkbox"/> Money                               | <input type="checkbox"/> Map of evacuation routes & shelters |

**Involve Your Neighborhood:**

- Organize your neighborhood! Get involved with CERT (Citizen’s Emergency Response Team), your neighborhood watch group, or create your own group. Invite your local office of emergency management to visit and make a presentation. Turn your organizing efforts into a neighborhood social event or block party!
- Arrange to share expensive equipment such as chain saws, generators, and 4-wheel drive vehicles.
- Start a “buddy squad” to check on elderly or disabled neighbors during and after disasters such as extended power outages or winter storms. Also check on children who may be home alone.

## Vehicle Emergency Kit

Every vehicle should be equipped with an emergency kit and basic supplies you can rely upon in the event of a disaster, mechanical failure, weather emergency, or even operator error (empty gas tank). This is particularly true during bad weather when cold, or wet conditions and poor visibility can make an inconvenience a serious situation.

If you're a hiker, snowmobiler, cross-country skier, horseback rider, etc., it's not a bad idea to also carry an empty backpack with your vehicle emergency kit: before you set out, transfer appropriate supplies from your vehicle emergency kit into your backpack, then return them to the main kit when you come back to the car.

Recommended items for your vehicle emergency kit:

- |   |   |
|---|---|
| <input type="checkbox"/> Maps                               | <input type="checkbox"/> Flares   |
| <input type="checkbox"/> Compass                            | <input type="checkbox"/> Flashlight & batteries   |
| <input type="checkbox"/> Gloves, sturdy shoes & extra socks | <input type="checkbox"/> Blankets for warmth (space blankets)                                   |
| <input type="checkbox"/> Water & food                       | <input type="checkbox"/> Rain gear & extra clothing   |
| <input type="checkbox"/> First aid kit                      | <input type="checkbox"/> Hand warmers   |
| <input type="checkbox"/> Chains, traction mats              | <input type="checkbox"/> Booster/Jumper cables  |
| <input type="checkbox"/> Battery-operated radio & batteries | <input type="checkbox"/> ABC-type fire extinguisher   |
| <input type="checkbox"/> Flares                             | <input type="checkbox"/> Light sticks, matches, candles (tea lights are good for fire-starting) |
| <input type="checkbox"/> Flashlight & batteries             |   |

Other good suggestions include: kitty litter for counterweight and traction, spare fuses, extra cell phone batteries, books/travel games (for passing the time as you wait), and any job-specific supplies that you might need if you had to report to work in an emergency.

You may need to adjust your headlights if you significantly change the load distribution. Improperly adjusted headlights are a serious safety hazard for other drivers, particularly in severe weather.

## Before you travel

Make sure your vehicle emergency kit is stocked and complete, let someone know where you are headed and what route you will take, and check road and weather conditions before you leave.

## Road and Weather Information

Oregon Department of Transportation “Trip Check,” for local and statewide road conditions and live cameras:

<http://www.tripcheck.com/>

Weather Forecasts and River Projections:

National Weather Service (503) 261-9246.



National Oceanic & Atmospheric Administration:

<http://www.wrh.noaa.gov/Portland/>

National Weather Service Hydrologic Prediction:

<http://ahps2.wrh.noaa.gov/ahps2/index.php?wfo=pqr>

National Weather Service/OSU forecasts and warnings:

<http://www.ocs.orst.edu/>

### Other Information Sources:

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## Preparing for Influenza

We can significantly limit the spread of communicable diseases such as influenza if we all follow these basic guidelines:

**Take care of your health:** Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. This will help you stay healthy during flu season and all year long.

**Get your flu shot.** Each Fall check the Lincoln County Health and Human Services Flu Program Hot Line for local Flu Clinics: 541-265-6611 ext: 2550 ([www.lincolncountyhealth.com](http://www.lincolncountyhealth.com)).

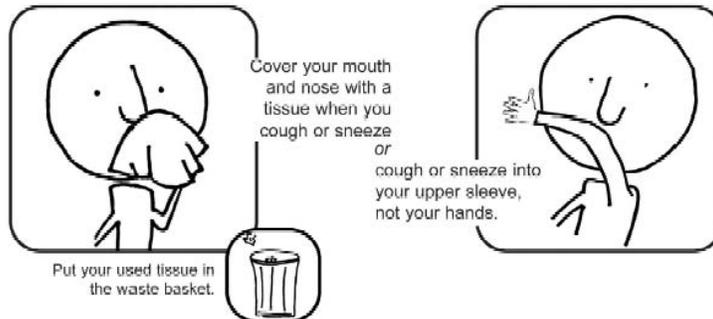
**Clean your hands.** Regularly washing your hands will help protect you from germs. Wash for 20 seconds with soap under running water or use of an alcohol-based hand cleaner.

**Stay home when you are sick.** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

**Cover your cough.** Cover your mouth and nose with a tissue when coughing or sneezing to prevent those around you from getting sick. If no tissue is available, cough or sneeze into your sleeve – not your hands.

**Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

**Avoid close contact.** Avoid close contact with people who are sick. When you are sick, keep your distance, at least three feet or “arm’s length”, from others to protect them from getting sick too.



## **Emergency Preparedness Resources**

### **Lincoln County Emergency Services**

225 West Olive Street, Newport, OR 97365

<http://www.lincolnoemergencyservices.us/>

<http://www.co.lincoln.or.us/DisasterPreparation/>

### **Benton County Emergency Management**

553 NW Monroe, Corvallis, OR 97330, (541) 766-6864

<http://www.co.benton.or.us/sheriff/ems/index.html>

### **Lane County Emergency Management**

125 E. 8<sup>th</sup> Avenue, Eugene, OR 97401, (541) 682-6744

<http://www.lanecounty.org/emermgmt/default.htm>

### **Marion County Emergency Management**

5155 Silverton Rd NE, Salem, OR 97305, (503) 588-5108

<http://www.co.marion.or.us/PW/EmergencyManagement/>

### **Polk County Emergency Management**

850 Main Street, Dallas, OR 97338-3185, (503) 831-3495

<http://www.co.polk.or.us/PHEP>

### **FEMA**

<http://www.fema.gov/areyouready/>

### **Ready America**

<http://www.ready.gov/america/index.html>

### **Red Cross**

308 SW Coast Hwy, Newport, OR 97365, (541) 265-7182

<http://www.redcross.org/>

### **Centers for Disease Control**

<http://www.cdc.gov/>

## **Local News - Radio Stations**

Yaquina Bay Broadcasting is designated as the emergency information station in Lincoln County.

- KNPT-AM 1310 or  
KYTE-FM 102.7 in Newport
  
- KBCH AM 1300 or  
KCRF 96.7 in Lincoln City

### **Notes**

Lincoln County, Oregon  
***Disaster Preparedness for You and Your Household***  
*Second Edition, January 2010*

When a disaster strikes, even the most prepared community may have a difficult time meeting all of the needs that occur. Emergency preparedness is truly a community effort and requires everyone to do their part.

You, your family, your neighborhood, businesses, government, faith communities, service providers ... **everyone** is needed to help prepare for a disaster. As we plan, we must remember to include those less able to plan for and take care of themselves in an emergency. By working together, no one will ever be left behind.

Thank you – to all of you who invest in emergency planning and preparedness, who include others less able in your plans, and who do what you can to make our community a safer place to live, work, learn and enjoy.

**Special thanks goes to those who aided in the design and production of this brochure:**

Benton County Health Department  
Lincoln County Health & Human Services Department  
Benton County Sheriff's Office  
Lincoln County Sheriff's Office  
Oregon Cascades West Council of Governments  
Samaritan Health Services  
Hewlett-Packard, Environmental Health and Safety Liaison  
Siuslaw National Forest, Public Affairs Specialist  
Oregon State University, Public Safety Services Manager  
Oregon Mediation Services  
City of Albany  
City of Corvallis



**Lincoln County Health and Human Services**  
36 SW Nye Street  
Newport, Oregon 97365  
541-265-0465  
[www.co.lincoln.or.us](http://www.co.lincoln.or.us)

**Lincoln County Emergency Services**  
225 W. Olive Street  
Newport, Oregon 97365  
541-265-0651  
[www.co.lincoln.or.us](http://www.co.lincoln.or.us)

**American Red Cross**  
308 SW Coast Hwy  
Newport, Oregon  
97365  
541- 265-7182

*Together we're building a more  
disaster resilient community!*