

Introduction

Create a Neighborhood Homeowner Disaster Plan

The documents contained on this CD are designed to help you create a disaster plan for your neighborhood. The contents below are the components of the plan.

CD Contents:

1. Neighborhood Homeowner Disaster Plan Template
2. People With Special Needs (PSN) Application
3. Damage Assessment Form
4. Incident Management Team Organizational Chart Template
5. Disaster Preparation Survey
6. Sarasota County Evacuation and Shelter Map

Need more information or help? Call 941-861-5000 and ask for the Sarasota County Emergency Management office.

Sarasota County Emergency Management

Neighborhood Homeowner Disaster Plan for

Date:

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Neighborhood Homeowner Disaster Plan

(Click in the gray boxes to enter data)

Purpose

The Neighborhood Homeowner Disaster Plan template is a step-by-step plan for neighborhoods to develop as a prudent measure, and follow in the event of a community disaster. The plan details the necessary supplies each homeowner should have on hand, provides a timeline for tasks to be carried out in the hours/days before a disaster strikes, describes the roles and responsibilities of neighbors charged with implementing the plan and describes activities to be conducted after a disaster.

This plan is to be reviewed annually by the _____ Neighborhood Homeowners Association and updated, as needed.

Personal Preparedness

In the event of a community disaster, emergency workers may not be able to immediately respond to residents' needs. Each homeowner should prepare for a disaster by assembling a Personal Preparedness Disaster Kit containing the following supplies to last up to five days:

- Water – one gallon per person per day
- Batteries – for flashlights, cameras, radios, portable televisions
- Fuel – for cars, chainsaws, tractors, generators.
- Cash – as ATMs, banks, and stores may not accept credit cards/checks
- Medications/prescriptions drugs.
- Non – Perishable foods; non-electric can opener
- First Aid kit
- Tools such as chainsaw, hammer, nails, crowbars
- Coolers for ice and food
- Food and supplies for pets
- Emergency and family/neighbor phone numbers
- Toiletries

- Trash bags
- Camera
- Chairs, pillows, blankets
- Maps of evacuation routes/local shelters
- Identify animals and mark such animals for identification purposes.
- Have a shuttering system for windows/garage doors
- Charcoal/propane for grills
- Spray paint
- Necessary important personal papers/identification

Pre-Event Planning

neighborhood is divided into zones. Each zone has a Zone Captain who will act as the liaison to the neighborhood Incident Commander. The Incident Commander will ensure residents have a Disaster Plan *enacted*, and that communication between the zones and emergency personnel is conducted. The zones organizational chart is located in the appendix of this Plan.

In the event of a disaster (Hurricane/Wildfire/etc) the Incident Commander will contact the Zone Captains to conduct a meeting to update on latest available information. The Zone Captains will then contact homeowners in their respective zones for alert/preparedness actions. Additionally, Zone Captains will notify Incident Commander of homeowner availability, large animals and equipment availability.

Homeowners will:

- Ensure property is secure.
- Secure food/water/supplies
- Notify Zone Captain if staying or evacuating
- Notify Zone Captain of emergency equipment available.
- Ensure they are personally prepared.

Zone Captains will:

- Keep record of homeowners availability
- Keep record of equipment available
- Gain volunteers to assist those needing assistance to secure residence.

Incident Commander will:

- Keep in constant viewing of local radio/TV for weather updates and communicate to zone captains
- Ensure Zone Captains have tasked homeowners to have enacted Disaster Plans, and Kits are ready.

Pre-Event Planning Timeline**72 hours prior:**

- Monitor storm movement
- Review personal preparedness.

48 hours prior:

- Begin securing your home and pets.
- Gather supplies.
- Consider options to evacuate.
- Activate personal preparedness plan.

36 hours prior:

- Secure outside objects and vehicles.
- Ensure you have food, fuel, and cash.

24 hours prior:

- If you have not evacuated, secure a room in your home to use as a safe room.

During the Event

All residents will ensure they and their families are safe, and secure during the onset of the disaster. Sarasota County Emergency Personnel will not respond until winds are less than 45 miles per hour. However, if there is an emergency (fire/injury), call 911.

After the Event

After the event, neighborhood residents:

- Find water at
- Find the first aid station at
- Attempt to find stray, large animals
- Spray paint address on street, if mailbox is absent
- Contact Zone Captain for instructions.
- Care for sick and injured
- Place green ribbon around tree/structure to signal “ok”
- Assess and document property for damage

Zone Captains Will:

- Attempt to contact homeowners in their respective zones to
- Attempt damage assessment of zone
- Contact Incident Commander with resident/damage information
- Assist residents in getting information/supplies

Incident Commander will:

- Keep record of injured – call 9-1-1
- Keep record of damages
- Coordinate getting water/supplies to zones

Neighborhood Points of Contact

- Generators
- Backhoes
- Water
- Chainsaws
- Medical Personnel
- Barns for animals
- Satellite phone

Neighborhood Zones

ZONE 1 Homeowner Locations

Zone Captain:

Deputy Zone Captain:

ZONE 2 Homeowner Locations

Zone Captain:

Deputy Zone Captain:

ZONE 3 Homeowner Locations

Zone Captain:

Deputy Zone Captain:

ZONE 4 Homeowners Locations

Zone Captain:

Deputy Zone Captain:

ZONE 5 Homeowners Location

Zone Captain:

Back Ups:

ZONE 6 Homeowners Locations

Zone Captain:

Back Up:

Neighborhood Phone Numbers

Hospital:

Garbage:

Utility Company:

FPL:

American Red Cross:

Salvation Army:

Senior Friendship Center:

SARASOTA COUNTY PEOPLE WITH SPECIAL NEEDS (PSN) APPLICATION



1660 Ringling Blvd., 6th Floor
 Sarasota, Florida 34236
 Fax (941) 861-5501

Please print clearly

For convenience and comfort, citizens are encouraged to make their own evacuation and shelter plans if possible. As an alternative, the PSN program addresses the needs of people with medical conditions or need transportation to a shelter.

GENERAL INFORMATION

Name: _____ Spouse: _____
Last MI First

Address _____ City, _____ FL _____
St. Zip Unit

Phone # (____) _____ Email Address: _____

Birth Date: ____/____/____ Age: ____ Gender: Male ____ Female ____ **Weight** ____ Height ____' ____''

Primary Language Spoken: ____English ____Spanish ____Other: _____

Phone number to be reached if not a full-time resident of Sarasota? (____) _____

Sub-Division/Facility – Location Description: _____

Type of Home _____ Type of Construction _____ Year Built _____
(i.e.: Single Family, Apt/Condo) (i.e.: Block, Wood, Brick, **Mobile home**, Unknown etc.)

PETS

___ Pet provided for
 ___ Number of Cats
 ___ Number of Dogs
 Working Dog? ____Yes ____No

TRANSPORTATION FOR PSN APPLICANT

Do you need Transportation? ____Yes ____No
 ___ Ambulance (bedridden)
 ___ Lift Gate Vehicle (wheelchair)
 ___ Standard Vehicle (canes, walkers,
 walks without help)

TRANSPORTATION FOR OTHER EVACUEES

___ Ambulance (bedridden)
 ___ Lift Gate Vehicle (wheelchair)
 ___ Standard Vehicle (canes, walkers,
 walks without help)

Official Use Only

FZ	Evac/Flood Div #	CodeRED	Grid	Destination	File #
Received date:				Entered Date	

CONTACTS AND EVACUEES

PSN Applicant Name (from front): _____

_____(_____) _____(_____) _____
Primary Doctor: Phone Home Health Agency Info Phone:

_____(_____) _____(_____) _____
Emergency Contact Phone Caregiver Phone

___ Evacuate Spouse? _____ Number of additional Evacuees (Excluding PSN
___ Evacuate Caregiver? _____ Spouse, Caregiver)

MEDICAL INFORMATION

- ___ Aphasia
- ___ Arthritis
- ___ Asthma
- ___ Breathing Treatment
- ___ Bronchitis
- ___ Cancer
- ___ Cerebral Palsy
- ___ Comatose
- ___ Contagious Disease – Type: _____
- ___ Dementia ___ Early ___ Moderate ___ Late
- ___ Diabetes
- ___ Dialysis: (In Home Dialysis?) ___ Yes ___ No
- ___ Difficulty Speaking
- ___ Edema
- ___ Emphysema/COPD
- ___ Hearing Impaired
- ___ Heart Condition ___ Stable ___ Unstable
- ___ High Blood Pressure
- ___ Hip/Knee Replacement: When? _____
- ___ Hospice (“end-of-life” diagnosis, not palliative care)

- ___ Medical Equipment. Circle any that apply:
(Feeding tube, Ventilator, IV, Indwelling Catheter)
- ___ Memory Loss
- ___ Mentally Impaired
- ___ Multiple Sclerosis
- ___ Muscular Dystrophy
- ___ Nebulizer
- ___ Open Sores
- ___ Ostomy – Type _____
- ___ Oxygen Use ___ LPM (Number on dial)
- ___ Parkinson’s Disease: ___ Early ___ Mod ___ Late
- ___ Psychosis ___ Controlled ___ Uncontrolled
- ___ Seizures ___ Controlled ___ Uncontrolled
- ___ Sight Impaired
- ___ Skin Disease
- ___ Skin Infections
- ___ Special Diet (Bring doctor-prescribed food)
- ___ Speech Impaired
- ___ Stroke/CVA (Limitations)

List known allergies: _____
List medication: _____
Other Comments: _____

POWER DEPENDENT

- ___ Electric Dependent, Why? _____
- ___ Oxygen Concentrator
- ___ Sleep Apnea (CPAP Machine)
- ___ Ventilator/Respirator (Machine is used to breath for you, unlike the Oxygen Concentrator and CPAP)
- ___ Other, Please Specify: _____

MOBILITY

- ___ I have someone assist me with all my daily activities
- ___ I walk without help
- ___ I use a cane
- ___ I use a walker. Walk long distances? ___ Yes ___ No
- ___ I use a wheelchair
- ___ I am bedridden

* CONTACT US WITH CHANGES TO YOUR INFORMATION, NO NEED TO RE-REGISTER YEARLY.

Medical History (Please check all that apply)

1

- Skin infections
- Dementia (early)
- Arthritis
- Asthma
- Bronchitis
- Heart condition (stable / CHF)
- High blood pressure
- Skin disease
- Diabetes
- Edema
- Ostomy (type: _____)
- Seizures (controlled)
- Kidney disease (stable)
- Emphysema / COPD

- Muscular Dystrophy (MD)
- Stroke/CVA (limitations)
- Open sores
- Nebulizer
- Multiple Sclerosis (MS)
- Hip/knee replacement (less than 6 months)
- Cerebral Palsy (CP)
- Aphasia
- Oxygen use, ___ L/min (Liters per minute, number on dial)

2

- Comatose
- Parkinson's disease, (early)
- Special diet (**Bring any doctor-prescribed food items with you when you evacuate.**)
- Medical Equipment (IV, tube feeder, indwelling catheter)
- Dementia (moderate to late)
- Parkinson's disease, (advanced)

3

- Psychosis (uncontrolled)
- Unstable heart condition
- Seizures (uncontrolled)
- Dialysis
- Hospice
- Contagious disease (name:)

4

Other medical conditions / Comments _____

Power Dependant

- Ventilator/respirator
- Sleep apnea (CPAP Machine)
- Oxygen concentrator
- Other: _____

Mobility

- I walk without help
- I use a wheelchair
- I have someone assist me with all my daily activities
- I use a cane
- I am wheelchair bound
- I use a walker
- I am bedridden

Read and Sign

To the best of my knowledge, I certify that this information contained herein is true and correct. I understand that based on the data I have provided, the Department of Emergency Management in consultation with the Department of Health will determine which evacuation assistance, if any, this program may be able to provide.

The law permits Sarasota County Government, Emergency Services to use and disclose my protected health information, for treatment, payment and health care operations. Understanding the PSN evacuation program is provided at no charge, I also accept responsibility for all expenses associated with any extenuating medical issues that arise.

Name: (print) _____ Signature: _____

If person completing this form is **NOT** the applicant, please answer the following:

Name/Phone: _____ Relationship/agency: _____

You will be contacted with more information.

Thank you for allowing us to help you be prepared.



Damage Assessment Form

Complete this form and return it to your zone captain

(Click in the gray boxes to enter data)

Address:

City/state/zip code:

Homeowner name:

Date: / /

Name of person completing this form:

1. Circle if you rent or own the property? rent own
2. Circle if the property is primary or secondary. primary secondary
3. Circle if you have insurance. yes no
4. Circle if the property listed on this form is a residential structure or an outbuilding? residential outbuilding
5. From the damage level pictures shown below, please circle the picture (1, 2, 3 or 4) that most closely resembles the damage to your property.



NO/MINOR DAMAGE HABITABLE



MAJOR DAMAGE HABITABLE



MAJOR DAMAGE UNINHABITABLE



DESTROYED

Neighborhood Disaster Plan

Incident Management Team

(click in gray boxes to enter names)

Incident Commander

Name:

Deputy Incident Commander

Name:

TEAM MEMBERS:

Medical:

Communications:

Security/Transportation:

Block Captain:

Deputy Block Captain:

Block Captain:

Deputy Block Captain:

Address

Disaster Preparation Survey

(Click in the gray boxes to enter data)

Contact Information

Name _____ Date _____

E-mail address _____ Home Phone _____ Alternate Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Number of adults in home _____ Number of Children in home _____

Are you a year-round resident (Y/N)? _____ If not, what months are you away? _____ Neighbor who has your key? _____

Neighbor's Address and Phone _____

Neighborhood Programs and Concerns

Do you have any special medical needs (e.g., oxygen, wheelchair, etc.) or property issues (e.g., flooding, etc.)?

Yes No

If so, please explain _____ Do you need help preparing your property for a hurricane Yes No

Are you interested in CERT (Community Emergency Response Team) training Yes No

Are you interested in the neighborhood exploring the possibility of "Dry Fire Hydrants?" Yes No

Will you provide emergency, temporary housing for a neighbor whose house is destroyed Yes No

Please check all skills, services or equipment you are willing to share or can assist with:

Equipment & Supplies

TRANSPORTATION

____ Mini/Maxi van
 ____ ATV
 ____ 4wd vehicle
 ____ Horse/stock trailer

EQUIPMENT/FACILITIES

____ Backhoe
 ____ Gas-powered chainsaw
 ____ Generator
 ____ Other: _____

COMMUNICATIONS

____ CB or ham operator
 ____ Satellite phone
 # _____
 ____ Battery operated walkie-talkie

Skills

MEDICAL

____ Doctor
 ____ Nurse
 ____ Emergency Medical Cert.
 ____ Mental Health Counsel
 ____ Veterinarian/Vet Tech

CONSTRUCTION

____ Damage assessment
 ____ Construction
 ____ Plumbing
 ____ Electrical

OTHER

____ Fire suppression
 ____ Search & Rescue

Assist With

____ Child care
 ____ Search and rescue
 ____ Crime watch
 ____ Traffic control
 ____ Animal rescue/care
 ____ Brush/debris clearing

Animal Facilities

____ Extra horse stalls
 ____ Portable pens/fencing
 ____ Dog crates/carriers
 ____ Water (e.g., pond, pool)
 ____ High/dry pasture
 ____ Other _____

Pets and Large Animals

Number of dogs Number of horses

Number of cats Number of cows

Other (please specify Number and type)

Are you be willing to temporarily house loose animals on your property Yes No

Willing To Volunteer for Community Incident Command System

Incident Commander

Communications Coordinator

Deputy Incident Commander

Medical Coordinator

Zone Captain

Large/Small Animal Coordinator

Deputy Zone Captain

Security/Sanitation Coordinator

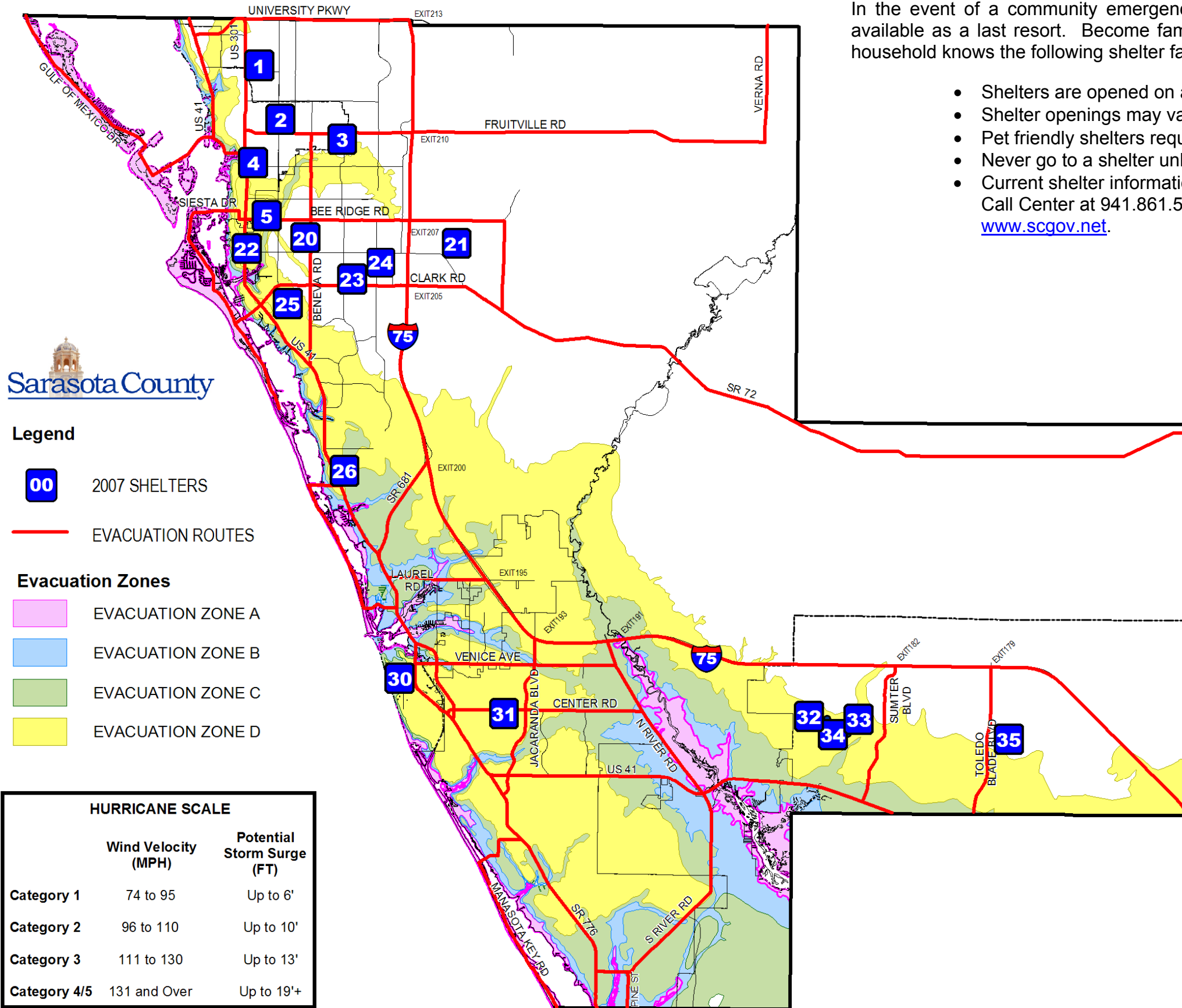
Transportation Coordinator

Are you willing to be a distribution point for water and/or fuel, or to have your property serve as a location for a first aid station within your zone? Yes No

Sarasota County Shelter Information

In the event of a community emergency, Sarasota County has 18 emergency shelters for residents and visitors available as a last resort. Become familiar with the shelter information provided and make sure everyone in your household knows the following shelter facts:

- Shelters are opened on an “as-needed” basis, beginning with four shelters (two North and two South).
- Shelter openings may vary with each emergency.
- Pet friendly shelters require current vaccination records for dogs and cats.
- Never go to a shelter unless local officials have announced it is open.
- Current shelter information is available from local radio and television stations, the Sarasota County Call Center at 941.861.5000 and TV19. More information is available online at the county Web site, www.scgov.net.



SARASOTA COUNTY SHELTERS				
No.	Shelter Name	Address	Approx. Elevation	Dog/Cat Shelter
1	Booker Middle	2250 Myrtle St	30'	
2	Tuttle Elementary	2863 8th Street	34'	
3	Bishop Nevins Academy	4380 Fruitville Rd	26'	
4	Sarasota High	1000 South School Ave	11'-23'	
5	Brookside Middle	3636 South Shade Ave	27'	
20	Wilkinson Elementary	3400 Wilkinson Rd	31'	
21	Lakeview Elementary	7299 Proctor Rd	35'	
22	Phillippi Shores Elementary	4747 S. Tamiami Trl	32'	
23	Sarasota Middle	4826 Ashton Rd	35'	
24	Ashton Elementary	5110 Ashton Rd	30'	
25	Gulf Gate Elementary	6500 S Lockwood Ridge Rd	21'	
26	Pineview School	501 Old Venice Rd	15'	
30	Venice Community Center	326 Nokomis Ave S.	19'	
31	Garden Elementary	700 Center Rd	17'	
32	Glenallen Elementary	7050 Glenallen Blvd	20'	
33	North Port High	6400 West Price Blvd	21'	
34	Heron Creek Middle	6501 West Price Blvd	21'	
35	Toledo Blade Elementary	1201 Geranium Ave	24'	