

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:

People with Special Needs (PSN) Application

Return Application to:

PSN Registry
Emergency Management
1660 Ringling Blvd., 6th floor
Sarasota, Florida 34236
(941) 861-5000

Official Use (Revision 8/09/06)

FZ	Div# & Evac/Flood	GRID	Destination	File #
Received		Entered		Processed

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 who have medical conditions or need transportation to shelters.

Name: _____ Birth date: ____/____/____ Age: ____

Address: _____ Apt.: _____
Street City State Zip code

Name of residential complex / sub-division / facility: _____

Telephone: (____) _____ E-mail address: _____

Spouse's name: _____ Your weight: _____ lbs.

Emergency contact (who does **not** reside with you):

Name: _____ Phone: (____) _____

My spouse will evacuate with me: __ Yes __ No My caretaker: __ Yes __ No
Other person: _____ Total people to evacuate (including you): ____

Primary doctor's name: _____ Phone: (____) _____

Home health agency: _____ Phone: (____) _____

Type of home: __ Single family __ Condo __ Apartment __ Villa

Construction: __ Mobile home __ Wood-frame __ Masonry __ Red brick __ Not sure

Do you have a work/guide dog? __ Yes __ No Total number of: ____ Dogs ____ Cats
(Work/guide dogs are the only animals allowed in Special Needs shelters.) (Make arrangements for your pet with a vet or kennel prior to evacuation.)

Transportation

"I need evacuation transportation." __ Yes __ No

If marked "Yes" above, what kind of transportation do you need?

__ Standard vehicle __ Stretcher vehicle __ Wheelchair vehicle

Medical History (Please check all that apply)

1

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Muscular Dystrophy (MD) | <input type="checkbox"/> Hip/knee replacement (less than 6 months) | 2 |
| <input type="checkbox"/> Stroke/CVA (limitations) | <input type="checkbox"/> Cerebral Palsy (CP) | |
| <input type="checkbox"/> Open sores | <input type="checkbox"/> Aphasia | |
| <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Oxygen use, _____ L/min (Liters per minute, number on dial) | |
| <input type="checkbox"/> Multiple Sclerosis (MS) | | |

3

- | | |
|---|--|
| <input type="checkbox"/> Comatose | <input type="checkbox"/> Dementia (moderate to late) |
| <input type="checkbox"/> Parkinson's disease, (early) | <input type="checkbox"/> Parkinson's disease, (advanced) |
| <input type="checkbox"/> Special diet (Bring any doctor-prescribed food items with you when you evacuate.) | |
| <input type="checkbox"/> Medical Equipment (IV, tube feeder, indwelling catheter) | |

- | | | |
|---|---|-------|
| <input type="checkbox"/> Psychosis (uncontrolled) | <input type="checkbox"/> Dialysis | 4 |
| <input type="checkbox"/> Unstable heart condition | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> Seizures (uncontrolled) | <input type="checkbox"/> Contagious disease (name:) | _____ |

Other medical conditions / Comments _____

Power Dependant

- | | | |
|--|---|--|
| <input type="checkbox"/> Ventilator/respirator | <input type="checkbox"/> Sleep apnea (CPAP Machine) | <input type="checkbox"/> Oxygen concentrator |
| <input type="checkbox"/> Other: _____ | | |

Mobility

- | | | |
|--|--|---|
| <input type="checkbox"/> I walk without help | <input type="checkbox"/> I use a cane | <input type="checkbox"/> I use a walker |
| <input type="checkbox"/> I use a wheelchair | <input type="checkbox"/> I am wheelchair bound | <input type="checkbox"/> I am bedridden |
| <input type="checkbox"/> I have someone assist me with all my daily activities | | |

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	Skills	Assist With
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 _____ _____	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

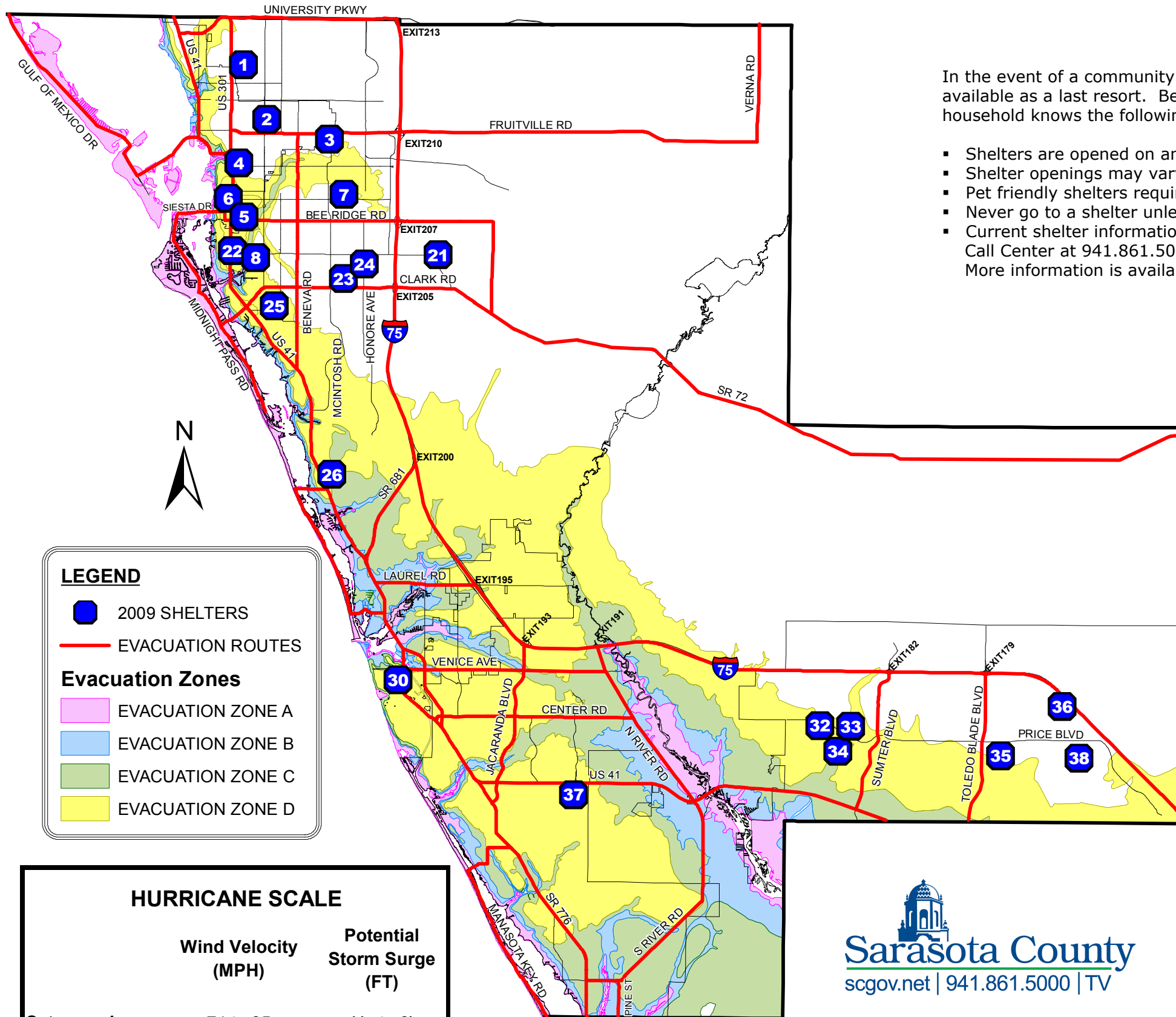
☐ Large/Small Animal Coordinator

☐ 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 22 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 Access Sarasota.
- More information is available on the county web site, www.scgov.net.

SARASOTA COUNTY SHELTERS				
No.	Shelter Name	Address	Approx. Elevation	Dog/Cat Shelter
1	Booker Middle School	2250 Myrtle St	30'	
2	Tuttle Elementary School	2863 8th St	34'	
3	Bishop Nevins Academy	4830 Fruitville Rd	26'	
4	Sarasota High School	1000 S School Ave	11' - 23'	
5	Brookside Middle School	3636 S Shade Ave	27'	 
6	Southside Elementary School	1901 Webber St	22'	
7	Brentwood Elementary	2500 Vinson Ave	25'	
8	Riverview High School	1 Ram Way	18'	
21	Lakeview Elementary School	7299 Proctor Rd	35'	
22	Phillippi Shores Elementary	4747 S Tamiami Trl	32'	
23	Sarasota Middle School	4826 Ashton Rd	35'	
24	Ashton Elementary School	5110 Ashton Rd	30'	
25	Gulf Gate Elementary School	6500 S Lockwood Ridge Rd	21'	
26	Pine View School	501 Old Venice Rd	15'	 
30	Venice Community Center	326 S Nokomis Ave	19'	
32	Glenallen Elementary School	7050 Glenallen Blvd	20'	
33	North Port High School	6400 W Price Blvd	21'	 
34	Heron Creek Middle School	6501 W Price Blvd	21'	 
35	Toledo Blade Elementary School	1201 Geranium Ave	24'	
36	Woodland Middle School	2700 Panacea Blvd	31'	
37	Taylor Ranch Elementary School	2500 Taylor Ranch Rd	19'	
38	New Elementary School, North Port	4701 Huntsville Ave	25'	