

Date Checked	Date Checked	<i>Emergency Kit Supplies</i>
		<i>Battery or crank operated radio</i>
		<i>Working flashlight with extra working batteries</i>
		<i>Test smoke & carbon monoxide detectors, change batteries</i>
		<i>Signaling device (i.e. whistle, beeper, bell) to reach the attention of others</i>
		<i>Food for at least 3 days--easy to prepare packages or cans</i>
		<i>Water—one gallon per person per day for at least 3 days</i>
		<i>Food and water for your service and companion animals or pets</i>
		<i>Non-electric can opener that you are able to use</i>
		<i>Extra blankets or sleeping bags (for winter emergencies)</i>
		<i>First Aid kit with Band-Aids, bandages, hand sanitizer, insect repellent, topical ointments, flu and cold remedies, and vitamins to boost general health</i>
		<i>Medications & Medication List updated</i>
		<i>Emergency Contact Numbers (inside of this pamphlet)</i>
		<i>ABC-type fire extinguisher</i>

AFTER THE DISASTER

The emotions following a disaster can be devastating. It is crucial for the safety of your family to remain calm, listen for and then follow official instructions.

- ◆ Follow plan for the specific disaster or emergency and treat injuries
- ◆ Listen to news reports for information and instruction
- ◆ Assess condition of the house using a flashlight, NOT an open flame
- ◆ Do not enter an unsafe structure
- ◆ Smell for gas leaks, starting at the water heater
- ◆ Shut off any damaged utilities
- ◆ Clean up any hazardous or flammable spills
- ◆ Notify local and out-of-town contacts if possible, then only use the phone to report life-threatening emergencies



EMERGENCY PREPAREDNESS

Name _____

Address _____

Highland County

Are you prepared for any type of emergency? Will you remain safe or do you have someone to assist you? Please take the time to plan NOW and be prepared when the emergency arrives.

Evacuation Plan

Where will you go? _____

How will you get there? _____

Emergency number list (see next page)

What will you take? (clothes, medications, current medication list, equipment)

What will you do about your pets? _____

Notify your Case Manager _____

Shelter in Place (For Gas or Chemical spills)

Where in your home will you stay until it is safe? _____

Shut windows/doors, turn off fans, heating/AC

Place towels at door thresholds and window sills

Listen to radio/TV (station) _____

Area Agency on Aging District 7

Serving Ten Counties in Southern Ohio. Services provided on a non-discriminatory basis.

HIGHLAND COUNTY EMERGENCY NUMBERS

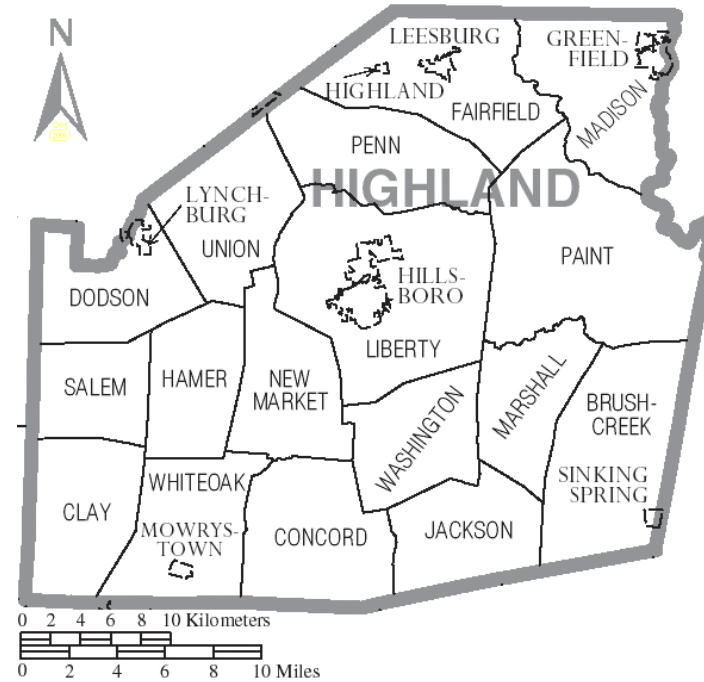
CONTACT PERSON: _____ NUMBER: _____
 CARE MANAGER: _____ NUMBER: 800-582-7277 EXT ____
 HIGHLAND EMA _____ NUMBER: 937- 393-5880
 FAMILY DOCTOR: _____ NUMBER: _____
 PHARMACY _____ NUMBER: _____
 HOME MEDICAL EQUIP _____ NUMBER: _____
 PREFERRED HOSPITAL _____ NUMBER: _____
 FIRE DEPARTMENT _____ 911
 HIGHLAND COUNTY SHERIFF _____ NUMBER: 937-393-1421
 LOCAL POLICE: _____ NUMBER: _____
 RED CROSS _____ NUMBER: 800-255-7070
 LOCAL SHELTER _____ NUMBER: _____
 ANIMAL RESCUE HUMAN SOCIETY _____ NUMBER: 937-393-2110
 FOUR SEASONS ANIMAL BOARDING _____ NUMBER: 937-393-9611
 ELECTRIC COMPANY _____ NUMBER: _____
 GAS COMPANY _____ NUMBER: _____
 WATER COMPANY _____ NUMBER: _____
 PHONE COMPANY _____ NUMBER: _____

LOCAL HOSPITALS:

ADENA MEDICAL CENTER 740-779-7500
 CLINTON MEMORIAL HOSPITAL 937-382-6611
 HIGHLAND DISTRICT HOSPITAL 937-393-6100

NURSING AND REHABILITATION FACILITIES:

CRESTWOOD RIDGE NURSING CENTER 937-393-6700
 EDGEWOOD MANOR OF GREENFIELD 937-981-2165
 HEARTH AND CARE CENTER 937-981-3349
 HEARTLAND OF HILLSBORO 937-393-5766
 LAURELS OF HILLSBORO 937-393-1925



I live in _____ township.

ADDITIONAL NUMBERS, if needed

_____ NUMBER: _____
 _____ NUMBER: _____