



Emergency Preparedness Begins at Home

By Lynn Schoeff and Garrett Simonsen. Submitted by Christian Lanphere

Planning ahead for an emergency provides peace of mind and can keep your family and friends safe. Hospital officials across the nation are preparing for a range of potential emergencies, from hurricanes and blizzards to a flu pandemic and acts of terrorism.



Lynn Schoeff
ADVANCED PRACTICE CENTER FOR EMERGENCY PREPAREDNESS

In our local communities, planning efforts are guided by city leaders and staff from the fire, police, public health, emergency management, and public works departments. These groups plan, train, and participate in “real world” exercises together. If a major disaster occurred in Cambridge, the city’s emergency responders would be supported by neighboring communities, state and federal agencies, and local businesses.

As a staff member, you also have an important role to play. In a disaster situation, you might be asked to come to work or evacuate to a safer place for an extended period of time. If this were to happen, it is essential that you and your loved ones have emergency supplies on hand and a plan for communicating with one another.

What Should I Do?

Plan for a full range of emergencies. Think about what you would need if you had to leave your home suddenly because of fire or flood. Think about what supplies you would want on hand if you had to stay in your home for several days because of illness or severe weather.

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This newsletter is presented to you by the Cambridge Health Alliance Department of Risk Management.

Newsletter Managers:
– Tim Murray
– Denise Peterson

Executive Manager:
– Priscilla Dasse

FAMILY COMMUNICATIONS PLAN

- Your family may not be together when an emergency occurs, so plan how you will contact one another. Review what you will do in different situations.
- Remember to include an out-of-state contact so that other family members can call this person and identify where they are. Fill out this plan with your family or housemates. Make copies for everyone.

MEETING PLACES

Outside your home: _____

Outside your neighborhood: _____

FAMILY INFORMATION

Name: _____
Cell phone: _____
Medical Information: _____

Name: _____
Cell phone: _____
Medical Information: _____

Name: _____
Cell phone: _____
Medical Information: _____

Name: _____
Cell phone: _____
Medical Information: _____

OUT OF STATE CONTACT

Name: _____
Telephone: _____
Email: _____