



DISASTER

A Workbook For Disaster Planning

Disaster: an unplanned event in which the needs of the affected community outweigh the available resources.

Workbook 1

PREPAREDNESS

IWRC
INTERNATIONAL WILDLIFE
REHABILITATION COUNCIL

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Workbook 1

The modules can be filled out online to create a unique booklet for your facility.

You may also print blank sheets and fill out later.

CONTENTS

5	Disaster Preparedness Primary Function
6	Emergency Contacts
10	Facility Location
11	Facility Diagram
12	Animal Enclosures
15	Entrance Controls
15	Electronic Record Access
16	Emergency Equipment/Routes
18	Hazards
19	Important Attachments

Disaster Preparedness

PRIMARY FUNCTION

This workbook is the first in a series of preparedness modules that will aid rehabilitators in creating their own disaster and emergency plan. The series will address both preparing a rehabilitator for a disaster on site and response to a regional disaster where the rehabilitator's skills are needed.

The primary functions of this first workbook are to help you:

- Gather your important contact information and information about your facility.
- Prepare necessary maps of your facility.
- Address emergency equipment and on-site hazards.
- Identify permanent and transitory animal populations.
- Comply with regulations requiring an emergency plan

This data is critical to response to situations involving your facility, whether it is being addressed by the rehabilitator or outside responders. Once completed, this workbook will serve as an invaluable source of information for you to store online, use in-house, and provide to your local fire department and other outside personnel. If you choose to add sensitive information to this document please be aware of the need to store it securely.

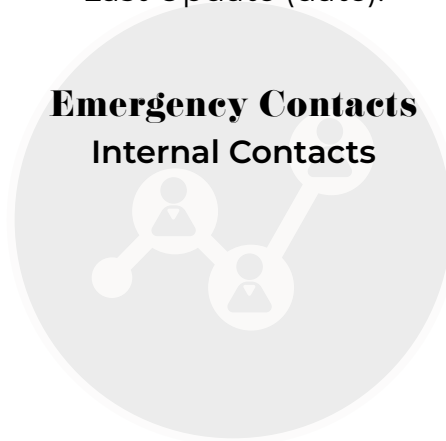
We recommend that you watch the short video companion to the printed document. This video offers additional tips for your document creation. Remember to revisit this document often to add and update information. As rehabilitation facilities vary widely in size and scope and there are regional differences around the globe, we have made this workbook as general as possible to fit your needs. However, please attach any extra information that is appropriate for your situation.

Future modules will go into detail regarding preparing for the different types of disasters and how to mitigate, respond and recover. We hope that the Disaster Planning series will be helpful and make the preparation and planning process more manageable.

Facility Name: Facility Address: Facility Phone Number: Hours of Operation*:

* Staff may be on site for additional hours

Disaster Preparedness Information
Last Update (date):



Animal Permit Holder Name:

Phone:

Address:

Other Contact Route (Slack, Facebook, etc.):

Rabies Vaccinated: Y/N Special Trainings:

Primary Contact

Facility Director Name:

Phone:

Address:

Other Contact Route (Slack, Facebook, etc.):

Rabies Vaccinated: Y/N Special Trainings:

Primary Contact

Animal Care Staff

Name:

Role/Species Specialty:

Phone:

Address:

Other Contact Route (Slack, Facebook, etc.):

Rabies Vaccinated: Y/N Special Trainings:

Primary Contact

Name:
Role/Species Specialty:
Phone:
Address:
Other Contact Route:
Rabies Vaccinated: Y/N Special Trainings:

Name:
Role/Species Specialty:
Phone:
Address:
Other Contact Route:
Rabies Vaccinated: Y/N Special Trainings:



Name:
Role/Species Specialty:
Phone:
Address:
Other Contact Route:
Rabies Vaccinated: Y/N Special Trainings:

Name:
Role/Species Specialty:
Phone:
Address:
Other Contact Route:
Rabies Vaccinated: Y/N Special Trainings:

Name:
Role/Species Specialty:
Phone:
Address:
Other Contact Route:
Rabies Vaccinated: Y/N Special Trainings:

	Facility Name: Facility Address: Facility Phone Number:	
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Emergency Contacts
External Contacts

Veterinarian Name:
Business Name:
Phone:
Address:



Veterinarian Name:
Business Name:
Phone:
Address:

Local Department of Wildlife Office:
Contact:
Phone:

Government Regulatory Agency (e.g. USFWS, CWS):
Agent:
Contact:
Phone:

Fire Department Phone:
Police Department Phone:

Water Company:
Emergency Phone:

Electric Company:
Emergency Phone:

Gas Company:
Emergency Phone:

Sewer Waste Company:
Emergency Phone:

Other Utility:
Emergency Phone:

Locksmith:
Emergency Phone:

Human Medical Facility:
Phone:
Address:

Human Medical Facility:
Phone:
Address:

Local Health Department
Phone:

State Health Department
Phone:

State/Provincial/Country Veterinarian:
Phone:

Local Rescue Responders/Animal Disaster Team:
Contact:
Phone:

Poison Control Phone: 800-222-1222

Animal Poison Control: 888-426-4435



	Facility Name: Facility Address: Facility Phone Number:	
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Facility Location

GPS Coordinate of Entrance:

Directions to Facility:

[Place Map Here]

	Facility Name:	
	Facility Address:	
	Facility Phone Number:	

Facility Diagram

Should include: points of entry/exit, location wildlife is housed, location of emergency supplies, controlled substance, PPE, electric, water and gas shut-off)

ZAHP example: <https://zahp.org/secure-zoo/biosecurity-mapping-tool/>

[Diagram]

	Facility Name: Facility Address: Facility Phone Number:	
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Animal Enclosures

[Enclosure Map]

Facility Name:

Facility Address:

Facility Phone Number:

Animal Enclosures

Permanent Animal Inventory (numbers should be listed on location map above):
 Example indicate species by row # and number of individuals in parenthesis, example
 1(3)

	SPECIES	NUMBER OF INDIVIDUALS	IDENTIFYING MARKS, BANDS, MICROCHIPS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Temporary Animal Inventory: Mark temporary animal enclosures with “T”

Facility Name:

Facility Address:

Facility Phone Number:

Animal Enclosures

	SPECIES	NUMBER OF INDIVIDUALS	IDENTIFYING MARKS, BANDS, MICROCHIPS
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Log of current animals on premises (not listed above), can be found at/accessed at:

	Facility Name: Facility Address: Facility Phone Number:	
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Entrance Controls*

*Recommend more than one person hold access code or key.

Access point name and description. Name of person(s) or place who has access code or key.

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Access point name and description. Name of person(s) or place who has access code or key.

Access point name and description. Name of person(s) or place who has access code or key.

Electronic Record Access

Location of Records:

Primary Contact/System Administrator

Backup or Secondary Contact:

Location of Records:

Primary Contact/System Administrator

Backup or Secondary Contact:

Location of Records:

Primary Contact/System Administrator

Backup or Secondary Contact:

Facility Name:
Facility Address:
Facility Phone Number:

Emergency Equipment/Routes

Emergency Equipment Locations:

LABEL # FOR MAP	TYPE OF EQUIPMENT
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

	Facility Name:	
	Facility Address:	
	Facility Phone Number:	

Emergency Equipment/Routes

Evacuation/Egress Routes:

OSHA example: <https://www.osha.gov/SLTC/etools/evacuation/floorplan.html>

[Route Map]

Facility Name:
Facility Address:
Facility Phone Number:

Hazards

Location of SDS sheets (or equivalent):

Hazards on premises, identified by performing a Hazard Assessment:

[illegible]

	Facility Name:	
	Facility Address:	
	Facility Phone Number:	

Important Attachments

Example: Copies of Animal Possession Permits (example USF&WS Permit, Dangerous Animal Escape Plan), Satellite Image of Grounds

Workbook 1

