

# Emergency Preparedness Plan

This workbook helps people with Acquired Brain Injury (ABI) to make an emergency plan for if a disaster happens.

People living with brain injury may need more help in an emergency. For example, you may need help if you:

- have difficulty remembering important information
- find it hard to read and understand information
- have mobility challenges.



Having a plan will help you be better prepared during an emergency.

## What is a Disaster or an Emergency?

A disaster or an emergency is a serious, unexpected and often dangerous situation, requiring immediate action. It can be a natural catastrophe or a sudden accident that has the potential to cause great damage, injury or loss of life. Being prepared for an emergency helps people to respond better and recover faster.

Some examples are:

- Bushfire
- Heatwave
- Flood
- Severe thunderstorm
- Car accident
- House fire
- Medical emergency



This workbook can be used to write down your emergency plan. You can write different parts of your plan when you have time. It's also something that will need to be updated as your life changes. You can ask someone you trust to help you make your emergency plan.

The best time to prepare for an emergency is before a disaster or an emergency happens.

# My Emergency Plan



<b>Name</b>	
<b>Address</b>	
<b>Phone #</b>	
<b>Date of Birth</b>	
<b>Language Spoken</b>	

## In life threatening emergencies call...

<b>POLICE/FIRE/AMBULANCE</b>	<b>000</b>
<b>National Relay Service</b> (Phone service for hearing or speech impairments)	<b>SMS Relay 0423 677 767</b>
	<b>Voice Relay 1300 555 727</b>
	<b>TTY number 133 677</b>
<b>National Telephone Interpreter Service</b>	<b>1800 131 450</b>
<b>State Emergency Services</b> (floods and storms)	<b>13 25 00</b>
<b>Bushfire Information Line</b> (Fires near me)	<b>1800 226 226</b>
<b>Police Assistance</b> (non-emergency)	<b>13 14 44</b>
<b>Life Line – 24 Hour Free Crisis Counselling</b>	<b>13 11 14</b>
<b>My Local Emergency Radio Station (frequency)</b>	<b>ABC: _____</b>
<b>My Local Council</b>	<b>Ph: _____</b>
	<b>Email: _____</b>



## Personal Emergency Information

<b>My Medicare number</b>	----- <b>exp</b> ___ / _____
<b>My Centrelink number</b>	
<b>Private Health Insurance</b> <b>Y/N</b>	<b>Fund:</b> <b>Number:</b>
<b>Ambulance cover</b> <b>Y/N</b>	<b>Number:</b>

## Personal Emergency Contacts

<b>Name</b>	<b>Phone</b>	<b>Email/ Address</b>	<b>Relationship to me</b>

## Other Important Contacts

	<b>Name</b>	<b>Phone</b>	<b>Email/Address</b>
<b>Doctor</b>			
<b>Specialist Practitioner</b>			
<b>Advocate/Carer</b>			
<b>Power of Attorney</b>			



## **Communication**

**How do you like someone to communicate with you?**

**Tick what's important to you**

- I like simple English**
- I like 1 idea at a time**
- I like instructions repeated**
- I rely on assistive devices/tools/technologies to communicate**
- I like to have important information written down**
- I get overwhelmed with too much going on around me**
- I don't like being shouted at**
- I have short term memory challenges**

**What else is helpful for other people to know?**



## Health Management

<b>My main health conditions:</b>	
<b>Medications I am on: (including dosage and times taken)</b>	
<b>Where I keep my medications:</b>	
<b>Medical equipment I need: (plus batteries /charging cords)</b>	
<b>My pharmacy (where I usually get my prescriptions filled)</b>	
<b>Who else knows about / can manage my medication:</b>	



## Assistive Technology

**What assistive devices, technology or equipment do I need?**

**e.g. wheelchair, walking stick/frame, glasses, hearing aids**

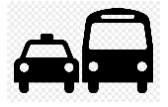
<b>My list of equipment</b>	<b>Where it is kept</b>



## Assistance Animals and Pets

<b>Name</b>		
<b>Breed</b>		
<b>Birthdate</b>		
<b>Provider: (e.g. Guide Dogs Vic)</b>		
<b>Food: (what, how much, how often)</b>		
<b>Contact details for Vet</b>		
<b>Other key information</b>		

## Transportation



**How I get where I need to go: (tick relevant boxes)**

- Public transport**
- I drive my own car**
- I travel as a passenger in a car**
- Walk**
- Taxi**
- Wheel-chair accessible vehicle only**
  
- I usually travel independently**
- I can travel to familiar locations independently**
- I always need support to travel**

**If I need support to leave in a hurry, I could:**

- Call a neighbour on** ☎ \_\_\_\_\_
- Call a friend/family member on** ☎ \_\_\_\_\_
- Call a taxi on** ☎ \_\_\_\_\_

## Personal Support



**Who helps me with my self-care/activities of daily living?  
(e.g. cooking, cleaning, toileting, bathing, eating,  
transferring)**

Name/Service Provider	Contact details	How they help me

## Social Connectedness (e.g. family and friends)



### Main support people

Name	Phone	Address	Notes

**Who can I call if I ever need support or a place to stay?**

\_\_\_\_\_

**Have I spoken to them about this? Y/N**





## My Living Situation



- I live alone
- I live in supported accommodation
- I live in a share house
- I live with my family

## Other members of my household

Name	Date of Birth	Phone Number	Relationship to me

## How many exits are there? Are they accessible? Any lifts?



## Do I have functioning smoke alarms?

When were they last checked?

## My important services

Company	Company Name	Account Number	Contact Details
Electricity			
Gas			
Water			
Internet			
Phone			
Home/Contents Insurance			



## **My Emergency Kit**

**It is important to have an emergency kit with things that can help you**

- **stay home during an emergency OR**
- **leave home during an emergency**

**Suggestions for things to pack in your emergency kit:**

- Torch with spare batteries**
- Portable radio with spare batteries**
- First Aid kit**
- Bottled water (3-day supply recommended)**
- Non-perishable food**
- Change of clothes**
- Copy of this emergency plan**
- Copies of important documents (e.g. birth certificate, passport, will, insurance documents)**

**What would I want to pack at the time of leaving?**

- Phone and charger**
- Debit/credit cards**
- Medicare card**
- Medication**
- Aids and equipment**
- Assistance animals and/or pets**
- Originals of important documents**
- Personal items (e.g. photos)**

**Anything else?**

## **Recommendation:**

- 1. Make copies of this emergency plan.**
- 2. Make copies of other important documents (see below)**
- 3. Give copies of this emergency plan and other important documents to at least one other person you trust (preferably someone who doesn't live with you).**

## **Other important documents you might copy to give to trusted person/people:**

- Birth certificate**
- Marriage certificate**
- Passport**
- Driver's licence**
- Will**
- Power of attorney**
- Medicare card**
- Pension/healthcare card**
- Tax file number**
- Title to house**
- Insurance details**
- Bank/superannuation details**