# **Emergency**



# Support Plan

An emergency support plan has all the information about the person you support in one place, so you can get it quickly and easily.

An emergency support plan also makes it easy for someone to take over from you in a hurry.

Here's what to do.

#### 1) Fill in your Emergency Support Plan

- You can print and complete the plan by hand. Or, download and type straight into the pdf. Save it to your computer before printing.
- If you need to add more information, you can write it on extra pages and keep them with your plan
- If you need help filling in your Emergency Support Plan, speak with one of the Hunter Community Hub Staff on 1800 848 960.

#### 2) Save your Emergency Support Plan

If you have downloaded the plan and filled it in:

- Save the plan to your computer or phone
- Print out copies of the plan.

If you have completed the plan by hand:

- Take several copies of it on your home copier or using a local service.
- Keep a copy of the plan somewhere safe and easy to see in your home.

#### 3) Share your Emergency Support Plan

- You can give people a printed copy or email it to them if you have saved it on your computer
- Give a copy to each of your emergency contacts
- Give a copy to your doctor and anyone else who may need to know what to do
- Take a copy with you when you leave home or travel with the person you support.



# **Emergency Contacts.**

| Details of COS                             | My emergency contacts                          |
|--|--|
| Name                                       | Name   |
|  |  |
| Relationship to the person I support       | Phone  |
|  |  |
| Address                                    | Name   |
|  |  |
|  | Phone  |
|  |  |
| Phone                                      | Name   |
|  |  |
|  | Phone  |
|  |  |
| Details of me (participant)                | If something happens to me (participant)       |
| Name                                       | Actions I would like my emergency contacts to. |
|  |  |
| Age  |  |
|  |  |
| Address                                    |  |
|  |  |
|  |  |
|  |  |
| Phone                                      |  |
|  |  |
| Languages spoken                           |  |
|  |  |
| Person's condition, illness, or disability |  |
|  |  |
|  |  |
|  |  |

# Support needs.

| Home and community support services                   |
|---|
| Organisation and service provided                     |
|   |
| Phone   |
|   |
| Organisation and service provided                     |
|   |
| Phone   |
| Organisation and service provided                     |
|   |
| Phone   |
|   |
| Other information                                     |
| Please attach extra notes if more spaces are required |
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# Medical information and contacts.

| Health information    | Pharmacist                     |
|-----------------------|--------------------------------|
| Medicare number       | Name                           |
|                       |                                |
| Ambulance fund        | Address                        |
|                       |                                |
| Health insurance fund |                                |
|                       | Health professional / hospital |
| Medic-alert number    | Organisation                   |
|                       |                                |
| Safety net number     | Address                        |
|                       |                                |
| Concession card type  |                                |
|                       | Phone                          |
| Doctor                |                                |
| Name                  | Other professional services    |
|                       | Name and service               |
| Address               |                                |
|                       | Phone                          |
|                       |                                |
| Phone                 | Name and service               |
|                       |                                |
|                       | Phone                          |
|                       |                                |
|                       | Name and service               |
|                       |                                |
|                       | Phone                          |
|                       |                                |
|                       |                                |

### Medicine list.

| Medicines          | Accurate as of completion | Completion date: / /        |
|--------------------|---------------------------|-----------------------------|
| Medicine allergies |                           |                             |
|                    |                           |                             |
| Regular medicines  |                           |                             |
| Medicine name      | Dosing / timing           | Other important information |
|                    |                           |                             |
|                    |                           |                             |
|                    |                           |                             |
|                    |                           |                             |
|                    |                           |                             |
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|                    |                           |                             |
|                    |                           |                             |
|                    |                           |                             |

## Our pets.

#### **Pets**

| Pet 1: Name   | Pet 2: Name                   | Pet 3: Name                   |
|---|-------------------------------|-------------------------------|
|   |                               |                               |
| Type / breed  | Type / breed                  | Type / breed                  |
|   |                               |                               |
| Other identifying information   | Other identifying information | Other identifying information |
|   |                               |                               |
| Allergies   | Allergies                     | Allergies                     |
|   |                               |                               |
| Food type   | Food type                     | Food type                     |
|   |                               |                               |
| Feeding frequency   | Feeding frequency             | Feeding frequency             |
|   |                               |                               |
| Temperament   | Temperament                   | Temperament                   |
|   |                               |                               |
|   |                               |                               |
| Pet Caretaker (in the event you are unable to care for your own pets) |                               |                               |

| Pet Caretaker (in the event you are unable to care for your own pets) |         |
|---|---------|
| Name  | Address |
|   |         |
|   |         |
| Phone number  | email   |
|   |         |

### **Evacuation plan.**

#### Home escape route

• A Home escape route has been developed and is attached to this plan

#### **Home evacuation instruction**

In the even of an evacuation, all household members are to go here:

#### **Location evacuation instruction**

If there is a need to evacuation your area / town, all household members are to go here:

#### Urgent evacuation items (only if safe to collect)

In the event of an evacuation, you should take the following items

#### Non-urgent evacuation items

If you have time before you need to evacuate you could also take the following items

#### **Evacuation emergency contact**

If you need to evacuate, contact this person to inform them that you need to leave your home or area and where you intend to go (e.g., community RSL, community hall)

| )<br>)       | <u>, , , , , , , , , , , , , , , , , , , </u> |
|--------------|---|
| Name         | Address                                       |
|              |   |
|              |   |
| Phone number | email   |
|              |   |
|              |   |

Location where you will go

# **Emergency Kit.**

| Emergency documents                                |   |
|--|---|
| Important emergency document can be located her    | e   |
|  |   |
| First aid kit                                      |   |
| The first aid kit can be found here                |   |
|  |   |
| Fire extinguisher / blanket                        |   |
| Fire extinguisher and or blanket can be found here |   |
|  |   |
|  |   |
| Basic Kit to use if requi                          | iring hospital visit                            |
| Contents of hospital /travel bag                   | Location of bag                                 |
| The items to be packed are                         | My bag can be found here                        |
| ☐ Medical items (Hardware)                         | ny sag can se round here                        |
| □ Medicines  | What I need to add to my bag at the last-minute |
|  | e.g, mask, shoes etc                            |
| ☐ Pyjamas  |   |
| ☐ Underwear  |   |
| ☐ Spare set of clean clothing                      |   |
| ☐ Toiletry bag containing                          |   |
| ☐ Toothbrush                                       |   |
| ☐ Shampoo / conditioner                            |   |
| ☐ Soap   |   |
| ☐ Hair bush or comb                                |   |
| ☐ Phone charger                                    |   |
| ☐ Electronic device and charger (e.g., iPad)       |   |
| ☐ Shoes  |   |
| ☐ Other (please list)                              | _   |
|  |   |





## **Utility hardware**

| Power box   |
|---|
| Location of power box is here   |
|   |
| Provider / supplier of power  |
| Name, address, and contact number   |
|   |
|   |
| Hot water system  |
| Location of hot water system can be found here  |
|   |
| Provider / supplier of gas (if not electric)  |
| Name, address, and contact number   |
|   |
|   |
| Water main  |
| Location of water main  |
|   |
| Provider / supplier of water  |
| Name, address, and contact number   |
|   |
|   |
| Heating (fire / gas or air conditioner)   |
| Location of unit  |
|   |
| Make / type   |
| Name, address, and contact number of supplier or relevant info (gas provider / wood supplier) |

### **Emergency Kit used in case of emergency**

#### **Contents of kit** Location of kit My kit can be found here The items to be packed are ☐ Food (Canned and dry foods) ☐ Water (bottles of water 4L per person per day) What I need to add to my kit at the last minute ☐ Protein or energy bars ☐ First aid kit ☐ Non-prescription medication ☐ Prescription medication and repeats □ Clothing ☐ 1 change of clothing per family ☐ Toiletry bag member ☐ Safety items ☐ Spare shoes per family member ☐ Torch ☐ Blankets / sleeping bag per family member ☐ Battery operated radio ☐ Garbage bags and ties ☐ Wipes, hand sanitiser and masks ☐ Spare batteries □ Candles □ Documents ☐ Lighter or matches ☐ Passport □ Whistle ☐ Birth / adoption /marriage certificates ☐ emergency use knife (Omit if not required) ☐ Disability information ☐ Deeds / lease to property ☐ Manual can opener ☐ Utensils, plate and mug ☐ registration and all Insurance policies ☐ Sewing kit ☐ Current will or testament ☐ Other (please list) ☐ Duct tape ☐ Twine or thin rope ☐ Electronic device and charger (e.g., iPad) ☐ Spare set of clothing and shoes ☐ Back-up of photo's and important ☐ Other (please list) information on a USB device □ Emergency Plan ☐ Wallet or purse □ Local maps □ Cash



# First Aid Kit packed in case of emergency

| Contents of kit                                 |  |
|---|--|
| The items to be packed are                      |  |
| ☐ Burn gel                                      |  |
| ☐ Burn dressing (4" x 4")                       |  |
| ☐ Antacid tablets                               |  |
| ☐ Pain medication (Panadol, aspirin, Ibuprofen) | ☐ Other (please list)  |
| ☐ Oral pain gel                                 |  |
| ☐ Cold and flu relief medication                |  |
| $\square$ Hay fever medication                  |  |
| □ Electrolytes                                  | Location of first aid kit  |
| ☐ Muscle relaxer (deep heat rub)                |  |
| ☐ Regular bandages                              | Pet kit  |
| ☐ Trauma pads                                   | Pet kit should have enough supplies to keep pet comfortable for at least 3 days. |
| ☐ Band-Aids                                     | ☐ Carrier  |
| ☐ Butterfly strips                              | ☐ Food   |
| ☐ Surgical scissors                             | ☐ Medications  |
| ☐ Adhesive tape                                 | ☐ Feeding dishes   |
| ☐ Tweezers                                      | ☐ Collar, muzzle, harness, leads   |
| ☐ Saline  | ☐ Spoon (if wet food)  |
| ☐ Thermometer                                   | $\ \square$ Can opener if tinned food without pull tab                           |
| ☐ Towel   | $\square$ ID tag or registration information                                     |
| ☐ Eye wash                                      | ☐ Recent photo of pet(s)   |
| ☐ Eye pads                                      | ☐ Other (please list)  |
| ☐ Gloves  |  |
| ☐ Emergency blanket (reflective thermal)        |  |
| ☐ Zip lock bags                                 |  |
| ☐ Safety pins                                   | Location of pet kit  |
| ☐ Finger splint                                 |  |
| ☐ Flexible splint                               | Cleaning supplies  |
| ☐ Elastic bandages                              | ☐ Antiseptic and general wet wipes   |

Remember to update this plan if your information changes.

This Emergency Support Plan and information for people who support someone with a disability is available from www.huntercommunityhub.org.au

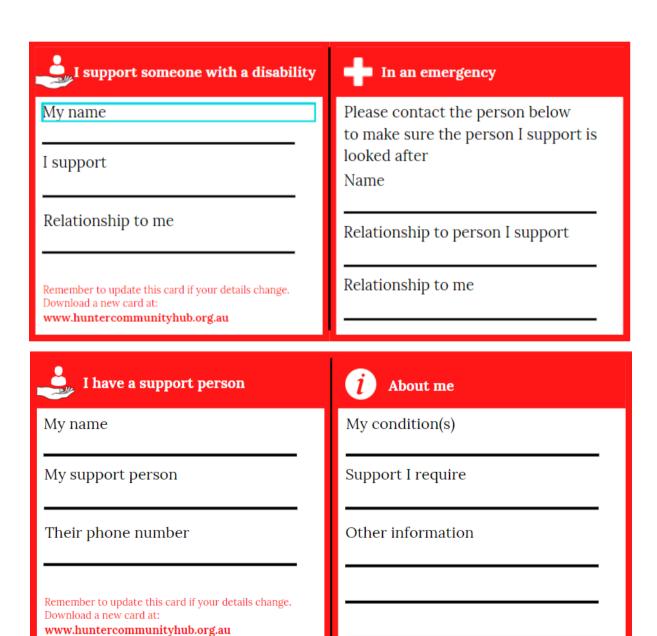


### **Supporter Emergency Card**

A supporter emergency card is a card you can carry in your wallet to let people know that you support someone. It's a good idea to carry an emergency card to make sure the person you support will be looked after if something happens to you. The person you support should also carry a card in their wallet to let people know they are being supported by you.

#### Instructions.

- 1. Fill in the cards
- 2. Cut the cards out along the dotted lines
- 3. Fold the cards in half along the solid line
- 4. Put the supporter card in your wallet 5. Give the other card to the person you support, to put in their wallet or to carry with them.





### **Notes**

