Your Person-Centred Emergency & Disaster Plan

VERSION: S14 V4

NAME: _____

A GUIDE TO HELP YOU MAKE YOUR OWN PLAN

This easy read document has been prepared by Carinbundi Care in Bundaberg and Wide Bay Kids Community Inc, based on the resources of The University of Sydney, Queenslanders with Disability Network, Australian Government Department of Health, and Queensland Government

Contents

Introduction

This guide helps with your Person-Centred Emergency and Disaster Plan.

P-CEDP for short. The P-CEDP helps you make a plan, so you and your support know how to work together during an Emergency or Disaster like:- Flood, Fire, or Communicable Disease i.e. COVID-19.

This guide contains information about understanding your emergency plan and how to protect yourself.

Everyone should be prepared for an emergency. It helps if you know what to do before, during and after an emergency.

Emergency and Disasters can affect you in many different ways:

- This can make people feel worried and scared.
- Having a plan can help you feel less worried.
- It can also help you to get skills to deal with a difficult situation.

Determine the risk score					
	Consequence				
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	3 High	3 High	4 Acute	4 Acute	4 Acute
Likely	2 Moderate	3 High	3 High	4 Acute	4 Acute
Possible	1 Low	2 Moderate	3 High	4 Acute	4 Acute
Unlikely	1 Low	1 Low	2 Moderate	3 High	4 Acute
Rare	1 Low	1 Low	2 Moderate	3 High	3 High

Infectious Diseases

You can get sick if -

Someone with a virus sneezes or coughs on you

Someone with a virus sneezes or coughs onto something you touch

There are ways that we can all help stop the spread of the virus

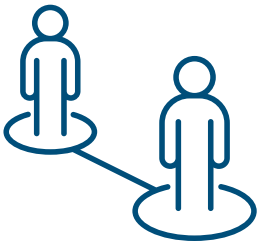
Wash/sanitise your hands often

Cover your nose and mouth with a tissue or arm/elbow when coughing and sneezing

Try not to touch any part of your face

Do not shake hands

Stay home if you are sick



Social distance. This means two big steps away

Household cleaning is important

Germs can live outside of the body, on surfaces and after a person coughs or sneezes. Regular cleaning is important to reduce the spread of germs

MY RISK IS: _____

_____

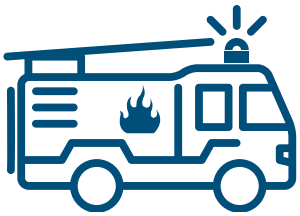
Fires

If there is a fire

Evacuate without delay from fire or smoke

Call 000 (Emergency Services)

Go to the assembly point



Fire service will put out fire

I can evacuate a fire by myself: YES / NO

In a fire I need help to evacuate by: _____

_____

_____

MY RISK IS: _____

_____

Floods

If there is a flood

Evacuate without delay from flood water

Call 000 (Police)
Call 132 500 (State Emergency Service)

Ensure you have your medications with you

You will be taken to a safe place to rest

When it’s safe, you can return home

Floods

I can evacuate a flood by myself: YES / NO

In a flood I need help to evacuate by: _____

_____

_____

MY RISK IS: _____

_____

Make a Plan

The P-CEDP has 9 Areas

	1. Communication	How you get, give and understand information
	2. Management of health	How you take care of your health
	3. Assistive technology	If you use any equipment like walking stick or computer aid
	4. Personal support	The help you get from other people
	5. Pets and support animals	If you have a pet or support animal and how you care for them
	6. Transportation	How you travel to places

Make a Plan

	7. Living situation	Who you live with and where
	8. Living situation - Family/carer	Is my family/carer prepared as well
	9. Social connections	Your circle of support

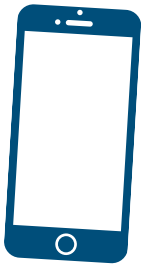
Your Plan

Share your plan with the people who support you
This could be: Family, Friends and/or Support Provider/Worker

Keep your plan in a safe place at home that is easy to find
(Kitchen draws, bedside table etc.)

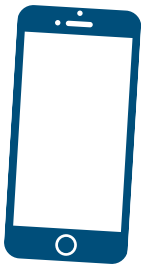
Communication

My contact information

	My phone number is	
	My email is	
	I keep in touch with my friends and family by using these apps on my phone	
	My phone/data company is	
	I pay my bills by	

Communication

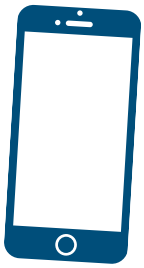
How do you contact your support person? (Family, friend or support provider/worker)

	Their phone number is	
	Their email is	
	More information	

Reminders:

- Make sure my phone is charged
- Make sure I have some money with me
- Take my communications device with me
- Call my family, Friends, or support workers
- Know the address of the house or safe place I am going

Management of Health

	My emergency contacts are	
	Their email is	
	More information	
	The person who supports me with my health decisions is	
	My current medications are	

Management of Health

	To look after my mental and physical health I like to	
	My Doctor's Name	
	My Doctor's phone number	
	My Pharmacy's name	
	My Pharmacy's phone number	

Reminders:

- I have numbers of people I need to call.
- Call 000 in an emergency .
- I call my service provider if I'm unsure.
- All my medications are nearby, and I have enough of them.
- If I need important things nobody can help me, I can call the Disability Infomation Helpline on *1800 643 787*

Assistive Technology (AT)

	The AT I use	
	My AT repair people are	

Reminders:

- I will have my AT equipment with me
- I keep it clean to stop the spread of germs
- I have power cables and spare batteries

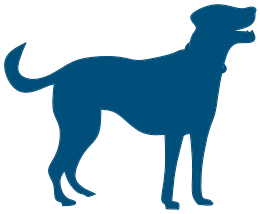
Personal Support

	The supports I need each day are:	
	The supports that are most important to me and I must have them are:	
	My support provider(s) is:	
	My support worker(s) is:	
	In an emergency I will contact (name):	
	In an emergency I will call (number):	

Reminders:

- Talked about my plan with emergency contact
- A copy of my NDIS plan

Pets and Support Animals

	My support animal is a:	
	My support animals name is:	
	The vet I use is:	
	My animal really likes this food:	
	In an emergency the name and phone number of the person to look after my animal is:	

Reminders:

- Make sure there is enough food and supplies for my animal
- Ring my emergency contact if I become unwell and cannot look after my animal.,

Transport

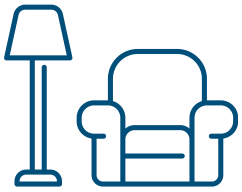
I can use transportation and get around by myself YES / NO

	When I travel to places I use:	
	The support person(s) who helps me with travel is:	

Reminders:

- Make sure my travel card has enough money on it.
- Make sure I have my taxi voucher card.
- Ask my support person for help to learn a new route or if I have questions.
- Call my friends or family instead of visiting if I cannot travel or if I am unwell?

Living Situation

	I live with: or I live with others in Supported Independent Living:	
	My address is:	
	My support provider's phone number is:	
	If I am unwell I will call:	
	Assistive technology required:	

In an emergency, is my family/carer prepared as well?

	Emergency Evacuation Location 1:	
	Emergency Evacuation Location 2:	
	How will I get to the Emergency Evacuation Locations?	
	My carer's number:	
	My medications and prescriptions are easily accessible and packed:	☐ Yes ☐ No

Reminders:

- Put the STOP Sign on the door to let people know I am unwell.
- Ask people to help me make sure my smoke alarm and electrics are safe.
- Keep the house clean to stop the spread of germs.

Social Connections

	My friends are:	
	I like to do these things with my friends:	

Reminders:

- Keep social distance when I see my friends
- Let my friends know if i'm unwell
- Call my friends to support them if they are unwell to

Emergency Phone Numbers

Put these emergency phone numbers into your phone in case of emergency or disaster

- Fire, Ambulance Police - 000
- SES (State Emergency Services) - 132 500
- Poisons Information Centre - 13 11 26
- Life line - 13 11 14
- Beyond Blue - 1300 22 46 36
- National Telephone Interpreter Service - 1800 131 450

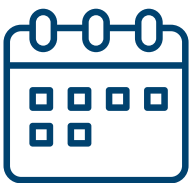
Fill out these numbers

Service provider head office

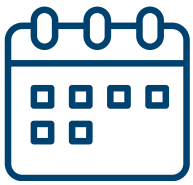
Service provider on call services

Key contact at service provider

I understand and agree with everything in this person-centred Emergency and Disaster plan (P-CEDP)

	**Your name:**	
	**Your address:**	
	**Your mobile number:**	
	**Your email:**	
	**Your signature:**	
	**Date:**	

This plan will be reviewed annually or at the commencement of service

	**Wittness name:**	
	**Witness signature:**	
	**Date:**	

Someone in this house is at a higher risk of infection

If you have any of these following symptoms, please do not visit

Cough
Sore throat
Runny nose
Fever
Shortness of breath

If you have any questions call me on:

_____

Cut along the line and put this sign on your door to make people think about visiting if they are unwell

Person-Centred Emergency and Disaster Plan Dates

Initial Plan Date Completed: _____

Review Date No.1: _____

Review Date No.2: _____

Tracking of changes

Administration to complete

Date	Section page #	Changes Made	In Consultation/Agreement With Decision Makers - Name	Administration sign

This resource has been developed with reference and thanks to:

The University of Sydney
Queenslanders with Disability Network
Australian Government Department of Health
Queensland Government
Carinbundi Care in Bundaberg
Wide Bay Kids Community Inc