# My emergency management plan

This Emergency Management Plan template is a quick and simple way to prepare yourself for an emergency or disaster.

It will prompt you to use existing documents you may have, like health and support information. There are also tips to help you along the way.

You can complete the template by yourself or with your NDIS Provider or other supporters. If you complete it by yourself, be sure to share a copy with the people in your Emergency Management Support Circle.

|  |  |  |  |
| --- | --- | --- | --- |
| **My name** |  | **My phone number** |  |

How will I get information about an emergency or disaster?

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Phone number** |
| NDIS Provider |  |  |
| Family or Friend |  |  |

|  |  |
| --- | --- |
| Online/social media  TIP: Add in websites you might use  (e.g. the ABC Emergency website) |  |
| Other |  |
| My local ABC Radio frequency is |  |
| My local Council area is |  |
| My Council’s website is |  |
| My Go Bag is stored in this location |  |

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**TIP:** *Remember to check any documents you save with this Plan are current.*

## **SECTION 1**

### **MY DETAILS**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address - Street |  |
| Suburb |  |
| Postcode |  |

|  |  |
| --- | --- |
| Home phone number |  |
| Mobile number |  |
| Email address |  |

|  |  |
| --- | --- |
| Main language spoken |  |
| Other languages I speak |  |
| Preferred interpreter  (name and number) |  |
| Communication aids used |  |

### **MY EMERGENCY SUPPORT CIRCLE**

In case of emergency, I need to contact:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Phone** | **Email** | **Has a copy of plan (Y/N)** |
| First contact |  |  |  |  |
| Family member |  |  |  |  |
| Family member |  |  |  |  |
| Legal guardian |  |  |  |  |
| Carer/s |  |  |  |  |
| Friend |  |  |  |  |
| NDIS Support Person |  |  |  |  |
| GP |  |  |  |  |
| Pharmacist |  |  |  |  |
| Employer |  |  |  |  |
| Neighbour/s |  |  |  |  |
| Other (1) |  |  |  |  |
| Other (2) |  |  |  |  |
| Other (3) |  |  |  |  |
| Other (4) |  |  |  |  |

### **MY DISABILITY SUPPORTS**

|  |  |
| --- | --- |
| **NDIS Number** |  |

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Phone** |
| NDIS Planner |  |  |
| NDIS Support Coordinator |  |  |

|  |  |  |
| --- | --- | --- |
| **NDIS Support Provider/s** | **Contact Name** | **Phone** |
| Organisation 1 |  |  |
| Organisation 2 |  |  |
| Organisation 3 |  |  |

|  |  |
| --- | --- |
| Centrelink Number |  |
| Disability Pension Number |  |

### **MY IMPORTANT SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company** | **Account number** | **Phone** |
| Electricity |  |  |  |
| Gas |  |  |  |
| Water |  |  |  |
| Phone |  |  |  |
| Internet |  |  |  |
| Roadside assistance |  |  |  |
| Other (1) |  |  |  |
| Other (2) |  |  |  |
| Other (3) |  |  |  |
| Other (4) |  |  |  |

### **MY INSURANCES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company** | **Policy number** | **Phone/Website** |
| Home & Contents |  |  |  |
| Health Insurance |  |  |  |
| Car Insurance |  |  |  |
| Life Insurance |  |  |  |
| Other (1) |  |  |  |
| Other (2) |  |  |  |

### **MY IMPORTANT DOCUMENTS**

**TIP:** *Don’t forget to take all important documents with you, including your photo ID.*

|  |  |  |
| --- | --- | --- |
|  | **Document / Card number** | **Other details** |
| Photo ID |  |  |
| License |  |  |
| Passport |  |  |
| Birth certificate |  |  |
| Medicare card |  |  |
| Legal documents (e.g. your Will) |  |  |
| NDIS Plan |  |  |
| Health and Support Plans |  |  |

## **SECTION 2**

### **MY SUPPORT PROFILE**

**HEALTH AND DISABILITY DETAILS**

**TIP:** *If this information is already in another document, like your NDIS Support Plan or a One Page Profile, save these documents together instead of re-writing the information.*

*Make a note of which plan people should refer to here:*

*If you don’t have another document with this information, fill in the details below.*

|  |  |
| --- | --- |
| Disability and/or medical conditions |  |
| Medications **TIP:** *Include what condition you take them for.* |  |
| Medical Aids |  |
| Allergies |  |
| Dietary needs |  |
| Covid immunisations **TIP:** *Add the date of your last immunisation.* |  |

## **SECTION 3**

### **MY SUPPORT NEEDS IN AN EMERGENCY**

During an emergency, how might your medical condition or disability affect your response?  
What additional support might you need?

|  |  |
| --- | --- |
| Communication |  |
| Mobility |  |
| Personal care |  |
| Sensory |  |
| Mental Health / Stress Management |  |

## **SECTION 4**

### **MY EVACUATION PLAN**

**TIP*:*** *It is a good idea to have a separate evacuation plan if you have complex needs. You can find a template and guide at the Equal Access website:*

[Personal Emergency Evacuation Plans](https://www.disabilityaccessconsultants.com.au/personal-emergency-evacuation-plans-peep-templates/)

*If you have a separate evacuation plan keep it with this document and make a note of the document name here:*

*If you don’t have a separate plan, fill in the details below.*

|  |  |
| --- | --- |
| Who will tell me when to evacuate?  For example: ABC Emergency Radio, my NDIS Accommodation manager, my first contact person. |  |
| Where will I go to?  **TIP*:*** *Where you evacuate to might be different depending on how severe the disaster is. For example, my neighbour’s house or an Evacuation Centre.* |  |
| How will I get there? What transport will I use?  For example: I will drive myself, a neighbour will pick me up, I will leave with my housemates, my NDIS Provider will organise it. |  |
| Will I require support to evacuate?  For example: I am vision impaired and will need someone to assist me to leave. I have anxiety and experience panic attacks and will need someone to be with me when I leave. |  |
| Will I need support from local Emergency Services to evacuate?   For example: I am a wheelchair user and will need Emergency Services to carry me out.  **TIP:** *Make contact with your local Emergency Service in advance so they know you need this assistance.* |  |
| What is my back-up plan for these arrangements? |  |

## **SECTION 5**

### **MY GO BAG**

***TIP****: To prepare your* ***Go Bag*** *we suggest using the Australian Red Cross and Ember checklists. You can find them here:*

[Red Cross go-bag checklist (pdf)](https://www.redcross.org.au/globalassets/cms/emergency-services/preparedness/checklist-get-packing.pdf)

[EMBER go-bag checklist (pdf)](https://emberapp.com.au/wp-content/uploads/2023/05/EMBER-Backpack-Checklist_FINAL.pdf)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have a Go Bag Packed | YES |  | NO |  |

|  |  |
| --- | --- |
| My Go Bag is stored in this place |  |

## **SECTION 6**

### **MY PET PLAN**

I have the following pets:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Type of Animal** | **Microchip Number** | **Vet Details** | **Equipment required** | **Emergency safe place or plan** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TIP:** *For useful information about preparing your pets for emergencies (including what to pack), check out this NSW Government website:*

[Emergency preparation for pets and livestock](https://www.nsw.gov.au/emergency/prepare/pets-and-livestock)

*Or take a look at this Easy Read document on the Ember website:*

[Pet essentials in an emergency](https://emberapp.com.au/wp-content/uploads/2023/06/Pet-essentials-in-an-emergency.pdf)

## **SECTION 7**

### **MY NEXT STEPS**

Your plan is now ready. You have taken an important step to being prepared for an emergency or disaster.

Now you need to take action to make sure the things you have written in your plan will happen.

For example:

Do the people in your Emergency Support Circle know about your plan?

Do you need to prepare a Go-Bag?

Do you need to contact your local Emergency Service about evacuating?

Make a list of the things you need to do below.

|  |
| --- |
|  |

**REMINDER:** Have a back-up plan.

|  |  |
| --- | --- |
| **In an emergency, if I can’t get someone to help me or I can’t access transport, my back up plan is to:** |  |