

My 'What to Do Story' Emergency Management Plan template

About your 'What to Do Story'

This is a story about how you will get ready for an emergency or a disaster.

You can use this story to tell people what you want and need them to do when an emergency or disaster takes place.

This story can be created with people you trust.

This story template can help you if you are in a regional or remote place where you maybe can't speak with NDIS providers easily. You might fill this form in with a health worker, community mob or Remote Community Connector instead.

There is a lot of personal information in your 'What to Do Story'. Only share this information with people you trust.

Keep it in a safe place where no one else can see. A safe place might be in your emergency bag (also known as a Grab bag)

You should take this story with you in an emergency or a disaster, so people know what you want and need.

INSTRUCTIONS

Write answers to the questions below. You do not have to do all the questions. You can also write, draw or make a photo story about this document in the 'What to do Story' social story or picture template.

ABOUT ME	
My name:	
My mob:	
My languages:	
My address:	
My phone number:	
My email address:	
A description of how I live e.g., who I live with, what type of place (house, apartment, caravan etc.):	

MY EMERGENCY SUPPORT PEOPLE		
If a disaster or emergency happens, I may need to contact the people below:		
Contact's Role First contact person	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Contact's Role Legal Guardian	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Contact's Role Carers	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

Contact's Role Doctor/Clinic	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Contact's Role Chemist	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Contact's Role Other	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Contact's Role Other	Name:	Organisation:
Phone:	Email:	Has a copy of my 'What to Do Story' Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

IMPORTANT DOCUMENTS - INSURANCE

Home and Contents

Insurer (Company):
Policy Type:
Policy Number:

Life Insurance

Insurer (Company):
Policy Type:
Policy Number:

Car Insurance

Model:
Rego:
Insurer (Company):
Policy Type:
Policy Number:

Other

Insurer (Company):
Policy Type:
Policy Number:

OTHER IMPORTANT DOCUMENTS

ID/Driver's Licence Number:	
Passport Number:	Place of Issue:
Medicare Card Number:	

You may want to attach a copy of your passport, birth certificate, marriage certificate or any other legal documents

MY DISABILITY SUPPORTS

My NDIS ID Number

My NDIS Support Coordinator

Name:
Organisation:
Telephone Number:
Email:

My NDIS provider/s

Name	Organisation	Email	Telephone Number

MY CENTRELINK DETAILS

My Centrelink Number

My Disability Pension Number

MY DISABILITY AND HEALTH NEEDS

My health

If you have care plans or other health documents, you can attach these instead of completing this section.

List your disability and health diagnosis

Medications

Instructions: You can attach your medication list from your doctor instead of writing below.

Medication	Reason for use:	Dosage:
Time:	Days/Frequency:	Other notes:

Medication	Reason for use:	Dosage:
Time:	Days/Frequency:	Other notes:

Medication	Reason for use:	Dosage:
Time:	Days/Frequency:	Other notes:

Medication	Reason for use:	Dosage:
Time:	Days/Frequency:	Other notes:

Allergies

Instructions: If you have a **Care Plan** you can attach your most recent plan, instead of completing this section:

I have an allergy to:
Allergy medication/s
I have an EpiPen

My health needs in an emergency or disaster

I want people around me (carers, emergency personnel) to know that I need the following done to look after my health and disability needs (e.g. medication administration, shopping, personal care low sensory environment, social and emotional wellbeing checks)

I have the following diet and or feeding needs (e.g., low salt, no sugar, lactose intolerant, PEG etc.)

I need the following aids to help me (wheelchair, walker, hearing aids)

MY COMMUNICATION

How to tell me things

Speak in languages other than English

I want the following people to help with interpreting or translation:

Auslan

Gestures

Use my communication system

Pictures

Plain English

Write words down

Social stories

Other:

How I tell you things

Speak in languages other than English

I want the following people to help with interpreting or translation:

Auslan

Gestures

Use my communication system

Pictures

Plain English

I write words down

Speech-to-text

I type on my phone

Other: Please explain more

MY STORY IN AN EMERGENCY

I will get my emergency information from:

Friends/neighbours/family

Carer

Radio (ABC Emergency/Aboriginal
Community)

Fire App

AIDR App

Other:

I will leave the house when:

I will decide when to leave

Legal guardian

When family tells me

When my carer tells me

When I get an alert from Emergency services

Other:

Where I will go in an emergency

My evacuation place is located at:
Type of location (evacuation centre, friend etc):
Number:
Street:
Suburb:
Telephone:

I will get to my evacuation point by
<input type="checkbox"/> I will drive myself <input type="checkbox"/> My family, friend or a service will drive me and their name and contact details are:
I need a support person with me: Yes <input type="checkbox"/> No <input type="checkbox"/>

MY BELONGINGS

When I am in a disaster or emergency – I need to pack a bag of things to get me through a few nights.

This list will help me pack. **Checklist**

- A change of clothes including something warm
- Take medications for at least 3 days
- Toothbrush, toothpaste, soap, tissues, face or body wipes, toilet paper and personal care items
- Portable radio with batteries
- Mobile phone, charger, power bank
- iPad, laptop or other important electronics
- Noise cancelling headphones and eye mask
- Torch and batteries
- Snacks and food (can opener if you have cans)
- Bottled water (include a personal water bottle)
- Face mask
- Gloves
- First aid kit
- Some things to do – book, drawing books and pens, puzzles, weaving, toys for children
- Blanket
- Keys
- Cash and credit card
- Any assistive technology
- Communication board
- Sensory soothing items, e.g., fidget toys, iPad, sunglasses, favourite snacks
- Copy of this plan and important documents

My emergency belongings are located

Write, draw or add pictures here

My pet needs

- Pet food
- Pet bowls (food and water)
- Collar and leash
- Pet carrier
- Bedding and toys
- Cleaning bags
- Photo of pet and registration document

WHAT TO DO IF I MUST EVACUATE MY HOME

- 1.
- 2.
- 3.
- 4.
- 5.

This is my backup plan if I cannot get someone to help me or transport me

- 1.
- 2.
- 3.
- 4.
- 5.

I SHOULD NOW

1. Scan, photograph or copy this plan for me, my family and/or carers
2. Keep a copy of my plan in my phone. Either in my email or files.
3. Put a paper copy with my emergency bag to take with me in an evacuation,
4. Pack my emergency bag in case of an emergency evacuation.
5. Practice what to do in case of an emergency or disaster.