EMERGENCY PLAN





If you live alone,

consider reaching out to someone who can help you with your preparedness actions.



Regardless of who lives in your household,

having others people's support and participation is helpful when making your plan.



HAZARDS THAT MAY AFFECT YOUR HOUSEHOLD OR COMMUNITY

| 1. | |
|----|--|
| 2. | |
| 3. | |
| 4. | |

INFORMATION ABOUT YOUR HOUSEHOLD MEMBERS

| Name | |
|--|--|
| Provincial health card number | |
| Passport number / permanent resident card / status card / other important document numbers | |
| Driver's licence number | |
| Cell phone number | |



INFORMATION ABOUT YOUR HOUSEHOLD MEMBERS

| 140 | nme |
|-----------|--|
| | ovincial health card number |
| Pa res | ssport number / permanent sident card / status card / ner important document numbers |
| | iver's licence number |
| | Il phone number |



Keep copies of important documents in your emergency evacuation kit, along with this plan.

(III)

IMPORTANT EMERGENCY CONTACTS

| | NAME | RELATIONSHIP | PHONE | ADDRESS |
|---------------------------------|------|--------------|-------|---------|
| Friend or family member | | | | |
| Member of support network | | | | |
| Out-of-area contact | | | | |



Consider asking one of these people if you can stay with them in an emergency.

If you do not have anyone who can help you in an emergency, make arrangements with friends, cultural associations, places of worship or local community organizations.

Also consider leaving copies of your important documents with someone you trust.



PLACES TO STAY IN AN EMERGENCY

| Name |
|--|
| Phone |
| Address |
| |
| Name |
| Phone |
| Address |
| |
| If you have pets, you may want to include contact information for a pet-friendly shelter, hotel, or other accommodation. |
| MEETING PLACES |
| Near your home |
| |
| |
| Out of your area |
| |
| |



MEDICAL CONTACTS

| | NAME | PHONE | ADDRESS |
|------------------------------------|------|-------|---------|
| Doctor | | | |
| Home support | | | |
| Nearest emergency department | | | |
| Pharmacy | | | |
| Optometrist | | | |
| Dentist | | | |
| Poison control | | | |
| Other | | | |



MEDICAL INFORMATION

For each household member:

- Attach a copy of their health card to this plan.
- Attach copies of third-party, private or other supplementary health insurance cards to this plan (such as insurance through your employer).
- · Attach copies of prescriptions to this plan.
- Include a three-day supply of all medications in your evacuation kit or in an easily accessible location inside your home if you have to evacuate.



5.

MEDICAL AND FUNCTIONAL INFORMATION

| Medications and dosages |
|--|
| Conditions |
| Allergies |
| Blood type |
| Medical aids (e.g. wheelchair, crutches) |
| Include: brand, model, serial number and supplier number |
| Substitute decision-maker |
| Additional details |
| |
| MEDICAL, SOCIAL AND FUNCTIONAL |
| Define your special needs that require specialized assistance or services during a disaster or crisis. For example, a person with reduced mobility who requires assistance in the event of an evacuation. |
| • You can use the self-assessment in Appendix I to help you identify your needs. |
| 1. |
| 2. |
| 3. |
| 4. |



PREPAREDNESS ACTIONS

- Determine what actions need to be taken to build your capacity during and after a disaster or crisis.
 - For example, signing up for the fire department's evacuation assistance service for people with reduced mobility.
- Refer to the self-assessment in Appendix II, which has a list of example preparedness actions.

| 1. | | | |
|----|------|------|------|
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| 5. | | | |
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INFECTION AND DISEASE PREVENTION TIPS

During an emergency or evacuation, make sure that the people you will be staying with do not have any symptoms of COVID-19 or other infectious diseases. If they have symptoms, seek out other temporary lodging. Check with commercial accommodations, humanitarian organizations or emergency shelters.

In a health emergency (such as a pandemic), if an evacuation is required, please follow the guidance from your local public health unit.



LOCAL RESOURCES

Take note of local resources that can support you in your preparations and be useful in a disaster or crisis.

| NAME | SERVICE | PHONE |
|------|---------|-------|
| 1. | | |
| | | |
| | | |
| 2. | | |
| | | |
| | | |
| 3. | | |
| | | |
| | | |
| 4. | | |
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| 5. | | |
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| | | |



SUPPORT NETWORK

Write down the contact information for neighbours, acquaintances, friends, community support workers, or your landlord.

| Name | | |
|-------|--|--|
| Phone | | |
| Name | | |
| Phone | | |
| Name | | |
| Phone | | |

INSURANCE INFORMATION

| | INSURER | CONTACT DETAILS | |
|---|---------|-----------------|--|
| Home | | | |
| Third-party/ private health insurance coverage/ supplementary insurance | | | |
| Car | | | |
| Life | | | |
| Travel | | | |



Make sure that you understand your insurance policy and choose one that includes coverage for the hazards you identified and that meets your needs.



PETS

Pet name

| Breed |
|--------------------------------------|
| Microchip/ licence number |
| Vet/kennel contact details |
| Emergency safe place contact details |
| Equipment required |
| Care plan in case of emergency |
| Additional notes |
| Pet name |
| Breed |
| Microchip/ licence number |
| Vet/kennel contact details |
| Emergency safe place contact details |
| Equipment required |
| Care plan in case of emergency |
| Additional notes |



You can put a sticker or note on your window at home to notify the fire department of the number and types of animals to save.



UTILITIES

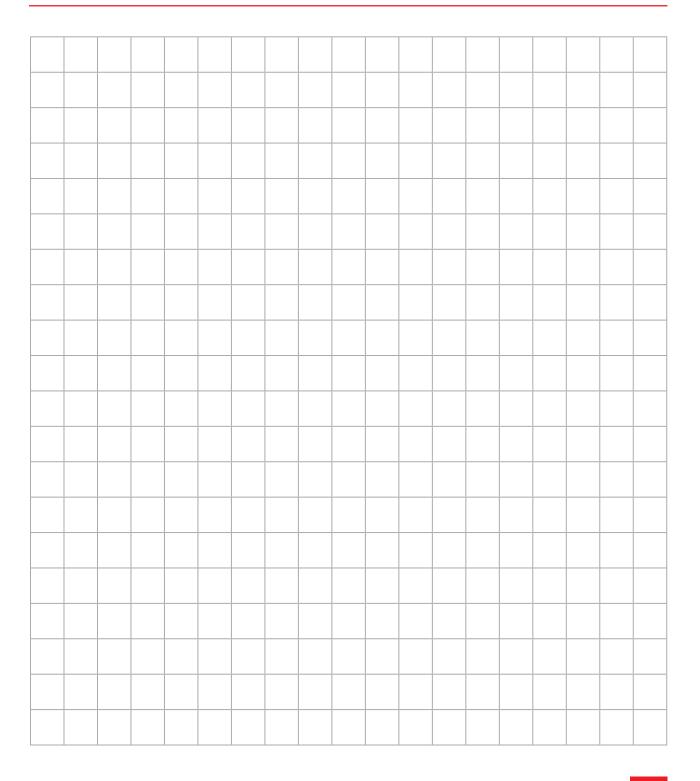
| | COMPANY | ACCOUNT NUMBER | CONTACT DETAILS | LOCATION (in the home) |
|---------------------------------|---------|-------------------|--------------------|---------------------------|
| Electricity/ oil/ propane | | | | |
| Water | | | | |
| Gas | | | | |
| Roadside assistance | | | | × |
| Internet | | | | × |
| Phone | | | | × |
| Other (1) | | | | |
| Other (2) | | | | |



EVACUATION PLAN

Draw the various rooms in your home and your evacuation plan on the grids below. Mark the locations of the various equipment, devices and switches, smoke and carbon monoxide detectors, extinguishers and emergency kits.

EVACUATION PLAN FOR FLOOR 1



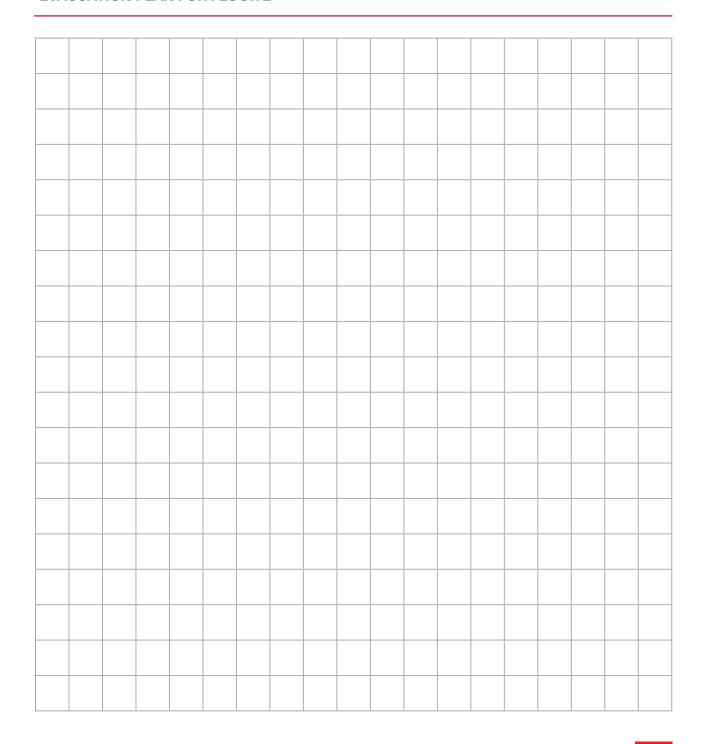


EVACUATION PLAN

IMPORTANT REMINDER

- At least once a year, review, update and practice your evacuation plan with your household or friends and family.
- Every six months, test your smoke alarms and carbon monoxide detectors. Daylight savings time, which happens twice a year, is the perfect reminder to test your alarms.

EVACUATION PLAN FOR FLOOR 2





DO YOU HAVE AN EMERGENCY KIT?

During an emergency, you will need several essential items. You may have to make do without power or running water. To make sure that you are ready, it is best to have an emergency shelter-in-place kit and an emergency evacuation kit at home.

If necessary, local authorities may ask you to shelter at home or seek shelter in a safer location. If you need to evacuate your home, you may only have a few minutes to gather everything you need before leaving. This is why it is important to have an emergency evacuation kit by your main exit that is ready to grab in an evacuation.

The emergency shelter-in-place kit is useful when sheltering at home is recommended. These items should ideally be put into the kit, but can also be kept in different places in your home. A list that shows the exact location of each item should be included in the emergency evacuation kit. The emergency shelter-in-place kit must contain enough supplies to meet your household's needs for at least three days.

For example, here are some essential items to have for three days:

- Water
- Non-perishable food
- Flashlight

- Supply of medication
- Manual can opener
- Important documents

Contrary to what some people think, an emergency kit does not have to be expensive. You can even create one yourself. Whatever you choose, it will be worth the effort.

Take a look at the *List of Items for the Emergency Evacuation Kit* and *List of Items for the Emergency Shelter-In-Place Kit* documents to learn what to put in the emergency kits.

See redcross.ca/ready

for a guide and item lists to help you build or buy your emergency kit.

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APPENDIX I SELF-ASSESSMENT OF MEDICAL, SOCIAL AND FUNCTIONAL NEEDS

| DAILY LIVING | YES | NO | WAYS TO PREPARE |
|---|-----|----|-----------------|
| 1. Do you live alone? | | | |
| 2. Do you have a good sense of smell? | | | |
| 3. Do you have good hearing? | | | |
| 4. Do you have good eyesight? | | | |
| 5. Are you reliant on medical equipment? | | | |
| 6. Do you have a social network? | | | |
| 7. Do you have visitors regularly? | | | |
| 8. Do you have physical or cognitive limitations? | | | |
| 9. Do you have a caregiver? | | | |

| GETTING AROUND | YES | NO | WAYS TO PREPARE |
|--|-----|----|-----------------|
| 10. Do you drive and own a car? | | | |
| 11. Do you need help to carry out daily tasks or walk? | | | |
| 12. Do you need assistance to get groceries, medications or medical supplies? | | | |

| EVACUATING | YES | NO | WAYS TO PREPARE |
|---|-----|----|-----------------|
| 13. Do you need assistance to leave your home? | | | |
| 14. Do you need hearing aids? | | | |
| 15. Do you need vision aids? | | | |
| 16. Are you able to hear a siren? | | | |
| 17. Do you need assistance to get groceries, medications or medical supplies? | | | |

| SHELTERING | YES | NO | WAYS TO PREPARE |
|--|-----|----|-----------------|
| 18. Do you need assistance to get groceries, medications or medical supplies? | | | |
| 19. Are you familiar with the local resources in your community? | | | |

| OTHER MEDICAL, SOCIAL OR FUNCTIONAL NEEDS | WAYS TO PREPARE |
|---|-----------------|
| 20. | |
| | |
| 21. | |
| | |
| 22. | |
| | |

APPENDIX II EXAMPLES OF WAYS TO PREPARE YOURSELF

For each special need, whether it be medical, social or functional, you can take steps to build your capacity to cope with a disaster or crisis.

Each need requires that you develop strategies specific to your situation. Here is a non-exhaustive list of ways to prepare.

MEETING YOUR MEDICAL NEEDS

- Keep a three-day supply of medication on hand;
- Get a backup power source to run your medical equipment;
- Notify your electric company of your needs and ask to be considered a priority customer for restoring service;
- Wear a medical alert bracelet;
- Purchase spare batteries for essential electrical devices;
- · Make sure that your friends and family know how to operate your medical equipment;
- Keep a list of the establishments that supply medical equipment or life-sustaining treatments.

MEETING YOUR FUNCTIONAL NEEDS

- Install a wheelchair access ramp or an evacuation chair at home;
- Plan how to evacuate your home with local services, public transit or accessible transportation;
- Notify the fire department of your special needs;
- Sign up for your local fire department's emergency evacuation assistance program;
- Put a sticker or note on the window to notify the fire department that a resident has reduced mobility;
- Notify the owner or manager of your home about your condition and that you need assistance in an emergency;
- Sign up for the special needs registry with your CLSC or community so that public safety services (e.g., fire department, police) can take appropriate steps to reach you and inform you of emergency measures.

MEETING YOUR FUNCTIONAL NEEDS

- For deaf, hard-of-hearing or speech-impaired individuals, sign up for the T911 service (textwith911.ca) to communicate with emergency services by text message;
- Get a medical alert system that sends an alert if you are unable to move.

MEETING YOUR SOCIAL NEEDS

- Team up with a friend or family member to give and receive support in an emergency;
- Create a card to keep in your wallet that has your contact information and that of important contacts (e.g., people who can help you in an emergency, your caregivers). Give copies of the card to people in your network.
- · Sign up for direct deposit with your financial institution to receive your benefits regularly;
- Purchase insurance that meets your needs;
- Give a house key to someone you trust.