



Emergency Preparedness Guide

What Seniors Need to Know



Funding provided by
the Government of Canada



Maple Ridge, Pitt Meadows
Katzie, Seniors Network

Name: _____

Phone: _____

The information and suggestions contained in this guide have been compiled from generally accepted practises in the industry. However, the Maple Ridge, Pitt Meadows Katzie Seniors Network and/or its members, cannot be held responsible for its effectiveness or appropriateness as this is dependent on individual circumstances.

Introduction



The Emergency Preparedness Committee, a sub-committee of the Maple Ridge, Pitt Meadows, Katzie, Seniors Network, was struck in October, 2014 when it became evident that many challenges exist for seniors and people with disabilities during a disaster.

The purpose of the sub-committee is to promote Emergency Preparedness amongst seniors. With the assistance of a New Horizons for Seniors Grant from the Federal Government of Canada we are able to take the education process even further by providing a guide for older adults, outlining the steps to emergency preparedness. (Although this emergency guide will focus on the needs of seniors, it also encompasses the needs of persons with disabilities).

The diverse climate in the province of British Columbia accounts for a variety of potential disasters. In an emergency, phone lines, gas, electricity, and water services can be disrupted for an extended amount of time. Services that we take for granted will be interrupted – for instance, roads may be blocked, stores and gas stations may be closed, ATM machines broken. The best way to mitigate the damage and discomfort is to be emergency-prepared.

For the millions of Canadians with physical and cognitive disabilities, fires and floods and disasters such as earthquakes present a real challenge. Emergencies and disasters can strike quickly and without warning and could result in an evacuation of your home or neighbourhood.

The question you need to ask yourself is, “What will happen if I do not have water, heat, electricity or telephone for up to one week?” You and your families play an imperative role in preparing for an emergency when services may prove to be unavailable.

This guide will help you get started to being emergency-prepared, keeping in mind that you will need to discuss possible solutions with your family, caregivers and support network. Make sure you share this plan with them so that everyone is on the same page in the event of an emergency.

Table of Contents



BE PREPARED	5
Personal Assessment	
Apartments, Condos and Strata Buildings	
Create a Personal Support Network	
PREPARATION	9
FLOOD	9
EXTREME WEATHER	10
WILDFIRE	10
EARTHQUAKE	10
GET A KIT	11
Emergency Kit	
MAKE A PLAN	16
Considerations for people with disabilities	
EMERGENCY KIT WORKSHEETS	19
HOUSEHOLD EMERGENCY PLAN	26
MAP OUT YOUR NEIGHBOURHOOD/CONDO COMPLEX	32
THE NEIGHBOURS	33
MAP OUT YOUR HOUSE/APARTMENT	34
(Including escape routes)	
EMERGENCY CONTACT	37/38
INFORMATION CARDS OK/HELP SIGNS	39/40



Why Prepare?

Emergencies can occur suddenly and without warning so it is important that individuals and families (especially those with special needs) are prepared to be self-reliant for a period of seven days immediately following a disaster.

Where you are when a disaster strikes will determine what your needs will be. Will you have to evacuate? Will you be able to reunite with your loved ones?

The best way for you to be able to cope is to plan ahead with your support network. If you do not have a support network you will need to create one, from friends and neighbours. You will also need to follow the three basic emergency preparedness steps outlined in this guide.

What Every Senior Should Know about Preparedness

This emergency guide provides only suggested guidelines. It will not cover every person's needs; therefore you should decide which essential items to include for yourself and your family members.

Consideration should be given to the fact that you may not have electrical power and / or you may need to evacuate. Pack all of your essentials in an easily-accessible container that is waterproof and movable.


Personal Assessment

Determine what you are able to do yourself and what you will need help with; this will be based on your limitations and capabilities.

As you go about your usual routines, carry a pad for several days and jot down anything that might be difficult for you to manage without in an emergency, and then begin to brainstorm solutions that might work for you. Make a list of resources to assist you when in need.

Carry a personal alarm that emits a loud noise to draw attention.

Collect contact information including phone, email, and social media information for your family, friends, caregivers, and neighbours. Include medical facilities, doctors, and service providers.



Ensure you have a radio that is either wind up or battery operated so that you can get the latest news on what plans your community has made for evacuation and what plans they have made for people that will need assistance with transportation to evacuate.

People who take medications (such as insulin) that need to be kept cool should have frozen water bottles or ice packs in their freezers to put in an insulated bag should there be a power outage or evacuation.

Apartments, Condos and Strata Buildings

Consider appointing floor wardens (buddy system) who, in the event of an evacuation, will canvass the floor to make sure that everyone has been able to get out.

Consider asking for a panic button to be installed in the building where you live, so in the event of an emergency you can notify others of your whereabouts should you need special assistance.

Familiarize yourself with the exits and escape routes on each floor.

Use the OK/Help Sign (located at the back of this guide) to place in your window or door to indicate whether you are alright or need assistance.

Talk with your strata council about having an emergency evacuation chair stored near the stairwell so you can readily access it when needing to evacuate.

Those who are hard of hearing should install audible and visual smoke detectors that have a visual as well as an audible indicator.

IMPORTANT FACTS

•
Six inches of water will move a car causing it to lose control or possibly stall.

•
A foot of water will float most vehicles.

•
Two feet of water can carry most vehicles away, including trucks.



Create a Personal Support Network

Members of your network can be friends, relatives, roommates, neighbours or co-workers. Do not depend on just one person as they might not be available in the event of an emergency.

Practice your plan with your support network, just like you would a fire drill.

Share your emergency plans with the trusted people in your support network – tell them:

-
1. Where your emergency supplies are kept.

 2. What you need and how to contact you if the power goes out.

 3. What medical devices or assistive technology you will need to have with you if there is an evacuation.

 4. Your plans to remain independent if you require oxygen or mechanical ventilation.

Ask yourself the following questions:

-
1. Do you need assistance with personal care regularly or daily?

 2. Do you have adaptive equipment to help you get dressed?

 3. What will you do if the water service is interrupted for a prolonged period of time?

 4. Do you use special equipment such as a tub transfer bench, shower chair or other bathing apparatus?

 5. Do you need special utensils to help you prepare or eat meals?



-
6. Do you use any electrically powered equipment such as a dialysis machine, electrical lifts or oxygen concentrator?
-
7. Do you have a safe back-up power supply and how long will it last?
-
8. Do you have an alternate plan if your escape route is cluttered with debris?
-
9. Do you need a specially equipped vehicle or accessible transportation?
-
10. Do you need help getting groceries, medication and medical supplies?
-
11. What if your caregiver can't reach you because roads are blocked or the disaster has affected them?
-
12. Will you need assistance for evacuation?
-
13. Will you be able to exit without the use of the elevator?
-
14. How will you summon help?
-
15. Will you be able to evacuate independently without relying on auditory cues?
-
16. Will you be able to care for your animal and provide food, shelter and veterinary care?
-
17. Do you have the necessary licensing for your service animal?
-
18. Does your building manage an emergency plan and emergency supplies for the residents?

Preparation



FLOOD - If you live in a flood plain:

- Elevate your furnace, water heater and electrical panel, if susceptible to flooding.
- Install “check valves” in sewer traps to prevent flood water from backing up into the drains of your home.
- Seal walls in basement with waterproofing compounds to avoid seepage.
- Be aware that flash flooding can occur if you live around a stream, canyon or other related flood prone areas. Do not wait for instructions, move swiftly to higher ground.
- Construct barriers (levees, beams, sandbagging) to stop floodwater from entering the building.
- Listen to the radio or television for information.
- If you have time before you leave your home, secure the perimeter and move essentials to the upper floor.
- Turn off utilities and disconnect electrical appliances. Do not touch anything electrical if you are standing in water.
- Do not walk through moving water; try to locate standing water if you must cross. Use an implement to determine the condition of the ground and the depth of the water.
- Do not drive into flooded areas.
- Listen for news reports to learn whether the water supply is safe to drink.
- Stay away from downed power lines and report them to BC Hydro.
- Return home only when the authorities say it is safe to do so.
- Use extreme caution when entering buildings, there may be hidden dangers.
- Clean and disinfect everything that got wet. Any left over water or mud will contain sewage and possibly chemicals.



EXTREME WEATHER

- Prepare for extreme weather by having sufficient fuel and a secondary source of heat on hand.
- Listen to the radio for weather reports and emergency information.
- Eat and drink regularly but avoid caffeine and alcohol.
- Conserve fuel, if necessary, by closing off heat to some of the rooms in your house.
- Maintain ventilation when using kerosene heaters to avoid accumulation of fumes.

WILDFIRE

- Mark the entrance of your property with address signs that are clearly visible from the street.
- Stack firewood at least 30 feet away from your residence.
- Create defensible space by removing refuse and debris and thinning trees and brush within 30 feet of your residence.
- Turn off propane tanks and shut off gas at the meter.
- Connect garden hoses to outside taps. Place lawn sprinklers on the roof and near above-ground fuel tanks.
- Prepare for evacuation by backing your car into the garage and disconnecting the automatic garage door openers. Leave the keys in the ignition and door unlocked.

EARTHQUAKE

- Secure your hot water tank to the studs to avoid it tipping over, as it contains a source of water.
- Place large and heavy objects on lower shelves or at ground level.
- Brace heavy objects such as shelving to the wall.
- Make sure your home is secured to the foundation.
- Locate safe places in your home where you can DROP, COVER AND HOLD.
- If you cannot get under furniture, position yourself near an inside wall, safe from objects.
- Stay inside until the shaking has stopped for at least one minute.
- Stay away from glass, windows or other objects like lighting fixtures or furniture.

Get a Kit

- If in bed when the earthquake occurs, use your bedding as cover.
- If outdoors, move away from buildings and potential flying objects.
- If in your car, pull over as soon as it is safe to do so and wait until the shaking has stopped for at least one minute.
- Turn off your electricity if need be but do not turn off your gas unless you hear it or smell it. A technician needs to turn your gas on again and that may take considerable time after a catastrophic event.
- Hold regular earthquake drills with your neighbourhood, stratas and condos.

Emergency Kit

Prepare a basic disaster emergency kit. Store the kit near an outside exit such as a coat closet, garage door, or basement door.

Make sure you pack essential items you and your family will need to survive for at least seven days. Essential items may include medical supplies, assistive devices, food for your specific dietary needs, prescription medicines, hearing aid batteries, phone charger and back up battery (and TTY if you use this technology), manual wheelchair, extra seat cushion, and other medical equipment and mobility devices you may need to maintain your health, safety and independence. Do not forget supplies for your service animal.

For children and adults with sensory processing disorders, pack visual stimulation for a busy room, (headphones to decrease auditory distractions), and comfort snacks and toys.



Water – At least four litres of water per person per day. There are many bottled varieties with different lengths of shelf life from 1 to 5 years. You could also use a water filtrating system or water purification tablets. This amount does not provide for reconstituting food, washing dishes and personal hygiene.



Food – Enough food for at least one week. Use food that will not spoil. There are many varieties available that have considerable shelf life or simply use food from your pantry. Make sure you check your kits at least once a year to replenish out-dated food.



Radio – This is how you will receive instructions on evacuation plans and routes that are open. There are several news stations and in an emergency most radio stations will carry up-to-date bulletins. Radios are available with battery, solar or wind-up power. Make sure if you have one that is battery operated that you carry spare batteries.



Flashlight – These can be wind-up, solar or battery powered; make sure you have extra batteries if you choose a battery powered flashlight. Make sure it is a quality flashlight that will work when you need it to.



First Aid Kit – A simple kit with 100 or so pieces will suffice.

Candles/Matches – In a metal tin, especially for emergencies.

Emergency Blanket – To keep warm while you seek shelter

Emergency Poncho – To keep dry during inclement weather

Toiletries – Include toilet tissue

Change of Clothes – Pack items you can layer

SPECIAL ITEMS:

Prescription Medicines – at least one week's worth

Keys – Extra keys to home and car

Cash – small bills as ATM's most likely will not work and a roll of quarters for the pay phones

Duct Tape – to tape up windows, doors and air vents

Black Garbage Bags – to use for refuse and bathroom facilities

Prescription Glasses – extra set of glasses just in case you were unable to grab yours on the way out

Dentures – Extra dentures

Sturdy Shoes – to be able to walk over glass and debris

Detailed list – of special needs items and equipment, in the event they need to be replaced

MOBILITY SPECIAL ITEMS:

Tire Patch Kit – Including a supply of inner tubes, if you use mobility aids

Gloves – Heavy duty to help protect your hands while wheeling over glass or other sharp debris

Deep Cycle Battery – Extra one for your motorized wheelchair or scooter

Walker

HEARING SPECIAL ITEMS:

Writing pad and pencil – for communication

Flashlight, whistle or personal alarm

A CommuniCard™ – (produced by the Canadian Hearing Society) that explains your hearing loss and identifies how first responders can communicate with you

Pre-printed phrases – you can use during an emergency such as; *"I use Sign Language", or "If you make an announcement, I will need to have it written or signed"*

Assistive equipment according to your needs

VISION SPECIAL ITEMS:

White Cane – to readily manoeuvre around

Emergency Supplies – fluorescent tape, large print or Braille text

Extra Vision Aids – such as electronic travel aid, monocular, binocular or magnifier

Assistive Technology – to access information or portable CCTV devices





SERVICE ANIMAL/PET EMERGENCY KIT LIST:

Water – Minimum seven day supply (including bowl)

Food – Minimum seven day supply (including bowl)

Medications – Include a list of medical conditions, dosage, and frequency

Leash and collar

Manual can opener and paper towels

Blanket and toy

Plastic bags

Bandages – for injured paws

Up-to-date identification

Recent photo – in case you get separated





Make a Plan

Ask your pharmacist to provide a list of your prescription medications and medical devices. Include this list with your Important Document folder.

Make hard copies and maintain electronic versions, including a portable thumb drive containing:

Doctors' orders for durable medical equipment, consumable medical supplies and assistive devices. Include the style and serial numbers of the support devices and where you purchased them from.

Medical insurance cards, a list of your allergies, and your health history.

If you own a medical alert tag or bracelet, wear it. Keep medical or written descriptions of your disability and support needs, in case you are unable to describe the situation in an emergency.

If possible, stock extra over-the-counter and prescription medications, oxygen, insulin, catheters, feeding tubes, cannulas, tubing, trach tubes, wipes, pads, undergarments, ostomy supplies, leg bags, adhesive and other medical supplies you use.

If you have allergies or chemical or environmental sensitivities, be sure to include cleaning, filtering and personal items you may need to use to decrease the impact of irritants.

If you work with a medical provider to receive life sustaining medical treatment such as dialysis, oxygen or cancer treatment, work with that provider in advance, to identify alternative locations where you could continue to receive treatment.

If you require personal care or meals on wheels, talk to your provider. Ask how you can continue to receive services such as disability, mental and behavioural health and social service providers, or medical and life alert services.

Complete a Communication Plan. It should include contact information for your family members, your support network and caregivers. Your plan should also include an out of province contact number.



Set up an out of province contact using the cards located at the back of this guide. When a disaster occurs contact this person (s) to let them know your status, where you are, where you are going and how people can get in contact with you. Share this number with your family so they can do the same. When you call in, the contact can tell you the status of each family member and how you will be able to reunite.

In the event of a fire, you may need to evacuate the building at a moment's notice. Determine the best routes ahead of time. Use the template at the back of this book to draw floor plans of your home showing the location of doors, windows and stairways. Indicate at least two escape routes and mark a safe place outside the home to reunite with your loved ones. Practise the routes several times to ensure you are ready. Include your caregivers in these drills.

Plan for your pets. Not all reception centres will allow animals (other than service animals) inside. They may be able to shelter your animal until a more appropriate place becomes available. However, you must have your pet's vaccination records in your important documents folder.

Considerations for people with disabilities:

Educate yourself about what to do should there be a power outage, know how to use your back up power for essential medical equipment.


Train your support network on how to operate your equipment. Laminate instructions and have them attached to the equipment.

If you have an electric wheelchair, keep a manual wheelchair as a backup.

Arrange for more than one person in your support network to check on you, so there is at least one back up if the primary person is not available.

If you are visually impaired, deaf or hard of hearing, plan ahead for someone to convey the essential emergency information to you.

Check with your caregiver to find out if their agency has a disaster plan such as providing services at another location.



Have a cell phone with a back up battery. There is no guarantee your land line or cell phone will work. This step will add another tool to your emergency kit to use if the land lines are down. Make sure to pre-program it with essential phone numbers.

Be prepared to provide clear instructions concisely and quickly.
Practise your message when you practise your evacuation routes.

Know when to shut off gas, water and utilities and keep the tools nearby. Turn off your gas **ONLY** when you hear it or smell it or when officials instruct you to do so. It will take a technician to turn it back on and in the meantime you might need it to cook, heat up water or your home. Turn off other utilities if you suspect a leak, if the lines are damaged or if your home is saturated with water.

Ensure you have a fire extinguisher and everyone knows how to use it.

Make sure you have smoke alarms on each level of your home, especially outside the bedrooms.

Homeowners insurance does not cover flood damage and may not cover other incidents. Go over your policy to ensure you have the coverage you think you should. Include the policy holder's (not the sales agent) contact information with a photocopy of your insurance documents in your Important Documents Folder.

Do a Home Hazard Hunt to identify potential danger or injury. Place large objects on lower shelves and hang pictures and mirrors away from beds, unless you strongly secure them to the wall. Use securing devices to adhere shelves, large appliance, and mirrors to wall studs.

Emergency Kit Worksheets



PRESCRIPTION MEDICINE		
	Name of Medication	Packed
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>
11		<input type="checkbox"/>
12		<input type="checkbox"/>
13		<input type="checkbox"/>
14		<input type="checkbox"/>

Every 3-6 months switch old medicines in your kit for new, to stay current.



OVER THE COUNTER MEDICATION

	Name of Medication	Packed
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>

Check expiry dates.



PERSONAL CARE ITEMS

	Name of Item	Packed
1	Hand Soap/Sanitizer	<input type="checkbox"/>
2	Wet Wipes/Lip Balm	<input type="checkbox"/>
3	Toothbrush & Paste	<input type="checkbox"/>
4	Denture Cream & Brush	<input type="checkbox"/>
5	Comb/Brush	<input type="checkbox"/>
6	Nail File/Scissors	<input type="checkbox"/>
7	Band Aids / Ointment	<input type="checkbox"/>
8	Corn and Pressure Pads	<input type="checkbox"/>
9	Support Hose	<input type="checkbox"/>
10	Toilet Paper/Kleenex	<input type="checkbox"/>
11	Glasses/Sunglasses	<input type="checkbox"/>
12	Sunscreen/Bug Repellant	<input type="checkbox"/>
13	Neck Pillow	<input type="checkbox"/>

For bulky items, roll tight and slip into large baggies.



CLOTHING		
	Name of Item	Packed
1	Hats/Scarves	<input type="checkbox"/>
2	Gloves – Heavy Duty	<input type="checkbox"/>
3	Pants/Shorts	<input type="checkbox"/>
4	Shirt	<input type="checkbox"/>
5	Sweater/Coat	<input type="checkbox"/>
6	Underwear	<input type="checkbox"/>
7	Socks	<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>

Suggestion: group items together in a closeable plastic bag. You'll be able to see what you need much easier. For bulky items, roll tight and slip into a large baggie.



FOOD AND WATER

	Name of Item	Packed
1	Water (4 litres per person per day)	<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>
11		<input type="checkbox"/>
12		<input type="checkbox"/>
13		<input type="checkbox"/>
14		<input type="checkbox"/>
15		<input type="checkbox"/>
16		<input type="checkbox"/>



FOOD AND WATER

	Name of Item	Packed
17		<input type="checkbox"/>
18		<input type="checkbox"/>
19		<input type="checkbox"/>
20		<input type="checkbox"/>
21		<input type="checkbox"/>

MISCELLANEOUS ITEMS

	Name of Item	Packed
1	Batteries (extra)	<input type="checkbox"/>
2	Bungee cords	<input type="checkbox"/>
3	Can Opener	<input type="checkbox"/>
4	Coins/Cash	<input type="checkbox"/>
5	Glow stick (yellow/green)	<input type="checkbox"/>
6	Knife/Fork/Spoon	<input type="checkbox"/>
7	Pen/Notepad	<input type="checkbox"/>
8	Plate/Bowl/Cup/Mug	<input type="checkbox"/>
9	Radio/Flashlight	<input type="checkbox"/>
10	Water Purification Tablet	<input type="checkbox"/>

Pack in a container that has wheels, such as suitcase or plastic container.



IMPORTANT DOCUMENTS	
Name of Item	Packed
Bank Account Numbers	<input type="checkbox"/>
Birth Certificate(s)	<input type="checkbox"/>
Credit Card Numbers/Contacts	<input type="checkbox"/>
Doctor/Veterinarian Contact Numbers	<input type="checkbox"/>
Driver's Licence	<input type="checkbox"/>
Personal Health Care Number/Medical Records	<input type="checkbox"/>
Household Inventory List	<input type="checkbox"/>
Immunization Record(s)	<input type="checkbox"/>
Income Tax Returns(s)	<input type="checkbox"/>
Insurance Policies (with phone number for provider)	<input type="checkbox"/>
Lease/Mortgage Papers	<input type="checkbox"/>
List of Medication(s)	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Pet Photo	<input type="checkbox"/>
Pet Registration	<input type="checkbox"/>
Safety Deposit Box Key	<input type="checkbox"/>
Social Insurance Number	<input type="checkbox"/>
USB backup file of photos	<input type="checkbox"/>
Warranties	<input type="checkbox"/>
Will/Power of Attorney	<input type="checkbox"/>

Take photographs of the originals and store in a closeable plastic bag.



Household Emergency Plan

FAMILY MEMBERS/SUPPORT NETWORK CONTACT INFORMATION

Full Name:

Phone:

Email:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUILDING SUPERINTENDENT CONTACT INFORMATION

Name:

Phone:

Address:

_____	_____	_____
_____	_____	_____

LEGAL AND FINANCIAL INFORMATION

Name and Social Insurance Numbers of all Family Members

Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____
Name: _____	SIN: _____



BANK ACCOUNTS

Bank _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

Bank _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

Bank _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

Account Type: _____ Acct # _____

INSURANCE POLICIES

Life Insurance Company: _____

Policy Type: _____

Life Insurance Company: _____

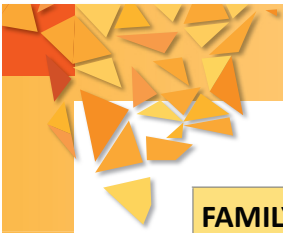
Policy Type: _____

House Insurance: _____

Policy Type: _____

Other Insurance: _____

Policy Type: _____



FAMILY INFORMATION	
#1 Name: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#1 Spouse: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#2 Name: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#2 Spouse: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#3 Name: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#3 Spouse: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#4 Name: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#4 Spouse: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#5 Name: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____
#5 Spouse: _____	Home Phone: _____
Employment Address: _____	Work Phone: _____



MEDICAL CONTACTS

Doctor's Name:	_____	Phone:	_____
Clinic Address:	_____		_____
Doctor's Name:	_____	Phone:	_____
Clinic Address:	_____		_____
Doctor's Name:	_____	Phone:	_____
Clinic Address:	_____		_____

MEDICAL INFORMATION

Name:	_____
Allergies:	_____
Eye Glass Prescription:	_____
Special Needs/Limitations:	_____

Name:	_____
Allergies:	_____
Eye Glass Prescription:	_____
Special Needs/Limitations:	_____

Name:	_____
Allergies:	_____
Eye Glass Prescription:	_____
Special Needs/Limitations:	_____

Name:	_____
Allergies:	_____
Eye Glass Prescription:	_____
Special Needs/Limitations:	_____



MEDICAL INFORMATION

Name: _____
Allergies: _____
Eye Glass Prescription: _____
Special Needs/Limitations: _____

OTHER IMPORTANT NUMBERS

Ambulance: _____
Emergency Management BC: 1 800 663 3456
Fire Department: _____
Police Department: _____
Poison Control: _____
Canadian Red Cross: _____
Fortis Gas: _____
BC Hydro Emergencies: _____
Landlord: _____
Lawyer: _____

SERVICE ANIMAL/PET INFORMATION:

Name:	Type/Breed:	Colour:	Registration/ID:
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT INFORMATION FOR VETERINARIAN

Name: _____ Phone: _____ Address: _____



VEHICLE REGISTRATION NUMBERS

Vehicle Make: _____ Reg #: _____
License # _____

Vehicle Make: _____ Reg #: _____
License # _____

Vehicle Make: _____ Reg #: _____
License # _____

Vehicle Make: _____ Reg #: _____
License # _____

Vehicle Make: _____ Reg #: _____
License # _____

PLAN OF ACTION:

The escape routes in our home are:

The meeting place for our family in a disaster is:

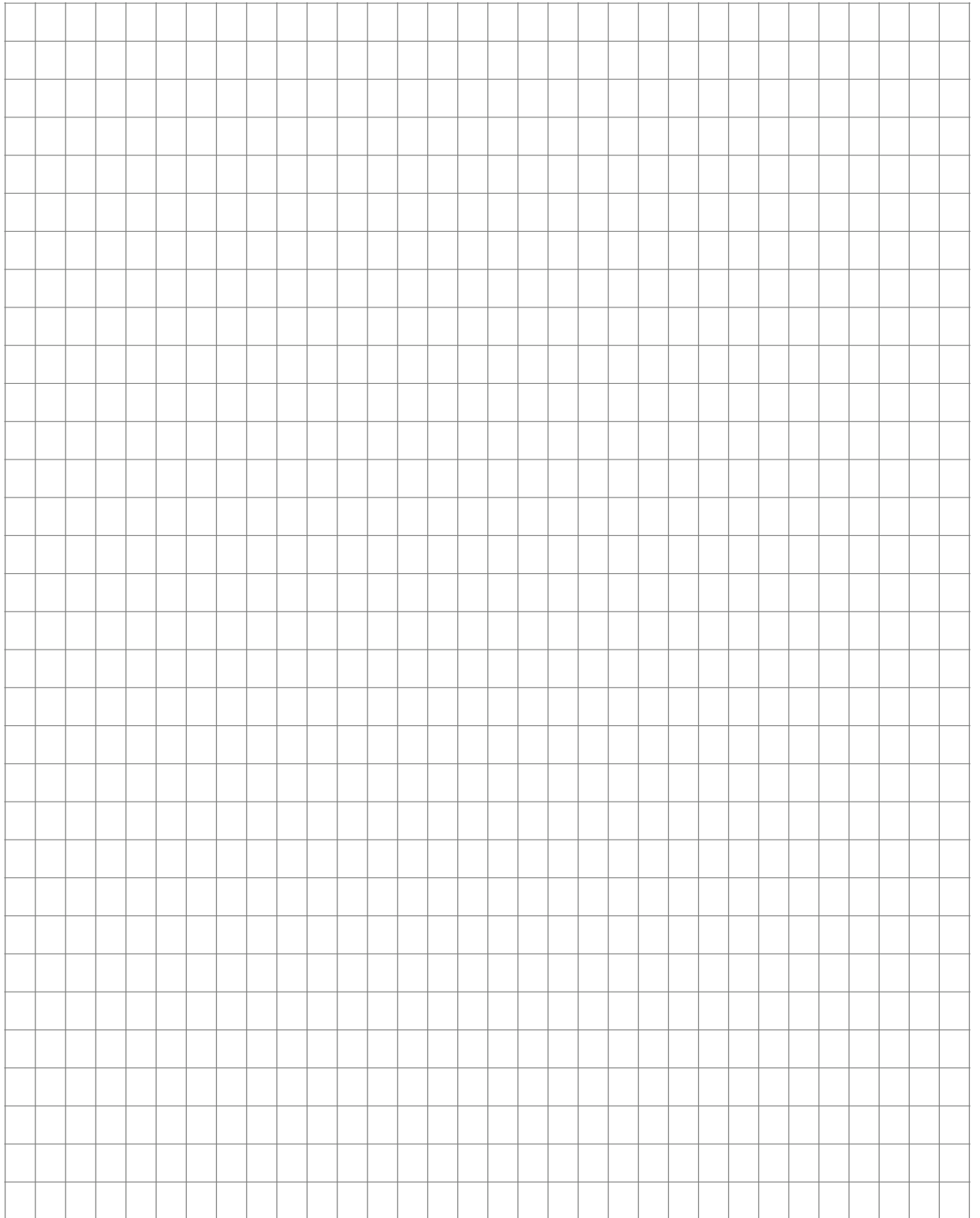
The meeting place for our neighbourhood in a disaster is:

The meeting place outside our neighbourhood in a disaster is:

The room we can use for "Shelter in Place" is:



MAP OUT YOUR NEIGHBOURHOOD/CONDO COMPLEX





THE NEIGHBOURS

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes

HOUSE NUMBER:

Name: _____

Phone: _____

Email: _____

Skills: _____

Resources:

Notes



MEETING PLACE

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Places to meet family/support workers		Places to meet family/support workers	
Daytime:		Daytime:	
Nighttime:		Nighttime:	

Emergency Contact



EMERGENCY CONTACT INFORMATION CARDS

You, your family, and support network should carry one of these cards at all times.

<p>EMERGENCY CONTACT INFORMATION CARD</p> <ul style="list-style-type: none">• After a major disaster, local phone lines may be limited or needed by emergency personnel.• Listen to the radio for phone use instructions.• Call your contact person to tell them how you are, where you are and where you are going.• Keep the call short and if possible, arrange to call back at a specific time for another check-in.	<p>EMERGENCY CONTACT INFORMATION CARD</p> <ul style="list-style-type: none">• After a major disaster, local phone lines may be limited or needed by emergency personnel.• Listen to the radio for phone use instructions.• Call your contact person to tell them how you are, where you are and where you are going.• Keep the call short and if possible, arrange to call back at a specific time for another check-in.
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You, your family, and support network should carry one of these cards at all times.

EMERGENCY CONTACT INFORMATION CARD		EMERGENCY CONTACT INFORMATION CARD	
Out of Province Contact		Out of Province Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
City/Prov:		City/Prov:	
EMERGENCY CONTACT INFORMATION CARD		EMERGENCY CONTACT INFORMATION CARD	
Out of Province Contact		Out of Province Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
City/Prov:		City/Prov:	
EMERGENCY CONTACT INFORMATION CARD		EMERGENCY CONTACT INFORMATION CARD	
Out of Province Contact		Out of Province Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
City/Prov:		City/Prov:	
EMERGENCY CONTACT INFORMATION CARD		EMERGENCY CONTACT INFORMATION CARD	
Out of Province Contact		Out of Province Contact	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
City/Prov:		City/Prov:	

In case of disaster, display sign this side out in front window of house or vehicle if you DO require assistance

HELP

For use in a disaster such as earthquake, fire, flood or storm

In case of disaster, display sign this side out in front window of house or vehicle if you DO require assistance



**O
K**

For use in a disaster such as earthquake, fire, flood or storm



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