



# ***YOUR PERSON-CENTRED EMERGENCY AND DISASTER PLAN***

A guide to help you make your own plan.

***CLIENT'S NAME:***

<i><b>Person-Centred Emergency and Disaster Plan Dates</b></i>	
<i><b>Initial Plan Date Completed:</b></i>	
<i><b>Review Date No: 1</b></i>	
<i><b>Review Date No: 2</b></i>	



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# 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.

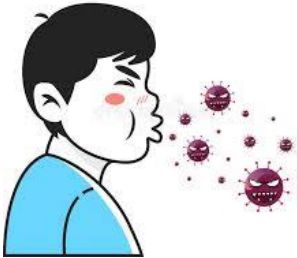
Emergency and Disasters can affect you in many different ways:

- 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.

RISK MATRIX					
Likelihood	Consequence				
	Minor (1)	Significant (2)	Substantial (3)	Major (4)	Catastrophic (5)
Certain (5)	<b>Moderate</b> (1-5)	<b>High</b> (2-5)	<b>High</b> (3-5)	<b>Extreme</b> (4-5)	<b>Extreme</b> (5-5)
Likely (4)	<b>Moderate</b> (1-4)	<b>Moderate</b> (2-4)	<b>High</b> (3-4)	<b>High</b> (4-4)	<b>Extreme</b> (5-4)
Possible (3)	<b>Moderate</b> (1-3)	<b>Moderate</b> (2-3)	<b>Moderate</b> (3-3)	<b>High</b> (4-3)	<b>High</b> (5-3)
Unlikely (2)	<b>Low</b> (1-2)	<b>Moderate</b> (2-2)	<b>Moderate</b> (3-2)	<b>Moderate</b> (4-2)	<b>High</b> (5-2)
Rare (1)	<b>Low</b> (1-1)	<b>Low</b> (2-1)	<b>Moderate</b> (3-1)	<b>Moderate</b> (4-1)	<b>Moderate</b> (5-1)

## INFECTIOUS DISEASES

You can get Sick if:



Someone with a virus sneezes or coughs on you.



Someone with a virus coughed or sneezed onto something that you touch.

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



1. Wash your hands often.



2. Cover your nose and mouth with a tissue when coughing or sneezing. If you do not have a tissue, cough, or sneeze into your bent elbow.



3. Try not to touch your face.

## INFECTIOUS DISEASES - Continued



4. Do not shake hands.



5. Stay home if you are sick.



6. Social distance. This means 2 big steps away.

7. My Risk Is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.



Contact:- Carinbundi

Phone: 4158-9600 Day Time



Phone: 4158-9613 Night Time



# FIRES



Evacuate without delay from fire or smoke.



Phone 000



Go to the Assembly Area.



Fire Service will put out the fire.

In a fire I can evacuate by myself **Yes / No**

In a fire I need help to evacuate by: \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

My Risk Is: \_\_\_\_\_



Contact:- Carinbundi

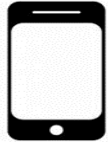
Phone: 4158-9600 Day Time 

Phone: 4158-9613 Night Time 

## FLOODS



If danger of your home flooding.



Phone 000 Police ask for assistance.  
OR  
Phone 132 500 State Emergency Services.



Ensure you have your medication with you.



You will be taken to a safe place to rest.

In a flood I can evacuate by myself **Yes / No**

In a flood I need help to evacuate by: \_\_\_\_\_  
\_\_\_\_\_

My Risk Is: \_\_\_\_\_




When safe to do so. You can return home.



Contact:- Carinbundi

Phone: 4158-9600 Day Time 

Phone: 4158-9613 Night Time 

## 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 a 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.



### 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

There are some questions that help you make your plan.

Share your plan with the people who support you.

This could be your:

- Family
- Friends
- Support Provider and Support Worker

Keep your plan in a safe place at home that is easy to find.

### ***How do you contact Carinbundi:-***



Office Phone Number 4158-9600

Opening Hours Day Time:

8:30am to 4:30pm Monday to Friday



After Hours Phone Number 4158-9613

Night Time Weekdays:

4:30pm to 8:30am Monday to Friday

Anytime Saturday and Sunday



Website: [www.carinbundi.com.au](http://www.carinbundi.com.au)



Email: [Carinbundi@carinbundi.com.au](mailto:Carinbundi@carinbundi.com.au)



## COMMUNICATION



My phone number is:-

---



My phone company is:-

---



I pay my bills by:-

---



I keep in touch with my friends and family by using these apps on my phone:-

---



### REMINDERS

- Make sure my phone is charged.
- Make sure I have some money with me.
- Take my communication device with me.
- Call my family, friend, or support provider.
- Know the address of the house or safe place I am going to.



Contact:- Carinbundi

Phone: 4158-9600 Day Time



Phone: 4158-9613 Night Time



## MANAGEMENT OF HEALTH



My emergency contacts are:

The Person who supports me with my health decisions is:

\_\_\_\_\_



My current medications are:

***Refer to my medication chart!***



To look after my mental and physical health I like to do:

\_\_\_\_\_  
\_\_\_\_\_



My Doctor's Name: \_\_\_\_\_

My Doctor's Phone Number: \_\_\_\_\_



My Pharmacy's Name: \_\_\_\_\_

My Pharmacy's Phone Number: \_\_\_\_\_



### **REMINDERS**

- I have the 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 and nobody can help me, I can call the Disability Information Helpline on 1800 643 787

## **ASSISTIVE TECHNOLOGY OR AT FOR SHORT**



The AT I use is:

---

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 the power cables and spare batteries.



## PERSONAL SUPPORT



The supports I need each day are:

\_\_\_\_\_

My Support Provider is:

\_\_\_\_\_

My Support Worker is:

\_\_\_\_\_



The supports that are most important to me and I must have them are:

- Medication
- Personal Hygiene
- Transport
- \_\_\_\_\_
- \_\_\_\_\_



In an emergency, I will call Carinbundi on:

**4158-9600 or 4158-9613**

In an emergency Carinbundi will also contact you.



### REMINDERS TO HAVE

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

## PETS AND SUPPORT ANIMALS



My support animal's name is:

\_\_\_\_\_

The Vet I use is:

\_\_\_\_\_

In an emergency, I will get this person to look after my animal.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My animal really likes these foods:

\_\_\_\_\_



### 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



When I travel to places, I use:

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My support person who helps me with travel is:

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### **REMINDER**

- 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:

---

I live with others in SIL:

---

My Address is:

---

My support provider's phone number is:

---

If I am unwell, I will call:

000

---



### 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 germs.





## LIVING SITUATION – Family / Carer

*In an emergency, is my Family / Carer prepared as well?*



Emergency Evacuation Location – OPTION 1:

\_\_\_\_\_

Emergency Evacuation Location – OPTION 2:

\_\_\_\_\_



How will I get to the Emergency Evacuation Location?

\_\_\_\_\_



My carer's phone number is:

\_\_\_\_\_



My medications and prescriptions are easily accessible and packed:



My Doctor's Name: \_\_\_\_\_

My Doctor's Phone Number: \_\_\_\_\_

My Pharmacy's Name: \_\_\_\_\_

My Pharmacy's Phone Number: \_\_\_\_\_



Assistive Technology required:-  
iPad, Mobility Aids etc.



## SOCIAL CONNECTIONS



My friends are:

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---

---



I like to do these activities with my friends:

---

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### **REMINDERS**

- Keep social distance when I see my friends.
- Let my friends know if I am unwell.
- Call my friends to support them if they are unwell too.

# HELP

## EMERGENCY

Please put these numbers into your phone in case of an  
Emergency or Disaster.

Emergency Contacts	Phone Numbers
Fire	000
Ambulance	000
Police	000
SES – State Emergency Services	132 500
Poisons Information Centre	13 11 26
LifeLine	13 11 14
Beyond Blue	1300 22 46 36
National Telephone Interpreter Service	1800 131 450
Carinbundi Head Office	4158-9600
Carinbundi On Call Services	4158-9613
CEO Clive Pearce	4158-9600
Bundaberg Regional Council – Local Emergencies and Disaster	1300 883 699



**Someone in this house is at higher risk of Infection.**

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

**Cough**

**Sore Throat**

**Runny Nose**

**Fever**

**Shortness of Breath**

If you have questions call me on:

---

Put this sign on your door to make people think about visiting if they are unwell.

I understand and agree with everything in this Person-Centred  
Emergency and Disaster Plan (P-CEDP).



Your Name:

\_\_\_\_\_



Your Address:

\_\_\_\_\_  
\_\_\_\_\_



Your Phone / Mobile Number:

\_\_\_\_\_



Your Email Address:

\_\_\_\_\_



Your Signature:

\_\_\_\_\_



Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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



Witness Name:

---



Witness Signature:

---



For and on behalf of Carinbundi.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*This resource has been developed with reference and thanks to:*



