EMERGENCY PREPAREDNESS GUIDE

What Seniors Need to Know

Creating an Emergency Kit and Plan Workbook

LAND ACKNOWLEDGEMENT

The reach of this document spans throughout the traditional territories of the 203 First Nations that have resided within what is now known as British Columbia since time immemorial. As we continue to live, work, and gather on these lands, it is important to respect and celebrate the knowledge, culture, and traditions of these peoples, who have stewarded these lands and waterways for thousands of years. Let us all take a moment to reflect on the deep connections and histories of these territories, and commit to deepening our understanding, fostering mutual respect, and honoring the legacy of the First Nations who have called them home.

INTRODUCTION

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

You are the best person to plan for your own safety as you know your abilities and possible needs. Plan ahead with your support network. The prompts in this guide will help you know who those people should be. It may be helpful to complete this workbook with a friend, family member, or community support person.

The diverse climate and topography, terrain and economic activities in in the province of British Columbia create the potential for a variety of disasters. Where you are when disaster strikes will determine what your needs will be. Every community has its own unique attributes. While working through your emergency preparations, be aware of the features of your community that may impact your planning. For example, do you live near a waterway or in an area where heavy snowfall could be a challenge? What are your options for transportation?

For the millions of Canadians with physical and cognitive disabilities, emergencies can present extra challenges. Disasters can strike quickly and without warning and could result in an evacuation of your home or neighbourhood. Think about any services and supports you use in your daily life. Make back-up plans and arrange for any help you might need. Discuss possible solutions with your family, caregivers,

and support network. Share this plan with them so everyone is on the same page. Plan to review the information you have recorded in workbook once a year.

If you complete this document with your personal information, you'll want to keep it safe. Decide for yourself what information you are comfortable including. Once you have filled it out, be sure to keep it in a secure place. Tucking it into your emergency kit and storing it out of sight is one option.



Acknowledgements











Working with communities in BC's North, Interior, Lower Mainland, Central & Northern Vancouver Island

The Emergency Preparedness Guide: What Seniors Need to Know was originally developed by the Maple Ridge, Pitt Meadows, Katzie, Seniors Network with funding support from the New Horizons for Seniors Program.

We acknowledge and thank the project committee members who shared their knowledge and lived experience to make the guide as complete as possible.

Special thank you to Barbara Morgan, Emergency Management professional for driving the development of the original guide and this updated version that covers the entire province of British Columbia. Her passion for Emergency Preparedness and ensuring special considerations are made for older adults and people with disabilities is unparalleled. We are very grateful for her leadership.

The information and suggestions contained in this guide have been compiled from generally accepted practices in the industry. Every effort has been made to ensure all the information is correct and accurate. The producers of this guide cannot be held responsible for its effectiveness or appropriateness as this is dependent on everyone's individual circumstances.

EMERGENCY KIT WORKSHEET

Date completed: _____

MEDICAT	IONS					
	Medication	Quantity (per day)		_	Total	Packed
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
			X 7	=		
OVER THE	COUNTER MEDICATIONS					
	Medication	Quantity (per day)			Total	Packed
			X 7	=		
			X 7	=		
			X 7	=		

	ltem	Packed	ltem	Packed
1	Hand soap/sanitizer		Hat/scarf	
2	Wet wipes/lip balm		Gloves	
3	Toothbrush & toothpaste		Pants/shorts	
4	Denture cream		Shirts	
5	Comb/brush		Sweater/coat	
6	Toilet paper/facial tissue		Underwear	
7	Band aid/ointment		Socks	
8	Corn and pressure pads		Glasses/sunglasses	

Item	Quantity (per day)			Total	Packed
Water	4 litres	X 7	=	28 litres	
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		
		X 7	=		

This is not the time to start a diet, purchase food that you are used to eating. Be aware of best before dates of product.

Suggestion: Aquafina makes durable water bottles, store in a large plastic, resealable bag. **Protein** – Cans of tuna, salmon, chicken, and ham (peel top cans or can opener), buy in small quantities as refrigeration may be required. Jerky, walnuts, almonds, meal replacement drinks.

Fruit – Fruit leather and dried fruit

Dehydrated require water. Account for this in the water supply.

MISCELL	ANEOUS ITEMS					
	ltem	Quantity (per day)	X ?		Total	Packed
	Batteries					
	Bungee cords			=		
	Can opener			=		
	Coins/cash			=		
	Glow stick (yellow/green)			=		
	Knife/fork/spoon			=		
	Pen/notepad			=		
	Plate/bowl/cup/mug			=		
	Radio/flashlight			=		
	Water purification tablet			=		
	Pack in a container t	hat has wheels (e		(م)		,

Pack in a container that has wheels (eg. a suitcase)

L

IMPORTANT DOCUMENTS	
Item	Packed
Bank account numbers	
Birth certificate(s)	
Credit card contacts/numbers	
Doctor/veterinarian contact numbers	
Driver license(s)	
Health care numbers/medical records	
Household inventory list	
Immunization record(s)	
Income tax return(s)	
Insurance policies (with phone number for provider)	
Lease/mortgage papers	
Marriage certificate	
Passports	
Pet registration	
Safety deposit box key	
Social insurance number	
Usb (with photo files)	
Warranties	
Wills/power of attorney	
Take photocopies of the originals and store in a r	esealable plastic bag

HOUSEHOLD EMERGENCY PLAN

NAME AND HOME ADDRESS

FAMILY MEMBERS/SUPPORT NETWORK CONTACT INFORMATION

Full Name:	Phone:	Email:
Building Superintendent Contact Ir	itormation	
Name:	Phone:	
LEGAL AND FINANCIAL INFORMAT	ION	

Names and Social Insurance Numbers for all Family Members

Name:	SIN:
Name:	SIN:
Name:	SIN:
Name:	SIN:
BANK ACCOUNTS	
Bank	
Account Type:	Account Number:
Account Type:	Account Number:
Account Type:	Account Number:

INSURANCE POLICIES

House Insurance:	
Policy Type:	
Other Insurance:	
Policy Type:	
VEHICLE REGISTRATION NUMBERS	
Vehicle Make:	
License Number:	Registration Number:
Vehicle Make:	
License Number:	Registration Number:
FAMILY INFORMATION	
Name:	Home:
Employment Address:	Cell:
Spouse:	Home:
Employment Address:	Cell:
MEDICAL CONTACTS	
Doctor:	Phone:
Clinic Address:	
Doctor:	Phone:
Clinic Address:	
Veterinarian:	Phone:
Clinic Address:	

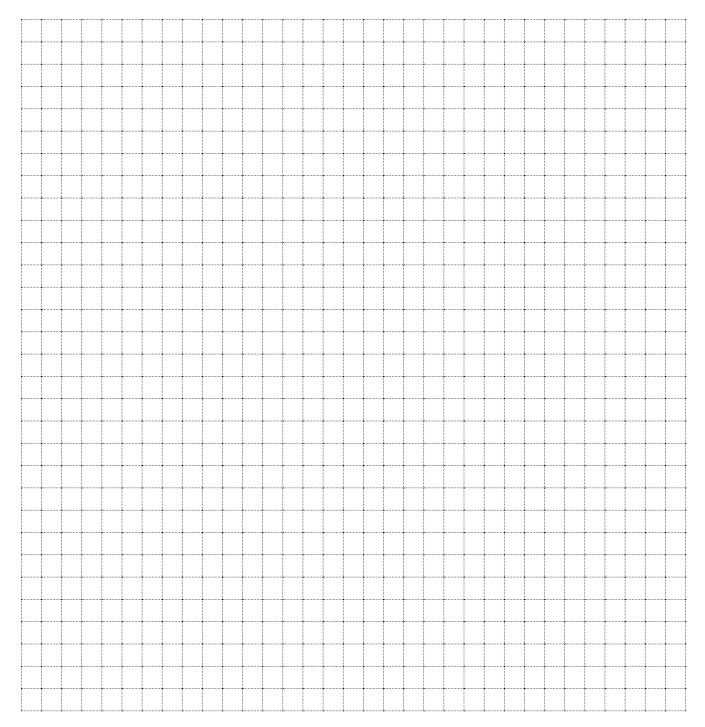
MEDICAL INFORMATION
Name:
Allergies:
Eye Glass Prescription:
Special Needs/Limitations:
Name:
Allergies:
Eye Glass Prescription:
OTHER IMPORTANT NUMBERS
Ambulance:
Emergency Management BC: 1 800 663 3456
Fire Department:
Health Emergency Management BC: 1 800
Police Department:
Poison Control:
Canadian Red Cross:
Fortis Gas:
BC Hydro Emergencies:
Property Owner:
Lawyer:
Building Manager:

SERVICE ANIMAL/PET INFORMATIC	N		
Name:	Type/Breed:	Colour:	Registration/ID:
Contact Information for Veterinaria	n		
Name:		Phone:	
Address:			
PLAN OF ACTION			
The escape routes in our home are:			
The meeting place for our family in a	a disaster is:		
The meeting place for our neighbou	rhood in a disaster is	:	
The meeting place outside our neigh	nbourhood in a disast	er is:	
The room we can use to "Shelter in	Place" is:		

THE NEIGHBOURS

HOUSE NUMBER:	HOUSE NUMBER:
Name:	Name:
Phone:	Phone:
Email:	Email:
Skills:	Skills:
Resources:	Resources:
Notes	Notes
HOUSE NUMBER:	HOUSE NUMBER:
HOUSE NUMBER: Name:	HOUSE NUMBER:
Name:	Name:
Name: Phone:	Name: Phone:
Name: Phone: Email:	Name: Phone: Email:
Name:	Name: Phone: Email: Skills:

MAP YOUR HOUSE/APARTMENT (INCLUDING ESCAPE ROUTES)



LEGEND (some suggested icons):



Exit Routes

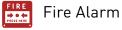




Stairs (arrow indicates quickest direction to safety)

Emergency Kit





EMERGENCY CONTACT INFORMATION CARDS

You, your family, and support network should carry this card at all times

EMERGENCY CONTACT	EMERGENCY CONTACT
INFORMATION CARD	INFORMATION CARD
 After a major disaster, local phone lines	 After a major disaster, local phone lines
may be limited or needed by emergency	may be limited or needed by emergency
personnel. Listen to the radio for phone use instructions	personnel. Listen to the radio for phone use instructions
and call your contact person tell them how	and call your contact person tell them how
you are, where you are, where you are going. Keep the call short and if possible, arrange	you are, where you are, where you are going. Keep the call short and if possible, arrange to
to call back at a specified time for another	call back at a specified time
check-in.	for another check-in.
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you are, where you are, where you are going. Keep the call short and if possible, arrange	you are, where you are, where you are going. Keep the call short and if possible, arrange to
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you are, where you are, where you are going. Keep the call short and if possible, arrange	you are, where you are, where you are going. Keep the call short and if possible, arrange to
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check-in.	for another check-in.

EMERGENCY CONTACT INFORMATION CARDS

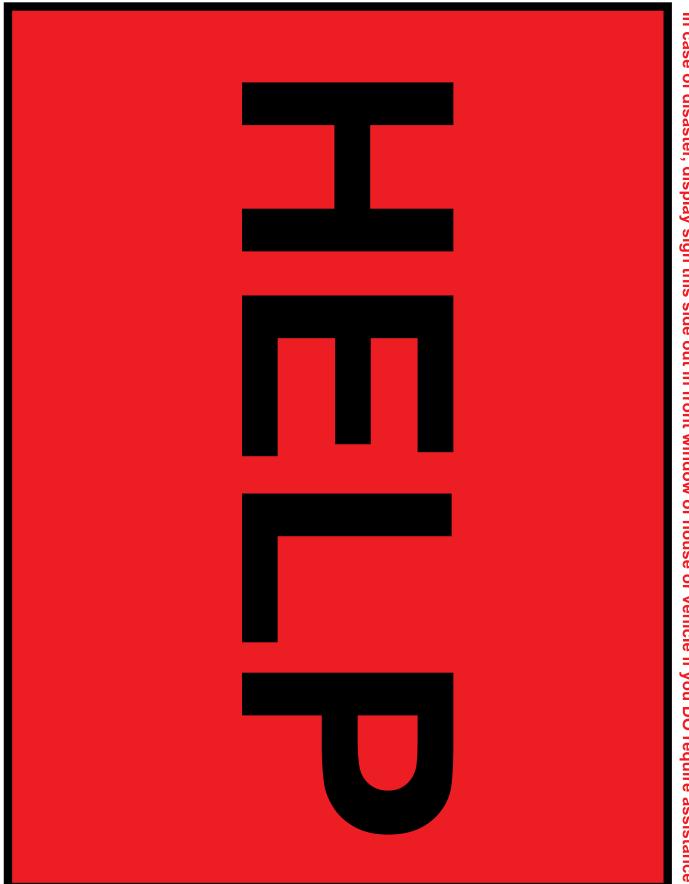
You, your family, and support network should carry this card at all times

Out of Province Contact	Out of Province Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
City/Prov:	City/Prov:
Places to meet family/support networ	k Places to meet family/support network
Daytime:	Daytime:
Nighttime:	Nighttime:
Out of Province Contact	Out of Province Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
City/Prov:	City/Prov:
Places to meet family/support networ	k Places to meet family/support network
Daytime:	Daytime:
Nighttime:	Nighttime:
Out of Province Contact	Out of Province Contact
Name:	Name:
Phone:	Phone:
Email:	Email:
City/Prov:	City/Prov:
Places to meet family/support networ	k Places to meet family/support network
Daytime:	Daytime:
Nighttime:	Nighttime:

In case of disaster, display sign this side out in front window of house or vehicle if you DO NOT require assistance



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



For use in 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