### **EMERGENCY** PLAN



HOUSEHOLD MEMBERS' INFORMATION	ON
NAME	
Health card number	
Passport number / permanent resident card / status card / other important document numbers	
Driver's licence number	
Cell phone number	
NAME	
Health card number	
Passport number / permanent resident card / status card / other important document numbers	
Driver's licence number	
Cell phone number	
NAME	
Health card number	
Passport number / permanent resident card / status card / other important document numbers	
Driver's licence number	
Cell phone number	

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NAME	
Health card number	
Passport number / permanent resident card / status card / other important document numbers	
Driver's licence number	
Cell phone number	
NAME	
Health card number	
Passport number / permanent resident card / status card / other important document numbers	
Driver's licence number	
Cell phone number	

### **IMPORTANT CONTACTS**

(E.G. SOMEONE WHO CAN CHECK ON OR HELP YOU, BRING YOU SUPPLIES, ETC.)

	NAME	RELATIONSHIP	PHONE	ADDRESS
Member of support network				
Member of support network				
Member of support network				
Out-of- town contact				
Other				

**Note:** Consider if one or more of these contacts could also be an option for a place to stay in case you need to leave your home in an emergency.

PLACES TO STAY	Y IN AN EMERGENCY
NAME	
Phone	
Address	
NAME	
Phone	
Address	
NAME	
Phone	
Address	
NAME	
Phone	
Address	
NAME	
Phone	
Address	
Note: If you have pets, you n	nay want to include information for a pet-friendly hotel or a place your pets can go.

## Close by Out of area

**Note:** Consider printing a map of each location and attaching them to this plan or saving a map on your cell phone for easy access. As a household, please practice reaching your meeting place to help ensure all members will know where to go and how to get there in case of an emergency.

### **SCHOOL EMERGENCY PLAN**

SCHOOL AND CHILD / CHILDREN	CONTACT INFORMATION	EMERGENCY PLAN DETAILS

**Note:** Consider keeping a list of the emergency contacts you have provided to the school as well, in case you need to contact them for assistance in picking your children up from school.

### **MEDICAL CONTACTS**

	NAME	PHONE	OUT OF HOURS CONTACT	ADDRESS
Doctor				
Nearest emergency department				
Pharmacy				
Optometrist				
Dentist				
Poison control				
Other				

### **MEDICAL INFORMATION**

**MEDICAL INFORMATION** 

### For each household member, you are encouraged to:

- Attach copies of health cards 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 kit, or at least have such supplies in a safe location within your home that you are prepared to grab and leave your home with as needed.

**Note:** Consider all medical conditions of all household members, and any additional needs they may have (e.g. wheelchair, crutches, oxygen, etc.). Have a plan for how you will manage during and after an emergency.

### Medications and dosages Condition **Allergies Blood Type** Medical aids (e.g. wheelchair, crutches) Include: brand, model and serial numbers Plan to manage in case of emergency (including additional sources of power, extra batteries, etc.) **Additional Details**

Note: Please print additional copies of this page as needed to include all members of your household.

### EMFRGENCY PLAN

### **IMPORTANT SERVICE PROVIDER INFORMATION**

	COMPANY	ACCOUNT NUMBER	CONTACT DETAILS
Electricity/oil/ propane			
Gas			
Water			
Roadside assistance			
Internet			
Phone			
Septic service provider			
Other			

**UTILITY INFORMATION** (PLEASE REVIEW YOUR MANUFACTURER OR SUPPLIER INSTRUCTIONS FOR DETAILS AND FOLLOW THESE IN THE PREPARATION OF YOUR PLAN)

UTILITY	LOCATION OF SHUT OFF / OVERRIDE	HOW TO SHUT OFF / OVERRIDE
Main water valve		
Electrical Panel		

UTILITY INFORMATION	
Garage door manual override	
Gas	
Other utilities	
Location of any necessary tools to do the above (e.g. wrench)	
Other	

### **INSURANCE INFORMATION**

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

**Note:** Visit redcross.ca/ready for links to additional insurance information to help you before, during and after an emergency. Make sure you understand what your insurance coverage includes.

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PET (NAME)
Breed
Microchip/licence number
Vet/kennel contact details
Emergency safe place
Equipment required
Plan to care for in case of emergency
Additional notes
PET (NAME)
Breed
Microchip/licence number
Vet/kennel contact details
Emergency safe place
Equipment required
Plan to care for in case of emergency
Additional notes

### **HOME EVACUATION ROUTES**

Consider using the grid below to draw your home layout and evacuation plan. Note where the utilities are, where the smoke and CO2 alarms are, and where emergency kits are.

# **EVACUATION PLAN FOR FLOOR 1**

EV	ACU <i>A</i>	OITA	N PLA	AN FO	OR FI	LOOF	R 2						

EV	4CU/	OITA	V PL	AN F	OR FI	_OOF	3 3						

### IMPORTANT REMINDER

- Review, update and practice your emergency plan as a household frequently (at least yearly).
- Test your smoke alarms and CO2 detectors every six months.

### FIRST AID TRAINING

- Consider becoming trained in first aid and CPR.
- See **www.redcross.ca/firstaid**, and download the Canadian Red Cross First Aid app on your smartphone or tablet to keep lifesaving help in your hands.

### **EMERGENCY CONTACT INFORMATION**

OUT-OF-AREA CONTACT	
Name	
Telephone Number	
Close meeting place	
Out-of-area meeting place	
OUT-OF-AREA CONTACT	
Name	
Name	

OUT-OF-AREA CONTACT	
Name	
Telephone Number	
Close meeting place	
Out-of-area meeting place	
OUT-OF-AREA CONTACT	
Name	
Telephone Number	
Close meeting place	
Out-of-area meeting place	

### DO YOU HAVE AN EMERGENCY KIT?

To help make sure you are ready for emergencies, you should have an emergency preparedness kit in your home with enough supplies to meet the needs of your entire household for at least 3 days. Some disasters, such as floods, wildfires and major power outages, can create unsafe conditions. If your safety is at risk, community officials may ask you to either take shelter at home or evacuate to a safer place. If asked to evacuate, you may have only minutes to get what you need and leave. Having an emergency kit that you can either use at home or grab and take along will help you be prepared and get to the evacuation point quickly, if needed.

Building a kit might seem expensive, but it doesn't need to be, and it is worth the effort!

### See redcross.ca/ready

for a guide to help you build or buy your emergency kit, beyond the following list:

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EMERGENCY KIT CHECKLIST										
Drinking water: 1L per person per day for at least 3 days, (2L if including Water for cleaning and hygiene: 2L per person/per day	Drinking water: 1L per person per day for at least 3 days, (2L if including pets)  Water for cleaning and hygiene: 2L per person/per day									
Food (non-perishable, doesn't require preparation), including cans, er	nergy bars, etc.									
Manual can opener (if you included canned food items) and utensils										
Items you cannot be without, such as medications (with copies of your prescriptions), extra eye glasses or contacts, baby supplies (diapers, formula, food, toys), hearing aids, dentures, diabetic supplies, walkers, pet foods and medications, etc., to last at least 3 days.										
Copies of important documents (e.g. birth and marriage certificates, por any such important documents, health cards, licences, wills, land d										
Crank or battery-operated flashlight, with extra batteries										
Crank or battery-operated radio, with extra batteries	Tip									
Extra keys for your house and car First aid kit Extra cash in small bills and coins Personal hygiene items Extra cell phone charger or battery pack Supplies for your pet (e.g. food, medication, vaccination records) Paper and pens Whistle Copy of this emergency plan (see redcross.ca/ready for more information)	* In addition to having paper copies of important documents in a safe location (consider a safe location other than your home), you may also want to consider saving electronic copies or photos of important documents in a safe location (such as an encrypted USB, or other secure device) or leaving with a trusted contact									
ADDITIONAL ITEMS TO CONSIDER										
Traditional medicines and/or ceremonial items that you use or want to Traditional foods that may be difficult to find in stores  Change of clothing and footwear for each person in your household Plastic sheeting  Scissors and a pocket knife (not if evacuating by air or into a centre/shear Hand sanitizer  Garbage bags and twist ties  Toilet paper  Multitool or basic tools (i.e. hammer, wrench, screwdriver, etc.)  Duct tape  Sleeping bag or warm blanket for each member of your household  Toys, games, books, deck of cards  Paper map										
Other important notes:										