

Emergency Safety Plan

1. Key Contact Information

The First Person I need to call is

- Name: _____
- Phone: _____

The Other Person I need to call is

- Name: _____
- Phone: _____

Support Provider / Agency Contact

- Name: _____
- Phone: _____

Support Provider / Agency Contact

- Name: _____
- Phone: _____

Doctor / Medical Service

- Name: _____
- Phone: _____

2. Safe Places & Exits

Where is your nearest safe exit?

Front door Back door Window Other: _____

For the other people in the house, where is their nearest safe exit?

Front door Back door Window Other: _____

Safety Items

My fire extinguisher is located: _____



My fire blanket is located: _____

The first aid kit is located: _____

Meeting point if you must leave home:

Neighbour's house Local shop Community centre

Other: _____

 **3. Emergency Kit Checklist**

If there's a warning about a storm, fire, flood, or any other emergency, it's important to be prepared ahead of time. Having a basic emergency kit ready can make a big difference—it means you won't have to rush or worry about forgetting something important when time is limited. Here are some essentials we recommend having on hand:

Tick off what you have ready or plan to include:

- Mobile phone + charger/power bank
 - Medications
 - ID & important documents
 - Basic first aid kit for the car
 - Water and snacks
 - Flashlight and spare batteries
 - Spare clothes and hygiene items
 - Spare woollen blanket
 - Pet's needs (food, bed, leash)
 - Sensory or comfort items
 - Other: _____
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 **4. Communication Plan**

How will you contact someone in an emergency?

- Call 000
- Text a support person
- Use a pre-written message
- Use a code word (to alert someone that you/they immediate assistance)
- Other: _____

Do you need support to communicate in an emergency?

Yes No

If yes, describe the support you need: _____



5. Pets or Assistance Animals

Do you have pets or assistance animals to include in your plan?

Yes No

If yes, what is your plan for them? _____

6. If You Need to Leave Home Quickly

Top 3 things you would take with you:

1. _____
2. _____
3. _____

Who can help you leave safely if needed?

- Name: _____
 - Phone: _____
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7. Additional Needs or Considerations

Tick any that apply to you:

- I use a wheelchair or mobility aid
 - I need help with communication
 - I need emotional support in an emergency
 - I have sensory needs or triggers
 - Other: _____
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Final Check

- My emergency contacts know this plan
- I've saved this plan somewhere accessible
- I've shared this with my support worker/carer/family
- I would like help to complete or update this plan
 - Yes No

