



Be Ready

Emergency and Disaster Planning Tool

Be Ready

Emergencies and Disasters happen. It could be the threat of a bushfire, a flood, electricity blackout or a pandemic like COVID-19. It can be overwhelming not knowing how to prepare. You don't have to do this alone, We're with you.

On the following pages there is a checklist of questions for you to help you prepare should life change due to an emergency or disaster.

This booklet is a tool for you to use and is completely optional. It would be a good idea to discuss these questions with your family and/or support coordinator. If you need support from an Ability WA team member to complete this booklet, let your key worker/coordinator/supervisor know.

The **BLUE ACTION SPACE** at the end of each section can be used to jot down any reminders of actions you need to take to get prepared.

We can store this information in our Customer Management System so that all Ability WA staff delivering your service are aware of your preferences and needs. If you would like us to do this, please send us a copy.

We will provide some useful resources such as the “**All About Me**” template for you on our Info Hub in our website abilitywa.com.au

Another useful website to help with preparing and planning at any time:
<http://futurethinking.abilitycentre.com.au>

About You

Name

Form Completed By

Date Completed

My Communication

What is the best method to contact you?	<input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email		<input type="checkbox"/> Letter <input type="checkbox"/> Face to face	
What supports <i>(if any)</i> do you use to communicate with people who don't know you that well?	<input type="checkbox"/> None - I'm verbal <input type="checkbox"/> None - but I need some <input type="checkbox"/> A communication device <i>such as</i> <input type="checkbox"/> A phone		<input type="checkbox"/> An Ipad <input type="checkbox"/> My computer <input type="checkbox"/> My family/support person interprets my needs <input type="checkbox"/> Sign language	
What technology can you use to support face to face communication during an emergency?	<input type="checkbox"/> Facetime <input type="checkbox"/> Zoom <input type="checkbox"/> Teams <input type="checkbox"/> Other			
What apps/programs will you use to stay connected with your family and friends?	<input type="checkbox"/> Messenger <input type="checkbox"/> Facetime <input type="checkbox"/> WhatsApp <input type="checkbox"/> Snapchat		<input type="checkbox"/> Zoom <input type="checkbox"/> Teams <input type="checkbox"/> Other <input type="checkbox"/> Who will help you get this set up?	
Do you need help to set up any of these communication channels for you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>who will help you?</i>			
Who will you call if you are not sure what to do?	Name: Phone:			
Do we have your current contact details? <i>If not, please write them in the box provided</i>				
Communication Actions				

My Health	
Who is responsible for your health decisions?	<input type="checkbox"/> Myself <input type="checkbox"/> Someone else <i>(Please write name and phone number in box provided to the right)</i>
Who helps you make decisions related to your health?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I don't need any help <input type="checkbox"/> No one <input type="checkbox"/> My Family <input type="checkbox"/> My GP <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Please write below the best name contact details for Family/GP/Other </div> </div>
Do you need/have other people to help you to manage your health conditions?	<input type="checkbox"/> No <i>Yes, I need support to:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Buy my medication <input type="checkbox"/> Give me my tablets <input type="checkbox"/> Position me safely <input type="checkbox"/> Chest Physio <input type="checkbox"/> On call support <input type="checkbox"/> Other (nursing/Silver Chain)
Who are these people?	Name Ph Number
If these people become unavailable who will support you in this area	Name Ph Number
<i>If you are on regular medications...</i> Do you have a printed list of these?	<input type="checkbox"/> Yes I have a list of my regular medications <input type="checkbox"/> No I do not need this <input type="checkbox"/> I do not have a list but need one
Have you discussed the supply of these medications over the next 6 months with your GP	<input type="checkbox"/> I need a plan for my medication supply <input type="checkbox"/> I have discussed with my GP and do not need a plan

My Health	
<p>Do you need to contact your GP/Specialist to discuss how these appointments are managed in a changed environment?</p> <p><i>Do you need to contact your GP/specialist to discuss how these are appointments are managed in a changed environment</i></p>	<p>Appointment</p> <p>Plan</p> <p>Appointment</p> <p>Plan</p> <p>Appointment</p> <p>Plan</p>
<p>How will you stay on top of preventative health measures <i>eg. vaccinations, dental checkups</i></p>	
<p>Who will you contact if you become unwell?</p> <p><i>You should contact this person if you develop symptoms. Please check how your GP will be working during an outbreak</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> A family member <input type="checkbox"/> A friend <input type="checkbox"/> My GP <input type="checkbox"/> Other <input type="checkbox"/> Health direct 1800 022 222 <input type="checkbox"/> Call National Coronavirus Hotline 1800 020 080
<p>If you need to go to hospital what supports might you need</p> <p><i>Think about the possibility of limited/no visitors</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physical/personal support <input type="checkbox"/> List of medications <input type="checkbox"/> Phone/IPAD/charger <input type="checkbox"/> Communication device <input type="checkbox"/> “All About me” information (click here for link) <input type="checkbox"/> Equipment
<p>Do you have strategies to look after your mental health?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> None required <input type="checkbox"/> I access Psychology/Social work support through: <input type="checkbox"/> I stay connected with family/ friends <input type="checkbox"/> I will continue to access community groups, such as: <input type="checkbox"/> I need to set something up
<p>How will you maintain or improve your physical health?</p> <p><i>If you have pain related to your disability, how will this be managed?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have a plan in place <input type="checkbox"/> I need to speak to my physiotherapist <input type="checkbox"/> I may need a home program

My Health

Have you got ways to get sufficient supplies? Such as First Aid supplies, bottled water and protective equipment.

Or for people who come in to your house?

Health Actions

My Living	
Where do you live?	<input type="checkbox"/> By myself <input type="checkbox"/> With my family <input type="checkbox"/> With my friends <input type="checkbox"/> With a flatmate <input type="checkbox"/> In a Shared Independent Living (SIL) house <i>House location</i> <i>Service provider</i>
Who is your emergency contact?	Name Ph Number
Who does your shopping, cooking and cleaning?	<input type="checkbox"/> I do <input type="checkbox"/> My family <input type="checkbox"/> My friends <input type="checkbox"/> My support worker from <input type="checkbox"/> Online shopping <input type="checkbox"/> Other community/external service <input type="checkbox"/> My back up plan if I need to self-isolate is:
Who supports your personal care? <i>(showering/dressing)</i>	<input type="checkbox"/> I'm independent <input type="checkbox"/> My family <input type="checkbox"/> My friends <input type="checkbox"/> My Support Worker from <input type="checkbox"/> Other Community service <input type="checkbox"/> My back up plan if I need to self-isolate is:
Do you need to think about ordering spare personal care supplies	<input type="checkbox"/> No <input type="checkbox"/> Incontinence supplies <input type="checkbox"/> Tubing for nasogastric/PEG <input type="checkbox"/> Nutritional supplements <input type="checkbox"/> Other

My Living

Equipment you need daily

- None
- My communication device
- My mobility equipment (*walker/wheelchair*)
- My sleep equipment
- My nutritional supports (*tubes/nutritional supplements*)
- My positioning equipment (*hoist*)
- New equipment
- Will any of these pieces of equipment require assessment/review in the next 6 months?

During an emergency or disaster it is important to think about which services you wish to continue, alter or suspend based on your own individual services and choice. You can change your mind and contact us to discuss options available to you.

In certain circumstances, Ability WA’s capacity to deliver services may be impacted. If this occurs we will communicate and consult with you. If you have difficulty contacting us by phone during a large scale emergency or disaster, please try our website, facebook or instagram pages or try emailing us.

My Services - Shared Independent Living

Are there any circumstances where you would consider moving out of Shared Independent Living services?

- Yes
 - For short periods
 - For a longer period
- What would these circumstances be?
- Where would you live during this time?

Shared Independent Living Action Plans

Blank area for Shared Independent Living Action Plans.

Therapy Services

If there is an emergency or disaster in Perth how will you receive your therapy services?

- Physiotherapy
- Occupational Therapy
- Speech Pathology
- Social Work
- Dietetics

It is important for your health that these services continue.

- I want to stop all therapy services
I would like:
- Individual Face to face (F2F)
- Individual online (Tele-therapy)
- Group program (F2F)
- Group program online (Tele-therapy)
- Home program
- Clinical Specialist appointment (Consultability)
- Assessment
Frequency
- 2+ p/week
- 1 p/week
- Fortnightly
- Monthly
- Quarterly review

Therapy Services Action Plans

Positive Behaviour Supports (PBS)

When there are changes in routine (outside your control) it may impact behaviour.

If you currently access PBS services will you want this to be delivered in the same way you are accessing it now?

- Yes - keep it going like it is now
- No - I would like it to move to online
- Other
- I would like to explore strategies to manage isolation with my PBS practitioner now

AbilityTECH

Will any of your equipment need to be reviewed for safety or appropriateness?

If so then when?

Mobility Equipment (walkers, wheelchairs, scooters etc)

Review time-frame:

Communication Equipment (IPAD, devices)

Review time-frame:

Positioning Equipment (Hoists, sleep)

Review time-frame

Home Modifications Review

Review time-frame

Any equipment repairs required? If yes, please explain what is needed

**Equipment
Action Plans**

Short Term Accommodation (Respite)

Are you likely to need Short Term accommodation in the next 6 months?

Not required

How many Days/Nights p/stay:

Dates for stay - if known

**Short Term
Accommodation
Action Plan**

Community Participation (Opportunities Program)

How will you keep doing the things you want to do on a daily basis if there is an emergency or disaster in Perth?

- I want my current program to remain the same
- I want to cease my program until
- Not required
 - I want to change my current program to include:*
 - Access community activities outside my home
 - Develop my skills in my home
 - Pursue recreational activities in the home
 - Support with social connection
 - Support with after school activities.
- Frequency*
- Days
- Times

Opportunities Program Action Plan

My Transport

Are you reliant on anyone for getting you places?

Will you need to think differently about your transport method if there is an emergency or disaster in Perth?

- No
- My family
- My friends
- Ability WA
- Another organisation
- Taxis
- Ubers
- Public transport
- Alternative Plans:

Transport Action Plan

COVID-19 Awareness

How are you going to keep up to date?

- DFES Website (emergencywa.gov.au)
- WA health link
- My family member
- My support worker
- My friend

Name

Ph Number

If you have chosen to suspend all services, would you like Ability WA to contact you periodically to check you are safe?

- Yes
- No



Ability WA

www.abilitywa.com.au

106 Bradford Street, Coolbinia

T 1300 106 106