Ability WA

SHINE TOGETHER 75

BUILT ON LEGACY. FOCUSED ON THE FUTURE.

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.

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

My Health

Who is responsible for your health decisions?

- ☐ Myself
- ☐ Someone else *(Please write name and phone number in box provided to the right)*

Name _____

Ph Number _____

Who helps you make decisions related to your health?

- ☐ I don't need any help
- ☐ No one
- ☐ My Family
- ☐ My GP
- ☐ Other

☐ Please write below the best name contact details for Family/GP/Other

Do you need/have other people to help you to manage your health conditions?

- ☐ No

Yes, I need support to:

- ☐ Buy my medication
- ☐ Give me my tablets
- ☐ Position me safely
- ☐ Chest Physio
- ☐ On call support
- ☐ 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 _____

If you are on regular medications...

Do you have a printed list of these?

- ☐ Yes I have a list of my regular medications
- ☐ No I do not need this
- ☐ 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

- ☐ I need a plan for my medication supply
- ☐ I have discussed with my GP and do not need a plan

My Health

Do you need to contact your GP/Specialist to discuss how these appointments are managed in a changed environment?

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Appointment

Plan

Appointment

Plan

Appointment

Plan

How will you stay on top of preventative health measures

e.g. vaccinations, dental checkups

Who will you contact if you become unwell?

You should contact this person if you develop symptoms. Please check how your GP will be working during an outbreak

- ☐ A family member
- ☐ A friend
- ☐ My GP
- ☐ Other
- ☐ Health direct 1800 022 222

If you need to go to hospital what supports might you need

Think about the possibility of limited/no visitors

- ☐ Physical/personal support
- ☐ List of medications
- ☐ Phone/IPAD/charger
- ☐ Communication device
- ☐ Equipment

Do you have strategies to look after your mental health?

- ☐ None required
- ☐ I access Psychology/Social work support through:
- ☐ I stay connected with family/ friends
- ☐ I will continue to access community groups, such as:
- ☐ I need to set something up

How will you maintain or improve your physical health?

If you have pain related to your disability, how will this be managed?

- ☐ I have a plan in place
- ☐ I need to speak to my physiotherapist
- ☐ 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?

- ☐ By myself
- ☐ With my family
- ☐ With my friends
- ☐ With a flatmate
- ☐ In a Shared Independent Living (SIL) house

House location _____

Service provider _____

Who is your emergency contact?

Name _____

Ph Number _____

Who does your shopping, cooking and cleaning?

- ☐ I do
- ☐ My family
- ☐ My friends
- ☐ My support worker from _____
- ☐ Online shopping
- ☐ Other community/external service _____
- ☐ My back up plan if I need to self-isolate is:

_____

Who supports your personal care? *(showering/dressing)*

- ☐ I'm independent
- ☐ My family
- ☐ My friends
- ☐ My Support Worker from _____
- ☐ Other Community service _____
- ☐ My back up plan if I need to self-isolate is:

_____

Do you need to think about ordering spare personal care supplies

- ☐ No
- ☐ Incontinence supplies
- ☐ Tubing for nasogastric/PEG
- ☐ Nutritional supplements
- ☐ 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 - Supported Independent Living

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

- ☐ Yes
- ☐ For short periods
- ☐ For a longer period

What would these circumstances be?

Where would you live during this time?

Supported Independent Living Action Plans

Therapy Services

If there is an emergency or disaster in Perth how will you recieve 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

Community Connect

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 service to remain the same
- ☐ I want to cease my service until
- ☐ Not required

I want to change my current service 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

Community Connect 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

Ability WA

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