



POST ON FRIDGE



OBJECTIVE

The intention of this guide is to have every household think about their individual emergency and pandemic plan. The checklists in this guide are the help prepare each household know what they currently have and what they may need.

Take a moment to fill out this planning guide and **post on your fridge**. This plan may help lessen the stress and impact of emergencies on your household. Also, in the case that emergency services are called, they can refer to this plan if it's easy to locate. **Please note, this information is not being collected.**

If you require assistance or have difficulty filling out this guide please contact:
SpringDawn, RPN- Community Health Nurse at:
Health Centre Main Line: 519-534-0373 or
SpringDawn's Cell, text or leave a message: 516-378-6028 or
Email: springdawnchn@nawash.ca

List any **health issues, allergies, etc.,** that could assist emergency services:

Chippewas of Nawash

Family Emergency & Pandemic Planning Guide

September 2023

1. Your Contact Information

First and Last Name:

Address:

Email Address:

Phone Number (Home or Cell):

2. Is there more than one *adult in the home providing care for children/adults in need of support? (Going forward we will refer to adults as *caregivers.)

Yes

No

Other

3. Please list all of the names of the caregivers living in your household. (i.e., mother, father, grandparent(s), guardian, other)

Name 1:

Name 2:

Name 3:

Name 4:

4. How many people are in your household including yourself? (Living under the same roof.)

Number: _____

5. Please provide their names:

Name 1:

Name 2:

Name 3:

Name 4:

Name 5:

CHECKLIST:

Do you have the following in your home:

	Yes	No
Electrolyte Drinks (i.e., Sports drinks, Gatorade, Coconut Water)	<input type="checkbox"/>	<input type="checkbox"/>
Fever/Pain Reducers* (i.e., Tylenol, Advil, Ibuprofen, Aspirin)	<input type="checkbox"/>	<input type="checkbox"/>
Cold/Flu Relief* (i.e., Nyquil, Buckley's Robitussin DM)	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer*	<input type="checkbox"/>	<input type="checkbox"/>
Tissues (i.e., Kleenex)	<input type="checkbox"/>	<input type="checkbox"/>

** Available at the Health Centre, contact SpringDawn*

EMERGENCY SUPPLY KIT CHECKLIST:

	Yes	No
Food	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sanitizer*	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer*	<input type="checkbox"/>	<input type="checkbox"/>
Flash Light	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>
Gloves*	<input type="checkbox"/>	<input type="checkbox"/>
Masks*	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Rapid Test*	<input type="checkbox"/>	<input type="checkbox"/>

** Available at the Health Centre, contact SpringDawn*

Thank you to Neyaashiinigiing's Social Services that prepared the questions in this planning guide.

6. What sources of communication does your household use to contact loved ones?

Home Phone: Cell Phone:
Email: Social Media:
None of the above: Other:

7. If you answered none of the above in question 6, how do you plan to communicate with loved ones if an emergency arises?

8. Do you have an Emergency Plan in place that involves family or caregiver support? (i.e., If you become ill, is there a family member or caregiver able and aware that they should help you?)

Yes No Other

9. If you haven't already done so, please talk to a family member/caregiver about helping you in the event of an illness or an emergency.

Emergency Contact 1:

Name:

Number:

Emergency Contact 2:

Name:

Number:

10. If you have a child (children), do you have child care in place. (If you become ill or hospitalized, do you have support or a caregiver to care for your children?)

Yes No Not Applicable

11. What services might you need should you become ill or hospitalized? (List all you can think of.)

- | | |
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| 1. | 4. |
| 2. | 5. |
| 3. | 6. |