

PAGE 1 OF 4 | Emergency Contacts & Medical Facilities

Complete this worksheet before an emergency. Keep copies with household first-aid supplies and update whenever contact details change. Use your local emergency number, not a number assumed from another country.

Household / location: _____ Date reviewed: _____

Local emergency number: _____ Primary contact person: _____

Emergency contacts

Person / service	Phone or contact method	Role / availability
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical facilities and services

Facility / service	Contact / address	Access notes / hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important medical information location (store private details securely)

PAGE 2 OF 4 | Property Access & Communication Backups

Make directions clear enough for someone unfamiliar with the area. Avoid placing sensitive access codes on copies left in public locations.

Property / site name: _____ Address or nearest landmark: _____

GPS coordinates (if known): _____ Meeting point for responders: _____

Directions from main road / identifiable landmark

Gates, seasonal obstacles, access restrictions, and safe entry instructions

Communication options

Method / device	Where stored / coverage	Power / test date
Mobile phone	_____	_____
Satellite device / messenger	_____	_____
Radio / other backup	_____	_____

- Emergency contact numbers and directions are available offline.
- Everyone knows which backup to use when mobile service fails.
- Devices are charged, activated, and tested according to manufacturer guidance.

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For life-threatening conditions, contact emergency services and follow dispatcher instructions. Do not delay emergency care to complete this form or assume self-transport is appropriate.

Primary emergency medical facility: _____

Usual route / transport method: _____

Alternative facility / route: _____

Available transport / drivers (do not list a driver who may be unavailable):

Transport option	Contact / location	Limitations / availability
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible access disruptions

- Snow / ice / landslides
- Flooding / heavy rain / washed-out roads
- Wildfire / smoke / severe storms
- Ferry / aircraft / seasonal road closures or other: _____

What we will do if the normal route is unavailable (coordinate with responders)

Essential information to give dispatch: injury, location, access, condition changes

PAGE 4 OF 4 | Test the Plan & Record Improvements

Run a tabletop drill without creating real injuries, calling emergency services for a test, or activating an emergency alert. Use training modes or provider-approved testing procedures.

Practice date: _____ Participants: _____

Plan testing checklist

- Locate the first-aid kit and written emergency contacts.
- Explain the location to a hypothetical dispatcher using offline directions.
- Identify the nearest appropriate facility and a backup route.
- Locate backup communications and explain how to operate them.
- Confirm battery charge, subscriptions, coverage, and test dates.
- Discuss when to call emergency services rather than attempting self-transport.
- Identify who can meet responders and guide them to the patient.
- Check whether all household members can find the plan without internet.

Observations and gaps

What worked / what failed	Improvement needed	Owner / due date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Next review date: _____ Plan reviewed by: _____

Safety reminder: This planning worksheet supports preparedness, not diagnosis or medical treatment. Serious bleeding, breathing problems, altered consciousness, or other life-threatening symptoms require immediate emergency assistance.