



Haldimand-Norfolk Health Unit's

personal **EMERGENCY**
Planning kit

Haldimand-Norfolk Health Unit's Personal Emergency Preparedness Planning Kit

You can never be too prepared for an emergency. However, with this planning kit, you and your loved ones can be better equipped with the knowledge and supplies needed to survive disaster.

The Haldimand-Norfolk Health Unit has created this tool with hopes that everyone will consider planning for an emergency before it is too late. All members of the family should participate in creating, practicing and maintaining their emergency plan. Doing so will help improve the response efforts of each individual involved, as well as directly or indirectly assisting the community at large in its road back to recovery.

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Create Your Own Emergency Plan

The following information will help guide you and your family through the emergency planning process. It may also raise questions and concerns that are not identified in this toolkit but warrant careful planning and consideration in order to be better prepared. Such issues should be addressed while planning and may require additional supplies, additional information to be recorded, and different or additional plan maintenance actions.



Step 1- Identify Hazards in Your Community

The first step in planning for an emergency is to understand what you are planning for. Emergencies can result from a variety of hazards. Some are natural events, some are technological breakdowns and others can be human-made. Here is a list of various emergency hazards you should take into consideration when planning.

*Note: Those marked with an * may be considered higher risk to Haldimand and Norfolk counties due to local history. However, other potential hazards should not be ignored.*

Natural	Technological
Extreme Heat	Building/Structural Collapse
Extreme Cold	Critical Infrastructure Failures*
Fog	Dam Failures
Hailstorms	Energy Emergencies (Supply)*
Hurricanes	Explosions
Tropical Storms	Fires
Ice/sleet Storms	Hazardous Materials (Fixed)*
Lightening Storms	Hazardous Materials (Transport)*
Snowstorms and Blizzards*	Mine Emergencies
Tornadoes	Nuclear Facilities Emergencies
Windstorms*	Oil, Natural Gas Emergencies
Forest Fires	Radiological Emergencies
Earthquakes	Transportation Emergencies
Landslides	Human Caused
Land Subsidence	Civil Disorders*
Drought/Low Water*	Sabotage
Erosion	Special Events
Flooding*	Terrorism
Drinking Water Quality	War
Human Health Emergencies*	





**Tornado: Goderich ON,
August 21, 2011**

The most powerful tornado in Ontario in more than a decade hit the town of Goderich killing one and injuring 37. Residents were warned of the incoming F3 tornado only 12 minutes prior to its arrival.

Step 2- Plan for an Emergency

After identifying the possible hazards in your area, the second step is to plan for what to do if these hazards result in an emergency. It is important that this is done with the involvement of your entire family. Keep in mind that your family may not be together when the emergency occurs, and other important considerations should not go ignored (e.g. children, seniors and special health needs, pets).

Using the following toolkit, create your own emergency plan. Keep your plan in an easily accessible area and copies in your car, at work, and with other family members. Information gathered while working through this toolkit should be recorded and kept with your emergency plan.

Children

As a family's response to disaster requires a team effort, children should always be involved in your family's emergency planning, practice, and maintenance. Children will be better prepared as they become more familiar in dealing with disaster scenarios and can even contribute in planning, response and recovery steps. Their involvement in preparing emergency kit(s) (e.g. adding books and games), maintaining supplies (e.g. replenishing batteries, water) and helping plan for pets may be an enjoyable activity that also familiarizes them with your family's emergency response.

Children should also be familiar with the locations of emergency supplies and meeting places, as well as emergency contact information. Practising where such things are located will help them remember and respond quickly during an emergency.

It is also important to understand that your child/children may not be with you when disaster strikes. For this reason, contacting your child's care provider or school to discuss their emergency policies is crucial in planning for an emergency. Consider and ask the following, recording pertinent information for your emergency plan (*see page 38*):

- Does the caregiver or school have its own emergency plan?
- How will the caregiver or school notify you during an emergency?
- Is the contact information they have for you correct?
- Do you have the correct contact information to call them during an emergency?
- What does the care provider or school require for release of your child/children to a designated person if you are unable to pick them up?





Seniors and Persons With Special Health Needs

Special considerations should be taken into account when planning for seniors and persons with special health needs. Their limitations may severely impact their own and, consequently, their caregivers ability to respond to an emergency. For those with physical, cognitive, visual, auditory and/or other non-visible limitations and/or disabilities, emergency planning should take into account accommodating their needs. It is recommended that such people and/or their caregiver establish a personal support network of friends, relatives, room-mates, health-care providers, co-workers and neighbours that understand their limitations and needs in order to better help them during a time of crisis.¹

In order to be better prepared, write down details about the following, keeping the information available in your emergency kit (*see page 40*) and providing copies to your/their personal support network:

- Medical Conditions
- Blood Type
- Accommodation Needs
- Medications
- Family Medical History
- Allergies
- Medical Equipment
- Surgeries
- Recent Vaccinations
- Health Screenings
- Insurance Information
- Emergency Contacts

It may also be possible to prepare a grab bag supplied with enough medication and medical supplies for two-weeks. Medical documents should also be included. Talk to your doctor about preparing a grab bag for this purpose. The location of this bag should be known and identified in your emergency plan (*see page 40*).

Tire Fire:
Hagersville ON,
February 12, 1990

A fire started in a 12 to 14 million tire pile burned for 17 days and nearly forced 4,000 people to evacuate the area.



¹ Public Safety Canada, 72 Hour Guide, 2009. http://www.getprepared.gc.ca/_fl/pub/ep-gd-prprtn-eng.pdf



Pets

When planning for an emergency, pets often go overlooked. However, when disaster strikes pet owners may take risks for their cherished animals as if they were a human family member. Failure to recognize the consequences that could await your pets and animals during an emergency could not only put their life at risk but yours as well, in your attempts to rescue or care for them. Adding essential pet supplies to your emergency kit is one step to helping ensure their safety prior to an emergency (*see page 39*).

Keep in mind that animals are often not allowed in public shelters or hotels. For this reason, it is important to identify pet boarding facilities in your area and/or someone who can care for them in a time of emergency if you are unable to do so.

It is also important to ensure your pets are adequately identified with a proper tag on their collar. Doing so will help reunite you with your pet if it becomes lost or separated during an emergency.

In order to be better prepared, write down details about the following, keeping the information available in your emergency kit (*see page 39*) and providing copies to family, friends, neighbours and others who may help care for your animals when you cannot:

- Do you have pets? If yes, specify type and number.
- Do you live on an acreage or farm with animals? If yes, specify type and number.
- Are your animals adequately identifiable (e.g. tags)? If not, please provide a description of each animal (photos are recommended).
- Do any of these pets/animals have any special care requirements? If yes, specify which animals and what treatment(s) they require.
- Do you have someone to look after your animals if you become ill or have to be away from home for extended periods of time? If yes, list names, phone numbers and addresses.



Epidemic: Walkerton ON, May 24 - July 14 2000.

E. coli O157:H7 and *Campylobacter jejuni* bacteria contaminated Walkerton's drinking water supply through Well 5, sickening more than 2,300 people and killing seven. The primary contamination source was manure spread on a farm near Well 5. Contributing factors to this disaster, as identified by the Report on the Walkerton Inquiry, included failure to use continuous chlorine and turbidity monitors, improper operating practices at the Walkerton Public Utilities Commission, and the provincial government's budget reductions to the Ministry of Environment.

Shelter-In-Place

Shelter-in-place refers to remaining indoors as a precaution rather than seeking shelter elsewhere, such as at an emergency shelter. Local authorities may instruct you to shelter-in-place, evacuate and/or seek an emergency shelter through various means of communication (e.g. media, loud speaker, door-to-door, public alert system).

Knowing what is required to shelter-in-place while in different enclosures will help ensure you and your loved ones are safe when it is no longer safe to go outside. The following information provides the recommended steps to safely shelter-in-place while in your home or vehicle. However, you should also be aware of what steps your daycare(s)/school(s) and workplace(s) take when sheltering-in-place is required.

At Home

If you are advised by officials to shelter-in-place due to an emergency (e.g. chemical or radiological hazard) you should already have a pre-selected room in your home large enough to fit your entire family. This room may need to be sealed off using plastic sheeting and duct tape and should be above ground as some dangerous chemicals that are heavier than air can seep into the basement. When selecting the room, also consider that ten square feet of floor space per person is recommended to provide sufficient air and prevent carbon dioxide build-up for five hours.² Preferably, this room will have few or no windows to reduce/prevent seepage of external contaminants and also have a hard-wired telephone as cellular telephone circuits may be overwhelmed or damaged during an emergency.



In general, if you are required to shelter-in-place at home, the following steps are recommended:

1. Bring your family, including pets, indoors immediately. If anyone is away at school or work do not try and bring them home unless told to do so; schools and workplaces will shelter them.
2. Close and lock all windows and exterior doors. If there is danger of an explosion, close all window coverings (e.g. shades, blinds, curtains).
3. Turn off heating, ventilation and/or air conditioning systems. Turn off all fans including bathroom and kitchen hood fans. Close any fireplace dampers.
4. Take everyone, including pets, into the pre-designated shelter-in-place room and close the door.
5. Take your emergency kit with you, including a working radio, so you can listen to broadcasts in order to know when it is safe to come out, or if you will need to evacuate.
6. If you have been instructed to seal the room, do so using duct tape and plastic sheeting. All points of entry, including doors, windows, vents, electrical openings and any other openings, should be sealed to help prevent contaminants from entering the room. No one, including pets, should leave the room as it is not only dangerous to them but they will also track contaminants back into the shelter.

² Centre for Disease Control and Prevention, *Emergency Preparedness and You*, Atlanta, U.S.A. 2011.

7. Call your emergency contact to make them aware of your situation and location. Unless reporting a life-threatening condition, stay off the phone as emergency responders will need all available lines to help in response and recovery efforts.
8. Keep listening to the radio or television for further information until you are told to evacuate or it is safe to leave your shelter. Do not evacuate until instructed to do so.

What You Need to Shelter-in-Place at Home

- Pre-designated room, preferably above ground with few or no windows
- Duct tape
- Plastic sheeting (e.g. vapour barrier, heavy duty garbage bags)
- Scissors
- Emergency kit including a working radio (*see pages 33-34*)
- List of emergency contacts
- Hard-wired phone if possible
- Pet excrement supplies (e.g. litter box, plastic bags, newspaper)

In Your Vehicle

Comfort in your vehicle can be hard at the best of times. Now imagine you are stopped on the side of the road for an extended period of time. Here are a few steps to take when required to shelter-in-place while in your vehicle.

In general, if you are required to shelter-in-place in your vehicle, the following steps are recommended:

1. If you are extremely close to home, your workplace or public building, go there immediately and seek shelter. Shelter-in-place according to the building's requirements.
2. If you are unable to get indoors quickly and safely, pull over to the side of the road. If it is during hotter months, you may want to find a shaded place to park to avoid overheating inside your vehicle.
3. Turn off your engine and AC/heating.
4. Close all windows and vents. If possible, seal all vents using duct tape or whatever means available.
5. Listen to the radio periodically for information and instructions.
6. If possible, call your emergency contact to make them aware of your situation and location. Unless reporting a life-threatening condition, stay off the phone as emergency responders will need all available lines to help in response and recovery efforts.
7. Stay where you are until you are told it is safe to go back on the road.

What You Need to Shelter-in-Place in Your Vehicle

- Vehicle emergency kit (*see page 35*)
- List of emergency contacts
- Games for children



Evacuation

Emergency officials may require you to evacuate when there is a significant threat posed to a specific area. This could be caused by a natural disaster, such as severe weather, or a human-caused accident, such as a chemical release. In any case, consider the following points when preparing for, and during, an emergency evacuation:

- Prearrange out-of-area locations to go to when an emergency strikes and evacuation is necessary. Friends or family out of the area may be good candidates.
- Only evacuate when directed to do so by emergency officials; staying put may be safer in some instances (e.g. shelter-in-place).
- Turn off water, electricity, and gas if officials tell you to do so.
- Leave a note telling others when you left and where you are headed if possible.
- If ordered to evacuate, be sure to listen to media reports for information on what areas are being evacuated and which routes should be taken.
- Offer assistance to neighbours who may be unable to evacuate on their own. Ideally, this scenario should be planned for prior to an emergency. However, make sure you are safe before assisting others.
- Take your emergency kit with you.
- If you have time, notify your out-of-town emergency contact and tell them where you are going and when you expect to arrive at your destination. Once you are safe, let them know.
- Evacuate as directed, using the route that emergency officials direct you to use. Taking short cuts may lead to closed roads or even into more dangerous areas.
- Know how to shelter-in-place in your vehicle (*see page 8*).
- Check points may be set up to inspect for contamination, record evacuee information or arrange for temporary shelter.
- Avoid using the telephone unless you are reporting a life-threatening injury or emergency.
- Listen to media reports for further information on the situation.
- If you go to an evacuation centre, register your personal information and do not return home until authorities have authorized you to do so.
- If you have to evacuate your home for a prolonged period of time due to a power failure/loss of heat during colder months, drain the water from your plumbing system. To do so, turn off the main water valve entering your home, run all taps and flush your toilet several times. Also drain your water heater (turning off its pilot light/power source) and unhook washing machine hoses. Consider an alternative power source for sump pumps (e.g. battery powered) to reduce the chance of flooding when its power is lost.

Isolation and Quarantine

Diseases can spread in a variety of ways. Humans can acquire the disease from other people, animals, food, water and even inanimate objects. Public health and medical efforts have attempted to keep such diseases from becoming the cause of major emergencies, such as severe pandemics. However, the ability of bacteria, viruses and other pathogens to quickly evolve and change their infective characteristics has made them a constant threat. Therefore, it is important to understand why and when public health measures such as isolation and quarantine are required.

Isolation

Individuals who are infected with a contagious disease may require isolation from other people. Doing so will help stop the spread of the disease to loved ones, and the community. Isolation should last, at a minimum, for the duration of time which the infected individual is capable of passing the disease to another person, also known as the period of communicability. During this time, the isolated person should be in their own room, being cared for by individuals wearing the proper personal protective equipment for the specific illness.

Quarantine

Quarantine of healthy individuals who have been exposed to a contagious disease is a community-based disease control measure that may be considered in order to slow the transmission of the disease in the community. If used, it will likely be most effective in the very early stages of detection of the contagious disease. Individuals identified as contacts may be asked to isolate themselves at home for the incubation period of the disease. During this time, they may be contacted by telephone by public health staff. However, once transmission occurs in the community, this measure will no longer be effective in slowing or containing transmission.

Self Health Care

It is important to understand that health care services may become overwhelmed (e.g. mass casualties) or inoperative (e.g. hospital destroyed) during an emergency. For this reason, improving your self health care skills and knowledge can play a crucial role in responding to an emergency and may save lives, including your own.

Knowing first aid and CPR can save a life. In order to be better prepared, contact your local St. John Ambulance or Canadian Red Cross for first aid and CPR courses in your area.



When Feeling Ill

A widespread disease (e.g. pandemic) may also result in an emergency situation. Self care may be required under such circumstances, as medical resources may be overwhelmed or authorities have issued home quarantine. Fortunately, depending on the disease and its severity, home treatment and self care may relieve most symptoms and reduce the risk of further problems.

If you start to become moderately ill, these steps may assist you in monitoring and improving your health at home:

- Stay home if you are sick. This will ensure that you get the rest you need and that you don't spread the virus to others.
- Drink lots of fluids. Water, 100% juice, milk and herbal teas are best. It is best to avoid drinks with caffeine, alcohol or a high sugar content because they actually make you lose fluid from your body.
- Take basic pain/fever relievers, such as acetaminophen (Tylenol) or ibuprofen. Acetylsalicylic acid (ASA or Aspirin) should NOT be given to children or teenagers.
- Use a hot water bottle or heating pad. Applying heat carefully, for short periods of time, can help reduce muscle pain. Check the skin often when using a heating pad because the pad can cause burns and blisters.
- Take cough medicine if you have a dry cough.
- Get lots of rest.
- Take a warm bath with Epsom salts.
- To ease a sore throat, gargle with a glass of warm water and/or suck on sugar free hard candies or lozenges.
- To help soothe or clear a stuffed nose, use saline drops, spray or decongestants.
- Avoid alcohol and tobacco. Smoking especially irritates damaged airways.
- Avoid sharing anything that may carry germs, such as towels, lipstick, cigarettes, drinks or toys.
- Wash your hands often. Use soap and warm water and wash for at least 20 seconds, or use alcohol-based hand rubs if your hands do not look dirty. This will help you avoid spreading the flu to others.
- If possible, ask your pharmacist for advice if you buy over-the-counter medicine. Let him or her know if you have any chronic medical problems.
- Call someone to help you until you are feeling better. This is especially important if you are alone, a single parent, or are responsible for the care of someone who is frail or disabled. However, if the disease is highly contagious, precautions should be taken to avoid transmitting the disease (e.g. personal protective equipment).
- Contact Telehealth (1-866-797-0000) for further advice.
- Contact and/or seek medical attention if symptoms become severe or do not subside.



Flood: Peterborough ON, July 15, 2004.

More than 200 mm of rain fell on Peterborough, backing up sewers and turning basements into pools. Over 4000 homes were affected as extensive flooding caused utility operators to disconnect gas and electricity to the homes, citing safety concerns. One hundred people had to be rescued from their cars which became trapped by rising flood waters.

Infection Control Practices

Should the spread of infectious disease result in a severe outbreak or pandemic, instituting simple infection control practices will help protect you and your loved ones from becoming ill. Ideally, these practices should be commonplace in your daily activities. Practicing and using them now will help make them a habit and make you better prepared for when an infectious disease disaster strikes.

Routine Practices

Some infections can be spread through contact with blood, body fluids, excretions and secretions. You cannot tell from looking at people if they have this kind of infection. This is why you need to use “Routine Practices”. Routine Practices prevent contact with the blood, body fluids, excretions and secretions of other people. These practices are the same in all settings, for all people.



Routine practices include the following actions:

1. Wash your hands:
 - Wash your hands using procedures described on page 13.
 - Wash your hands after sneezing and coughing.
 - Wash your hands after using the toilet.
 - Wash your hands before and after meals.
 - Wash your hands before and after preparing food.
 - Wash your hands before and after touching other people.
 - Wash your hands after contact with blood, body fluids, excretions and secretions or any soiled articles.
 - Wash your hands after removing gloves.
2. Wear gloves:
 - Wear gloves before giving first aid.
 - Wear gloves at any other time when your hands are likely to come in contact with blood, body fluids, excretions and secretions, mucous membranes or broken skin.
 - Wear gloves when handling soiled items or surfaces.
3. Clean properly:
 - Be careful when you handle soiled materials and equipment so that you don't soil other things.
 - In case of spills of blood or other body fluids, excretions and secretions:
 - a) Wipe up the spill with paper towels.
 - b) Sanitize the area using a mixture of one part bleach to nine parts water.



Civil Disorder: Caledonia ON, February 28, 2006

Protesters representing the Six Nations of the Grand River began demonstrations to raise awareness about First Nation land claims in Ontario. The protest culminated on April 20, 2006 with fires, road closures, violence and damage to a hydro station causing a blackout and \$1 million in damages.

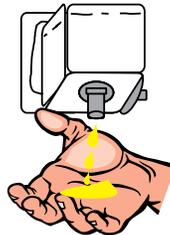
- c) Allow the bleach mixture to be in contact with the surface for 10 minutes.
 - d) Wipe dry with a fresh paper towel.
 - e) Place soiled clothing and washables in a plastic bag.
 - f) Seal the bag.
 - g) Use a second plastic bag if it is likely to leak.
 - h) Launder as soon as possible in the regular fashion.
 - i) Wash your hands.
4. Handle “sharps” (e.g. needles) safely:
 - Avoid sharing personal items such as razors.
 - Never share needles for injections.
 - Place used “sharps”, such as needles used for injections, in a specially designed container.
 5. Use protective barriers as necessary/where possible:
 - Wear a gown or apron if your clothing is likely to be soiled with blood or body fluids, secretions or excretions. Remove your gown as soon as possible afterwards, then wash your hands.
 - Cover all open or moist cuts or sores with a clean, dry bandage. Replace the bandage if it becomes wet or soiled.
 - Protect your eyes, nose and mouth from splashes of blood, body fluids, excretions and secretions. If a splash does happen, wash it away as quickly as possible. See a doctor right away.
 - Report incidents. If you are exposed to someone else’s blood or body fluids (e.g., through a needlestick injury, a splash or a human bite that breaks the skin), contact your doctor or local emergency room right away for advice.
 - Minimize contact with others and try to stay at least one metre away.

Wash Your Hands!

1. Wet hands



2. Soap



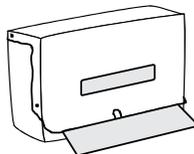
3. Lather for 10 seconds



4. Rinse



5. Towel dry



6. Turn taps off with towel





CLEAN YOUR HANDS

Squirt



Swirl



Swirl fingertips to clean fingernails and thumbnails

Switch



Move the product from one palm to the other palm

Swirl other hand



Swirl fingertips to clean fingernails and thumbnails

Scrub until dry



Wrists



Palms



Back of Hands



Between Fingers



Fingertips



Thumbs

- ✓ Hands must be free of visible dirt for alcohol based hand rub to work
- ✓ Be aware – alcohol is flammable



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Adapted with permission by Region of Peel

Heat-Related Illnesses

Heat Cramps

Heat cramps cause spasms of the muscles in the legs and abdominal area, usually affecting people who sweat a lot during strenuous activity. The heavy sweating depletes the body's salt and moisture. Anyone who experiences these cramping symptoms needs to drink water or a sport drink, rest in a cool area, and gently stretch and massage the affected muscles.

Heat Syncope (fainting)

Anyone who faints or experiences near-fainting needs to be placed in a cool shady area immediately and be given water or a sport drink to cool down their body temperature.

Heat Exhaustion

The symptoms of heat exhaustion include fatigue, weakness, reduced energy, dizziness, headache, nausea, rapid pulse, and heavy sweating. Anyone who experiences these symptoms needs to seek medical attention immediately. Immediate treatment includes drinking water or a sport drink, getting out of the heat and into a shady area, removing any excess clothing, and placing ice packs or cold wet towels to the neck, armpit, and groin area.

Heat Stroke

Anyone experiencing confusion, disorientation, loss of consciousness, red, hot, dry skin, or seizures is in an emergency state and needs immediate medical attention. This person must be taken to the nearest hospital. Immediate treatment includes moving the person to a cool or shady place, removing excess clothing, cooling the victim using cold, wet sheets or towels, and applying ice packs to the neck, armpit, and groin area.

Knowing the symptoms of heat-related illnesses will allow you to provide proper first aid treatment. If recognized early and treated properly, a mild illness can be cured and prevented from progressing to something more severe. Here is a list of heat-related illnesses in order of severity (from less severe to more severe).



Cold-Related Illnesses

Frostnip

Frostnip occurs when skin is exposed to cold wind causing the skin to turn white. This usually occurs in extremities further from the heart that are exposed to cold or winds. This is considered the first stage of frostbite and results when blood vessels close to the skin constrict, reducing blood flow to the area in an attempt to preserve the body's core temperature. Frostnip does not usually damage affected areas permanently, although long-term sensitivity to both heat and cold can sometimes follow. Areas affected by frostnip should be treated by re-warming the area with a warm object or hand, not hot water.



Frostbite

Frostbite occurs when an area of the body actually freezes, including skin, muscles, tendons, blood vessels and nerves. The affected skin is often hard, waxy feeling, and use of the area is lost temporarily, and in severe cases, permanently. Purplish, blood filled blisters may appear in severe cases, and nerve damage may result in the loss of feeling and/or movement. Frostbite may occur without hypothermia where the affected area is without sufficient circulation or properly clothed. Winds also increase the risk of frostbite as heat loss from the body is more rapid in windy conditions. Treatment should involve warming the body and removing restrictive clothing from the affected area as well as seeking medical treatment. However, it is not recommended that the affected area be rubbed, immersed in hot water or that the blisters be broken.

Chilblains

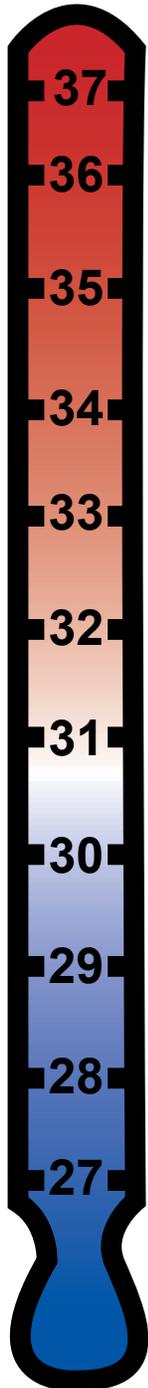
Often confused with frostbite or trenchfoot, chilblains are ulcers affecting the extremities as a result of exposure to cold and humidity. This exposure causes damage in the capillary beds which can result in symptoms of redness, itching, blister and inflammation. Chilblains can be prevented by keeping the feet and hands warm in cold weather.

Hypothermia

Hypothermia occurs when the body's core temperature drops below 35°C /95°F, at which point normal metabolic processes are no longer able to function properly and your body cannot regain the heat being lost. As body temperature decreases, characteristic symptoms occur. Symptoms of hypothermia include: shivering, exhaustion, confusion, fumbling/uncoordinated movements, memory loss, slurred speech and drowsiness. Infants may also show signs of very low energy and bright red, cold skin. Although hypothermia occurs most often in very cold temperatures, it can also occur when a person is chilled from rain, sweat and/or submerged in cold water. Persons experiencing hypothermia should be treated by getting their body warm again via heated shelter, clothing (removing wet clothing), warm non-alcoholic beverages and medical treatment. CPR is required for those without pulse and mouth-to-mouth resuscitation for those not breathing.

Body Signs/Symptoms TEMP. (rectal)

www.hypothermia.org



37.5°C	NORMAL	
36°C	FEEL COLD	Seek dry shelter, replace wet clothing with dry including socks, gloves, hat, cover neck, insulate whole body
35°C	SHIVERING	including HEAD from cold. Exercise but avoid sweating. External warmth (bath, fire) ONLY if CORE TEMP. above 35°C. Warm sweet drinks and food (high calories).

BODY CORE TEMPERATURE BELOW 35°C = HYPOTHERMIA = HOSPITAL

		NO EXERCISE, HANDLE GENTLY, REST. NO EXTERNAL WARMTH (except to chest, trunk, eg. Hiebler Jacket). Warm sweet drinks and calories.
34°C	CLUMSY IRRATIONAL CONFUSED (may appear drunk)	Internal warming via warm moist air (exhaled air, steam) or warm moist oxygen (40 - 42°C at mask).
33°C	MUSCLE STIFFNESS	Monitor pulse, breathing. Restrict all activity, lie down with feet slightly raised.
32°C	SHIVERING STOPS, COLLAPSE, TRANSFER TO HOSPITAL. URGENT.	
31°C	SEMI CONSCIOUS	Nothing by mouth. Check airway remains open.
30°C	UNCONSCIOUS No response to painful stimuli	May tolerate plastic airway, put in recovery position, check airway, turn every 2 hours to protect skin, monitor pulse and breathing.
29°C	SLOW PULSE AND BREATHING	Slow mouth-to-mouth breathing, at victim's own rate (may be very slow).
28°C	CARDIAC ARREST No obvious pulse or breathing Pupils dilated	Check airway. CPR, with mouth-to-mouth breathing. Aim for normal CPR rates of 12-15 breaths/min and 80-100 compressions/min. but slower rates of 6-12 breaths/min. and 40-60 compressions/min. may be adequate. Continue for as long as you can.

BELOW 28°C. NO VITAL SIGNS. DO NOT GIVE UP TREATMENT.

NOTE: NOT DEAD UNTIL WARM AND DEAD!

Avoid Rapid rewarming and HANDLE GENTLY AT ALL TIMES. Core temperature may lag behind skin temperature and continue to drop, so keep monitoring.

Diagram from www.hypothermia.org

PERSONAL EMERGENCY PLANNING KIT

Mental Health

Stressful situations such as emergencies can induce a variety of responses in people, including anxiety, fear, and confusion. Such reactions are natural, but should be understood in order to better deal with loved ones, other people, and even yourself during a crisis. By doing so, you will be better able to identify these natural human reactions that could impact critical decision making and physiological responses to a disaster so that you can adjust, seek help and recover accordingly.

Traumatic Stress Symptoms¹

Physical	Cognitive	Emotional	Behavioural
<ul style="list-style-type: none"> • Chest pain* • Difficulty breathing* • Shock symptoms* • Fatigue • Nausea/vomiting • Dizziness • Profuse sweating • Rapid heart rate • Thirst • Headaches • Tremors • Visual difficulties • Clenching of jaw • Nonspecific aches and pains • Unusual clumsiness • Balance problems 	<ul style="list-style-type: none"> • Confusion • Difficulty communicating thoughts • Nightmares • Disorientation • Heightened or lowered alertness • Poor concentration/attention span • Memory problems • Poor problem solving • Difficulty identifying familiar objects or people 	<ul style="list-style-type: none"> • Anxiety • Guilt • Grief • Denial • Severe panic (rare) • Fear • Irritability • Loss of emotional control • Depression • Sense of failure • Feeling overwhelmed • Blaming others or self 	<ul style="list-style-type: none"> • Intense anger • Argumentative • Withdrawal • Emotional outburst • Temporary loss or increase of appetite • Excessive alcohol consumption • Inability to rest, pacing • Change in sexual functioning • Unnecessary risk taking

**Seek medical attention immediately if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils).*



Ice Storm: Ontario, Quebec, New Brunswick, January 1998

Freezing rain coated areas of Ontario, Quebec and New Brunswick with 7-11 cm (3-4 in) of ice. Massive power outages, some lasting as long as a month, resulted from downed hydro wires, utility poles and transmission towers. According to Environment Canada, the ice storm of 1998 directly affected more people than any other previous natural weather event in Canadian history.

¹ Centre for Disease Control and Prevention, *Traumatic Incident Stress: Information for Emergency Response Workers*, <http://www.cdc.gov/niosh/docs/2002-107/pdfs/2002-107.pdf>

Tips to Responding to and Recovering from Traumatic Stress

Physical and emotional reactions to traumatic events including emergencies can vary from one individual to the next. A person's perception and understanding of such an experience will also change over time. However, no matter what the reaction or event, there are some tips to help you respond to, and recover from, traumatic stress.

- Pace yourself in your emergency response and recovery efforts, whether working or simply doing routine activities.
- Take frequent rest breaks when working or helping with recovery efforts. Mental fatigue can result in poor, and possibly hazardous, judgement that could impact the health and safety of others and yourself.
- Pay attention to loved ones and other people. Others may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Get plenty of rest and normal exercise.
- Make sure you eat well-balanced meals regularly.
- Avoid overuse of drugs or alcohol.
- Whenever possible, take breaks (e.g. coffee break) away from the work area.
- Recognize and accept that some things are out of your control.
- Do not hastily make big life decisions, but make many daily decisions to help give you a sense of control.
- Connect with family, friends, and community support systems (e.g. spiritual groups).
- Communicate with family as much as possible.
- Spend time doing things you enjoy.
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal; do not try to fight them. They will decrease over time.
- Talk to people about the traumatic event when you are comfortable to do so. You decide when you want to discuss your experience. Talking about an event may feel like you are reliving it.
- Recognize the feeling of fear is normal following a traumatic event, and will pass with time.
- Understand that recovery takes time and there will be obstacles along the way.



Explosion:
Downsview ON,
August 10, 2008

The residential suburb of Downsview was rocked when the Sunrise Propane facility exploded launching materials and hazardous fumes throughout the area. Both a firefighter and a Sunrise staff member were killed in the emergency. Cleanup efforts extended to 580 properties and cost the city \$1.8 million, \$900,000 which was chipped in by the province.

For more information on dealing with emotional reactions to disasters, visit the following websites:

Canadian Red Crosswww.redcross.ca

Canadian Psychological Association..... www.cpa.ca

Public Health Agency of Canada..... www.phac-aspc.gc.ca/emergency-urgence

Centre for Disease Control and Preventionemergency.cdc.gov/mentalhealth/

Safe Food

It is always important to understand food safety issues that could jeopardize the quality of your food and, subsequently your health. This understanding may be more imperative for proper decision making when emergency conditions could affect the food's handling and storage (e.g. power loss).

Hazardous vs. non-hazardous foods

Firstly, when storing food for emergency purposes it is important to understand the difference between hazardous and non-hazardous foods. Hazardous foods require storing and handling methods that are often inconvenient for emergency supply storage and cooking (e.g. refrigeration, heating). Non-hazardous foods are more suitable for emergency storage and use during an emergency, when food handling equipment may not be available or working properly (e.g. power loss).



Hazardous chemical leak: Dryden ON, Jul 30 2002.

A chlorine dioxide leak at a nearby paper mill caused 300 to 400 people to be evacuated from the immediate downwind area.

	Hazardous Foods	Non-Hazardous Foods
Definition	Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or any other ingredients, in a form capable of supporting growth of infectious and/or toxigenic microorganisms. This does not include foods which have a pH level of 4.6 or below and foods which have a water activity of 0.85 or less. (I.e. Foods usually found in refrigeration or freezer units in the grocery store)	Any food that does not support the growth or production of disease causing microorganisms or the production of toxins, including foods with a pH level of 4.6 or below and water activity of 0.85 or less under standard conditions. (I.e. Foods usually found stored on shelves at room temperature in the grocery store)
Examples	<ul style="list-style-type: none"> • Meat (beef, pork, lamb) • Poultry (chicken, turkey, duck) • Fish • Shellfish and crustaceans • Eggs • Milk and dairy products • Custards and puddings • Heat-treated plant food (cooked rice, beans, or vegetables) • Baked potatoes • Certain synthetic ingredients • Salad dressings • Mushrooms • Raw sprouts • Tofu and soy-protein foods • Untreated garlic and oil mixtures 	<ul style="list-style-type: none"> • nuts, granola bars and peanut butter • bread, crackers, cookies and cake • jam, honey, syrup and candy • dry cereals and powdered milk (until mixed) • raw, cooked and dry fruit • raw vegetables • pickles, relishes, mustard and ketchup • dried sausages • canned fish and meat (until opened)

When considering what kind of foods to store for emergency purposes, non-hazardous foods with extensive shelf lives should be chosen. Keep in mind that some products may be non-hazardous but do not have a long shelf life (e.g. fresh vegetables). Also, the products selected should not require cold holding storage units, such as freezers and refrigerators, or cooking units, such as ovens or stoves, when power and/or natural gas loss could be an issue.

Shelf Life

As you know, a food's lifespan is limited. Understanding the difference between best before dates and expiration dates will help you make better choices in selecting and rotating your emergency food supply, as well as assisting you to make better decisions in situations where food may be scarce.

The “**best before**” date on a product indicates the date until which the unopened product will retain its durable life, and must include proper storage instructions. A product that has passed its best before date may still be safe to eat, but its quality can no longer be guaranteed. If the best before date has expired, the food may lose some of its nutritional value (such as Vitamin C) and/or flavour, and the texture of the food may change. **Expiration dates**, on the other hand, refer to the product's safety. Foods past their expiration date should be thrown out, as they are more likely to result in harm to human health if consumed.

Still, use of a product prior to the best before or expiration date does not necessarily guarantee its safety, and a product is not always dangerous or ineffective after the expiration date. For example, pasteurized milk can remain fresh for five days after its sell-by/expiration date if it is refrigerated and handled properly. In contrast, if milk already has harmful bacteria within it, passing time may allow the bacteria to grow to dangerous levels and the use-by dates become irrelevant. Hence, these dates are merely guidelines and should not be interpreted as ensuring absolute safety.

Keep in mind that you cannot tell if a food may cause a foodborne illness by its look, smell or taste. Do not use your nose, eyes or taste buds to judge the safety of food.

If in doubt, throw it out!



Civil disorder: Toronto ON, June 26-27, 2010.

The G20 Summit held at the Metro Toronto Convention Centre in downtown Toronto brought about violent protests resulting in 1,115 arrests, 257 criminal charges five Canada-wide arrest warrants, and millions of dollars in damages.

Food Handlers' Storage Guide

General guidelines for the shelf life of common foods. Read the label and check “best before” dates if applicable. Most foods are safe to eat if stored longer, but flavour and nutritional value will deteriorate. Discard if there is evidence of spoilage.

CUPBOARD (ROOM TEMPERATURE)

Unless otherwise specified, times apply to unopened packages.

Cereal Grains

(once opened, store in airtight containers, away from light and heat)

Bread crumbs (<i>dry</i>)	3 months
Cereals (<i>ready-to-eat</i>).....	8 months
Cornmeal	6–8 months
Crackers	6 months
Pasta	several years
Rice.....	several years
Rolled oats.....	6–10 months
White flour.....	1 year
Whole wheat flour.....	3 months

Canned Foods

(once opened, store covered in refrigerator)

Evaporated milk	9–12 months
Other canned foods.....	1 year

Dry Foods

(once opened, store in airtight containers, away from light and heat)

Baking powder, baking soda.....	1 year
Beans, peas, lentils.....	1 year
Chocolate (<i>baking</i>).....	7 months
Cocoa	10–12 months
Coffee (<i>ground</i>).....	1 month
Coffee (<i>instant</i>)	1 year
Coffee whitener.....	6 months
Fruit (<i>dried</i>).....	1 year
Gelatin	1 year
Jelly powder.....	2 years
Mixes (<i>cake, pancake, tea biscuit</i>)	1 year
Mixes (<i>pie filling and pudding</i>).....	18 months
Mixes (<i>main dish accompaniments</i>)....	9–12 months
Potatoes (<i>flakes</i>).....	1 year
Skim milk powder – unopened.....	1 year
Skim milk powder – opened.....	1 month
Sugar (<i>all types</i>).....	several years
Tea bags	1 year

Miscellaneous Foods

Honey	18 months
Jam/jellies(<i>once opened, store covered in refrigerator</i>)	1 year
Mayonnaise, salad dressings	
– unopened	6 months
– opened (<i>store covered in refrigerator</i>)	1–2 months
Molasses.....	2 years
Nuts.....	1 month
Peanut butter – unopened	6 months
Peanut butter – opened.....	2 months
Pectin – liquid.....	1 year
– opened(<i>store covered in refrigerator</i>) ..	1 month
– powdered.....	2 years
Sandwich spread (<i>once opened store covered in refrigerator</i>).....	8 months
Syrups — corn, maple, table.....	1 year
Vegetable oils (<i>once opened, store covered in refrigerator</i>).....	1 year
Vinegar.....	several years
Yeast (dry)	1 year

Vegetables

Potatoes, rutabaga, squash.....	1 week
Tomatoes	1 week

Cool room (7–10°C, 45–50°F)

Onions (dry, yellow skin)	6 weeks
Potatoes (mature)	6 months
Rutabaga (waxed)	several months
Squash (winter)	several months

FREEZER (-18°C, 0°F)

Use freezer wrapping or airtight containers. Freeze fresh food at its peak condition.

Dairy Products and Fats

Butter – salted.....	1 year
Butter– unsalted.....	3 months
Cheese – firm, processed.....	3 months
Cream – table, whipping (<i>separates when thawed</i>).....	1 month
Ice cream.....	1 month
Margarine.....	6 months
Milk.....	6 weeks
Soy milk (<i>separates when thawed</i>).....	6 weeks
Lactose-free milk.....	3 weeks

Fish and Shellfish

Fish (<i>fat species: lake trout, mackerel, salmon</i>).....	2 months
Fish (<i>lean species: cod, haddock, pike, smelt</i>).....	6 months
Shellfish.....	2–4 months

Fruits and Vegetables..... 1 year

Meat, Poultry and Eggs

Uncooked

Beef (<i>roasts, steaks</i>).....	10–12 months
Chicken, turkey – cut up.....	6 months
Chicken, turkey – whole.....	1 year

Cured or smoked meat.....	1–2 months
Duck, goose.....	3 months
Eggs (<i>whites, yolks</i>).....	4 months
Ground meat.....	2–3 months
Lamb (<i>chops, roasts</i>).....	8–12 months
Pork (<i>chops, roasts</i>).....	8–12 months
Sausages, wieners.....	2–3 months
Variety meats, giblets.....	3–4 months
Veal (<i>chops, roasts</i>).....	8–12 months

Cooked

All meat.....	2–3 months
All poultry.....	1–3 months
Casseroles, meat pies.....	3 months

Miscellaneous Foods

Bean, lentil or pea casseroles.....	3–6 months
Breads (<i>baked or unbaked, yeast</i>).....	1 month
Cakes, cookies (<i>baked</i>).....	4 months
Herbs.....	1 year
Pastries, quick break (<i>baked</i>).....	1 month
Pastry crust (<i>unbaked</i>).....	2 months
Pie (<i>fruit, unbaked</i>).....	6 months
Sandwiches.....	6 weeks
Soups (<i>stocks, cream</i>).....	4 months
Tofu (<i>non-silken</i>).....	5 months

REFRIGERATOR (4°C, 40°F)

Unless otherwise indicated, cover all foods.

Dairy Products and Eggs

(*check “best before” dates*)

Butter – unopened.....	8 weeks
Butter – opened.....	3 weeks
Cheese – cottage (<i>once opened</i>).....	3 days
Cheese – firm.....	several months
Cheese – processed (<i>unopened</i>).....	several months
Cheese – processed (<i>opened</i>).....	3–4 weeks
Eggs.....	3 weeks
Margarine – unopened.....	8 months
Margarine – opened.....	1 month
Milk, cream, yogurt – once opened.....	3 days
Soy milk – once opened.....	5 days
Lactose-free milk – unopened.....	18–22 days
Lactose-free milk – opened.....	5–6 days
Tofu – once opened (<i>store in water</i>).....	5–7 days

Fish and Shellfish

Clams, crab, lobster, mussels (<i>live</i>).....	12–24 hours
Fish (<i>cleaned</i>) – raw.....	3–4 days
Fish (<i>cleaned</i>) – cooked.....	1–2 days
Oysters (<i>live</i>).....	24 hours
Scallops, shrimp (<i>raw</i>).....	1–2 days
Shellfish (<i>cooked</i>).....	1–2 days

Fresh Fruit (Ripe)

Apples.....	2 months
– purchased February to July.....	2 weeks
Apricots (<i>store uncovered</i>).....	1 week
Blueberries (<i>store uncovered</i>).....	1 week
Cherries.....	3 days
Cranberries (<i>store uncovered</i>).....	1 week
Grapes.....	5 days

Peaches (<i>store uncovered</i>).....	1 week	Potatoes (<i>new</i>).....	1 week
Pears (<i>store uncovered</i>)	1 week	Spinach	2 days
Plums	5 days	Sprouts	2 days
Raspberries (<i>store uncovered</i>).....	2 days	Squash (<i>summer</i>)	1 week
Rhubarb	1 week		
Strawberries (<i>store uncovered</i>).....	2 days		
Fresh Vegetables			
Asparagus	5 days		
Beans (<i>green, wax</i>).....	5 days		
Beets	3–4 weeks		
Broccoli.....	3 days		
Brussels sprouts.....	1 week		
Cabbage	2 weeks		
Carrots	several weeks		
Cauliflower	10 days		
Celery	2 weeks		
Corn	use same day		
Cucumbers	1 week		
Lettuce	1 week		
Mushrooms	5 days		
Onions (<i>green</i>).....	1 week		
Parsnips.....	several weeks		
Peas	use same day		
Peppers (<i>green, red</i>)	1 week		
		Meat, Poultry	
		Uncooked	
		Chops, steaks	2–3 days
		Cured or smoked meat.....	6–7 days
		Ground meat.....	1–2 days
		Poultry.....	2–3 days
		Roasts	3–4 days
		Variety meats, giblets	1–2 days
		Cooked	
		All meats and poultry	3–4 days
		Casseroles, meat pies, meat sauces.....	2–3 days
		Soups	2–3 days
		Miscellaneous, Foods	
		Coffee (<i>ground</i>).....	2 months
		Nuts	4 months
		Shortening.....	1 year
		Whole wheat flour.....	3 months

Food Storage During a Power Outage

During a power failure, foods kept in refrigerators and freezers may become unsafe to eat due to temperature abuse (i.e. hazardous foods). Certain medications stored in fridges may also be damaged and ineffective for use (e.g. insulin). Here is some advice to help in making sure your food is stored safely if the power goes out.

When in doubt, throw it out! If you are not sure whether an item is spoiled, play it safe and throw it out. Eating unsafe foods may cause food-borne illness.

Food in your refrigerator :

- **Keep the refrigerator door closed to maintain the temperature inside.** Without power, the refrigerator section will keep foods cool for 4-6 hours - if the door is kept closed.
- If possible, add bags of ice to the refrigerator to keep temperatures cooler for a longer period.
- Throw out perishable foods such as meat, fish, poultry, eggs and leftovers that have been at temperatures above 4°C for more than two hours.
- Throw out any food that is off-colour or has an off odor as soon as possible.
- Contact your doctor or pharmacist for information about proper storage of medication that requires refrigeration, such as insulin.
- See charts on pages [26-28](#) for a list of basic food items and how to handle them if the power goes out.

Food in your freezer :

- **Keep the freezer door closed to maintain the temperature inside.** Without power, an upright or chest freezer that is completely full will keep food frozen for about two days. A half-full freezer will keep food frozen for one day. Avoid opening and closing the freezer to check the food inside.
- If possible, add bags of ice to the freezer to help to keep the temperatures cooler for a longer period of time.
- If the power is going to be off for an extended period of time, consider taking food to a freezer belonging to a friend or neighbour – if they have power!
- Partial thawing and refreezing may reduce the quality of some food, but the food will remain safe to eat.
- See the charts on pages [26-28](#) for a list of basic food items and how to handle them if the power goes out.

Tips to ensure your frozen foods are safe to eat :

- Take the guess work out of knowing if the temperature inside the refrigerator and freezer are safe. Consider putting an accurate indicating thermometer in each section.
- Temperature ranges should be between 0°C – 4°C for the refrigerator section and -18°C or colder for the freezer section.
- Always wrap raw meat, poultry or fish very well and place in the coldest section of your refrigerator.
- Foods that have thawed in the freezer may be re-frozen if they still contain ice crystals or are at 4°C or below. You will have to evaluate each item separately.
- Be sure to discard any items in either the freezer or the refrigerator that have come into contact with raw meat juices.



Power Outage: Ontario, Northeastern and Midwestern United States, August 14, 2003

A 3500 MW power surge resulted in a widespread power outage in parts of Ontario, the American Northeast and Midwest. Telephone circuits became overloaded and numerous Boil Water Advisories were issued when drinking water supplies lost pressure. The blackout affected an estimated 10million people in Ontario and 45 million in the U.S.

PERSONAL EMERGENCY PLANNING KIT

REFRIGERATOR FOODS – When to Keep and When to Throw It Out

MEAT, POULTRY, SEAFOOD	Held above 4°C for over two hours
Fresh or leftover meat, poultry, fish, or seafood	Discard
Thawing meat or poultry	Discard
Meat, tuna, shrimp, chicken, or egg salad	Discard
Gravy, stuffing	Discard
Lunch meats, hot dogs, bacon, sausage, dried beef	Discard
Pizza – with any topping	Discard
Canned hams labeled “Keep Refrigerated”	Discard
Canned meats, opened	Discard
CHEESE	Held above 4°C for over two hours
Soft cheeses : blue/bleu, roquefort, brie, camembert, cottage, cream, edam, monterey jack, ricotta, mozzarella, muenster, neufchatel	Discard
Hard cheeses: cheddar, colby, swiss, parmesan, provolone, romano	Safe
Processed cheeses	Safe
Shredded cheeses	Discard
Low-fat cheeses	Discard
Grated parmesan, romano, or combination (in can or jar)	Safe
DAIRY	Held above 4°C for over two hours
Milk, cream, sour cream, buttermilk, evaporated milk, yogurt	Discard
Butter, margarine	Safe
Baby formula, opened	Discard
EGGS	Held above 4°C for over two hours
Fresh eggs, hard-cooked in shell, egg dishes, egg products	Discard
Custards and puddings	Discard
FRUITS	Held above 4°C for over two hours
Fresh-cut fruits, fresh-fruit salad	Discard
Fruit juices, opened	Safe
Canned fruits, opened	Safe
Fresh fruits, coconut, raisins, dried fruits, candied fruits, dates	Safe
SOUPS, SAUCES, SPREADS, JAMS	Held above 4°C for over two hours
Casseroles, soups, stews	Discard
Spaghetti sauce, opened jar	Discard
Creamy-based dressings, opened	Discard
Vinegar-based dressings, opened	Safe
Hoisin sauce	Discard
Fish sauces (oyster sauce)	Discard
Worcestershire sauce	Discard
Jelly, relish, taco, barbecue & soy sauce, mustard, ketchup, olives	Safe
Peanut butter	Safe
Opened mayonnaise, tartar sauce, horseradish	Discard if above 4°C for over eight hours

PERSONAL EMERGENCY PLANNING KIT

BREADS, CAKES, COOKIES, PASTA	Held above 4°C for over two hours
Breads, rolls, cakes, muffins, quick breads	Safe
Refrigerator biscuits, rolls, cookie dough	Discard
Cooked pasta, spaghetti	Discard
Pasta salads with mayonnaise or vinaigrette	Discard
Fresh pasta	Discard
Cheesecake	Discard
Breakfast foods – waffles, pancakes, bagels	Safe
PIES, PASTRY	Held above 4°C for over two hours
Pastries, cream-filled	Discard
Pies – custard, cheese-filled, or chiffon	Discard
Pies, fruit	Safe
VEGETABLES	Held above 4°C for over two hours
Fresh mushrooms, herbs, spices	Safe
Greens, pre-cut, pre-washed, packaged	Discard
Vegetables, raw	Safe
Vegetables, cooked	Discard
Vegetable juice, opened	Discard
Baked potatoes	Discard
Commercial garlic in oil	Discard
Potato salad	Discard

FROZEN FOODS – When to Keep and When to Throw It Out

MEAT, POULTRY, SEAFOOD	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Beef, veal, lamb, pork, and ground meats	Refreeze	Discard
Poultry and ground poultry	Refreeze	Discard
Variety meats (liver, kidney, heart, chitterlings)	Refreeze	Discard
Casseroles, stews, soups	Refreeze	Discard
Fish, shellfish, breaded seafood products	Refreeze. However, there will be some texture and flavour loss.	Discard
DAIRY	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Milk	Refreeze. May lose some texture.	Discard
Eggs (out of shell) and egg products	Refreeze	Discard
Ice cream, frozen yogurt	Discard	Discard
Cheese (soft and semi-soft)	Refreeze. May lose some texture.	Discard
Hard cheeses	Refreeze	Refreeze
Shredded cheeses	Refreeze	Discard
Casseroles containing milk, cream, eggs, soft cheeses	Refreeze	Discard
Cheesecake	Refreeze	Discard

FRUITS	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Juices	Refreeze	Refreeze. Discard if mold, yeasty smell, or sliminess develops.
Home or commercially packaged	Refreeze. Will change texture and flavour.	Refreeze. Discard if mold, yeasty smell, or sliminess develops.
VEGETABLES	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Juices	Refreeze	Discard
Home or commercially packaged or blanched	Refreeze. May suffer texture and flavour loss.	Discard
BREADS, PASTRIES	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Breads, rolls, muffins, cakes (without custard fillings)	Refreeze	Refreeze
Cakes, pies, pastries with custard or cheese filling	Refreeze	Refreeze
Pie crusts, commercial and homemade bread dough	Refreeze. Some quality loss may occur.	Refreeze. Quality loss is considerable.
OTHER	Still contains ice crystals and feels as cold as if refrigerated	Thawed. Held above 4°C for over two hours
Casseroles – pasta, rice-based	Refreeze	Discard
Flour, cornmeal, nuts	Refreeze	Refreeze
Breakfast items – waffles, pancakes, bagels	Refreeze	Refreeze
Frozen meal, entrée, specialty items (pizza, sausage and biscuit, meat pie, convenience foods)	Refreeze	Discard

Source: *Food Safety : Keeping Food Safe During A Power Failure*, Ministry of Health and Long-Term Care.

Safe Water

Access to safe drinking water may become a concern during an emergency. Being prepared by storing an adequate amount of potable water, identifying alternative water supplies, and understanding disinfection procedures can help you deal with drinking water shortages during times of emergency.

Recommended Personal Water Usage During an Emergency

Average person in average climate	At least 2L per day
Average person in hot climate	3L to 4L per day
Pregnant woman in average climate	3L to 4L per day
Child in average climate	3L to 4L per day
Sick in average climate	3L to 4L per day
Cats	1L per day
Dogs (size dependant)	3L to 4L per day

Storage

An adequate supply of clean water for drinking, food preparation and hygiene is critical during an emergency. The average person will use at least 4L per day to complete these activities.⁴ Pets should also be considered and supplied with enough potable water to meet their daily requirements.

In total, enough water should be stored to provide for all family members and pets for 3 to 14 days.

Consider the following when storing potable water for emergencies:

- Understand that your regular water supply, municipal or private (e.g. well), may become contaminated during an emergency and storage of safe water in sufficient amounts is required.
- Locate and identify your water intake valve on your Emergency Floor Plan (*see page 31*).
- Ensure the water you store is potable (i.e. safe to drink). Treatment of well water may be required and is required for surface water (e.g. lake water).
- Water should be stored in a cool, dark place at home, in your vehicle and even your workplace.
- Change stored water every 6 months.
- Containers (e.g. Thermoses, plastic containers) should be of food-grade quality that has been washed, rinsed and sanitized prior to use.
- Avoid using containers that do not seal, break easily, break down and/or held toxic substances in the past.

Alternative Water Supplies

Under desperate conditions, alternative sources of water may be required. Keep in mind, these sources may also be subject to contamination (bacteriological, chemical, and/or radiological). Treatment may be required prior to water use.

- Hot water tank
- Pipes and faucets
- Ice cubes
- Pools
- Wells
- Cisterns
- Rain barrels
- Rainwater
- Lakes, ponds and rivers

To Use Water Remaining in Your Pipes:

1. Turn on highest faucet in home/building to let air into the plumbing.
2. Receive water at lowest faucet in home/building.

To Use Hot Water Tank Supply:

1. Turn off electricity or gas supplying unit.
2. Open drain at bottom of tank.
3. Turn off water intake valve.
4. Turn on hot water faucet.
5. Water should begin to flow.
6. Refill tank before turning on electricity or gas supplying unit.

PERSONAL EMERGENCY PLANNING KIT

Making Water Safe

Most outdoor alternative water sources will require treatment. However, indoor alternative water sources may also require treatment during an emergency (e.g. Boil Water Advisory). The following treatment methods should only be used during emergency situations when no other safe water alternative is available. These methods should not be used for treating water to be stored while you are under regular, non-emergency conditions. For best results, use all methods in combination.

Treatment	Steps	Contaminants Removed
Filtering	Pour water through fine materials such as paper towels, clean cloth or coffee filters to remove suspended particles. You can increase the layers of these materials to make a finer filter and increasing the likelihood of filtering even smaller particles.	Suspended particles <u>Some</u> bacteria <u>Some</u> chemicals
Boiling	Bring water to a rolling boil for at least one minute prior to use.	All bacteria
Chlorinating	Using household unscented bleach (5.25%-6% sodium hypochlorite), add 1 drop (0.05 mL) of bleach to 1 litre of water, shake or stir and allow it to stand for at least 30 minutes before drinking. The amount of bleach should be doubled for cloudy water or for cooler water. A slight chlorine odour should still be noticeable at the end of the 30-minute waiting period if you have added enough bleach. Otherwise, repeat addition of chlorine and let stand for another 15 minutes. If you still cannot smell bleach, use another water supply.	<u>Most</u> bacteria
Distilling	Using a pot that has a lid, fill it halfway with water. Tie a cup to the pot's lid such that it remains right-side up when the lid is closed without dangling into the water. Boil the water for 20 minutes. The water that drips from the lid into the cup is considered distilled.	Suspended particles All bacteria <u>Most</u> chemicals



Train derailment: Brantford ON, Nov 16 2002.

Eight train cars were derailed as a result of a collision with a van. The derailed cars rolled down an embankment that adjoined a neighbourhood, causing 120 people from the immediate area to be evacuated for two days. There were no leaks reported, but the cars contained a residue of butylene and butane.

Emergency Floor Plan and Meeting Places

The time needed for group decisions, and second guesses, may not be available or may result in unnecessary risks during an emergency. That is why it is important that you and your family are able to locate certain items in your home and meeting places. To help assist you, fill out the following diagram and information. Keep a copy in your Emergency Kit and post others throughout your home. It is important that each family member reviews this information periodically, is able to locate all items and understands how to use such items (e.g. fire extinguisher, valves).

Draw a floor plan of your home, indicating the locations of the following items. You may want to colour code the items to help distinguish them.

- Emergency Exits
- Shelter-in-Place Location
- Electrical Box Location
- Emergency Kit Location
- Fire Extinguisher Location
- Gas Valve Location
- Medical Grab Bag Location
- Water Valve Location
- Floor Drain(s) Location

A large grid for drawing a floor plan, consisting of 30 columns and 25 rows of squares.

PERSONAL EMERGENCY PLANNING KIT

Describe/list the following locations and contact information if available.

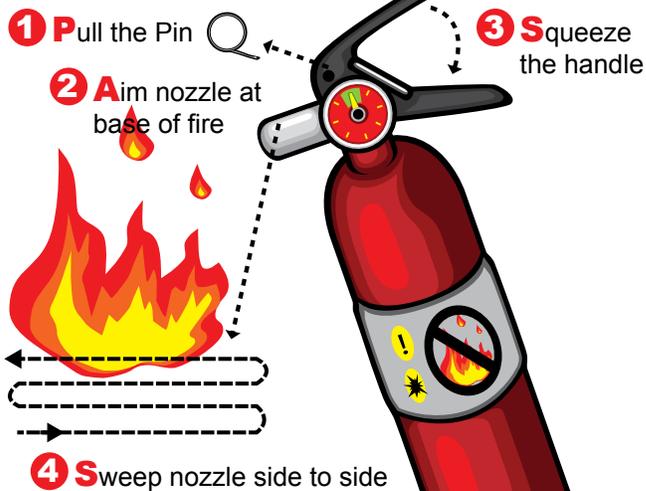
Emergency meeting place outside of home: _____

Emergency meeting place outside of neighbourhood: _____

Emergency meeting place out of town: _____

To operate an extinguisher:

Pull
Aim
Squeeze
Sweep



Know your extinguisher
Use the correct extinguisher

(Check your own extinguisher's label for detailed instructions)

Home Emergency Kit Checklist

Stocking up with the right emergency supplies may be the most critical step in ensuring the safety of you and your family. In an emergency, access to food, water, electricity and other essential services may be difficult or impossible for a period of time. Plan to have enough supplies to support you and your family for two weeks. Responders aim to deliver essential services within 72 hours of an emergency, but this cannot always be guaranteed.

The following checklist will provide you with the recommended supplies you may need during an emergency. Keep in mind you may require other items not indicated on this list specific to you and your family's needs. You can never be too prepared.

Plan to supply enough food for each family member for up to two weeks.

Plan to supply enough water for each family member for up to two weeks. It is estimated that each member will use 4L of water per day.

Food and Water

- Water
- Food- (non-perishable, easy to prepare items)
- Baby food
- Formula
- Bottles
- Thermos
- Manual can opener
- Cook pots, dishes and utensils
- Cook stove/equipment

Clothing and Linen

- Blankets or sleeping bags
- Extra clothing (for varying seasons)
- Towels
- Rain gear
- Proper footwear (e.g. boots)

Communications

- Emergency contact list
- Hard-wired telephone
- Two-way radios
- Cell phones with chargers
- Battery powered or handcrank radio
- Family and emergency contact information

Equipment and Other Items

- Extra set of keys for house and car
- Photos of family
- Whistle
- Multipurpose tool
- Flashlight
- Matches
- Candles
- Work gloves
- Tools/supplies to secure home
- Photos of family members
- Extra batteries of varying sizes
- Plastic sheeting
- Duct tape
- Scissors
- Garbage bags
- Generator
- Pencil/pens
- Paper
- Games and activities for children
- Compass
- Maps of the area

PERSONAL EMERGENCY PLANNING KIT

Medical and Toiletry

- Prescribed medication list (see below)
- Prescribed medications (7 day supply)
- Personal medical information (see below)
- First Aid Kit
- Learn CPR and First Aid
- Other personal medical items (e.g. syringes, walkers)
- Sanitation and personal hygiene items
- Anti-diarrheal medication
- Vitamins
- Sunscreen
- Toilet paper
- Diapers
- Liquid bleach
- Emergency blanket
- N95 or surgical masks

Pets

- Food
- Water
- Collar
- Leash
- Identification
- Carrier/Cage
- Bowls
- Medication
- Photos of pets

Important Papers (Kept in a safe and secure location)

- Insurance policies
- Wills/powers of attorney
- Mortgage/deed/lease information
- Medical prescriptions
- Copy of Driver's License
- Copy of Health Card
- Birth Certificates
- Social insurance numbers
- Passport/citizenship papers
- Bank account numbers
- Credit card numbers and expiry dates
- Money and cheques

First Aid Kit Contents

- First aid manual
- Sterile gauze
- Adhesive tape
- Triangular bandage
- Various sized adhesive bandages
- Elastic bandage
- Antiseptic wipes
- Antiseptic solution (e.g. hydrogen peroxide)
- Soap
- Antibiotic cream
- Hydrocortisone cream
- Calamine lotion
- Acetaminophen and ibuprofen
- CPR mouthpiece
- Tweezers
- Scissors
- Safety pins
- Disposable/Instant cold packs
- Thermometer
- Latex gloves

Vehicle Emergency Kit Checklist

Disaster can strike anywhere, at any time, so it is important to be ready away from home also. For your own safety, you may be required to stop on the side of the road during an emergency. This stop could last for hours, even days, so be prepared to care for yourself and your passengers during this time.

The following checklist will provide you with the recommended supplies you may need during an emergency while in your vehicle. Keep in mind that you may require other items not indicated on this list specific to you and your passenger's needs.

- Bottled water
- Non-perishable foods
- First aid kit with seatbelt cutter and manual
- Flashlight with batteries
- Candles
- Matches
- Maps
- Compass
- Distress signal/flag
- Tow chain/ropes
- Tire repair kit
- Booster/jumper cables
- Tire pump
- Flares/warning light
- Whistle
- Shovel/axe/hatchet
- Ice scraper/washer fluid
- Sand/Salt/Cat litter
- Methyl hydrate (for fuel line and windshield de-icing)
- Cellular phone with charger
- Multipurpose tool
- Survival blanket
- Fire extinguisher
- Can opener
- Utensils
- Seasonal clothing and footwear
- Baby supplies if required
- Shade item
- Sunscreen
- Duct tape
- Paper towels

Emergency Contact Numbers and Information

Fire/Police/Ambulance 911

Police

County Responsible for	Phone Number	Address
Haldimand	905-772-3322	72 Highway 54, Cayuga N0A 1E0
Norfolk	519-426-3434	548 Queensway W, Simcoe N3Y 4T2

Fire

County Responsible for	Phone Number	Address
Haldimand	905-318-0159	117 Forest Street East, Dunnville N1A 2X5
Norfolk	519-426-4115	95 Culver Street, Simcoe N3Y 2V5

Emergency Medical Services (Ambulance)

County Responsible for	Phone Number	Address
Haldimand	905-318-0159	117 Forest Street East, Dunnville N1A 2X5
Norfolk	519-426-4115	95 Culver Street, Simcoe N3Y 2V5

Local Hospitals

Name	Phone Number	Address
Haldimand War Memorial Hospital	905-774-7431	206 John Street, Dunnville N1A 2P7
West Haldimand Hospital	905-768-3311	75 Parkview Road, Hagersville N0A 1H0
Norfolk General Hospital	519-426-0750	365 West Street, Simcoe N3Y 1T7
Tillsonburg District Memorial Hospital	519-842-3611	167 Rolph Street, Tillsonburg N4G 3Y9

Utilities

Utility Supplied	Company Name	Phone Number
Hydro		
Natural Gas		
Water		
Sewage		
Telecommunications		

Telehealth Ontario..... 1-866-797-0000

Poison Control Centre 1-800-268-9017/416-813-5900

Emergency Management Ontario 1-877-314-3723

PERSONAL EMERGENCY PLANNING KIT

Family Doctor(s)

Patients' Names	Doctors' Names	Phone Number	Office Address

Pharmacies

Pharmacy Name	Phone Number	Address

Day Care(s)/School(s)/University

Name	Phone Number	Address
Method of notifying you of an emergency		
Materials/information required to release your child from their custody		

Insurance Company

Agent/Company Name	Phone Number	Address

Out of Town Contract(s) (Should be long distance)

Name	Phone Numbers	Home Address
	Home: Work: Cell:	
	Home: Work: Cell:	

PERSONAL EMERGENCY PLANNING KIT

Friend(s)/Neighbour(s)

Name	Phone Numbers	Home Address
	Home: Work: Cell:	

Animal Health and Contact Information

Veterinarian(s) Name	Phone Number	Office Address		
Alternative/Emergency Care Provider	Phone Number	Address		
Animal Name	Species	Description	Special Health Needs	Medication

PERSONAL EMERGENCY PLANNING KIT

Family Member(s) Information Including Medical

Name of Family Member		
Date of Birth (dd/mm/yyyy)		
Phone Number	Home: Cell:	Work:
Address		
Family Doctor		Phone Number:
Blood Type (check one)		
Medications (please specify)		
Allergies (please specify)		
Vaccination History (please specify)		
Medical Conditions (If yes, please specify)		
Family Medical History (please specify)		
Past Surgeries (If yes, please specify)		
Accommodation Needs (please specify)		
Medical Equipment Requirements (If yes, please specify)		

Step 3 - Practise and Maintain Your Emergency Plan

Although making an emergency plan is one important step in ensuring the safety of you and your loved ones, the plan is only effective if it can be carried out. Your plan must be regularly practiced and maintained by all involved including family members and personal contacts in order for it to be effective when disaster strikes at a moment's notice. At minimum, it is recommended to practise your plan every six months. Also, remember to check the shelf life of your emergency supplies.

Things to consider when practising and maintaining your plan could include the following:

- Quiz all family members on components of the plan.
- Conduct fire, shelter-in-place and evacuation drills.
- Practise turning off the gas, electricity and water in your home.
- Verify contact numbers and information.
- Replace emergency drinking water supplies every three months.
- Replace emergency food supplies based on shelf life.
- Test smoke and carbon monoxide detectors and recharge fire extinguishers as needed.
- Recertify your first aid and CPR certificate(s).



Leaders in Rural Health
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Caledonia ON N3W 1K7
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