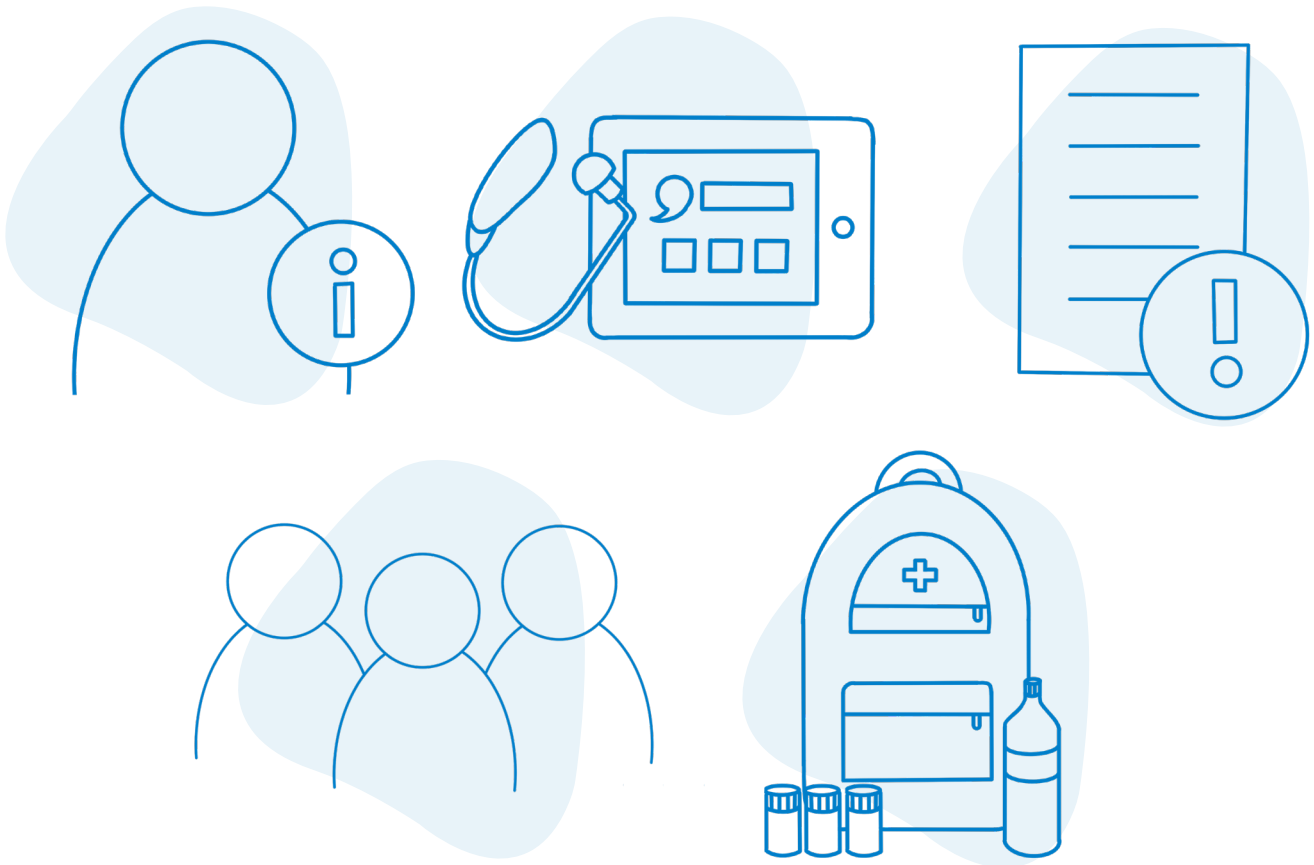




EMERGENCY PLANNING WORKBOOK



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What is an emergency plan?

Sometimes life is unexpected. There may be a point in time when a crisis stops you from being able to care for your loved one. This could happen if:

- ◆ You experience an accident or injury.
- ◆ You have to travel to respond to a family emergency somewhere else.
- ◆ Your loved one is admitted to the hospital.
- ◆ You are no longer able to provide care at home.

If you are the main caregiver for your loved one, others may not know how to care for your loved one as well as you do. This can put your loved one's health and safety at risk. It can be scary and overwhelming to think about what will happen to your loved one if you cannot help them. An emergency plan can help put both you and your loved one at ease. You might also call it a back-up plan or a contingency plan.

A good emergency plan includes all the information that someone else will need in order to take care of your loved one. Even if caring for your loved one feels natural to you, it may be difficult for someone who has never cared for your loved one before.

It is a good idea to start a binder with waterproof pocket coverings for important documents you will need for your emergency plan. You can also give copies to friends or family members. Another option is to store files on a secure computer or electronic device.

How should I use this workbook?

This workbook includes resources like forms, worksheets, and checklists of the items you might want to include in your emergency plan. We highly recommend printing out this workbook or taking notes and keeping them in a binder or other safe place at home.

Keep your loved one involved!

Try to involve your loved one as much as possible when going through the workbook. If you need more space to fill out some of the resources, print out the page as many times as you need.

Remember, you don't need to finish your emergency plan all at once!

Caregivers have a lot to manage, and we recommend working on the plan step-by-step. The plan does not need to be perfect. Any small piece of information you can write down will help in case of an emergency. It will also help you and your loved one feel more safe and assured.



Consider this!

Every caregiver's situation will be different. Use these resources as a starting point, but be sure to consider you and your loved one's personal needs for an emergency.

What should I include in my emergency plan?



1. Care Recipient Information: Write down details that could help friends or healthcare staff care for your loved one. What might be obvious to you might not be known by others, so try to include a lot of details.



2. Medical Equipment and Aids: Write down information about hearing aids, mobility devices, communication devices, or other equipment your loved one uses.



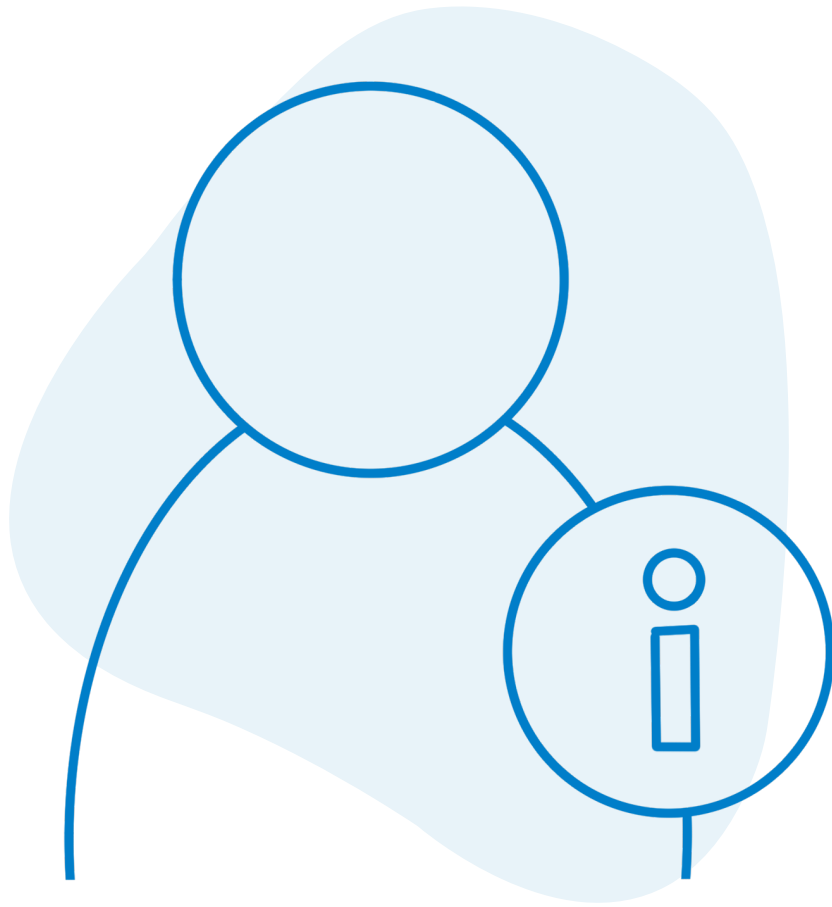
3. Important Documents: Keep copies of important documents that include health, financial, and legal information.



4. Support Network: Write down contact information for people who could help care for your loved one if you aren't available. This can include family, friends, professionals, and local resources.



5. Emergency Bag: In case your loved one has to leave the house quickly, try to pack the basic items they will need to be comfortable for at least 72 hours.



Care Recipient Information

Write down details that could help friends or healthcare staff care for your loved one. What might be obvious to you might not be known by others, so include a lot of details.

Care Recipient Information

Date Last Updated: _____

Personal Information

Full Name: _____

Preferred Name: _____

Gender and Pronouns: _____

Date of Birth: _____

Address: _____

Telephone: _____

Email Address: _____



Emergency Contact Information

Name: _____

Relationship: _____

Telephone: _____

Address: _____

Name: _____

Relationship: _____

Telephone: _____

Address: _____

Name: _____

Relationship: _____

Telephone: _____

Address: _____

Hospital Information

Primary Hospital: _____

Telephone: _____

Address: _____

Physician and Healthcare Provider Information

Name: _____

Specialty: _____

Telephone: _____

Address: _____

Name: _____

Specialty: _____

Telephone: _____

Address: _____

Name: _____

Specialty: _____

Telephone: _____

Address: _____

Name: _____

Specialty: _____

Telephone: _____

Address: _____

Name: _____

Specialty: _____

Telephone: _____

Address: _____

Insurance Plan Information

Insurance Provider: _____

Group/Policy Number: _____

Member Identification: _____

Insurance Policy Holder Information

Full Name: _____

Date of Birth: _____

Relationship to Care Recipient: self spouse child other: _____



Medication Information

Medication Name	Instructions (such as amount and time taken)

Health History

Medical Conditions and History: _____

Allergies: _____ **Blood Type:** _____

Immunizations and Dates: _____

Preferred Language or Tips for Communication: _____

Dietary Restrictions and Meal Preferences: _____

Mental Health and Mood: _____

Comfort Items or Tips for Calming Agitation: _____

Safety Concerns: _____

Personal History

Family and Social Supports: _____

Living Situation: _____

Spirituality/Religion/Traditions: _____

Interests and Hobbies: _____

Dislikes and Fears: _____

Other Information: _____

Sample Weekly Schedule



Include items like medication times, sleep and wake up times, meal preferences, and appointments.

	Morning			Afternoon				Evening										
	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		



Medical Equipment and Aids

Write down information about hearing aids, mobility devices, communication devices, or other equipment your loved one uses.

What are medical equipment and aids?

This section is important to make sure your loved one has access to working equipment that helps them stay safe and comfortable. Important devices your loved one may use include:

- ◆ Hearing aids or glasses
- ◆ Dentures or devices that help at mealtime
- ◆ Bathing equipment like shower seats
- ◆ Mobility aids like a walker, cane, or wheelchair
- ◆ Communication devices
- ◆ Sleeping equipment like a continuous positive airway pressure (CPAP) machine

Worksheet Example

Use the worksheet on page 16 to help you organize information about your loved one's medical equipment and aids. See below for an example of how you might fill out the worksheet. Print out page 16 as many times as you need to cover all of your loved one's devices.

Medical equipment or aid	Location	Instructions for handling and maintenance	Other details
<i>Example: Hearing aids</i>	<i>Example: In top drawer of nightstand in bedroom</i>	<i>Example: Do not immerse in water, use dry cotton swab to clean daily, size 13 battery required</i>	<i>Example: Professional cleanings for device scheduled every six months with X professional at X location Care recipient can put hearing aids in safely while you watch.</i>

Medical Equipment and Aids

Medical equipment or aid	Location	Instructions for handling and maintenance	Other details



Important Documents

Important documents can include health, financial, and legal information. Consider storing copies of these files in a binder or digitally. If the documents cannot all be stored in the same place, try to write down the location of each of the files.

Important Documents Checklist

Health Documents

- Medical records
- Physician and specialist information
- Medication list and schedule
- Allergy information
- Immunization records
- Health insurance cards

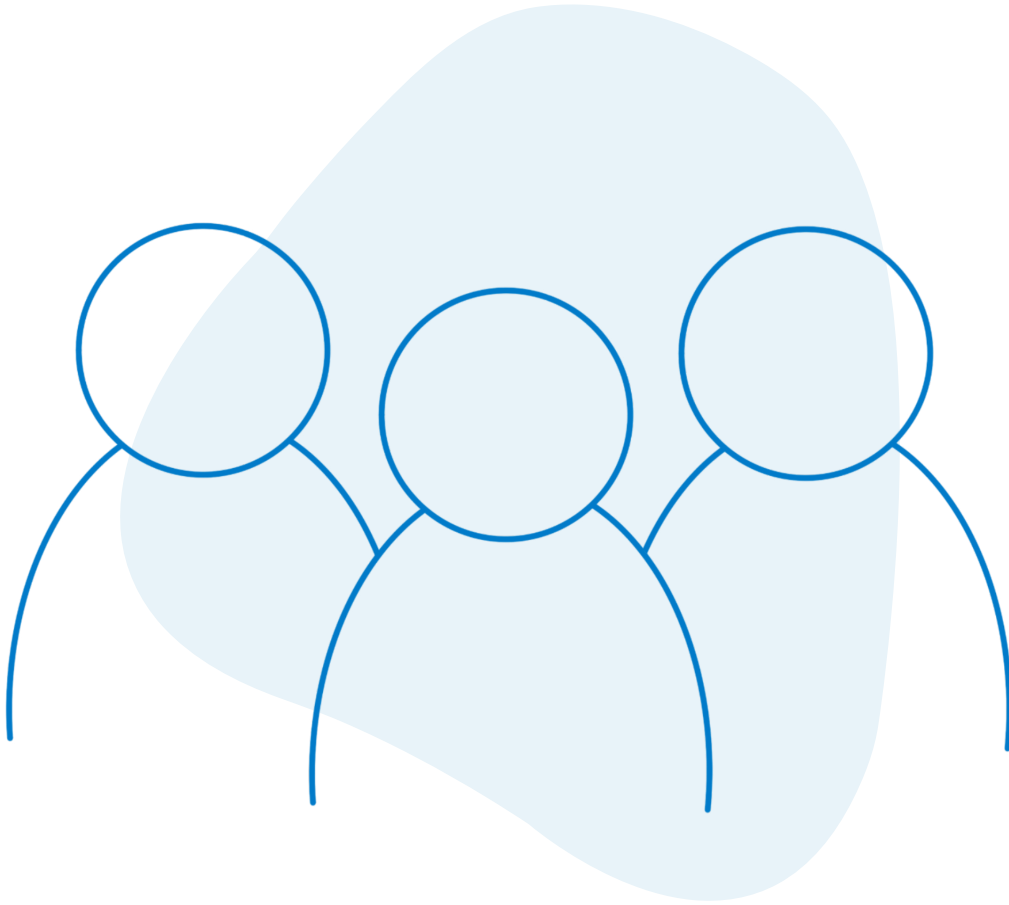
Location

Legal Documents

- Social security cards
- Power of attorney
- Wills
- Deeds
- Citizenship documents
- Family records
- Passports
- Lease information
- Home inventory (list or video format)

Financial Documents

- Tax records
- Bank account information
- Credit card numbers
- Insurance cards and information
- Recent financial statements



Support Network

Write down contact information for people who could help care for your loved one if you aren't available. This can include family, friends, professionals, and local resources.

What does a support network look like?

If you are the only caregiver for your loved one, try to build a support network who can help take care of your loved one when you cannot.

Immediate Support Network

An **immediate support network** may include individuals in your loved one's life who you trust and can be readily available to help your loved one. This may be family members, friends, neighbors, or roommates. Consider providing them with a copy of your loved one's important documents from your emergency plan. You should also discuss how they would like you to communicate with them in case of an emergency.

Local Home Care Agencies

Local home care agencies can also be considered. These agencies provide trained caregivers to care for your loved one in your loved one's home. Before an emergency happens, try to research or interview local agencies to create a list of two or three options that you and your loved one are comfortable with. When making your decision, you may choose to ask about caregiver background checks and training requirements. You can also discuss billing processes and a care plan related to the amount of assistance your loved one needs. In some cases, you may want to ask how caregivers are matched to clients and ask to meet potential caregivers.

Senior Living Communities

Senior living communities can provide your loved one with short-term or long-term care in the case of an emergency. Research or visit some of these communities to create a list of two or three options that you and your loved one are comfortable with. You may want to keep in mind the details of the housing contract, your finances, and whether the facility can meet your

loved one's medical, physical, and emotional needs. You can use the U.S. Administration for Community Living's Eldercare Locator or other resources to find communities in your area.

Adult Day Programs

Adult day programs provide supervised activities, meals, and personal care for older adults in a group setting. These programs can be used by loved ones who are waiting for admission to long-term care.

Support Network Information Form

Use the form on page 22 to help you organize information about your loved one's support network.



Consider this!

In the additional notes section on the form, include information about billing, the care team, directions to the building, or anything else you feel is important to remember.

Support Network Information

Immediate Support Network

Name: _____ **Relationship:** _____

Telephone: _____ **Address:** _____

Notes: _____

Name: _____ **Relationship:** _____

Telephone: _____ **Address:** _____

Notes: _____

Name: _____ **Relationship:** _____

Telephone: _____ **Address:** _____

Notes: _____

Home Care Agencies and Senior Living Communities

Organization Name: _____

Telephone: _____

Address: _____

Notes: _____

Organization Name: _____

Telephone: _____

Address: _____

Notes: _____

Organization Name: _____

Telephone: _____

Address: _____

Notes: _____

Other Support Network

Name: _____

Type of Support: _____

Telephone: _____

Address: _____

Notes: _____

Name: _____

Type of Support: _____

Telephone: _____

Address: _____

Notes: _____

Name: _____

Type of Support: _____

Telephone: _____

Address: _____

Notes: _____

Name: _____

Type of Support: _____

Telephone: _____

Address: _____

Notes: _____

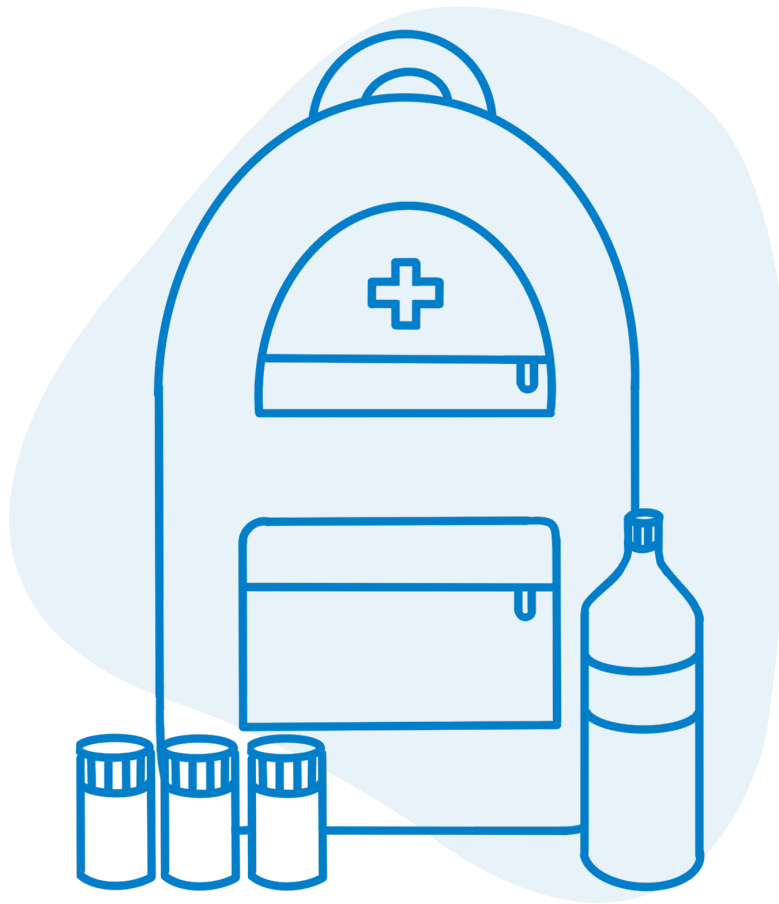
Name: _____

Type of Support: _____

Telephone: _____

Address: _____

Notes: _____



Emergency Bag

In case your loved one has to leave the house quickly, try to pack the basic items they will need to be comfortable for at least 72 hours.

What is an emergency bag?

An emergency can strike at any time. Your loved one may need to visit the emergency department unexpectedly or you may have to quickly leave your home. Having a bag packed with important information and supplies can be useful for these situations. In general, try to pack enough so that your loved one will be comfortable for **at least 72 hours**.

Quick Tips for Packing

- ◆ Use the checklist on page 26 for essential items to put in your emergency bag. Also, think about what unique items your loved one needs to feel safe, comfortable, loved and supported.
- ◆ Choose a bag that will be sturdy and large enough to fit everything you need. Consider a rolling bag if it will be difficult for you to carry a bag on your shoulders.
- ◆ Place your emergency bag somewhere that will be easy to reach on your way out the door.
- ◆ If you plan on staying with your loved one during a hospital emergency, be sure to pack your own bag too.

Emergency Bag Checklist

Important Personal and Health Information

Checklist	Tips
<ul style="list-style-type: none"><input type="checkbox"/> Medication list and prescription schedule<input type="checkbox"/> Medical history<input type="checkbox"/> Emergency contact information<input type="checkbox"/> Health insurance information and cards<input type="checkbox"/> Allergy information<input type="checkbox"/> Immunization records<input type="checkbox"/> Physician and healthcare provider information	<ul style="list-style-type: none">◆ Include paper copies of important health and personal information◆ Use the Care Recipient Information form on page 7 to help

Medication

Checklist	Tips
<ul style="list-style-type: none"><input type="checkbox"/> Routine medications<input type="checkbox"/> Emergency medications like an EpiPen	<ul style="list-style-type: none">◆ Consider storing prescribed medications in a 7-day pill organizer for easy access◆ Try to regularly update the medication in the emergency bag. You can set reminders in your calendar or smartphone to help you remember.◆ Talk to your pharmacist about including any over-the-counter medications in the emergency plan, for example Tylenol

Comfortable Change of Clothes

Checklist	Tips
<ul style="list-style-type: none"> <input type="checkbox"/> T-shirt <input type="checkbox"/> Pants <input type="checkbox"/> Underwear <input type="checkbox"/> Socks <input type="checkbox"/> Sweater <input type="checkbox"/> Protective face masks 	<ul style="list-style-type: none"> ◆ Choose loose and comfortable clothing in case your loved one needs to have any needles or testing done ◆ It may be cold in a hospital. Make sure to pack clothing that your loved one can layer and will keep them warm.

Toiletries

Checklist	Tips
<ul style="list-style-type: none"> <input type="checkbox"/> Toothbrush and toothpaste <input type="checkbox"/> Deodorant <input type="checkbox"/> Dry shampoo <input type="checkbox"/> Face cloth <input type="checkbox"/> Sanitizer and sanitary wipes <input type="checkbox"/> Tissue <input type="checkbox"/> Moisturizer 	<ul style="list-style-type: none"> ◆ Include any other special items you or your loved one may need such as contact solution, feminine hygiene products, and others

Food and Water

Checklist	Tips
<ul style="list-style-type: none"> <input type="checkbox"/> Non-perishable snacks <input type="checkbox"/> Bottled water or juice boxes 	<ul style="list-style-type: none"> ◆ Examples of non-perishable snacks may include granola bars or trail mix

Special Items

Tips

- ◆ Be sure to bring any special equipment your loved one may need such as hearing, visual, and mobility aids, or communication and feeding devices
- ◆ Pack the batteries and cleaning supplies needed for these devices
- ◆ If certain devices cannot be packed, include a list of them instead. Use the Medical Equipment and Aids worksheet on page 16 to help.

Comfort Items and Entertainment

Tips

- ◆ Comfort items may include family photos, religious text, or even a device to play your loved one's favorite music
- ◆ You may also bring items for your loved one's hobbies such as knitting, reading, crosswords, or sudoku
- ◆ Consider items that will help your loved one sleep better in an unfamiliar place such as a favorite pillow or blanket, or earmuffs for noise reduction

Other Helpful Items

Checklist	Tips
<ul style="list-style-type: none"><input type="checkbox"/> First-aid kit<input type="checkbox"/> Flashlight and batteries<input type="checkbox"/> Portable phone chargers<input type="checkbox"/> Cash and coins<input type="checkbox"/> Notebook and pen	<ul style="list-style-type: none">◆ Ask yourself: "What other items would be helpful for you or your loved one to have in an emergency?"

