



**Participant Information**

Participant Name DOB  
 Address Phone  
 Advanced Directives  Full Code  DNR Additional Instruction:

**Emergency Contact**

Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone
Relationship to Participant	Trained Caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Prep**

Check/test smoke and carbon monoxide detectors regularly. Consider keeping an emergency bag ready to go and check it regularly to ensure items are up to date and not expired (include any critical health supplies, small supply of medications, and provider instructions/contact info). Caregivers in the home should know location of battery backups, fire extinguishers, emergency bag, and generator (if available). Review medical equipment requiring power and plan to conserve battery (could give feeds as bolus, but a vent would need prioritized).

**Emergency Type – Always call 911 first – Include a plan for the following:**

**Shelter in Place:** Prioritize medical technology needs, keep essentials and specialized supplies stocked, ration supplies as needed, contact utility company to see when power might be restored, keep backup batteries charged and use only as needed, monitor battery life left and allow yourself time to evacuate, use generator if available.

**Evacuate:** Do not wait until the last minute on battery life of medical equipment, have a designated meeting spot directly outside the home, alternative place to shelter (nearby family), take a portable health summary of the participant's health information.

**Alternative location to be used when the Participant's current home is uninhabitable for an extended**

Name	Phone
Address	

**Designated meeting spot – A landmark or physical address close (walking distance)**

Designated Meeting Spot

**Participant – specific plans for medical emergencies – Call 911 first – Include the following:**

Physician Name	Phone
Address	

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Nearest Hospital	Phone
Address	

**Signatures and Date Reviewed**

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*DSCC*

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*Date*

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*Participant/Participant's Family*

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*Date*