

# Emergency Backup & Safety and Prevention Strategies

Resources for people who use attendant services  
and manage their own care.



# Health Care Emergency Form

## BASIC INFORMATION

### PERSONAL INFORMATION

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Who would you want called first if you are sick or injured? List one or more people.

#### Emergency Contact 1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Emergency Contact 2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Case Manager

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Other Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Phone of Person with Medical Durable Power of Attorney for Health Care Decisions

Advance Directives

Religious Preference

## FUNCTIONAL INFORMATION

### EQUIPMENT NEEDS

- Wheelchair
- Scooter
- Braces
- Communication Device
- Assistance Animal
- Walker
- White Cane
- Hearing Aid(s)
- Ventilation Support Device (BiPAP or CPAP)
- Oxygen Tank or Concentrator
- Tube Feeding Equipment
- Medication Pump
- Catheter
- Other \_\_\_\_\_

### INSTRUCTIONS ON EQUIPMENT

**Does your equipment have batteries which need to be charged regularly? Location of charger and instructions for charging:**

**Does your equipment require any supplies or spare parts? Location of supplies and/or spare parts and instructions for replacing:**

**Phone Numbers for Equipment Repair:**

COMMUNICATION NEEDS	SPECIAL INSTRUCTIONS FOR COMMUNICATION, INTERPRETER PHONE NUMBERS, ETC.
(Examples include sign language interpreting (what mode), communication technologies or preferences, etc.) _____ _____ _____	_____ _____ _____ _____

**MEDICAL INFORMATION**

INSURANCE INFORMATION	PREFERRED HOSPITAL INFORMATION
	Name: _____ Address: _____ _____ Phone: _____
PRIMARY PHYSICIAN INFORMATION	PHARMACY INFORMATION
Name: _____ Address: _____ _____ Phone: _____ Fax _____	Name: _____ Address: _____ _____ Phone: _____ Fax _____
MEDICATIONS & MEDICATION SCHEDULE	
Include specific use, dosage, side effects, contraindications & other information provided by the pharmacy.          	

**DIAGNOSES AND CONDITION(S)**

Specific Diagnoses	Allergies
List both physical/mental condition(s).          	Include reactions caused by medications, foods, or environmental factors.          
Warning Signs	Emergency Care Plan
Attach sheets describing symptoms of the kinds of episodic complications and problems that you may experience.          	Attach sheet with clear and complete instructions for care during emergencies.          

# Instructions

Why make a health care emergency guide? With a health care emergency guide, you can tell attendants, paramedics and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Putting together a guide is recommended. Review the guide with current and new attendants. Update the instructions regularly.

## BASIC INFORMATION

### **Personal Information**

- Include your name, address, phone number, your age, and today's date

### **Emergency Contact Information**

- Include the name(s) and phone numbers of:
  - Two people you trust who can help you in an emergency
  - Your case manager
  - A third person who can serve as a back-up emergency contact if the first two cannot be reached
- Include the name and phone number of a person who has your Medical Durable Power of Attorney for Health Care Directives
- Include any Advance Directives that you have for your care
- Indicate your Religious Preference, if any

## FUNCTIONAL INFORMATION

### **Equipment Needs**

- List the types of adaptive equipment you rely on for basic functioning in any setting, including wheelchair, scooter, braces, communication device, service animal, etc.

### **Instructions on Equipment**

- List instructions on the care, maintenance and proper handling of adaptive equipment
- List location of supplies and spare parts for your equipment and any instructions on how get replacement parts
- List phone numbers of people who can make repairs

### **Communication Needs**

- List specific communication needs. For example, sign-language interpreting (what mode), communication technologies or preferences, etc.
- List specific instructions for communication, such as interpreters' phone numbers, etc.

## MEDICAL INFORMATION

### **Insurance Information**

- List the name of your insurance company and all insurance identification numbers

### **Primary Physician Information**

- List the name, address, phone and fax numbers of your primary care physician

### **Preferred Hospital Information**

- List the name, address, and phone number of the hospital that you would prefer to be taken to in case of an emergency

### **Pharmacy Information**

- List the name, address, phone, and fax of the pharmacy where you prefer your prescriptions filled

### **Medications & Medication Schedule**

- List the medications you take, including dosages, side effects, contraindications, and other information provided by the pharmacy
- List the dates and times when you take your medications

## DIAGNOSES AND CONDITION(S)

### **Specific Diagnoses**

- List physical and mental conditions

### **Warning Signs**

- List warning signs of possible emergency situations. Describe symptoms of the kinds of episodic complications and problems which you may experience, such as hyperreflexia, hypoxia, insulin shock, hypoglycemia, hyperglycemia, respiratory problems, depression, manic episodes, seizures, etc.

### **Allergies**

- List reactions caused by medications, foods, or environmental factors

### **Emergency Care Plan**

- Attach a separate sheet with clear and complete instructions for care during emergencies

## Minimizing Your Risk of Theft

### Preventing Identity Theft

Identity theft is a crime in which a person obtains key pieces of personal information, such as Social Security or driver's license numbers, to impersonate someone else. The information can be used to obtain credit, merchandise, and services in the name of the victim, or to provide the thief with false credentials. The information can also be used to provide false identification to police, creating a criminal record or leaving outstanding arrest warrants for the person whose identity has been stolen.

- If you use a signature stamp, keep it with you at all times and do not allow it to be taken or used without your authorization.
- Do not leave cash or credit cards out in the open.
- Keep important documents in a safe place. Only allow a limited number of trusted individuals to know where they are and have access to them.
- Never put computer passwords where others can see them.
- Carry any document with sensitive information in a close fitting pouch or in your front pocket if possible. If you need to carry these documents on your wheelchair, make sure they are hidden and secure in a place you can observe. Sensitive documents include driver's license, credit & debit cards, checks, car registration and anything with your Social Security Number (SSN).
- Do not carry your checkbook in public. Carry only the checks you need.
- If possible remove anything from your wallet containing your SSN, including your Social Security card, Medicare card, and military ID card. If your SSN is on your driver's license, get a new license without this information on it.
- Call your bank and credit card customer service lines and ask to "opt out" of **ALL** marketing programs, including "convenience" check mailings.
- Contact the Credit Card Offer Opt Out Line to reduce the number of credit card solicitations you receive, at 1-888-567-8688 or <http://www.optoutprescreen.com>.
- Destroy pre-approved credit card offers, convenience checks and any document containing sensitive information, by cutting, tearing up or shredding, preferably using a crosscut shredder.

- ❑ When sending mail containing checks, go to the Post Office. Do not put mail with checks in your mailbox. Consider using automated payment plans, if possible.
- ❑ Ask your bank or credit union to hold boxes of new checks for you to pick up, rather than mailing them to your home.
- ❑ Do not keep your auto registration, insurance card, checkbook, receipts, or other identifying information in your car. Carry them securely on your person. Do not leave your car or van unlocked or unattended.
- ❑ Check your earnings record at least annually and more often if you suspect your SSN has been compromised. It is free and there is no limit to how often you may request it. Contact the Social Security Administration at **1-800-772-1213** and ask for Form SSA-7004, Request for Earnings and Benefit Estimate Statement.
- ❑ Monitor your bank accounts for any activity you do not recognize, such as withdrawals from ATMs, cleared checks, and credit card charges.

### Personal Property Tips

- ❑ If you entrust your car to anyone to do errands for you, request that the keys be returned to you as soon as the errands are completed. Record mileage after each use.
- ❑ If you need your attendants or other people to be able to enter your house when you cannot get to the door, consider mounting a lock box on or near your door so that you do not have to distribute copies of your house key.
- ❑ If you do have a lock box, change the combination about every six months, and change it if you terminate an attendant.
- ❑ When you advertise for new attendants, never put your address in the ad. Screen carefully before you invite an applicant to your house for an interview. Ask for and check references.
- ❑ Keep track of your property, who comes into your house and when.

### Preventing Legal Exploitation

- ❑ Do not sign papers if you do not know what they are.
- ❑ Think twice before changing title of your property or making a will in favor of an attendant.
- ❑ Do not accept promises of life-long care in exchange for a will or deeding of property.

For additional information, visit the Colorado Attorney General's web site at:  
<http://www.ago.state.co.us/idtheft/IDTheft.cfm>.

## Preparing for Attendant Support During A Community-Wide Disaster

If you have a disability and rely on attendant services, you may want to make plans before a community-wide disaster occurs. By planning ahead of time, you can be ready to solve some of the problems that might arise in the event of a disaster. Preparing for a disaster will help you to cope and recover more quickly.

The following list may help you to plan ahead for possible disasters. You can adapt this list to reflect your own needs and preferences. Review and revise your plans as needed.

What kinds of disasters may occur in Colorado and your local area? Many Coloradans try to prepare for events such as severe winter storms, blizzards, tornadoes, landslides, flash floods, wild fires, and civic emergencies such as crime or terrorism. People with disabilities may want to take extra steps to prepare for community-wide disasters.

How a Community-Wide Disaster May Affect Your Attendant Services	Suggested Preparations
<b>Attendant Transportation</b>	
An attendant may not be able to reach your home.	<ol style="list-style-type: none"> <li>1. Develop a list of backup attendants' names and phone numbers, perhaps organized in order of how close each one lives to your home.</li> <li>2. Make contact with a neighbor who owns a four-wheel drive vehicle, or a local four-wheel drive club, and arrange for transportation for your attendants if necessary.</li> </ol>
<b>Utilities</b>	
If utilities go out, you may not be able to use your heating system, water, electronic appliances, life-sustaining electrical equipment or adaptive devices.	<ol style="list-style-type: none"> <li>1. Arrange for backup power sources and/or additional attendant services until utilities return.</li> <li>2. Consider finding an alternate place to stay if the utilities will be out for an extended period of time.</li> <li>3. Consider getting a backup generator if you rely on a ventilator or other life sustaining equipment.</li> </ol>

<b>Telephone Service</b>	
Telephone service may be disrupted, preventing you from calling attendants using your home phone.	<ol style="list-style-type: none"> <li>1. Consider purchasing a cellular phone, and make sure all your attendants' phone numbers are programmed into it.</li> <li>2. Make arrangements with a neighbor who has a cellular phone to check on you.</li> </ol>
<b>Transportation</b>	
You may not be able to use your usual forms of transportation because of closed roads or interrupted public transportation.	<ol style="list-style-type: none"> <li>1. Stock adequate water, groceries, critical medication and other supplies so that you can survive for several days without leaving your home.</li> <li>2. If you must leave, seek out alternate means of transportation such as four-wheel drive clubs or ambulance service.</li> </ol>
<b>Evacuation</b>	
You may need to evacuate your home or workplace.	<ol style="list-style-type: none"> <li>1. Plan how you would safely and quickly evacuate your home. If necessary, make arrangements with at least one attendant to assist you.</li> <li>2. At your workplace, be included in the decisions on evacuation procedures and the specialized evacuation equipment that may be purchased and installed. Arrange evacuation procedures with your coworkers and/or attendant as necessary. Practice the evacuation plan through regular drills.</li> <li>3. Consider writing brief, clear, and specific instructions for rescue personnel. Include critical health information and emergency contacts.</li> </ol>

### Additional Information

Contact your city or county government for information on disaster preparedness.

The American Red Cross has developed a disaster preparedness manual for people with disabilities and a complete list of what items to include in a home emergency kit and a shelter kit. For more information, call (866) GET-INFO (866-438-4636) or go to <http://www.redcross.org/services/disaster/beprepared/disability.html>.

## Planning Your Backup Care

A written plan may help you think about what to do when you need attendant care right away. This plan may be a simple call list of your backup attendants, or a more complex decision tree that can assist you to problem solve and find an attendant. The next page shows an example of a plan for backup care in the form of a decision tree. You can use or adapt this tool based on your needs and preferences.

The following is a list of tips and issues to consider when making your plan.

**1** **Indications of a life or limb threatening situation** include:

- Chest pain
- Shortness of breath
- Bleeding
- Injury
- Worsening infection
- Color change or drainage of a sore
- Other \_\_\_\_\_

**2** **If you live in a rural area**, the emergency response number may be different from 911. Contact your local police department to find out the local emergency number.

**3** **If your attendant does not arrive when scheduled**, think about how long you will wait before calling the attendant or a backup attendant. Make sure all attendants know about your policy concerning lateness, cancellations and no-shows.

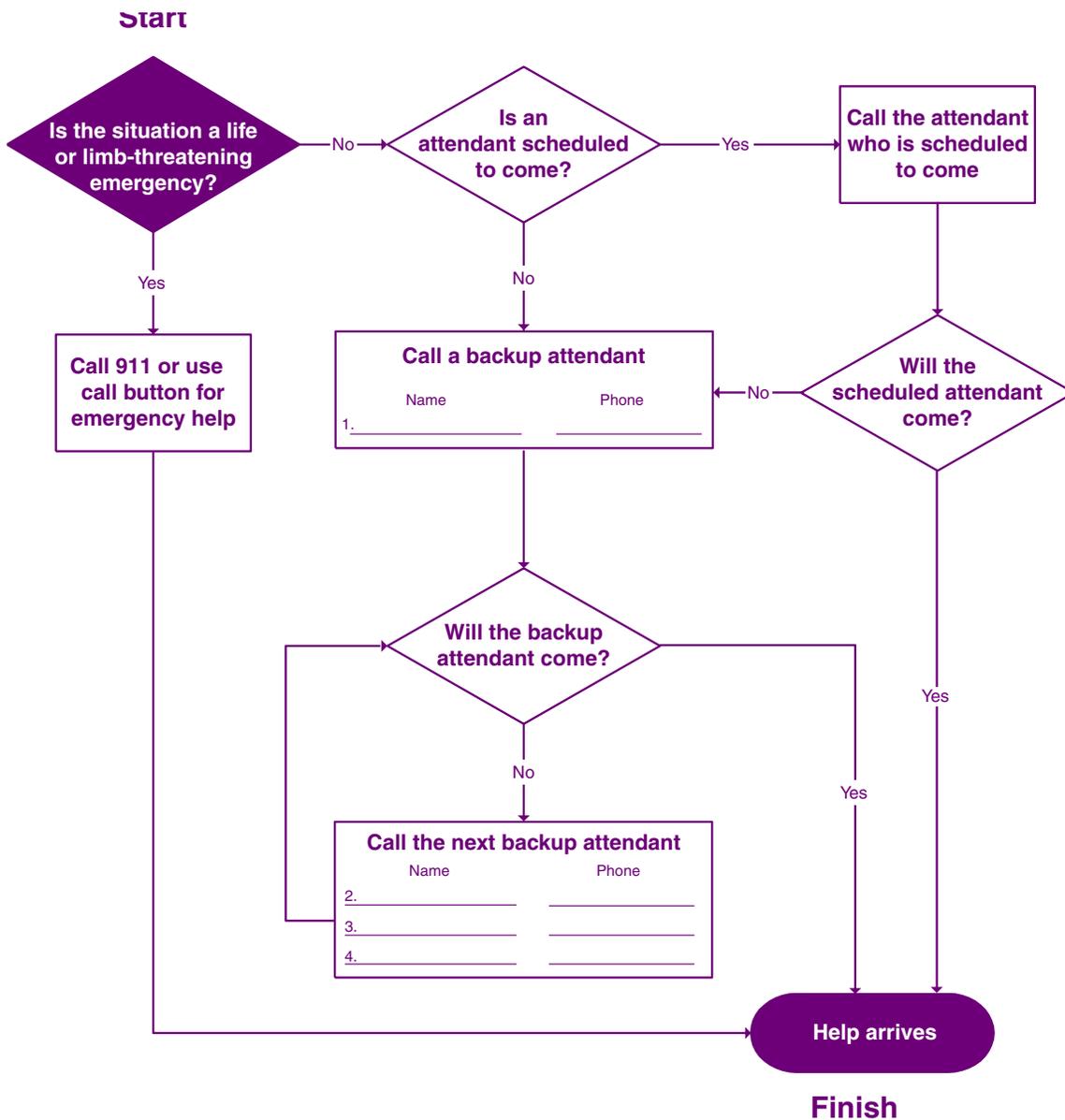
**4** If at first you do not succeed in arranging for a backup attendant, try calling each one a second time and explain that none of the others are available. If possible, you may consider offering additional payment as an incentive to an attendant to come during an emergency. Consider whether the situation might become dangerous and at what point you need to call 911 or another emergency number. Remember that calling 911 is for emergencies and not routine care.

**5** Is there information that you wish police officers, fire fighters, paramedics and other 911 responders to know when they respond to your call?

- In the city of Denver, you can provide voluntary disability-related emergency information to the Denver Police Department by completing a form at [www.denvergov.org/police/](http://www.denvergov.org/police/) or by calling 720-913-2000.
- In other communities, contact your local police department to find out how to provide disability-related information to 911 responders or other emergency responders.

# Decision Tree

## What to do when you need an attendant - FAST.



*This is an example. If you make your own plan, you can adapt this tool based on your needs and preferences.*

# Safety and Prevention Strategies

## Examples of Abuse, Exploitation and Neglect

- Extremely poor care
- Careless, unsafe transfers
- Avoidable falls or injuries
- Physical abuse, such as hitting, kicking, dropping, slapping, using restraints, etc.
- Verbal abuse, such as intimidation, threats, scolding, insults, guilt trips, etc.
- Emotional abuse, words or actions that cause fear, shame, depression, etc.
- Sexual abuse, such as inappropriate touching, exposure, unwanted sex talk, etc.
- Denial of food, medication, adaptive equipment etc.
- Overmedication or sedation
- Missing work without notifying you
- Substance abuse on the job
- Pressure for money, loans, gifts, etc.
- Theft of money, medications or other items

## How to Recognize Potential Abuse

If you answer “yes” to any of the following questions, there may be potential for abuse:

- Do you sense that your attendant is deliberately ignoring your instructions and requests?
- Does your attendant make mistakes and then blame you or other people?
- Does your attendant ask personal questions unrelated to your care, such as how you manage your finances?
- Does your attendant eat your food without asking?
- Does your attendant make unwanted comments about your appearance, weight, clothing, speech, eating habits, disability, etc?
- Do you sometimes find less money in your wallet than you expected?
- Are there unfamiliar charges on your checking or credit card accounts?
- Is your attendant eager to access your car or credit card?
- Does your attendant want to work all of your shifts?
- Does your attendant want to control your choices such as what you wear and what you eat?
- Does your attendant place items you need just out of your reach?
- Does your attendant try to isolate you from your family and friends or restrict your contact?
- Does your attendant make unwanted comments about your friends, family or choice of activity?

- Does your attendant look around your home or through your personal belongings without your permission?
- Does your attendant use your computer without your permission?
- Are you uncomfortable asking your attendant to do routine tasks?
- Does your attendant take naps, watch TV or talk on the phone instead of providing your care?
- Are any of your medications missing?
- Has your attendant tried to gain access or control of your medications?

### Tips on Preventing Injury, Abuse, Exploitation and Neglect

- Remember YOU ARE THE SUPERVISOR. You have the authority to fire your attendant if necessary. You are responsible for creating a professional relationship with your attendant.
- With anyone -- attendant, friend, family member, or stranger -- you ALWAYS have the right to say NO or STOP if they do anything wrong or uncomfortable.
- Carefully screen potential attendants. Require references and check them before hiring.
- Do not become overly dependent on any one caregiver or advisor.
- Do not allow your attendant to make choices for you, such as what to wear or what to eat.
- Trust only those people who earn your trust.
- Connect with family members, friends and other people directing their care for support in addressing and preventing critical incidents.
- Seek help or advice if you suspect a situation may be harmful.
- Make a list of personal belongings such as jewelry, antiques, silverware, and other valuables.
- Inventory controlled medications after each attendant leaves.
- Do not leave cash or medication around.
- Use a password to restrict access to your computer.
- If you rent your home, consider purchasing renters insurance.
- Find a local self-defense class, and talk with the instructor about the possibility of adapting the class to your disability.

## Resources

As a handy resource, keep this list posted near the telephone.  
Fill in phone numbers for your local:

Police Department: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Neighbor: \_\_\_\_\_

District Attorney: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Victim Assistance: \_\_\_\_\_

Advocacy Group: \_\_\_\_\_

Independent Living Center: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Some Toll-free Resources in Colorado

#### Office for Victims Programs

1-888-282-1080 (Outside Denver Area)

303-239-5719 (Inside Denver Area)

Website: <http://dcj.state.co.us/ovp/>

#### Telephone Triage Program

Colorado Medicaid 24 hour registered nurse  
telephone help line.

1-800-283-3221

#### 211 Colorado

Dial these three numbers and receive access to health and human services  
information and referrals.



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