



Arizona Caregiver Coalition
— Serving the Needs of Arizona Caregivers —

EMERGENCY RESPITE PLAN GUIDE

Step by Step Instructions
for Creating a Plan



*Available Free to the Public
Not for individual sale

Contact us | 1-888-737-7494 | info@azcaregiver.org

Making A Plan for Emergencies

Things To Remember

- Preparation is key! Have your plan in place BEFORE a situation arises.
- Keep all important information in one place.
- Include feedback from the person you are caring for and make sure to discuss the plan with your loved ones.
- Map out a strategy then, make adjustments as you discuss it with the people who will have roles in it.
- Once the details are final, fill in the most important information on the included poster.
- Place the poster on your refrigerator, behind the front door, on a kitchen cabinet, or in any obvious location for quick reference. It will come in handy for any helpers that come and offer respite in your home. It can go directly with your loved one during an emergency.

***** Determine who to call in an emergency. This is the most important way to ensure your loved one is protected. *****

Communicate With Everyone

- Make prior arrangements with people and facilities so they are prepared for the plan and are ready if called.
- Hold a family meeting. If some members cannot attend in person, create an online meeting using Zoom, Teams, Skype, etc. to discuss the plan.
- Understand that some loved ones can be hesitant to stay in a facility. It is helpful to tour a few places with them and listen to their feedback.

***** We strongly recommend making pre-arrangements with the facility you choose and completing any required paperwork in advance. *****

Questions to Ask Yourself

Use these answers in the creation of your plan. Reference the Arizona Care Guide for additional information.

- 1 Who should be called? (Family, Friends, Agency, or Facility)
- 2 Which family member is in charge, and are they willing and able to accept the responsibilities?
- 3 What are the primary responsibilities of this individual? Can they provide respite care?
- 4 What emergency items are critical for my loved one to have if leaving the home?
- 5 What is our back-up plan? Do we have multiple options during an emergency situation?

Roles and Responsibilities

- Transporting loved one to facility or appointments _____
- Maintaining bills and communication with home service providers: _____
- Communication with respite provider: _____
- Communication with primary care providers/pharmacist: _____
- Running errands and upkeep of home _____
- Taking care of pets _____
- Other roles _____

Emergency Respite Care Facilities

See the Arizona Respite Care Guide for assistance. Please make sure to do your research ahead of time and select several Respite Facilities where you would like your loved one to be taken in case of an emergency. Do this now, before there is a crisis.

- Make an appointment and have a list of questions ready. Find out about the cost, application and processing time, renewal process, and requirements.
- Request a tour to ensure the facility will be able to meet your loved one's needs. It will also be important for your loved one to be in agreement and feel comfortable with the selected facility.
- Have a completed application on file with at least two to three facilities.
- Don't wait for a crisis. Try the overnight respite when you have a family event. Build a relationship with the facility.

Most facilities take people depending on availability. That is the reason why it's best to have at least 3 different options.

Three respite facilities

1	Facility Name #1	_____
	Phone Number	_____
	Address	_____
2	Facility Name #2	_____
	Phone Number	_____
	Address	_____
3	Facility Name #3	_____
	Phone Number	_____
	Address	_____

Care Receiver Priorities

Important information for assistance when staying at a respite facility.

I communicate using (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, reading lips, also state if extra time/support is needed)

When I take my medication, I prefer to take it with (e.g. water, ground up, with food)

If I am in pain, I show it by (also note if I have a low/high pain tolerance)

If I get upset or distressed, the best way you can help is by (e.g. play my favorite music)

How I cope with medical procedures (e.g. how I usually react to injections, IV's, physical examinations, x-rays, oxygen therapy)

My mobility needs are (e.g. whether I can transfer independently, if I have a wheelchair or other devices, pressure relief needed, are you bedbound)



When getting washed and dressed, you may assist me by

When drinking or eating, you may assist me by

My favorite foods and drinks are

I don't like to eat or drink the following

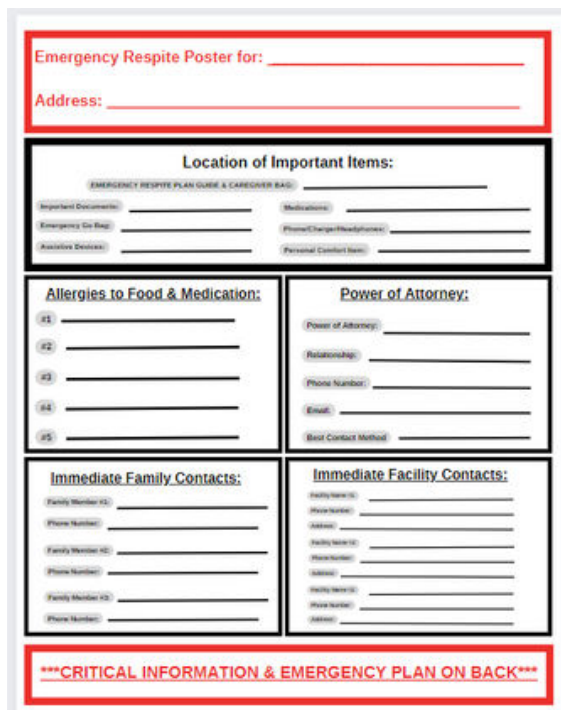
I am very sensitive to (specific sights, sounds, odors, textures/fabrics, etc.) & I really dislike (fluorescent lights, thunderstorms, bleach, and air fresheners etc.)

My favorite activities are

I don't like to

Other personal notes

Emergency Respite Poster:



The form is titled "Emergency Respite Poster for:" and includes a red border. It contains the following sections:

- Emergency Respite Poster for:** _____
- Address:** _____
- Location of Important Items:**
 - EMERGENCY RESPITE PLAN GUIDE & CAREGIVER BAG: _____
 - Important Documents: _____
 - Medications: _____
 - Emergency On Bag: _____
 - Phone/Charger/Headphones: _____
 - Assistive Devices: _____
 - Personal Comfort Item: _____
- Allergies to Food & Medication:**
 - #1: _____
 - #2: _____
 - #3: _____
 - #4: _____
 - #5: _____
- Power of Attorney:**
 - Power of Attorney: _____
 - Relationship: _____
 - Phone Number: _____
 - Email: _____
 - Best Contact Method: _____
- Immediate Family Contacts:**
 - Family Member #1: _____
 - Phone Number: _____
 - Family Member #2: _____
 - Phone Number: _____
 - Family Member #3: _____
 - Phone Number: _____
- Immediate Facility Contacts:**
 - Facility Name #1: _____
 - Phone Number: _____
 - Address: _____
 - Facility Name #2: _____
 - Phone Number: _____
 - Address: _____
 - Facility Name #3: _____
 - Phone Number: _____
 - Address: _____
- ***CRITICAL INFORMATION & EMERGENCY PLAN ON BACK*****

Make sure you have all important information ready and available **BEFORE** there is a crisis. Keep the removable poster in a readily available space, such as on the refrigerator or behind the front door.

The Emergency Respite Guide is handy for any helpers that come and offer respite in your home, and it can be sent with your loved one in case there is an emergency. For additional information, please reference the Arizona Respite Care Guide.

Preparation Checklist:

- 1) Important Documents
- 2) Emergency Bag
- 3) Immediate Contacts
- 4) Power of Attorney
- 5) Allergies
- 6) Essential Medical Equipment
- 7) Medications
- 8) Medication Administration Schedule

**Please note that some checklist items might not pertain to your loved one. You only need to fill out the sections that are relevant based on the needs of your loved one.*

1. Important Documents

Make copies of these documents for the person you are caring for and store them in one place, such as a binder or envelope.

- | | |
|---|--|
| <input type="checkbox"/> Medical records/current diagnosis | <input type="checkbox"/> Advance Healthcare Directives |
| <input type="checkbox"/> Copy of driver's license, state ID, or passport | <input type="checkbox"/> HIPAA release |
| <input type="checkbox"/> Copy of insurance cards | <input type="checkbox"/> Copy of DNR/Living will |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Care Receiver Priorities |
| <input type="checkbox"/> Copy of Power of Attorney (POA) with contact information | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Copy of Medical Power of Attorney and Mental Health Power of Attorney, with contact information. | |
| <input type="checkbox"/> Other: _____ | |

2. Emergency Bag

These are the most critical items that should be included in the emergency "go bag" for your loved one. Don't forget to involve your loved one in the decision-making process if you can.

- | | |
|---|---|
| <input type="checkbox"/> Advanced Directives and important documents | <input type="checkbox"/> Include a personal item (photo, blanket, pillow) |
| <input type="checkbox"/> Identification/Insurance Documents | <input type="checkbox"/> Toiletries/intimate items (absorbency, protective underwear, menstrual, cleansing) |
| <input type="checkbox"/> Phone/charger/headphones | <input type="checkbox"/> Toothbrush/toothpaste |
| <input type="checkbox"/> Comfortable clothing | <input type="checkbox"/> Hairbrush |
| <input type="checkbox"/> Extra batteries for hearing aids, if needed | <input type="checkbox"/> First Aid kit |
| <input type="checkbox"/> Extra pair of glasses or any other visual aids | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Dentures/glue | <input type="checkbox"/> Reusable water bottle |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cleaning supplies (wipes/hand sanitizer/etc.) |

3. Immediate Contacts

Information for immediate contacts, physicians, therapists and care providers.

Three **family members/friends/neighbors/agencies** to call in case of an emergency

1 Contact #1 _____
Phone Number _____

2 Contact #2 _____
Phone Number _____

3 Contact #3 _____
Phone Number _____

Contact information for **physicians, therapists, and care providers**

1 Provider and Type #1 _____
Phone Number _____
Address _____

2 Provider and Type #2 _____
Phone Number _____
Address _____

3 Provider and Type #3 _____
Phone Number _____
Address _____

4. Power of Attorney

There are three types of Power of Attorney: General, Medical, and Mental. If you don't already have powers of attorney, the Arizona Courts have a self-service website that offers free forms at: <https://www.azcourts.gov/selfservicecenter/Powers-of-Attorney>

If all three are the same person, just list that person and their contact information below:

Power of Attorney: _____

Relationship: _____

Phone Number: _____

Email: _____

Medical Power of Attorney:

Relationship:

Phone Number:

Email:

Mental Health Power of Attorney:

Relationship:

Phone Number:

Email:

5. Allergies

List of food allergies or any medical allergies and the reactions to those allergies (for example: hives, swollen throat, nausea, etc.)

Allergies to Food and Medication

#1

#2

#3

#4

#5

6. Essential Medical Equipment

Does the person needing care have devices that are used daily? This includes CPAP machines, dentures, hearing aids, walker/canes, prosthesis, oxygen (write down the supplier), blood sugar monitors, etc.

List of essential medical equipment

#1

#2

#3

#4

#5

7. Medications

All medications being taken, including a list of the names and times to be taken.

List of current medications and instructions

1 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

2 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

3 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

4 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

5 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

6 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

7 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

8 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

9 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

10 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

11 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

12 Drug Name: _____
Illness: _____
Frequency: _____
Time Taken/Dosage: _____

Emergency Respite Poster for: _____

Address: _____

Location of Important Items

EMERGENCY RESPITE PLAN GUIDE _____

Important documents _____

Medications _____

Emergency "go bag" _____

Phone/charger/headphones _____

Assistive devices _____

Personal comfort item _____

Allergies to Food & Medication:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Power of Attorney:

Power of Attorney _____

Relationship _____

Phone number _____

Email _____

Best contact method _____

Immediate Family Contacts:

Family member #1 _____

Phone number _____

Family member #2 _____

Phone number _____

Family member #3 _____

Phone number _____

Immediate Facility Contacts:

Facility name #1 _____

Phone number _____

Address _____

Facility name #2 _____

Phone number _____

Address _____

Facility name #3 _____

Phone number _____

Address _____

*****CRITICAL INFORMATION & EMERGENCY PLAN ON BACK*****

Critical Information

Include illnesses, urgent appointments, responsibilities, and instructions in case of medical emergencies or death

Emergency Plan

Required actions for family/personnel and information specific to the loved one:

*****SEE THE EMERGENCY RESPITE PLAN GUIDE FOR
ADDITIONAL INFORMATION*****