



**Briefcase
Resource Document**

**Description and Purpose:
Sample Format – Emergency Back-Up Plan**

**Where Found:
DSPM: Waiver Services Emergency Back-Up Plan**

Emergency Medical Care

▶ If _____ should require emergency care, the plan is to **call 911** and to **admit** to _____.

Primary Caregiver Notification of Emergency

Name	Relationship	Telephone ()
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If the primary caregiver is **not** available and an emergency occurs, the provider will call:

Name #1	Relationship	Telephone ()
Name #2	Relationship	Telephone ()

Continue to attempt to notify the primary caregiver.

▶ If the condition requires a **physician be contacted**, the plan is to notify:

Physician Name	Telephone ()
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Unavailable Staffing Emergency Notification

If an unforeseen event makes staffing unavailable, the plan is the primary caregiver **or** provider will:

- A. Attempt to secure immediate trained staff.
- B. Notify the following caregiver(s) to provide care **if** no other trained staff is available.

Name #1	Relationship	Telephone ()
Name #2	Relationship	Telephone ()

- C. If the backup caregivers are not available and the primary caregiver or provider is unavailable, the plan is to admit the person until adequately trained backup caregiver(s) are available.

Facility	Telephone ()
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Special Instructions

Completed by: _____ **Date completed:** _____