

1. Purpose

The Emergency Plan Agreement is developed to ensure compliance with NDIS standards that require providers, such as Access4u, have a level of understanding of the needs of each participant including how we would respond for the participant in an emergency and or disaster. The planning by Access4u as a provider includes ensuring that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

2. Instructions

- The following must be completed for all existing and or new Participants.
- This emergency plan is to be completed jointly by the relevant Access4u Manager and potential Participants during the initial meeting as part of the service planning.
- This completed and signed document is to be retained by both Participant and Access4u at the commencement of services.
- The details of this plan will be stored electronically on the Participants file for Access4u use during an emergency.

3. Participant Details

Surname		First Name	
Initial		Title	
Date of Birth		Date of Initial Assessment	Click or tap to enter a date.
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified / Other		

4. Participant Emergencies: Preparation and Actions to Take

<p>If there is a power outage in your area how will this potentially affect you and or the equipment you rely on? e.g. Do you rely on medical equipment, do you have a large amount of stored food in a fridge? Consider the issues that may arise summertime versus winter if the power goes out?</p>

<p>If applicable: What you would like Acces4u to do in the case of a bushfire in your area? e.g. What actions would you like Access4u to take if we are unable to attend and we cannot reach you via phone?</p>					
<input type="checkbox"/>	Call your emergency contact	<input type="checkbox"/>	Call the authorities to do a Wellbeing Check	<input type="checkbox"/>	Other – include details below

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What steps would you like Access4u to take if we cannot reach you at home/you're not answering the door when we call on a scheduled visit?

<input type="checkbox"/>	Call your emergency contact	<input type="checkbox"/>	If available use the house key in the key safe	<input type="checkbox"/>	Other – include details below
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Please refer to Section 4 Important Notes

Please let us know about your preferred contacts the event of any emergency.

e.g. Do you want one person to be contacted first? Do you have a second preferred contact person? Are there times when its best to call (e.g. Not during working hours etc.)? What actions do you authorise your contact to take?

5. Important Notes

- In the event of an emergency or disaster Access4u will always attempt to contact you and your nominated alternative contacts in the manner you have described (above) and agreed to in this document.
- In the event of an emergency or disaster in which we cannot contact you or your nominated second line contact we will enact a wellbeing and safety protocol with regard to emergency contact.
- If you do not respond to our staff knocking or ringing the doorbell at the time of arranged supports, and we are unable to reach your nominated second line contact our process will be to arrange a wellbeing check to be undertaken by Police.
- Access4u Manager will discuss these steps with you during the development of this Plan.
- As our wellness and safety protocol is part of our emergency or disaster response it is very important that you inform Access4u of any holidays you plan to take and or any scheduled trips to hospital that you may make **before you leave the house**.
- If you intend to be out of your house and will miss our scheduled visits, please **inform Access4u** so the ACCESS4U wellbeing and safety protocol is not activated.
- If you cannot get to a phone to do this, please or you are in hospital on an unscheduled visit please arrange for your preferred / nominated contact to call Access4u to keep us informed of your plans to return home and resume services.

Access4u thanks you in anticipation for this consideration.

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6. Nominated Contacts

Please leave a copy of this document with your Nominated Contacts.

No.	Nominated Contact Name(s)	Mobile Phone Number	Home Phone Number	Copy left with this contact
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Other Comments / Concerns

Please provide any other comments or concerns below.

1	
2	
3	
4	
5	
6	

8. Agreement

Date of Agreement	Click or tap to enter a date.
Participant Name and or Nominated Contact Name	
Participant Name and or Nominated Contact Signature	
Authorised Access4u Staff Member Name in Full	
Authorised Access4u Staff Member Signature	

9. Office USE ONLY

9.1. Cognition and Communication Notes for ACCESS4U

Cognition and Communication	Yes	No	Comment	Action Required
Any diagnosis or concern regarding cognitive impairment?	<input type="checkbox"/>	<input type="checkbox"/>		
Communication barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
Speech barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
Language barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
Health literacy barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
Vision barriers?	<input type="checkbox"/>	<input type="checkbox"/>		
Hearing barriers?	<input type="checkbox"/>	<input type="checkbox"/>		

9.2. Form Administration

To be completed by relevant Access4u Manager who must ensure that the completed Form is saved in the Participants file and support staff are aware of actions required.

The checklist has been completed and all relevant details have been finalised and form saved in Participants file by:			
Name in full		Position	
Signature		Date	Click or tap to enter a date.
Comment(s)			