

*Emergency Planning*

Wellness Partner Name: Jon Morrell

Date: July 22, 2022

Salvatore Tassone

22/06/1935

13 Underwood St, Carey Park

|  |  |
| --- | --- |
| **GOALS OF CARE** |  |
| 1. That in an emergency all Southern Plus Staff will know my wishes |  |
|  |  |
| **Clients Choice in the event of an emergency** | |
| Non-response to a scheduled visit:  **If I do not answer the door to a scheduled visit I want Southern Plus staff to:**  Call my home phone Call my mobile Enter through the unlocked door Use the lock box to gain entry   Call my next of kin  Leave a calling card  Ask my neighbours if they have seen me  | |
| **If Southern Plus staff are unable to gain access to my home or contact me or my Next of Kin they are to:**  Contact the emergency services Do not contact emergency services  | |
| **If Southern Plus staff find me unwell and needing medical attention they should:**  Contact the Ambulance services Do my next of kin Contact my General Practitioner  | |
| **Specific plans for me:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doc No: INF0461/0231 | Rev 1.0 | Last Updated: 01/07/2018 | Form Owner: Home Care | Page 1 of 1 |