

IPOS/ EMERGENCY PREPAREDNESS TRAINING

STAFF NAME: _____

CONSUMER NAME: _____

FAMILY MEMBER PROVIDING THE TRAINING: _____

ITEMS COVERED:

- SPECIFIC MEDICAL NEEDS OF THE CONSUMER
- LOCATION OF EMERGENCY PHONE NUMBERS –including poison control
- INSTRUCTIONS FOR TORNADO WARNING OR WATCH
- EMERGENCY MEDICAL INSTRUCTIONS
- LOCATION OF FIRST AIDE KIT, MEDICAL SUPPLIES
- INSTRUCTIONS IN EVENT OF POWER FAILURE
- OTHER SPECIFIC INSTRUCTIONS WITH REGARDS TO THE SPECIFIC HOME OR CONSUMER
- INDIVIDUAL PLAN OF SERVICE/TREATMENT PLAN

I CERTIFY THAT I HAVE PROVIDED INFORMATION ON THE ABOVE ITEMS:

SIGNATURE: _____ DATE: _____