Be Aware
Be Prepared

1. Household Data Sheet
2. Family Emergency Plan
3. Emergency Supply Kits
4. Health and Medication Information
5. People With Special Health Needs or Other Activity Limitations
6. Pet Emergency Plan
7. Mass. Health Care Proxy/Living Will
8. DNR/Comfort Care Order
9. Acknowledgments/References

Instructions and Important Documents to Help Families Prepare for a Disaster

Last Updated: ____________________

Medical Reserve Corps of Hampden County

The thought of preparing for natural disasters, pandemic influenza or other emergencies is overwhelming, yet we continue to see national and international crises talking a toll on families. **BE AWARE, BE PREPARED!** is made available to underscore the importance of having a family plan for emergencies. This packet is designed to assist you in developing a plan to prepare your family and yourself during these emergencies.

The instructions in this packet are straightforward and easy to understand. Although all items may not pertain to you, please read each element and fill in all appropriate information with your family. By taking the time now to develop this tool, purchasing appropriate supplies, and talking with your family about these plans, you will be better prepared for any emergency.

BE AWARE, BE PREPARED! is intended to be the "family records" portion of your disaster kit. This document, along with its attached forms and photos, should be kept in a clear watertight plastic bag, ready to be taken with you in the event of a disaster if you need to evacuate your home. The packet should be readily accessible and all household members should know where it is kept, but because it contains confidential information within it, we suggest that you do not keep it in plain view of visitors to your home.

When you complete all the sections within the packet write the date on the front cover. To ensure that the information is current review it twice a year, at the same time you replace smoke detector batteries. You should also review the other contents of your disaster kit, rotating supplies and removing expired items.

If a disaster occurs we know that the first help we receive will not be from the federal government, but from within our own community. In order to ensure the most favorable outcome we must all be prepared to do our share. Please consider assisting elderly neighbors, special needs persons, or others with limited support systems in completing a packet.

The Medical Reserve Corps of Hampden County are pleased to be a resource in your planning by continuing to offer updates to this tool as new information becomes available. We are available to answer any questions that arise out of your efforts. Much of this information is available on our website at **www.wmmrc.org**.

It is our hope that you will never have to use this document. But ... Hope Is Not A Plan.

BE AWARE ... BE PREPARED

1: HOUSEHOLD DATA SHEET

Use this sheet to keep the information about all of your household members in one place. Be sure to write down phone numbers that are stored in your cell phone, in case you lose it or your battery runs out of power. Update it when information changes, especially phone numbers. Consider keeping recent photos of all household members together with this sheet, along with copies of passports, IDs, marriage and birth certificates. Note: There is a separate section (#4) in this packet for extensive medical and health information to be recorded.

Date: ________________

Family (Last) Name:	**Home Phone:**

Street Address:	**Apt. #:**	**City/Town:**

Emergency Contact Names and #s: **Neighbor Phone:**	**Car License Plate Number(s):** **E-mail addresses:**

Last Name:	**First Name:**	**Age/DOB:**	**Sex:**	**Cell Phone:**

Household Data Sheet

Use this page for additional household members

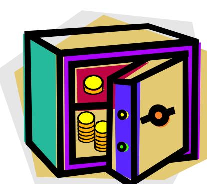
Last Name:	First Name:	Age/DOB:	Sex:	Cell Phone:

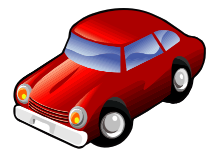
Listing of Vehicles and Household Valuables

Attach photos of vehicles and valuables, as well as photocopies of vehicle titles and registrations.

Vehicle(s) license plate, make & model:
Listing of household valuables:

Keep this document and all important information in a secure place. Do not give Social Security numbers, dates of birth, etc., to anyone except trusted individuals.





2: FAMILY EMERGENCY PLAN

Date: _______________

Use this page to plan and write down what you will do in the event of a disaster

- Your family may not be together when disaster strikes, so plan how you will contact each other and review what you will do in different situations.
- Assess your home to determine under what circumstances you could stay at home and when you would need to evacuate to a shelter.
- Decide which emergency shelter you will go to if an evacuation is announced. (Lists of evacuation shelters are available from local Emergency Management offices and their city/town websites.)

Outside meeting place at residence (in case of fire): ______________________________

Neighborhood meeting place (if we need to leave our house): ____________________

If there is a phone number at the meeting place, write it here: ____________________

Alternate meeting location (in case neighborhood is inaccessible): ______________________________

If there is a phone number at the meeting place, write it here: ___________________________________

If unable to find each other or make contact by phone, we will call: ______________________________

at (____) _________________ to check in. (The American Red Cross suggests that this contact be an out-of-state number, as sometimes distant phones can be reached even when local phones are down.) Alternate out-of-state number: __________________________

Emergency shelter location: __________________________________

The information above should be made known to all family members.

Make wallet-sized cards for members of your household to carry at all times.

Laminate or tape over each card to make it waterproof.

If a major storm or other disaster is expected, there are several shelter options you should be familiar with. Listen to your radio to hear the latest information from your Local Emergency Management.

1. SHELTER IN PLACE-This means you should stay indoors where you are until authorities tell you it is safe or you are told to evacuate.
2. SHELTER WITH FAMILY OR FRIENDS – If your house is deemed unsafe in the event of a natural disaster, and you know someone whose house is safer, ask them to take you in.
3. EVACUATE TO A SHELTER – If authorities decide to evacuate the area where you live, it will be announced over the radio (via the Emergency Alert System).

NOTE: Do not return to your house unless you are sure it is safe. It may be necessary to have the utilities turned off at a main switch, which you should NOT do yourself unless you are trained to do so.

Household Contact Information

Contact information to locate family members if separated when a disaster occurs

Note: there is a separate section for important medical and health information (section 4)

Name	Phone	Comment
Schools:		
Work:		
Babysitters:		
After School Program:		
Day Care:		

Insurance/Legal

Keep photocopies of insurance policies, contracts, stocks, bonds, wills, deeds and other legal documents with this packet. On each of these photocopies make a note indicating where the original is kept. (i.e. safe deposit box, attorney's office, etc.)

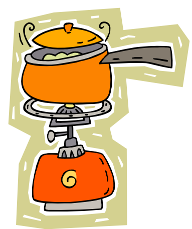
Company/Name	Phone	Policy #
Homeowners/ Rental Insurance:		
Car Insurance:		
Life Insurance:		
Disability Insurance:		
Lawyer:		
Mortgage/loans:		
Credit Cards:		
Bank Accounts:		

3: EMERGENCY SUPPLY KITS

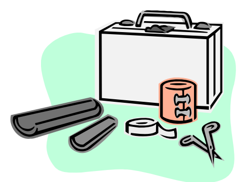
Everyone should be ready for a major disaster or widespread outbreak, such as Pandemic Influenza. A disaster could interrupt water, electricity, phone, and gas services, and even limit the availability of supplies in local stores. It could take weeks for store inventories to be replenished, so keep your emergency kits stocked and ready!

Prepare a **Home Survival Kit**. This is in case you are told to shelter-in-place (stay in-doors) or the roads are closed due to storm or other disasters. For such situations you should have the following on hand:

- FOOD that does not require refrigeration or cooking - enough for 1 - 2 weeks
- WATER, commercially prepared bottled water, 2 to 4 quarts per person per day – the more the better: enough for 1 -2 weeks
- RADIO & FLASHLIGHTS - Battery-powered,solar-powered, or crank-powered, plus spare batteries. Note: a lantern-style light is good for hands-free use
- Plastic sheeting and duct tape to cover broken windows



Make a handy GO-KIT to take with you if you must evacuate your house. Make sure all family members know where the kit is kept. Put the following in sturdy waterproof bag, backpack, or other container, preferably with wheels:



First Aid Kit Supplies

Assemble a first aid kit for your home and one for each car.

(20) adhesive bandages, various sizes
(1) 5" x 9" sterile dressing
(1) conforming roller gauze bandage
(2) triangular bandages
(8) 4 x 4 sterile gauze pads
(1) roll 3" cohesive bandage
(2) germicidal hand wipes or waterless alcohol-based hand sanitizer
(6) antiseptic wipes
(6) pair large medical grade non-latex gloves
Adhesive tape, 2" width
Anti-bacterial ointment
Cold pack
Scissors (small, personal)
Tweezers
CPR breathing barrier, such as a face shield

See Section 6 about making an emergency kit for pets.

72-Hour Kit (comprehensive kit)

Food & Water
Water: 1 gal/day/person
Water purification tablets/bleach
Protein/granola/power bars
Canned meats (tuna, etc.)
Dried fruit, dried soup, dry cereal, nuts, crackers
Comfort/Stress foods (candy/gum)
Non-electric can opener

Bedding & Clothing (for each person)
Change of clothes (according to season)
3 packets – underwear, T-shirt, socks
Emergency poncho
Emergency blanket
Sleeping Bag or blanket
Hat, gloves, sunglasses
Travel or Inflatable pillow
Towel, swimsuit & shower sandals
Sturdy shoes

Fuel & Lighting
Flashlight with extra batteries
Glow sticks
Candles (long burning)
Lighter
Waterproof matches
Hand/body warmers

Equipment
Mess kit/dishes/plates/cups and Utensils
Metal drinking cup
Radio with extra batteries or hand cranked
Pen and paper
Pocket size multi-purpose tool
Rope (50 feet)
Plastic bags & trash bags
Duct tape
Work gloves
Aluminum foil
Shovel
Portable stove with sterno
Tarp (light weight)

Personal Sanitation & Medications
First Aid Kit
Toilet paper/towelettes
Toiletry kit
Soap/shampoo
Dish Soap
Disinfectant, unscented bleach
Prescription medications for at least 3 days
Medications (anti-diarrhea, antacid, laxatives, pain/fever, Antibiotic ointment)
Activated charcoal
Medical equipment/Epi-Pen if needed
Feminine supplies
Disposable gloves
Hand sanitizer, baby wipes, washcloths/rags.
Spare eyeglasses
Foot powder, moisturizer, lip balm

Personal Documents & Money
(place in waterproof container)
Be Aware, Be Prepared document with photos of household members and & pets.
Birth/marriage certificates
Inventory of valuable household goods, important telephone numbers
Emergency contact list both in state and out of state

Banking Documents
Cash (with small denominations & coins)
Credit cards, prepaid phone cards
Checking/savings/credit card numbers
Mortgage account numbers and telephone numbers.

Legal documents (copies of):
Wills, passports, contracts, deeds, vehicle titles & reg.
Insurance policy and telephone numbers – homeowners, vehicle, etc.
stocks & bonds

Medical Documents
Medical, Dental and life insurance information
Medical device serial numbers and manf. phone numbers
Optional: Medical history and medication list

Miscellaneous
Pens, paper & permanent marker
Protective, bright-colored clothing and footwear
Compass, whistle
Emergency evacuation plan
Map of area (to locate shelters)
Specialty needs for elderly/infant/toddler
Deck of cards/small games/books
Insect repellant, sunscreen, hats
Extra keys to car, house
Sewing kit
Watch/clock
Cell phone charger
Camera

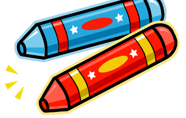
- **Update your kit every 6 months to make sure that all food, water and medication is fresh, clothing fits, documents are up-to-date, and batteries are working.**
- **Keep items in airtight plastic bags. Change your stored water supply every six months so it stays fresh. Replace your stored food every six months. Re-think your kit and family needs at least once a year. Replace batteries, update clothes, etc.**
- **Ask your physician or pharmacist about storing prescription medications.**

Children's Activity Survival Kit

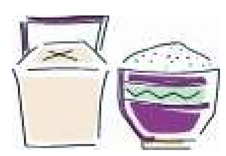
You may have to leave your house during a disaster and may sleep somewhere else for a while. It's smart to put together your own activity survival kit so you will have things to do and share with other kids. There can all be stored in a backpack or duffel bag. Just make sure you can carry it easily.

Some suggested items for your Activity Survival Kit:

- A few of your favorite books
- Crayons, pencils or marking pens and plenty of paper

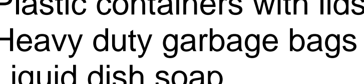


- Scissors and glue
- Two favorite toys such as dolls or action figures
- One or two board games
- A deck of cards
- A puzzle (one with lots of pieces is good - it takes a long time to do!)
- Small people figures and play vehicles that you can use to play out what is happening during your disaster – such as an ambulance, a fire truck, a helicopter, a dump truck, a police car, and small boats.
- Favorite stuffed animal or puppet
- Favorite blanket or pillow
- Pictures of the family and pet
- A "keep safe" box with a few treasures that make you feel special



Suggested Food Items For Emergency Kits

Water: At least 2 qts. for drinking and 2 qts. for utility per person, per day
Canned tuna, beans, meat, fruit, soup, vegetables, etc. with flip top lids (that do not require a can opener)
Dry cereal
Nuts and dried fruit
Crackers
Peanut butter
Protein and fruit bars
Canned or bottled juices
Beef jerky or similar protein item
Canned juices
Tea or instant coffee; sugar and powdered milk; powdered juice or lemonade
Comfort foods such as cookies, hard candy, sweetened cereals
Canned or jar baby food
Other non perishable food items



Plastic containers with lids
Heavy duty garbage bags
Liquid dish soap
Aluminum foil and plastic wrap
Packet of spices, salt & pepper
Cloth or paper
Utensils for cooking and eating
Plates
Plastic food bags
Manual can and bottle opener
Camp stove or hibachi
Prescribed medical supplies (glucose and blood pressure monitoring equipment)
Towels, soap and water, or Hand sanitizer
Thermometer
Fluids with electrolytes (Gatorade)
Extra prescription medication
Matches and candles

Consider Keeping The Following Items In Your Car

Rope
Flares
Shovel
Work gloves
Safety goggles
Jumper cables
Fix-a-flat (4 cans)
Extra keys to house
Water (1 gallon jugs)
Fire extinguisher (ABC type)
Maps
First Aid Kit
Tools-hammer, pliers, screwdrivers, pry bar, wrenches
Cash in small denominations, including coins

4: HEALTH INFORMATION

Medication, Treatments & Medical Conditions

Please write down ALL your medications on this sheet, along with eyeglass and hearing aid information. Make copies if you need more space. If more than one family member takes medications, copy this page and make a separate list for each person. If dose or medication changes, cross out the entire row and write new information on a new line.

Patient Name:____ Date: ______________________

Medical conditions/Treatments needed:

Allergies: Special diet needs:

Medication Name	Current dose and frequency	Purpose	Note

	Eyeglass Prescription
Right Eye	
Left Eye	

Hearing Aid Info

Battery Type

Health Information
Phone & Policy Numbers

Keep photocopies of insurance cards (front & back) with this form.

NAME OR COMPANY	PHONE	POLICY #/COMMENT
Doctor:		
Doctor:		
Doctor:		
Clinic:		
Clinic:		
Hospital:		
Dentist:		
Optician:		
Pharmacy:		
Pharmacy:		
Medical Insurance:		
Medicaid or Medicare:		
Prescription Drug Coverage:		
Dental Insurance:		

Are the members of your household up-to-date on vaccinations? Adults should have a Tetanus booster at least every 10 years. It's always a good idea to keep vaccination records in one place.

Immunization Record

Keep a separate form for each household member. Instead of copying all information onto this form, you may choose to attach a copy of this person's vaccination record.

Name: ______________________________

Date of Birth: ________________________

VACCINE	DATE	VACCINE	DATE
Polio OPV or IPV		MMR Measles, Mumps, Rubella	
Polio OPV or IPV		MMR Measles, Mumps, Rubella	
Polio OPV or IPV		Varicella/Chickenpox Date of Disease	
Polio OPV or IPV		Varicella/Chickenpox Date of Disease	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis A	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis A	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
DTP/DT/DTaP Diphtheria, Tetanus, Pertussis		Hepatitis B	
Tdap		Hepatitis B	
Td/Tetanus and Diphtheria		PCV Pneumoccoccal Conjugate	
Td/Tetanus and Diphtheria		PCV Pneumoccoccal Conjugate	
HIB Haemophilius influenza b		PCV Pneumoccoccal Conjugate	
HIB Haemophilius influenza b		Meningococcal Conjugate	
HIB Haemophilius influenza b		Other	
HIB Haemophilius influenza b			
Rotavirus			
Rotavirus			
Rotavirus			

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HIB Haemophilius influenza b			Meningococcal Conjugate	
HIB Haemophilius influenza b			Other	
HIB Haemophilius influenza b				
Rotavirus				
Rotavirus				
Rotavirus				

5: ADDITIONAL INFORMATION

For People with Special Health Needs or Other Activity Limitations

Anyone who is disabled or just not as strong as they used to be - anyone who has trouble walking, seeing, breathing, understanding, learning, or responding quickly - may require more careful planning and more time for evacuating his or her home. YOU, YOUR FAMILY, AND YOUR CAREGIVERS ARE IN THE BEST POSITION TO PLAN FOR YOUR SAFETY DURING AND AFTER AN EMERGENCY OR DISASTER SITUATION. THE TIME TO START PLANNING IS NOW.

PLANNING TAKES TIME. Many organizations across the nation have detailed information to help you with all the aspects of emergency preparedness. Most of them urge clients to undertake an extensive process of "getting ready", including:

1. Becoming informed
2. Making a plan
3. Assembling a kit
4. Maintaining the plan and kit

TAKE THE FIRST STEP TODAY. Arrange a meeting with your family and caregivers to talk about this important topic.

RESOURCES FOR PEOPLE WITH DISABILITIES OR ACTIVITY LIMITATIONS:

Mass. Commission for the Deaf and Hard of Hearing
Western Massachusetts Regional Office
Springfield State Office Building
436 Dwight Street, Suite 204
Springfield, MA 01103

Emergency Transportation for Dependent Populations
www.gao.gov

Disability Preparedness Resources Center
Department of Homeland Security
www.disabilitypreparedness.gov

Saving Lives: Including People with Disabilities in Emergency Planning National Council on Disability
www.ncd.gov

Springfield Department of Health and Human Services
95 State Street, Suite 201
Springfield, MA 01103
(413) 787-6741

Caregivers & Agencies Who Help You With Daily Activities:

Name or Company	Phone	Service Provided/Schedule

Emergency Plans:

6: PET EMERGENCY PLAN

Date ________________ .

Family (Pet Owner's) Name:

Street Address:	Apt.#:	City/Town:	Home Phone:	Neighbor's Phone:

Vet & Kennel Contact Numbers:

Name of Pet	Type/description/ID# (cats/dogs should have collar & tags)	Date of Last Rabies Vaccination	Special Needs/Comments:

Emergency Supplies for Your Pets

Keep a clearly labeled, waterproof, and easy to carry "Pet Go-Kit" to take pet supplies with you if you have to leave home in a hurry. Make sure that everyone in the family knows where it is. Items to consider keeping in or near your pack include:

1-2 week's worth of water and canned or dry food (dry food can get stale, so rotate stock quarterly)

Extra harness, leash and muzzles (Note: Harnesses are recommended for safety and security)

Photocopies of pet medical records in a waterproof container with two-week supply of any medicine your pet requires. (Note: medications need to be rotated regularly, otherwise they may go bad)

A traveling bed, crate or sturdy carrier, ideally one for each pet (see next page for more info)

Especially for dogs: Long leash and yard stake, toys and chew toys, two weeks worth of cage litter

For cats: Disposable litter trays (aluminum roasting pans) plus cat litter or paper towel

Flashlight & batteries

Liquid dish soap & disinfectant

Disposable garbage bags

Pet feeding bowls

Pet first-aid kit and book

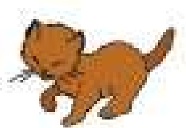
Recent photos of your pets (in case you need to make "Lost Pet" posters)

Manual can opener

Blanket (for scooping up a fearful pet)

Note: If pet has behavioral or health issues, attach a label to the collar, leash or carrier.

Recommendations from
American Society for the Prevention of Cruelty to Animals



If you shelter in place…

If emergency officials recommend that you stay in your home, it's crucial that you keep your pets with you. KEEP YOUR "PET GO-KIT" AND SUPPLIES CLOSE AT HAND. Your pets may become stressed during the in-house confinement, so you may consider crating them for safety and comfort.

- Determine well in advance which rooms offer safe havens. These rooms should be clear of hazards such as windows, flying debris, etc.
- Choose easy-to-clean areas such as utility rooms, bathrooms and basements as safe zones.
- Access to a supply of fresh water is particularly important. In areas that may lose electricity, fill up bathtubs and sinks ahead of time to ensure that you have access to water during a power outage or other crisis. (Make sure small children do not have access to tubs of water as this could pose a drowning hazard.)
- In the event of flooding, go to the highest location in your home, or a room that has access to counters or high shelves where your animals can take shelter.

If you have to evacuate your home…

Arrange a safe haven for your pets in the event of evacuation. DO NOT LEAVE PETS BEHIND. Remember, if it isn't safe for you, it isn't safe for your pets. They may become trapped or escape and be exposed to life-threatening hazards. It is possible that shelters will not accept pets because of health and safety regulations, so it is imperative that you have determined where you will bring your pets ahead of time:

- Contact your veterinarian for a list of boarding kennels and facilities.
- If possible, identify places outside the disaster area where you might be able to stay with your pet (or where your pet could be cared for while you are in a shelter.)

About Pet Carriers

A crate or carrier for your pet should be large enough for the animal to stand up, turn around, and stretch out. These should be available at pet stores-try to find one that is secure/escape-proof. For cats, the space between food and litter should be 3 feet if possible.

Help your pets become comfortable with the crate or carrier so they don’t panic and run off at the moment that you need to evacuate.

7: Mass Health Care Proxy/Living Will

NOTICE: The following form is protected by federal copyright law and may be photocopied or reproduced only by the end user for his or her personal use. Health care organizations, institutions, professionals, and others can purchase the form in quantity from Massachusetts Health Decisions, the non-profit publisher of the form and educational materials related to the Massachusetts Health Care Proxy. The form is available in English and nine other languages. A complete information packet including two copies of the form, a basic brochure, and a 16-page "User's Guide" in question-and-answer format is available for $6 postpaid. Please contact: Massachusetts Health Decisions, PO Box 417, Sharon, MA 02067.

MASSACHUSETTS HEALTH CARE PROXY
Information, Instructions, and Form

What does the Health Care Proxy Law allow?

The Health Care Proxy is a simple legal document that allows you to name someone you know and trust to make health care decisions for you if, for any reason and at any time, you become unable to make or communicate those decisions. It is an important document, however, because it concerns not only the choices you make about your health care, but also the relationships you have with your physician, family, and others who may be involved with your care. Read this and follow the instructions to ensure that your wishes are honored.

Under the Health Care Proxy Law (Massachusetts General Laws, Chapter 201D), any competent adult 18 years of age or over may use this form to appoint a Health Care Agent. You (known as the "Principal") can appoint any adult EXCEPT the administrator, operator, or employee of a health care facility such as a hospital or nursing home where you are a patient or resident UNLESS that person is also related to you by blood, marriage, or adoption.

What can my Agent do?

Your Agent will make decisions about your health care only when you are, for some reason, unable to do that yourself. This means that your Agent can act for you if you are temporarily unconscious, in a coma, or have some other condition in which you cannot make or communicate health care decisions. Your Agent cannot act for you until your doctor determines, in writing, that you lack the ability to make health care decisions. Your doctor will tell you of this if there is any sign that you would understand it.

Acting with your authority, your Agent can make any health care decision that you could, if you were able. If you give your Agent full authority to act for you, he or she can consent to or refuse any medical treatment, including treatment that could keep you alive.

Your Agent will make decisions for you only after talking with your doctor or health care provider, and after fully considering all the options regarding diagnosis, prognosis, and treatment of your illness or condition. Your Agent has the legal right to get any information, including confidential medical information, necessary to make informed decisions for you.

Your Agent will make health care decisions for you according to your wishes or according to his/her assessment of your wishes, including your religious or moral beliefs. You may wish to talk first with your doctor, religious advisor, or other people before giving instructions to your Agent. It is very important that you talk with your Agent so that he or she knows what is important to you. If your Agent does not know what your wishes would be in a particular situation, your Agent will decide based on what he or she thinks would be in your best interests. After your doctor has determined that you lack the ability to make health care decisions, if you still object to any decision made by your Agent, your own decisions will be honored unless a Court determines that you lack capacity to make health care decisions.

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Your Agent's decisions will have the same authority as yours would, if you were able, and will be honored over those of any other person, except for any limitation you yourself made, or except for a Court Order specifically overriding the Proxy.

How do I fill out the form?

1. At the top of the form, print your full name and address. Print the name, address, and phone number of the person you choose as your Health Care Agent. (Optional: If you think your Agent might not be available at any future time, you may name a second person as an Alternate Agent. Your Alternate Agent will be called if your Agent is unwilling or unable to serve.)

2. Setting limits on your Agent's authority might make it difficult for your Agent to act for you in an unexpected situation. If you want your Agent to have full authority to act for you, leave the limitations space blank. However, if you want to limit the kinds of decisions you would want your Agent or Alternate Agent to make for you, include them in the blank.

3. **BEFORE** you sign, be sure you have two adults present who can witness you signing the document. The only people who cannot serve as witnesses are your Agent and Alternate Agent. Then sign the document yourself. (Or, if you are physically unable, have someone other than either witness sign your name at your direction. The person who signs your name for you should put his/her own name and address in the spaces provided.)

4. Have your witnesses fill in the date, sign their names and print their names and addresses.

5. **OPTIONAL:** On the back of the form are statements to be signed by your Agent and any Alternate Agent. This is not required by law, but is recommended to ensure that you have talked with the person or persons who may have to make important decisions about your care and that each of them realizes the importance of the task they may have to do.

Who should have the original and copies?

After you have filled in the form, remove this information page and make at least four photocopies of the form. Keep the original yourself where it can be found easily (not in your safe deposit box). Give copies to your doctor and/or health plan to put into your medical record. Give copies to your Agent and any Alternate Agent. You can give additional copies to family members, your clergy and/or lawyer, and other people who may be involved in your health care decision making.

How can I revoke or cancel the document?

Your Health Care Proxy is revoked when any of the following four things happens:

1. You sign another Health Care Proxy later on.
2. You legally separate from or divorce your spouse who is named in the Proxy as your Agent.
3. You notify your Agent, your doctor, or other health care provider, orally or in writing, that you want to revoke your Health Care Proxy.
4. You do anything else that clearly shows you want to revoke the Proxy, for example, tearing up or destroying the Proxy, crossing it out, telling other people, etc.

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MASSACHUSETTS HEALTH CARE PROXY

YOUR BIRTH DAT E
____/____/____

1. I, ______________________________ , residing at
(Principal -- PRINT your name)

____
(Street) (City or Town) (State)

appoint as my Health Care Agent: ______________________________
(Name of person you choose as Agent)

of ______________________________
(Street) (City/town) (State) (Phone)

(**OPTIONAL:** If my Agent is unwilling or unable to serve, then I appoint as my Alternate Agent:

______________________________ , of
(Name of person you choose as Alternate Agent)

____
(Street) (City/town) (State) (Phone)

2. My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, if any, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3. **Signed:** ______________________________

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

____
(Name) (Street)

____
(City/town) (State)

4. WITNESS STATEMENT: We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.
In our presence, on this __________ day of ____________________ , 20____

Witness #1 ______________________ Witness #2 ______________________
(Signature) (Signature)

Name (print) ______________________ Name (print) ______________________

Address: ______________________ Address: ______________________

______________________ ______________________

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5. Statements of Health Care Agent and Alternate Agent (OPTIONAL)

Health Care Agent: I have been named by the Principal as the Principal's **Health Care Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. Or if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal's wishes.

(Signature of **Health Care Agent**) ______________________________

Alternate Agent: I have been named by the Principal as the Principal's **Alternate Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. Or if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal's wishes.

(Signature of **Alternate Agent**) ______________________________

* * * * *

Model Health Care Proxy form developed by a Task Force of the following organizations:

Boston University Schools of Medicine and Public Health:
Law, Medicine, and Ethics Program
Deaconess ElderCare Program Hospice
Federation of Massachusetts Massachusetts
Bar Association Massachusetts Department of
Public Health Massachusetts Executive Office
of Elder Affairs Massachusetts Federation of
Nursing Homes Massachusetts Health
Decisions

Massachusetts Hospital Association
Massachusetts Medical Society
Massachusetts Nurses Association
Medical Center of Central Massachusetts
Suffolk University Law School:
Elder Law Clinic
University of Massachusetts at Boston:
The Gerontology Institute
Visiting Nurse Associations of Massachusetts

Providers: For prices and information on quantity orders or for non-English language licensing, please contact Massachusetts Health Decisions, PO Box 417, Sharon, MA 02067

rev. 11/99

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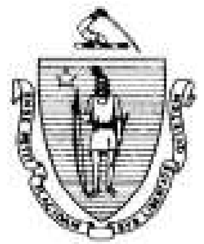
8: DNR/Comfort Care Order



MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, Jr.
COMMISSIONER

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116
Tel. (617) 753-7300
Fax: (617) 753-7320
www.mass.gov/dph/oems

TO: MA Licensed Ambulance Services
EMCAB Members
FROM: Abdullah Rehayem, Acting Director
RE: Comfort Care Program Update
DATE: January 3, 2007

The Department is updating the Comfort Care program to improve accessibility and use of the Comfort Care/Do Not Resuscitate (CC/DNR) form, as well as to facilitate ambulance services' and EMTs' transporting patients with CC/DNR forms between and back to health care facilities. As of January 22, 2007, there are three changes going into effect:

1. Website access to the form: The CC/DNR form will be accessible for download from the Department's Office of Emergency Medical Services (OEMS) website, at www.mass.gov/dph/oems. Anyone will be able to obtain the form from the website; however, it must still be printed out, completed in full and signed by an authorized physician, or authorized nurse practitioner, in accordance with instructions on the form and in the Comfort Care Protocol, Appendix B of the Statewide Treatment Protocols.
2. No more bracelets: The Department will no longer be supplying bracelets. The downloadable CC/DNR form will come with the same narrow strip bracelet inserts attached, as an option for use in return-trip transports, but the Department will not provide the plastic bracelets.
3. Copies acceptable: The CC/DNR form that is downloaded from the website may be copied, and ambulance services and their EMTs can accept a copy of a CC/DNR form as an equal to the original.

The Department intends to post the CC/DNR form and the revised explanatory documents about the Comfort Care/Do Not Resuscitate program, including the revised Protocol, on January 22, 2007. If you have any questions about the three changes, please contact me at 617-753-7300.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

CCFORM 9/2006

COMFORT CARE / DO NOT RESUSCITATE ("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME		
PATIENT'S FIRST NAME		PATIENT'S MIDDLE NAME OR INITIAL
DATE OF BIRTH (MM/DD/YYYY)		GENDER ☐ M ☐ F

STREET OR RESIDENTIAL ADDRESS		
CITY	STATE	ZIP CODE (5 or 9 digits) _

LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (If applicable)	
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT	MIDDLE NAME OR INITIAL

PATIENT/GUARDIAN/HHEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED)

I ______________________________ (☐patient ☐ guardian ☐health care agent) verify that the above named patient has a current and valid Do Not Resuscitate order ("DNR order"). I understand that by signing this form, the DNR order, if current and valid, will be recognized in out-of-hospital settings and the COMFORT CARE / Do Not Resuscitate Order Verification Protocol will be followed by emergency medical services personnel.

Signature of Patient/Guardian/Health Care Agent ______________________ Date ____________

PHYSICIAN / NURSE PRACTICIONER (NP) / PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN / NP / PA SIGNATURE AND DATES ALWAYS REQUIRED)

I am an attending physician / NP / PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on ______________________

This DNR order ☐ does ☐ does not have an expiration date. If there is an expiration date, it is indicated below, and this verification form also expires on that date.

I hereby direct that all emergency medical services personnel comply with the Massachusetts Department of Public Health, Office of Emergency Medical Services' COMFORT CARE / Do Not Resuscitate Order Verification Protocol with regard to the above named patient.

Signature of Physician / NP / PA ______________________

Print Name of Physician / NP / PA	Effective Date of CC / DNR Order Verification	Expiration Date (if any) of DNR Order and CC/DNR Order Verification

Address of Physician / NP / PA

Telephone Number of Physician / NP / PA

9: Acknowledgements

The Medical Reserve Corps of Hampden County, Massachusetts would like to thank the people who made this possible. With their permission we have used material they produced as a template for this document:

Southeast District Health Department
601 J Street
Auburn, Nebraska 68305
Phone (877) 777-0424 or
(402) 274-3993

And Especially
Lisa Bloss, RN
Emergency Response Coordinator
Southeast District Health Department
Auburn, NE

References

American Red Cross
www.redcross.org

Amesbury MRC
Phone: 978-836-8172

Center for Disease Control
www.bt.cdc.gov

East Central District Health Department
www.ecdhd.com

Massachusetts Department of Public Health
www.mass.gov/dph

Hawaii State Department of Health
www.hawaii.gov

Southeast District Health Department
www.sedhd.org

Please consult your local Public Health Department to assist you with planning.