How to Build a Dependable Emergency Contact System for Older Adults Living Alone

When an older relative lives independently, their safety depends on a network of people who can respond quickly when needed. A medical alarm provides a direct link to help, but the system only works well if the right contacts are in place. Choosing those contacts carefully turns a device into a real safety net.

Start with the people closest by

The first people on any emergency contact list should be those who live or work nearby. A neighbour who is home most of the day can reach the house in minutes. A family member who lives ten minutes away can arrive far faster than an ambulance service. Proximity matters because time is the critical factor in a fall or a medical event.

When selecting nearby contacts, consider their daily routines. A neighbour who works night shifts may be asleep during the day. A retired friend who walks the dog every morning might be unavailable for an hour. The best contacts are people whose regular schedule means they can answer a call and act quickly at almost any hour.

Include people who understand the person's health needs

An emergency contact should know more than just where the spare key is kept. They should understand the older adult's medical conditions, medications, and any mobility limitations. This knowledge helps them give clear information to paramedics or doctors. For example, if the person has diabetes and takes insulin, the contact can tell responders exactly what is needed.

It is wise to choose contacts who have spent time with the older adult recently. A relative who visits once a year may not recognise changes in health or ability. A local carer or a friend who sees them weekly will notice if something seems off and can describe the person's baseline health to emergency services.

Set up a layered response plan

No single contact can be available every minute of every day. A good system uses a primary contact and at least two backups. If the first person does not answer, the alarm system should alert the second, then the third. This layered approach prevents a single missed call from leaving the older adult without help.



When building this list, think about the times when help is most likely to be needed. Falls often happen during early morning trips to the bathroom or late at night. A contact who works night shifts might be the best primary contact for evening hours, while a neighbour could take the morning shift. Some alarm systems allow you to set different contacts for different times of day, which can make the response plan more reliable.

A practical way to organise this is to write down each contact's name, relationship, phone number, and the hours they are typically available. Share this list with everyone involved so they know when they are on duty and who else is part of the network.

Think about communication preferences

An emergency contact must be reachable by phone or text at any time. However, not everyone checks their phone the same way. Some people always answer a call but rarely read text messages. Others respond faster to an SMS alert. The best contacts are those who carry their phone with them and keep it charged and ringer on.

For older adults who use a medical alarm with two-way communication, the contact may not need to speak directly to the person in distress. The alarm system can connect the older adult to a monitoring team or allow the contact to listen in. In these cases, the contact's role shifts

from first responder to coordinator. They can stay on the line while waiting for help to arrive, giving the older adult reassurance and passing information to responders.

Location sharing is another feature worth discussing with contacts. Some alarm systems can send the older adult's GPS location to the contact's phone. This is especially useful if the person lives alone and might wander or become disoriented. Contacts should agree beforehand whether they want this information sent automatically or only when an alert is triggered.

Include the older adult in the decision

The person who will use the alarm system should have a say in who their contacts are. They may feel uncomfortable with certain people knowing about their health or daily habits. They might prefer a trusted friend over a distant relative, or a neighbour over a paid carer. Their comfort with each contact is essential because they need to trust that the contact will act in their best interest.

It can help to have a conversation about what each contact is willing to do. Some people are happy to receive an alert but do not want to enter the house without permission. Others are comfortable keeping a spare key and letting responders in. Clarifying these boundaries early prevents confusion during an actual emergency.

Test the system regularly

An emergency contact list is only as good as the last time it was tested. People's availability changes. A contact who was always home may start working shifts. A friend who moved away may no longer be nearby. Regular testing, perhaps every three to six months, helps catch these changes before they matter.

Testing can be as simple as sending a test alert to the primary contact and seeing how long they take to respond. If the contact does not acknowledge the alert within a few minutes, it may be time to move them to a backup role and promote someone else. The same goes for SMS alerts. Some people ignore text messages from automated systems. A quick check confirms that the contact recognises the alert and knows what to do.



For older adults using a wearable medical alarm, the device itself should be tested according to the manufacturer's instructions. A device that cannot connect to the network cannot send an alert to anyone, no matter how well the contact list is built.

Keep the list updated and accessible

Emergency contacts change. A neighbour moves away, a relative's health declines, or a new friend becomes a regular visitor. The contact list should be reviewed whenever there is a significant life change, such as a hospital stay, a change in medication, or the loss of a spouse. An outdated list can cause dangerous delays.

The list should be stored somewhere visible and known to the older adult. A printed copy on the refrigerator or beside the phone is a simple option. The same list should also be stored digitally in the alarm system's settings, so the device sends alerts to the right numbers. Some

families share the list through a group text chat or a shared note on their phones, but the official list in the alarm system is the one that matters in an emergency.

For those using a system like the one provided by familyr.co.nz, the contact details are managed through the device's online portal. This allows family members to update numbers from anywhere, which is helpful when a contact changes their phone or when a new person needs to be added quickly.

Consider the role of whanau and wider community

In many New Zealand families, the concept of whanau extends beyond immediate relatives. Aunts, uncles, cousins, and even close family friends can all play a part in an older adult's safety network. Including a wider circle of people can reduce the burden on a single carer and provide more coverage throughout the day and night.

Neighbours are often overlooked but can be among the most valuable contacts. A neighbour who agrees to check in each morning can notice if the newspaper is still on the doorstep or if the curtains are still drawn at midday. These small observations can catch a problem before an alarm is even triggered. When a medical alarm does activate, a neighbour who is already alert can respond faster than anyone else.

It is worth asking neighbours if they are willing to be listed as a secondary contact. Many are happy to help, especially if they know the older adult and understand that the role is limited to receiving an alert and checking on the house. Clear communication about expectations makes this arrangement comfortable for everyone.

Rehearse the response

Having contacts on a list is not the same as having a plan. Each contact should know exactly what to do when they receive an alert. Should they call the older adult first? Should they go straight to the house? Should they phone emergency services? These decisions should be made ahead of time and written down.



A simple response plan might be: if the alert comes during the day, the primary contact calls the older adult's phone. If there is no answer, they go to the house. If the door is locked, they use the spare key and check for a fall. If they find the person injured, they call 111. At night, the same steps apply, but the contact may want to call 111 first before entering, to avoid a situation where they cannot safely help.

Rehearsing this plan once or twice a year keeps it fresh in everyone's mind. It also highlights any gaps in the plan, such as a missing spare key or a contact who does not know how to operate the alarm system's two-way communication feature.

Keep the human factor in mind

Technology like a wearable medical alarm with automatic fall detection and GPS location is an incredible tool for independent seniors. But the human element remains the most important part of the system. The contacts who answer the alert are the ones who provide comfort, make decisions, and coordinate help. Choosing them thoughtfully, communicating clearly, and reviewing the list regularly turns a good device into a reliable safety net.

For families looking to set up this kind of system, the website familyr.co.nz offers a platform that supports these practices. The key is to treat the contact list as a living document, not a one-time task. With the right people in place, an older adult can live independently with confidence, knowing that help is always just an alert away.