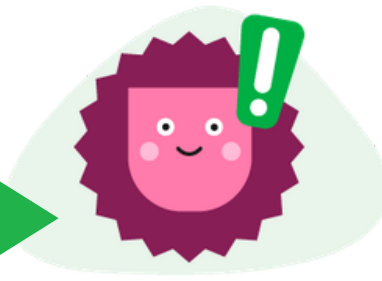


EMERGENCY PLANNING GUIDE

What Is Emergency Planning?



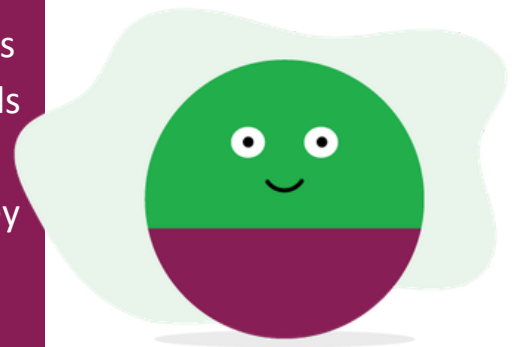
An Emergency Plan is there so that the person you are caring for is supported at the earliest opportunity and you have peace of mind that there is something in place, if you cannot provide the care for whatever the reason.

As Carers we like to think that we will always be there when needed but sometimes this is not possible. This could be for many reasons such as:

- You may become very unwell suddenly or be injured and be unable to carry out your usual caring role, even if you are not in hospital.
- Unplanned admission to hospital following an accident or a medical emergency.
- You may have a domestic emergency which must be dealt with (i.e. fire, flooding).
- Family emergency, such as a relative or other dependent being taken ill, or a death in the family.
- Unexpected or unplanned changes to your usual work routine, such as a need to travel away from home or work base.
- Attendance at a funeral to be held within 24 hours of a person's death.
- Breakdown of formal care arrangements.

Making the Emergency Plan Known

Of course, having a plan is one thing, other people knowing about it is another. If you have family or friends that can help out, you must include their contacts details on the plan and get them to sign and date the Emergency Plan. It is important they sign to confirm they understand that they may be called and agree to their information to be shared with other professionals, this would usually be on a need to know basis only.



What steps should I take?

You should:

Complete this Carer's Emergency Planning Form

Once completed give a copy to a trusted person, this could be someone you have identified as an emergency contact.

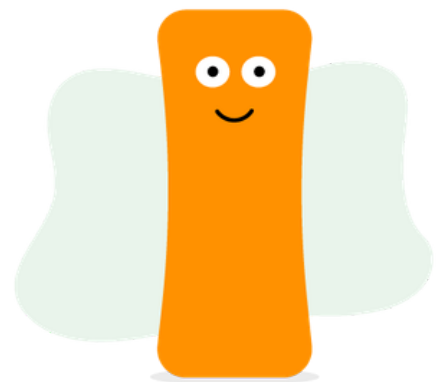
Inform your GP you are a Carer and ask them to code you as a Carer

Tell your GP that you have a contingency plan and ask them to code that you have a plan, give them the telephone number (this may be a relative/adult social care etc) of who to call in case of emergency.

Give a copy of this plan to your GP

Keep the plan updated, keep it secure, and tell people where to find it.

“Thank you. I feel so much better knowing that if I can't care for some reason - a plan is in place”



What happens next?

If you have family or friends that can help out in an emergency, please obtain their permission to be included on this form and, let them know where you will keep the form and if possible give them a copy of your Emergency Plan.

It is important they understand that they may be called in an emergency and agree for their information to be included on this form and on your Carers Emergency Card.

You can record contact details of up to three people you know and trust who can help you and/or the person you care for when needed. If possible, they should be able to be available to provide support within 2-3 hours.

In the case where an emergency service (fire, police or ambulance) is involved, your Carers Emergency Card will alert them of the fact that you are a carer and they will call either one of your emergency contacts. An emergency service may also attend your home which may disturb the person you care for, it is therefore very important that any information which is needed is available so that any upset or disturbance is minimised.

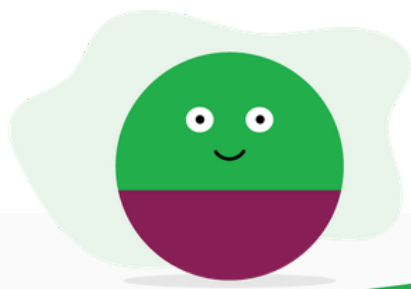
You should:



Keep this completed Emergency Plan with other documents. There may be other documents in the home which are used by you or other professionals who visit e.g. Care Support Workers, Health Workers, nurses, social services etc. Keep this document with your other documents and keep it updated whenever things change.



Ensure that your emergency contacts know where you keep the plan and also give them a copy of your Emergency Plan.



"Complete the Plan and enjoy some peace of mind."

Guidance to complete the form

A few things to remember:

- Before completing your plan, have a good think about the people who you can rely on for support who you can include in your emergency plan.
- You can get assistance to help you complete this form by making an appointment with one of our Support Workers.
- Make sure that you have the phone number of all relevant organisations on your mobile phone, in case you need to contact them. It would be useful to add these numbers to the Contact List in your Emergency Plan.
- If you have a pet, make sure that the emergency contacts have details about how to look after them. You may want to make a separate list about this.
- If there is a young person providing care in your family or is one of your emergency contacts, make sure that their school knows about this.

Although no one wants to think about things going wrong, it is a good idea to be prepared.



Our Emergency Plan

Section 1: GENERAL DETAILS

Date updated: ___ / ___ / _____

My name is:

The name of the person I care for is:

They like to be called:

Their address is:

Postcode:

Their date of birth is:

They can be contacted by:

If you need to gain access to the property where the person I care for lives, a key is held by:

Name:

Home tel:

Mobile:

Address:

Postcode:

Section 2: EMERGENCY CONTACTS

If I am not able to provide care, because of an emergency, please contact one of the following, who are listed in order of preference:

Contact 1

First name:

Last name:

Address:

Home tel:

Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that my details can be shared on a need to know basis with other professionals. Signed:

Do they have keys to your house? YES NO

Contact 2

First name:

Last name:

Address:

Home tel: Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that my details can be shared on a need to know basis with other professionals. Signed:

Do they have keys to your house? YES NO

Section 3: DETAILS OF DEPENDENT CHILDREN OR YOUNG CARERS IN THE HOUSEHOLD

First name:

Last name:

Date of birth:

Please tick relevant box: Helps out with caring Is a dependent

First name:

Last name:

Date of birth:

Please tick relevant box: Helps out with caring Is a dependent

First name:

Last name:

Date of birth:

Please tick relevant box: Helps out with caring Is a dependent

Will the needs of the children also be met by the emergency contacts in this plan?
YES NO If not, is there anyone else we should contact? (please give details below)

Name:

Address:

Home tel: Mobile: Work tel:

Email:

Relationship to you:

Section 4: GP DETAILS

My GP is: Dr

The Practice name is:

Telephone number:

Practice Address:

The GP of the person I care for is: Dr

The Practice is called:

Telephone number:

Practice address:

The pharmacy who usually dispenses the medication for the person I care for is:

Pharmacy address:

Telephone number:

A list of the medications is at the end of this plan – This is so that it can be more easily updated without having to write other details in this form again.

There is a Message in A Bottle in the fridge (Green Datalink Pot) Yes No

Section 5: MEDICAL DETAILS

Does the cared for person experience any of the following? (please tick all that apply)

<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Hard of hearing	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dementia	<input type="checkbox"/> Swallowing difficulties	<input type="checkbox"/> Stroke/TIA
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Parkinsons Disease	<input type="checkbox"/> Confusion
<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Renal Problems
<input type="checkbox"/> Deaf	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Autistic Spectrum	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Poor mobility
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Prone to falls
<input type="checkbox"/> Requires oxygen	<input type="checkbox"/> Wheelchair User	<input type="checkbox"/> Cancer
<input type="checkbox"/> Mental Health Problems	<input type="checkbox"/> Other (use space below)	

Other:

Section 6: COMMUNICATIONS

Cared for people often maintain they can care for themselves and everything is fine. If they are asked questions, can their replies generally be relied on?

Yes

No

Please give any notes about their communication e.g. preferred language, interpretation, repeat words, speak slowly, write things down etc.

Section 7: HEALTH TASKS

Does the person you care for need support with nursing tasks.

Eg. wound care, injections etc? Yes

No

Please describe the type of task, frequency and who carries out the task?

Section 8: MOVING AND HANDLING

Does the person you care for require assistance with moving and handling, eg. getting in and out of chairs/bed/cars?

Yes

No

Please describe the type of task, frequency and who carries out the task.

Moving around the home:

Transfers:

Getting out and About:

Section 9: EQUIPMENT

Does the person you care for require mobility aids? eg. hoist, frame, commode etc.

Yes

No

If yes, give details:

Section 10: SAFETY DURING THE DAY AND NIGHT

During the DAY, how long (if at all) can the cared for person be left on their own?

Give details:

During the NIGHT, how long (if at all) can the cared for person be left on their own?

Give details:

Section 11: BEHAVIOUR ISSUES

The person I care for has the following behaviour issues:

The best way to calm them down is:

The best way to break bad news to them is:

Continued on a separate sheet?

Yes

No

Please use this space to give more details about the care and support you provide, or details of anything else not included already.

Section 12: LIKES AND DISLIKES

To help the person providing replacement care, list the main likes and dislikes and everyday preferences of the person you care for (eg. meal times, types of food, daily activities etc.)

Section 12: MEDICATION

Does the person you care for take regular medication?

Yes

No

Please list all the medication taken by the person you care for, where it can be found, what time it should be taken and by what method (eg. with water, with food, or by injection)

Is a dosette box used?

Yes

No

Who is it prepared by? You or pharmacy?

Where is it kept?

Other information about medication:

Medication table on next page

Section 12: MEDICATION cont.

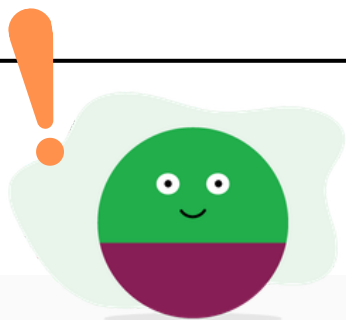
List all the medication details.

Medication Name	Where it is kept	Time Taken	How to be taken

Section 13: SIGNATURE

Carer's Name	Signature	Date

Use this space for anything else you think is important to mention:



"Well done. Remember to update your plan regularly as things change"