

# Carer Emergency Planning Form



# Introduction

## What is Emergency Planning?

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:

- ▶ You may become very unwell very suddenly or be injured and 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
- ▶ Risk to your employment on a particular occasion. For example, unexpected or unplanned changes to your usual work routine, such as a need to travel away from home/work base.
- ▶ Attendance at a funeral to be held within 24 hours of a person's death
- ▶ Breakdown of care arrangements

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 reason.



## Guidance to help you to complete your Emergency Plan

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.

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 on Page 8 in your Emergency Plan

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.



## Making the Emergency Plan Known

Having a plan is one thing, other people knowing about it is another. If you have family or friends that can help, you must include their contacts details on the plan and get them to sign and date the Emergency Plan within Section 2A. It is important they sign to confirm they understand that they may be called and agree to their information being shared with other professionals. This would usually be on a need-to-know basis only.

If, for some reason you fell unconscious, and you could not communicate – how would anyone know your circumstances? You should:

**Complete this Carers Emergency Planning Form.**

**Carry a card in your purse or wallet stating that you are a carer. The Carers Emergency Card is available from Hartlepool Carers.**

**Inform your GP that you are a carer. Depending on the system used, this may show up when your medical records are accessed.**

**Complete this plan and give a copy to a trusted person, this could be someone you have identified as an emergency contact.**

**Keep the plan updated, keep it secure, and do tell people you trust where it is located.**



# What happens next?

## Who could help in an emergency?

If you have family or friends that can help 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 two people you know and trust who can help you and/or the person you care for when needed. Select the main emergency contact details for your card.

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 your emergency contacts. Emergency services 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 give them a copy of your Emergency Plan. We hope that you will never find yourself in a situation where you need to use your Emergency Plan. However, we trust that having made these arrangements, it will give you 'peace of mind'.

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## 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 (A)

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.

Your name

Signature

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.

|                                  |                          |     |                             |
|----------------------------------|--------------------------|-----|-----------------------------|
| Your name                        | Signature                |     |                             |
| Do they have keys to your house? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |

## Section 2: EMERGENCY CONTACTS (B)

For example: care providers, agencies or mental health support.

Does the person you care for currently receive support from a Care Agency, Personal Assistant or Private Carer?

☐

Yes

☐

No

Provider/Agency Name

Address

Tel

Email

**Important Notice: The care provider may be contacted to provide support in the event of an emergency.**

### Social Worker Details

First name

Last name

Address

Tel

Email



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

First name

Last name

Date of birth

School

Please tick relevant box

☐

Helps out with caring

☐

Is a dependent

First name

Last name

Date of birth

School

Please tick relevant box

☐

Helps out with caring

☐

Is a dependent

First name

Last name

Date of birth

School

Please tick relevant box

☐

Helps out with caring

☐

Is a dependent

First name

Last name

Date of birth

School

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

## Section 4: GP DETAILS

**My** GP is

The Practice name is

Telephone number

Practice address

The GP of the person I **care for** is

The Practice name is

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.**

## Section 5: MEDICAL DETAILS

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

☐ Alzheimer's

☐ Hard of hearing

☐ Diabetes

☐ Dementia

☐ Swallowing difficulties

☐ Stroke / TIA

☐ Multiple Sclerosis

☐ Parkinson's Disease

☐ Confusion

☐ Forgetfulness

☐ Visual impairment

☐ Renal problems

☐ Deaf

☐ High blood pressure

☐ Arthritis

☐ Learning disability

☐ Low blood pressure

☐ Osteoporosis

☐ Autistic Spectrum

☐ Heart problems

☐ Poor mobility

☐ Epilepsy

☐ Breathing difficulties

☐ Prone to falls

☐ Requires oxygen

☐ Wheelchair user

☐ Cancer

☐ Mental health problems

Other (please specify) e.g. other medical condition, any allergies the cared for person may have or other medical information you think is important

## 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. 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 e.g. wound care, injections etc?

☐

Yes

☐

No

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

Full Name

Tel

Email

## Section 8: MOVING & HANDLING

Does the person you care for require assistance with moving and handling, e.g. transfers?

☐

Yes

☐

No

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

Moving around the home

Transfers

Getting out & about

## Section 9: EQUIPMENT

Does the cared for person use mobility aids? (e.g. hoist, frame, commode etc.)

☐

Yes

☐

No

If yes, please give details

## Section 10: SAFETY DURING THE DAY & NIGHT

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

Details

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

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 them bad news is

Continued on a separate sheet?

☐

Yes

☐

No

## Section 12: WHAT DO YOU DO FOR THE PERSON YOU CARE FOR?

| Please tick the relevant boxes  | Day                      | Night                    |
|---|--------------------------|--------------------------|
| Personal care (e.g. dress, wash, toilet)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Health needs (e.g. dressings, injections)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving and Handling (e.g. helping with getting in/out of chair/bed, walking)      | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety during the day/night   | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Planning/management (e.g. dealing with letters/ services, managing finances) | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Support (e.g. providing company/dealing with crises)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Day to day activities (e.g. meals/laundry/transport outside the home/leisure)     | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepare food/support with eating  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |





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

## Section 13: THE PERSON YOU CARE FOR – 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 (e.g. meal times, types of food, daily activities, etc.)

## Section 14: MEDICATION

Please remember to update this section when there are any changes to medication.

Does the person you care for take regular medication?

☐

Yes

☐

No

To help the person that may be providing replacement care, 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 (e.g. with water, with food, or by injection) etc.

Is a dosette box used?

☐

Yes

☐

No

It is prepared by

☐

Me

☐

Pharmacy

Where is the dosette box kept in the home?

Where are the medications kept

Other information about medication

| Medication name | Where is it kept | Time to be taken | How to be taken |
|-----------------|------------------|------------------|-----------------|
|-----------------|------------------|------------------|-----------------|

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|                                  |         |                |
|----------------------------------|---------|----------------|
| Carer's name<br>(block capitals) | Address | Contact Number |
|----------------------------------|---------|----------------|

## Section 15: OTHER CONTACTS

| Emergency Contact Name | Signature | Date |
|------------------------|-----------|------|
|                        |           |      |
|                        |           |      |
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We are here to support carers of all ages, with information, support and advice. We can support you by phone, via face-to-face meetings, and in support groups and workshops. We can help with benefits advice, advocacy, offer social groups and peer to peer support, as well as provide a wealth of information and resources. We can also signpost you, and the person you care for, on to relevant further sources of support.

If you are a young carer (aged under 18), our Hartlepool Young Carers Team offers free information and support, plus workshops, activities and groups, to give young carers time out from caring and help you achieve as much as you can in life.

Our Young Adult Carers Team (for 18-25s) similarly helps younger adults as they finish school, start work or college and think about leaving home.

If you are worried about an adult or an adult who cannot protect themselves, you can call **01429 272905** for information, advice and support.

If you need urgent help out-of-hours, please call **01642 130080**.

Please contact us on **01429 283095** or visit our website for further information **[www.hartlepoolcarers.org.uk](http://www.hartlepoolcarers.org.uk)**.



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