

**CARER’S**

**EMERGENCY PLAN**

****

**WHAT DO I NEED?**

**WHO CAN HELP?**

****

**WHERE WILL I GO?**

****

**WHEN SHOULD I PLAN?**

**HOW WILL I PLAN?**

**What is Emergency Planning?**

As carers we would like to think that we will always be there to care for our loved one but unfortunately this may not possible for a variety of reasons. This could be:

* You may have an accident or become unwell suddenly and be unable to carry out your usual caring role
* You may have an unplanned hospital admission
* You may have a domestic emergency which must be dealt with for example a fire, flood or storm damage
* A family emergency such as a relative taking ill or sadly a death in the family

Of course, there are many other reasons that you may be unable to care in an emergency.

By thinking ahead in the event of an emergency and forming an emergency plan can give great comfort to everyone including the person you care for.

**Making the Plan Known**

There may be people within your family or friendship circle that can help you in planning for an emergency and agreeing to be part of the emergency plan in providing care for your loved one. However, it may be that you will need the support of the local authority in putting emergency care and support in place. These are all things that need to be discussed and considered as you plan for any future emergencies.

Things you could do:

* Complete this Emergency Plan form
* Tell your family members/friends where the plan is kept
* Remember to update the plan if there are any changes
* Inform your GP that you have a caring role
* Give a copy of the plan to a trusted person
* Complete a Carers Emergency Card application (available from Sunderland Carer Centre)

**Thinking of the future**

Thinking about what would need to happen in an emergency situation can also help open up discussions and thoughts of what would need to happen if you were unable to care for a longer period of time or sadly if you were to pass away. We understand that this can be a very emotive and upsetting area of life that you may not want to discuss or even think about, however showing the emergency plan to family and friends often gives the opportunity to discuss and think about the wider future plans.

**Guidance in completing the Carers Emergency Plan form**

Before completing the plan, have some time in thinking and discussing with all those involved and who you could reply on for help and support

A member of the team here at Sunderland Carers Centre could give you help and support in completing the form

Gather together contact details of everyone that will be involved in the plan and think about saving these contact details in your mobile phone too

If you have any pets in the house, please consider their care needs too

If there is a young person in the home (young carer), is their school aware of this? Did you know that a young carer can access the young Carers School Card Scheme which helps their school have a better understanding of any caring issues that may arise. Here at Sunderland Carers Centre we have a dedicated Young Carers Team who can provide help and support to young carers including accessing a Young Carers Card.

|  |
| --- |
| **My Details** |
| My Name |
| My Relationship to the person I care for:For example I am their wife, son, father, friend etc |
| Date this plan was made |

|  |
| --- |
| **About the person I care for** |
| Their Name |
| What they like to be called |
| Date of Birth |
| Address |
| Telephone number or how they can be contacted |
| Preferred language or communication method |
| GP Surgery Name and Contact Details of the person I care for |

|  |
| --- |
| Please detail in the box below the actions you would like to be taken if you are unable to care because of an emergency |
|  |

**Emergency Contacts**

As part of your emergency plan, you may have family members or friends that are agreeable to be part of the plan and can be contacted in the case of any emergency. The Emergency contacts may be those you can rely upon to provide support to the person you care for. It is important that the level of support they can give is detailed and agreed. It is also important to identify anyone who may not be able to provide support to the person you care for but may hold a key to your home and you may be happy for them to gain access to feed a pet or collect mail etc.

Please ensure that the emergency contacts or your key holders have agreed to being part of your Emergency Plan and also let your emergency contacts have a copy of the plan or know where the plan is kept. Within the plan there is space for 3 contacts, however if you have more contacts, please use the space at the end of the plan for additional contacts and indicate in the plan that there are additional sheets

|  |
| --- |
| **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 |
| Name |
| Address |
| Telephone number/s |
| Relationship to me |
| Relationship to the person I care for |
| The level of support they can provide |
| Do they have keys to: Your House Yes/NoAre they a key holder for the person you care for? Yes/No |
| **Contact 2** |
| Name |
| Address |
| Telephone number/s |
| Relationship to me |
| Relationship to the person I care for |
| The level of support they can provide |
| Do they have keys to: Your House Yes/NoAre they a key holder for the person you care for? Yes/No |
| **Contact 3** |
| Name |
| Address |
| Telephone number/s |
| Relationship to me |
| Relationship to the person I care for |
| The level of support they can provide |
| Do they have keys to: Your House Yes/NoAre they a key holder for the person you care for? Yes/No |
| Have you included additional contacts on a separate sheet? Please answer Yes or No |

|  |
| --- |
| **Do any dependent children or young carers live at the address of the person you care for? If so please enter their details** |
| Name |
| Date of Birth |
| Name |
| Date of Birth |
| Name |
| Date of Birth |
| Name |
| Date of Birth |
| Are care arrangements in place for them in the event of an emergency? |
| Add any emergency contact details for those who will provide care if needed |
| **Does anyone else live at the address of the person you care for?****If YES please add details and if they are able to provide any care** |
|  |

**ABOUT THE PERSON YOU CARE FOR**

Within this section, please provide information that will be useful to know for anyone who may be involved in the care of your loved one, during your absence. This may be for the people you have identified as being a named contact within your emergency plan or it may be for the benefit of any services who need to care for the person in an emergency.

There may be some sections that are not needed to be completed as this is a generic plan

|  |
| --- |
| **Diagnosis of illness or disability** |
|  |
| **Medications** |
| Is the person prescribed any medication? If so what is it, where is it kept and how is it administered? |
| Does the person have any allergies? If there any medication that should be taken in case of an allergic reaction? Where is the medication kept and how is it administered? |
| Does the person have a Message in the Bottle and if so where is it stored? A message in a Bottle can be obtained from Sunderland Carers Centre |
| **Communications** |
| Some people maintain that they can care for themselves and that everything is fine. If the person you care for was asked questions, can their replies generally be relied on? |
| Are there any communication or language difficulties. Please give details e.g speak slowly, write things down, interpreter needed, communicator tool used  |
| **Health Related Tasks** |
| Does the person you care for need any support with nursing tasks such as wound care, injections etc?If so please give details |
| **Moving and Handling** |
| Does the person you care for need any assistance in moving or transferring?If so please give details of:Moving Around the House |
| Transferring  |
| Getting out and about |
| EQUIPMENT |
| Does the person you care for use any mobility aids or equipment?If yes please give details |

|  |
| --- |
| **SAFETY DURING THE DAY AND NIGHT** |
| During the DAY how long can the person you care for be left on their own? It may be that the person cannot be left at all.If the person can be left, please give details of how long and what would need to be put in place to keep them safe and minimise any risks |
| During the NIGHT how long can the person you care for be left on their own? It may be that the person cannot be left at all.If the person can be left, please give details of how long and what would need to be put in place to keep them safe and minimise any risks |
| **Routines and behaviours** |
| Does the person you care for have any particular routines that must be followed or any behaviour issues that someone else providing care needs to be aware of?Please give details |
| What is the best way to calm and reassure them down if upset or frightened? |
| What would be the best way to break bad news to them if needed? |
| If would need or prefer to add information to be kept on a separate sheet, please indicate with a tickYes No |
| **What support do you provide to the person you care for?** |
| Please use this section to think about the various things you do for the person you care for. There is space left for you to add any other things that are not listed |
| Please tick whether this is required day and/or night | Day | Night |
| Personal care such as washing, toilet, dressing, feeding  |  |  |
| Shopping  |  |  |
| Preparing meals |  |  |
| Health needs such as dressing changes, injections, medications |  |  |
| Moving and Handling such as helping with getting in and out of bed or chair, walking |  |  |
| Managing finances |  |  |
| Dealing with letters and appointments |  |  |
| Emotional support for example providing company, keeping person safe |  |  |
| Day to day activities such as transport, accessing leisure etc |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **ADDITIONAL INFORMATION ABOUT THE PERSON YOU CARE FOR** |
| Use this space to include **any** information that may be useful for others to know such as likes and dislikes, every day preferences, preferred meal times and types of food etc |
| **Are there any pets in the home that will also need to be cared for ?**If so please give details |
| **Are there any agencies or professionals involved in the care of the person you care for that would need informing in the case of an emergency?** |
| **If so please give details of any care agencies, social worker or health care professionals that will need to be contacted** |

**ADDITIONAL CONTACT DETAILS**

**ADDITIONAL INFORAMTION**