

# Action for Carers Surrey – Carers’ Emergency Planning Form

Carer’s name .....

Cared for’s name.....



# Contents

Introduction – ALL ABOUT EMERGENCY PLANNING.....	2
Section 1: GENERAL DETAILS .....	4
Section 2: EMERGENCY CONTACTS.....	5
Section 3: DETAILS OF DEPENDENT CHILDREN OR YOUNG CARERS IN THE HOUSEHOLD .....	6
Section 4: LEGAL DOCUMENTS .....	7
Section 5: GP DETAILS .....	8
Section 6: MEDICAL DETAILS.....	9
Section 7: COMMUNICATIONS .....	10
Section 8: HEALTH TASKS .....	10
Section 9: MOVING & HANDLING .....	11
Section 10: EQUIPMENT.....	12
Section 11: SAFETY DURING THE DAY & NIGHT.....	12
Section 12: BEHAVIOUR ISSUES .....	13
Section 13: DAILY ROUTINE OUTLINE .....	14
Section 14: WHAT DO YOU DO FOR THE PERSON YOU CARE FOR? .....	15
Section 15: THE PERSON YOU CARE FOR – LIKES AND DISLIKES.....	17
Section 16: MEDICATION: .....	17
Section 17: WHO HAS A COPY OF THIS PLAN?.....	19

# Introduction – ALL ABOUT EMERGENCY PLANNING

## 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 from the frustrating dilemma such as:

- You may become very unwell very 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
- 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 the reason.

## 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

If, for some bizarre reason you fell unconscious and then into a coma, you would not be able to 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 Action for Carers or your GP.
- 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.
- Give a copy to your GP
- Keep the plan updated, keep it secure, and do tell people you trust where it is located

## What happens next?

### Who could help out in an emergency?

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.

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'.

## 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.

You can get assistance to help you complete this form by making an appointment with one of our Advisors.

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.

## 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.

**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.

**Signature:**

Do they have keys to your house? YES  NO

Does the person you care for currently receive support from a Care Agency, Personal Assistant or Private Carer?
YES <input type="checkbox"/> NO <input type="checkbox"/>
Provider/Agency Name:
Address:
Tel:
Email:
Important Notice: The care provider may be contacted to provide support in the event of an emergency.

### 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 <input type="checkbox"/> Is a dependent <input type="checkbox"/>
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>

First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>
Will the needs of the children also be met by the emergency contacts in this plan?    YES <input type="checkbox"/> NO <input type="checkbox"/> If not, is there anyone else we should contact? (please give details below)
Name:
Address:
Home tel: Mobile: Work tel:
Email:
Relationship to you:

<b>Section 4: LEGAL DOCUMENTS</b>		
<b>Lasting Power of Attorney (LPA) :</b>		
I have LPA (Finances):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have LPA (Health and Wellbeing):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have a Court of Protection:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have Deputyship:	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Held by:
Statement of Assets: this is attached to this document
Held by:

## Section 5: 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  
 Yes       No

## Section 6: 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"/> Parkinson's 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		

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 7: 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 8: HEALTH TASKS

Does there 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

## Section 9: MOVING & HANDLING

Does there 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 10: EQUIPMENT

Does the cared for person use mobility aids?

(E.g. hoist, frame, commode etc.)

If yes, please give details:

## Section 11: 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 12: 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 14: WHAT DO YOU DO FOR THE PERSON YOU CARE FOR?

Please tick to select the relevant box.	Day	Night	
Personal care (e.g. dress, wash, toilet eat/drink)			
Health needs (e.g. dressings, injections)			
Moving and Handling (e.g. helping with getting in/out of chair/bed, walking)			
Safety during the day/night			
Life Planning/management (e.g. dealing with letters/services, managing finances)			
Emotional Support (e.g. providing company/dealing with crises)			
Day to day activities (e.g. meals/laundry/transport outside the home/leisure)			




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

## Section 15: 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 16: 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 / the pharmacy

Where is the dosette box kept in the home?

Where are the medications kept:

Other information about medication:

Non- medical supplements:

<b>Medication / supplements name</b>	<b>Where it is kept</b>	<b>Time to be taken</b>	<b>How to be taken</b>

## Section 17: WHO HAS A COPY OF THIS PLAN?

The following people and agencies have a copy of this plan which I need to contact with any updates and additional information.

Name	Contact details	Date of last update	Date of last update

Carer's name (block capitals)	Signature	Date
----------------------------------	-----------	------



**We are here to support carers of all ages, right across Surrey, with information, support and advice.**

We can support you by phone, through face-to-face meetings, support groups and workshops. We can help with benefits advice, advocacy, give practical guidance on moving and handling, and provide a wealth of information and free resources. We can also signpost you, and the person you care for, on to relevant further sources of support.

We also help carers have their say on caring matters in Surrey, and beyond, working with the NHS, Surrey County Council, and influencing government.

We have specialist support too. If you're a young carer (aged under 18), our Surrey 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. We also have tailored support for people connected to the Armed Forces.

Please get in touch using the contacts below.

If you are a carer, call our Carer Information Centre on **0303 040 1234**.

It's open 9am-5pm on Mondays, Thursday and Fridays, and open 9am-6pm on Tuesday and Wednesdays.

You can also text us on (SMS) **07714 075993**, or email **CarerSupport@actionforcarers.org.uk**

For general enquiries related to adult carers, please call **0303 040 1234 x815** or email **CSAdmin@actionforcarers.org.uk**; for young carers, call **01483 568269** or email **SYC@actionforcarers.org.uk**

**[www.actionforcarers.org.uk](http://www.actionforcarers.org.uk)**

Action for Carers (Surrey) Registered Office: Astolat, Coniers Way, Guildford GU4 7HL. A Company Limited by Guarantee. Company Number 5939327. Registered in England & Wales with Charitable Status. Charity Registration Number 1116714. ©Action for Carers Surrey. ACS0023\_05.21.