

CHARITY
FOR CIVIL
SERVANTS

CARER'S EMERGENCY PLAN





Being prepared can't stop emergencies happening, but it can make difficult and worrying situations a bit more manageable. And it's times like these that being prepared matters most.

Creating a Carer's Emergency Plan enables you to consider what would happen to the person you care for and how they would be supported should you be unable to care due to emergency or illness. The Emergency Plan is a safe way to hold essential information about the person you care for, what their care needs are and who needs to be informed if something goes wrong.

If you have the facility, it may be useful to copy your plan on to a memory stick, as it can be updated easily should any changes occur. You may want to password protect the memory stick to protect this information.

SOME GUIDANCE TO HELP YOU COMPLETE YOUR PLAN

1

There is room for you to list three emergency contacts in your Plan. Please make sure that you have their permission to add their details to your Plan and agree with them the level of support they are able to provide (e.g. they will organise or provide replacement care).

2

There is a section in the Plan for you to list all the medications the person you care for is taking.

This is important information for anyone who is providing replacement care, so please make sure that this part of the Plan is kept up to date and amended each time there are any changes.

3

There is room for you to provide brief details of the medical history of the person you care for; complete this in a clear and concise way.

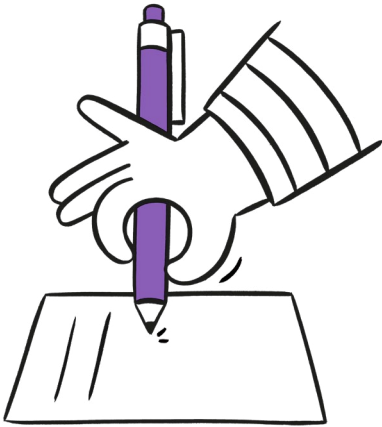
4

The Plan allows you to list the support you provide and this will help anyone stepping in to provide emergency replacement care. It is important to jot down what you do every day – starting from waking up in the morning and retiring at night – and transfer this to the Plan.

5

There is a section in the Plan for you to list the likes, dislikes and preferences of the person you care for, and this might include daily routines and food preferences etc.

SOME OTHER THINGS YOU MIGHT CONSIDER



1

You can use our Carer's Passport and Carer's Statement Digital Tool to help you complete your Civil Service Carers Passport. This can also provide you with a Carer's Statement and an Action Plan.

2

When you begin to fill out your Plan, make sure any organisations that provide support (such as day centres or care agencies) have up to date details for you – such as your mobile phone number.

3

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.

Why not download the Jointly App for free. Just sign up to our Carers Digital Resource to access the app.



4

Store at least one emergency contact number in your mobile phone. List this under ICE. This stands for 'In Case of Emergency'.

5

Decide where you want to keep your Emergency Plan and let the emergency contacts know where to find it.

It would be helpful if you gave them a copy of the Plan for their information.

6

If you have a pet or the person you care for has 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. The Cinnamon Trust may be able to help at cinnamon.org.uk



CARER'S EMERGENCY PLAN

Date updated:		
My name is:	The name of the person I support is:	
They like to be called:	Their address is:	
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:	If there is a key safe in place, the number can be located at:	And the code is:

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	Contact 2	Contact 3
Name:	Name:	Name:
Telephone number:	Telephone number:	Telephone number:

The pharmacist who usually dispenses the medication for the person I care for is: (address, contact number if possible.)

INFORMATION ABOUT THE SUPPORT NEEDS OF THE PERSON I CARE FOR

Brief details of medical history:

Nature of illness, disability or condition:

Details of any communication difficulties:

Details of any memory problems/concentration difficulties:

Can the person cared for be left on their own and, if so, for how long?

INFORMATION ABOUT THE SUPPORT NEEDS OF THE PERSON I CARE FOR

Please explain any difficulties someone might meet in trying to help. For example: can the person be challenging with someone they do not know?

Does the person cared for have any mobility difficulties? It may be helpful to note if the person cared for has a Blue Badge; this may be useful if any transport is provided and parking required by the emergency support.

Is the person cared for known to social services or any other care provider? Please give details.

Allergies

The person I care for has the following ALLERGIC REACTIONS WHICH REQUIRE IMMEDIATE MEDICAL ATTENTION (e.g. nuts, penicillin):

Behaviour issues

The person I care for has the following BEHAVIOUR ISSUES.

The best way to calm them down or deliver bad news is:

MEDICATION

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).

Is a dosette box* prepared?		The dosette box can be found:
YES	NO	

*A dosette box is a disposal plastic system for arranging your weekly medicines. At a glance you can see which pills to take and when. Use of the dosette system considerably reduces the risk of mistakes.

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

FURTHER INFORMATION ABOUT THE PERSON I CARE FOR

What assistance does your person cared for need? Example: getting washed and dressed, help with going to the toilet, meals etc. (Start from first thing in the morning to last thing at night – also include if assistance is required during the night.)

To help the person providing replacement care, **list the main likes and dislikes and everyday preferences of the person you care for** (e.g. mealtimes, what type of food, daily activities):

CONTACT NUMBERS AND DECLARATION

Social Services:	Social Services out-of-hours emergency duty number:
Non-emergency police:	Care provider:

Print name	Signature
Cared for:	Cared for:
Carer:	Carer:
Contact 1:	Contact 1:
Contact 2:	Contact 2:
Contact 3:	Contact 3: