**Carers ‘what if?’ Emergency Plan**

This plan is to help you think about and to be prepared in the case of an unplanned event or emergency that means you are unable to look after the person you care for.

An emergency is any unplanned event, such as;

* Sudden illness or accident
* Unplanned admission to hospital
* Family emergency
* Travel disruption i.e. car broken down, or flight cancelled

Having this important information in one place could be of immense support and help when needed at a critical time, when time might be limited. Talk about the plan with the person you care for, if possible, and also with those you would like to be named emergency contacts.

It would also be useful to share it with trusted family members or friends and healthcare professionals. Give people a copy of the plan – or let them know where they can find it and make sure the information is regularly updated.

**Carer’s Details**

|  |  |
| --- | --- |
| My Name  |  |
| My address |  Postcode: |
| My contact details  |  |
| My relationship to the person I care for eg wife, son etc |  |

**About the person you care for**

|  |  |
| --- | --- |
| Their Name |  |
| What they liked to be called (if different) |  |
| Their date of birth  |  |
| Their address |  Postcode: |
| Nature of illness or disability |  |
| GP surgeryname/contact details |  |
| Pharmacy name/contact details*(if known)* |  |
| Does the person you care for receive support from Adult Social Care?  | *If yes, please provide any relevant information or key contacts.* |
| Main language spoken/ understood |  |
| Does the person you care for have any allergies? | *If yes, please provide details.* |
| Does the person you care for take any medication? | *If yes, please provide details such as the names of the medications, the times taken.* |
| Main support needs |
| Other information about the person you care for:*Please provide any other information which may be useful to know about the person you care for, such as:** *If they use any specialist equipment i.e. walking frame*
* *Help that requires specialist training i.e. peg feed*
* *Any memory problems or challenging behaviours*
* *Likes and dislikes*
 |

**Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency contact 1 | Emergency contact 2 | Care Agency involved *(if applicable)* |
| Name |  |  |  |
| Relationship to you  |  |  |
| Relationship to the person you care for |  |  |
| Telephone number (mobile) |  |  |  |
| Telephone number (home) |  |  |  |
| Telephone number (work) |  |  |  |

**Key Holders**

Who lives locally and holds a key to the home of the person you care for? If the key holder is not an emergency contact, they will not be expected to provide any practical support, they would just be called upon to manage access to the property if needed.

|  |  |  |
| --- | --- | --- |
|  | Key Holder 1 | Key Holder 2 |
| Name |  |  |
| Relationship to you  |  |  |
| Relationship to the person you care for |  |  |
| Telephone number (mobile) |  |  |
| Telephone number (home) |  |  |
| Telephone number (work) |  |  |

**Other Information / Instructions**

|  |
| --- |
|  |