



Emergency Plan

Carer copy

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Please retain this booklet for your records

Use as much or as little of this document as you need to.

VERSION: 26/05/2022

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Fact sheet 120: Emergency plan

Why do I need an emergency plan?

We all face uncertainty in our day to day lives, and if you are a carer, it can be even more important to think about everyone's needs and choices and make a plan that is unique to your situation.

Having a plan in place can save time and stress during a difficult and emotional situation. Having all the information and contact details together in one place and easy to find, can help everyone involved make better decisions, quickly, when they need to and give you peace of mind.



What type of plan should I consider?

An emergency plan includes information about what actions should be taken if you are temporarily unable to care because something has happened to you.

Deciding how detailed a plan you need is a very personal decision. Devon Carers recommends that:

Every carer should consider creating an emergency plan

You should also consider having an escalation plan, where you look at what you need to do if the caring situation changes and the amount of care you provide needs to change. Templates are available from our website. An escalation plan has two parts:

1. What happens if my situation changes (work, illness, house move, etc) and I am unable to continue to support at the current level.
2. What happens if the condition of the person I care for changes, and they require more or different support?

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What is the minimum information I should include?

Your situation is unique, so what you include will be personal and should contain whatever you decide is relevant. You may already have a perfectly good plan in place but do have a quick look at this one in case there is something you might find useful.

Whatever you include, keep it as short as possible, so it is easy for someone else to find what they need. Only include what is necessary.

Remember it's a plan to be used in an emergency. Keep it short and keep it up to date.

If a simple plan is all you need, then a template is available in this pack (Form 903). Make sure you complete both sides of the form.

If you need to include more information, you may want to use some of our other templates (available from our website or on request) and use the contents list included to tick off any you have used.

It can be very beneficial if both you and the person you care for sign to say the information contained in the form can be shared with emergency services, NHS, and Adult Social Carer Services (Care Direct) in an emergency.

If you are struggling to complete your emergency plan, please get in touch with us, and one of our team will help.

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If my caring role is more complex, what should I include?

Step 1. Think about what situations might occur where you are not available to provide support.

'What if....

- I am ill
- I have an accident
- I have to be admitted to hospital
- My car breaks down
- I am away from home or on holiday
- I have been called away on an emergency elsewhere

Or, if the person I care for...

- has a fall or accident
- condition is getting worse
- has another illness unrelated to their underlying health condition

Perhaps you might benefit from an escalation plan as well?

Step 2. Think about what might need to be done and who could be asked to do what.

Remember to discuss it with your emergency contacts. Get their agreement and let them know they are in your plan.

Family, friends, neighbours, for example:

- A neighbour may have your key safe number and be able to feed pets or drop off some shopping, but not help with personal care. A family member may live in another county but may be able to do an online shop or support you emotionally at a difficult time.

Agencies or workers involved, or who might need to be called or alerted for example:

- Changes in needs or arrangements may need to be discussed with care workers or Personal Assistants.
- For a known or anticipated health issue it can help to discuss in advance with a health practitioner who knows you, or seek medical advice to consider what to do, either yourself, under their guidance, or to know when and who to call for help.
- Other Services, such as supported living: What is the right service to help and what might they be able to do?

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- This might be the GP, community nursing team, dialling 111 or if it is a medical emergency, 999

Other contacts you might want to include are Social Care, the pharmacy you use, the company that provides your gas or electricity and of course Devon Carers!

Emergency numbers

These can be friends, family, or services. It helps to have at least one or two main people who can be contacted in the event of an emergency.

Alert Card

Once you have created your emergency plan, think about whether a Carers Alert Card might be of use:

- If you find yourself in an emergency where you are unable to inform people yourself, then the emergency services can ring the number on the card and the 24-hour call centre will ring your emergency contacts to let them know that the person you care for may need help.

The application form (Form 905) can be found at the end of this booklet.

Step 3. What are the most important things someone else needs to know about the person you care for?

If the person you care for is unable to speak for themselves, for whatever reason, this could help someone providing urgent replacement care. This could be at home, or a copy could be given to ward staff if they needed to stay in hospital.

Include information regarding their specific needs:

To do this you might include a short description of their medical condition and the effects it has on them.

Use one of the templates provided, or alternatively, write your own. You may choose to:

- include a copy of an assessment someone else has written.
- include a copy of the most recent prescription

Personal wishes and useful information

It may be helpful to include some information to help another person understand how the person you care for likes to live on a daily basis.

Legal documents which inform a decision someone else may have to make:

If relevant, include a copy of any documents you currently hold, for example:

- Treatment Escalation Plan (TEP)
- Power of Attorney Certificate(s)
- Capacity Assessment

Step 4. Where to keep your plan

At home!

Once you have completed your plan decide where you will keep it within your home or the home of the person you care for. Choose a place that is easy to find and do not move it from there. Keep it up to date and let people know where it is.



One of the best ways to store your plan so that everyone can easily find it in an emergency is to place the 'Plan in a jar' (Form 903) in a clean empty jar or container with one of the labels provided fixed to the side of the jar/container. Then put the jar/container in the fridge door so that it is clearly visible to anyone looking for it.

The second sticker is then put on the outside of the fridge door and the third on the inside of the front door of the home.

Many people will have a Lions Club 'Message In A Bottle' already in their fridge, in which case it is fine just to add the sheet to this pot. If you would like a Lions Club 'Message In A Bottle' these are available from many GP surgeries and local pharmacies or are available online at www.lionsclubs.co

If you have completed the **optional 'Emergency Plan Supplement - Cared for person'** then keep this in a safe place at the home of person you care for where everyone can find it.

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Form 901: Family and Friends who could help in an emergency

Use this sheet to write down details of all family members or friends who help you.

*Please always ask for their agreement and tick the 'consent' box to show you have agreed to what they may be asked to do, and they are happy for their personal details to be included in your emergency plan.

| | |
|------------------------------|--|
| Name | |
| Relationship to me | |
| Tel/Mobile(s): | |
| Email | |
| Lives locally? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How they can help me: | |
| Consent | Yes <input type="checkbox"/> |

| | |
|------------------------------|--|
| Name | |
| Relationship to me | |
| Tel/Mobile(s): | |
| Email | |
| Lives locally? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How they can help me: | |
| Consent | Yes <input type="checkbox"/> |

| | |
|------------------------------|--|
| Name | |
| Relationship to me | |
| Tel/Mobile(s): | |
| Email | |
| Lives locally? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How they can help me: | |
| Consent | Yes <input type="checkbox"/> |

| | |
|------------------------------|--|
| Name | |
| Relationship to me | |
| Tel/Mobile(s): | |
| Email | |
| Lives locally? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How they can help me: | |
| Consent | Yes <input type="checkbox"/> |



Form 903: Plan in a jar form

I am a carer

My full name: _____

The name of the person I care for: _____

Their contact details if different _____

- Lives with me
- Lives elsewhere

Our Emergency Contacts: *(write name & contact details here, tick box if a keyholder)*

- 1. _____
- 2. _____
- 3. _____

My **Emergency Plan** can be found:

It contains useful information about our needs and wishes

- The person I care for is known to Devon County Council Social Care Services (Care Direct) **Tel 0345 1551 007**

Cared for person (optional): *For the purpose of supporting my needs and those of my carer, I consent to information about me being shared with relevant others*

Signed

Date:

Carer: *For the purpose of supporting my needs and those of the person I care for, I consent to information about me being shared with relevant others*

Signed

Date:

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Simple plan (only use if a more comprehensive plan is not in already place)

- The person I care for is **able** to manage or arrange their care for themselves but will need to be contacted to let them know I am not available and to reassure them.
- The person I care for is **not able** to manage or arrange their care for themselves and one of the contacts overleaf will need to be called to arrange temporary care.

The person I care for has the following medical condition(s):

It affects them in the following way:

Medication taken (or where information is stored):

Support required:

GP Name and number:

Other professionals involved in their care and contact number:

| Name and who they are | Why they need to be contacted | How to contact |
|-----------------------|-------------------------------|----------------|
| | | |
| | | |
| | | |
| | | |



Form 904: Information for each emergency contact

Please complete this sheet and let your emergency contact have it for reference.

Thank you for agreeing to be an emergency contact

My name (carer) _____

My Tel/Mobile: _____

In an emergency you have kindly agreed that you can give support with the following activities (tick all those that apply) for

Cared for name _____

- | | |
|--|---|
| <input type="checkbox"/> Let them know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Hold a key | |
| <input type="checkbox"/> Let officials/agreed people in to the property | |
| <input type="checkbox"/> Help out short-term until another family member or friend can step in | |
| <input type="checkbox"/> Prompt to take medicine | |
| <input type="checkbox"/> Help with getting in and out of chair/bed * | |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | |
| <input type="checkbox"/> Administer medication | |
| <input type="checkbox"/> Other: | |

Please contact _____ Tel _____
to arrange...

p.t.o.

* I understand what is involved and feel confident in doing this.

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Other:

Please contact _____ Tel _____
to arrange...

Other:

The emergency plan is stored _____

They have a key safe and the number is _____

Key Information and contact numbers you should be aware of...

If for any reason you are no longer able to help, please let me know. My number is on the front of this sheet



Form 904: Information for each emergency contact

Please complete this sheet and let your emergency contact have it for reference.

Thank you for agreeing to be an emergency contact

My name (carer) _____

My Tel/Mobile: _____

In an emergency you have kindly agreed that you can give support with the following activities (tick all those that apply) for

Cared for name _____

- | | |
|--|---|
| <input type="checkbox"/> Let them know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Hold a key | |
| <input type="checkbox"/> Let officials/agreed people in to the property | |
| <input type="checkbox"/> Help out short-term until another family member or friend can step in | |
| <input type="checkbox"/> Prompt to take medicine | |
| <input type="checkbox"/> Help with getting in and out of chair/bed * | |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | |
| <input type="checkbox"/> Administer medication | |
| <input type="checkbox"/> Other: | |

Please contact _____ Tel _____

to arrange...

p.t.o.

* I understand what is involved and feel confident in doing this.

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Other:

Please contact _____ Tel _____
to arrange...

Other:

The emergency plan is stored _____

They have a key safe and the number is _____

Key Information and contact numbers you should be aware of...

If for any reason you are no longer able to help, please let me know. My number is on the front of this sheet

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Form 904: Information for each emergency contact

Please complete this sheet and let your emergency contact have it for reference.

Thank you for agreeing to be an emergency contact

My name (carer) _____

My Tel/Mobile: _____

In an emergency you have kindly agreed that you can give support with the following activities (tick all those that apply) for

Cared for name _____

- | | |
|--|---|
| <input type="checkbox"/> Let them know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Hold a key | |
| <input type="checkbox"/> Let officials/agreed people in to the property | |
| <input type="checkbox"/> Help out short-term until another family member or friend can step in | |
| <input type="checkbox"/> Prompt to take medicine | |
| <input type="checkbox"/> Help with getting in and out of chair/bed * | |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | |
| <input type="checkbox"/> Administer medication | |
| <input type="checkbox"/> Other: | |

Please contact _____ Tel _____

to arrange...

p.t.o.

* I understand what is involved and feel confident in doing this.

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Other:

Please contact _____ Tel _____
to arrange...

Other:

The emergency plan is stored _____

They have a key safe and the number is _____

Key Information and contact numbers you should be aware of...

If for any reason you are no longer able to help, please let me know. My number is on the front of this sheet

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Form 905: Alert Card Application, version 6:2

The Alert Card Scheme

If you find yourself in an emergency where you are unable to inform people yourself, the Alert Card will be used to alert a 24-hour call centre who will then get in touch with your emergency contacts to let them know that the person you care for may need help.

The formal bit

The information you supply on this form will be treated as confidential and will only be available to staff within Devon Carers and at the Alert Card call centre.

For the scheme to work everyone needs to be aware of the part they play in the plan.

Once your application form is complete **detach it from the Emergency Plan** and return to Devon Carers. Once the Alert Card is set up, we will write to each person separately:

- to you, with your card and terms and conditions
- to the person you care for (if they do not live with you) to advise we will be holding their details on our system
- to your designated contacts, to let them know their details are held and why.

Your consent and information sharing

I confirm that I am an adult carer for someone aged over 18 who lives in Devon

I confirm that I have a suitable emergency plan in place which is up to date. It is stored at My home The home of the person I care for Other

and it is located

I understand that Devon Carers will use the information I have given to administer the Alert Card scheme as described.

I understand that it is my responsibility to inform Devon Carers of any changes to the details I have provided.

Any emergency contacts identified have been made aware of the critical role they have agreed to and have consented to their information being held and used in the way described.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

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Please complete the form in **BLOCK** capitals.

PART 1: Please tell us about YOU the carer

| | | | |
|---------------------|-----------------------|------------|----------------------|
| Title | <input type="text"/> | First name | <input type="text"/> |
| Surname | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| | Postcode: | | |
| Telephone number(s) | Main: Alternative: | | |

PART 2: Please tell us about the PERSON YOU CARE FOR

| | | | |
|----------|--|------------|----------------------|
| Title | <input type="text"/> | First name | <input type="text"/> |
| Surname | <input type="text"/> | | |
| Address | <input type="checkbox"/> Lives at same address | | |
| | Postcode: | | |
| Key safe | Location: Code: | | |
| Doctor | Name: Surgery: | | |

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PART 3: Please tell us about the PEOPLE TO CONTACT if you are incapacitated

Contact 1

Title First name

Surname

Telephone

Address*

Postcode:

* Address is held temporarily to send notification letter after which it is deleted.

- Contact 1 is a key holder
- Contact 1 can:

| | |
|---|--|
| <input type="checkbox"/> Let the cared for person know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Let officials/agreed people in to the property | <input type="checkbox"/> Help out short-term until another family member or friend can step in |
| <input type="checkbox"/> Prompt to take medicine | <input type="checkbox"/> Administer medication |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | <input type="checkbox"/> Help with getting in and out of chair/bed |
| <input type="checkbox"/> Other: | |

Contact 2

Title First name

Surname

Telephone

Address*

Postcode:

* Address is held temporarily to send notification letter after which it is deleted.

- Contact 1 is a key holder
- Contact 1 can:

| | |
|---|--|
| <input type="checkbox"/> Let the cared for person know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Let officials/agreed people in to the property | <input type="checkbox"/> Help out short-term until another family member or friend can step in |
| <input type="checkbox"/> Prompt to take medicine | <input type="checkbox"/> Administer medication |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | <input type="checkbox"/> Help with getting in and out of chair/bed |
| <input type="checkbox"/> Other: | |

Contact 3

Title First name

Surname

Telephone

Address*

Postcode:

* Address is held temporarily to send notification letter after which it is deleted.

- Contact 1 is a key holder
- Contact 1 can:

| | |
|---|--|
| <input type="checkbox"/> Let the cared for person know what is going on | <input type="checkbox"/> Check they are OK |
| <input type="checkbox"/> Prepare a meal | <input type="checkbox"/> Walk dog/Feed pets |
| <input type="checkbox"/> Get shopping / prescriptions | |
| <input type="checkbox"/> Let officials/agreed people in to the property | <input type="checkbox"/> Help out short-term until another family member or friend can step in |
| <input type="checkbox"/> Prompt to take medicine | <input type="checkbox"/> Administer medication |
| <input type="checkbox"/> Provide personal care (washing, dressing, toileting) | <input type="checkbox"/> Help with getting in and out of chair/bed |
| <input type="checkbox"/> Other: | |

Once complete please detach the 'Alert Card application form' and send to:

Devon Carers (Alert Card Scheme)
 Westbank,
 Farm House Rise,
 Exminster,
 EX6 8AT

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Contact - Social Services

I have been unable to identify a friend or family member able to respond in an emergency.

The person I care for is known to Devon County Council Adult Social Services who have details of their support needs.

We have signed to confirm that in an emergency, where we are unable to make this call ourselves, we authorise the Emergency Helpline to contact the GP or Devon County Council Adult Social Services on our behalf.

Cared for person: *For the purpose of supporting my needs and those of my carer, I consent to information about me being shared with relevant others*

Signed

Date:

Carer: *For the purpose of supporting my needs and those of the person I care for, I consent to information about me being shared with relevant others*

Signed

Date: