Carers Emergency Plan









Harlington Care



Hillingdon Carers Partnership

Working together for unpaid carers

Some guidance to help you complete your Plan:

	To do:	Done?
1	Use the Message in a Bottle scheme. You can put a short note in there advising where your Emergency Plan is kept.	
	More information about the scheme, and the bottles, are available from your carer support organisation	
2	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 what level of support they are willing provide (eg will organise replacement care, will provide replacement care).	
3	There is a section in the Plan for you to list the medications the person you care for takes. There is also room for you to advise how and when these medications should be taken.	
	This is really important information for anyone who is providing replacement care. Please make sure that this part of the plan is kept up to date. Continuation sheets if you need them.	
	Please make sure that the medication information is updated every time there is a change.	
4	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	
5	The Plan allows you to list the support you provide and this will help anyone stepping in to provide replacement care.	
	You may be surprised just how many things you do and it might be helpful to jot down what you do every day, starting from waking up in the morning and then transferring this to the plan later. Continuation sheets are available if you need more space.	
6	There is a section in the Plan for you to list the likes, dislikes and preferences of the person you care for and might include daily routines, food preferences etc. Continuation sheets are available if needed.	
7	If you feel there are no family or friends who would be able to act as a contact for you, we suggest you put the phone number of Hillingdon Social Direct (01895 556633).	
8	Register with your GP as a unpaid carer	

Some other things you might consider:

i	Carry an 'I am a Carer' card in your purse or wallet – these are available from Carers Trust Hillingdon	
ii	When you begin to fill out your plan, make sure that any organisations that provide support (such as Careline or a care agency) have up the correct details for you, for example your mobile phone number.	
iii	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 too.	
iv	Store at least one emergency contact number in your mobile phone. List this under ICE. This stands for 'In Case of Emergency' and emergency service staff know to look for it.	
V	Decide where you want to keep your emergency plan and let the emergency contacts where to find it.	
vi	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.	
vii	If there is a young person providing care in your family, make sure that school knows about this.	
viii	If a young person is one of your emergency contacts, make sure that the school is aware of this.	
ix	If you have no-one to nominate as an emergency contact, talk this through with your carer support organisation. They will be able to help you identify where to find help.	

Emergency Contact Numbers

To help the person providing replacement care, list out all important CONTACT DETAILS. You may want to include, for example, the name and phone numbers of Domiciliary Care Providers, Day Centres, Carer Support Organisation etc.

numbers of Domiciliary Care Providers, Day Centres, Carer S	Support Organisation etc.
NHS Direct	111
Adult Social Care Hillingdon Social Care Direct 8:00am to 6:00 pm.	01895 556633
Adult Social Care Emergency Duty Team (Out of Hours)	01895 250111
Other Useful Numbers	
Carers Trust Hillingdon / Young Carers Monday to Friday 8.00 am to 4.30 pm	01895 811206 office@carerstrusthillingdon.org
Hillingdon Mind	01895 271559
Harlington Hospice	0208 759 0453
Harlington Care	01895 258888
Alzheimer's Society	01923 823999
H4AII	01895 543434
AgeUK Hillingdon, Harrow & Brent	020 8756 3040
DASH (Disablement Association in Hillingdon)	020 8848 8319

CARERS EMERGENCY PLAN

Date upuateu
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 I am not able to provide care, because of an emergency, please contact one of the following, who are listed in order of preference:
1. Name:
Telephone number:
2. Name:
Telephone number:
3. Name:
Telephone number:

My GP is Dr
The Practice is:
The telephone number of the Practice is:
The GP of the person I care for is Dr
The Practice is:
The telephone number of the Practice is:
The pharmacist who usually dispenses the medication for the person I care for is:
Information about the support needs of the person I care for:
Nature of illness/disability:
Brief details of medical history:
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
MEDICATION:
A list of medications can be found at the end of this plan
ALLERGIES:
The person I care for has the following ALLERGIC REACTIONS WHICH REQUIRE IMMEDIATE MEDICAL ATTENTION (e.g. nuts, penicillin):
The person I care for has the following ADVERSE REACTIONS which are not life threatening, but any person providing replacement care should know about them (e.g. fabric plasters, codeine):

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, by injection).					
A dosette box is prepared	YES	NO			
The dosette box can be found:					
Medication name	Where it is kept	Time to be taken	How to be taken		
Continued on a concrete object	YES NO				
Continued on a separate sheet	I EO NU				

Continuation page

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

To help the person providing replacement care, LIST THE THINGS YOU DO EVERY DAY FOR THE PERSON YOU SUPPORT. Start from first thing in the morning:

Continuation sheet

To help the person providing replacement care, LIST THE THINGS YOU DO EVERY DAY FOR THE PERSON YOU SUPPORT. Start from first thing in the morning:

To help the person providing replacement care, LIST THE MAIN LIKES AND DISLIKES AND EVERYDAY PREFERENCES OF THE PERSON YOU CARE FOR (eg meal times, what type of food, daily activities)			

Continued on a separate sheet

YES

NO

Conf	tinua	tion	sheet	 	

To help the person providing replacement care, LIST THE MAIN LIKES AND DISLIKES AND EVERYDAY PREFERENCES OF THE PERSON YOU CARE FOR (eg meal times, what type of food, daily activities)

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