

Carers Emergency Plan

This document is for carers aged 18 and over who's cared for person lives in The London Borough of Tower Hamlets. It allows you to plan, with the person you care for where possible, how you would like the person you care for to be supported were you to experience an emergency. It enables you to detail the care and support the person you care for needs; and gives you the opportunity to name individuals that can be contacted in case of an emergency.

An example of an emergency may include, your admission into hospital or other health needs which preclude you from continuing to provide care; or a family emergency, such as a close relative being taken ill and requiring support, etc.

On completion of this document, you will be provided with a Carers Emergency Card by Carers Centre Tower Hamlets which you can carry with you and detail the individuals you would like to be contacted if you are taken ill.

Tower Hamlets Adult Social Care will provide 24hr support to Carers in relation to actioning the information in this document, in the event of an emergency.

It is important that the individuals you may name as emergency contacts are aware and are also given a copy of this document. It is important they sign to confirm they understand that they may be called and agree to their information being shared with Tower Hamlets Adult Social Care.

If you need any assistance completing this document, please contact Carers Centre Tower Hamlets on: 020 7790 1765 or email enquiries@ccth.org.uk

CARES EMERGENCY PLAN

CARERS DETAILS

Surname:	
First Name(s):	
Date of Birth: / /	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	
Interpreter Needed? Y/N	Language Spoken:
Relationship to CF person:	

CARED FOR PERSON

Surname	
First Name(s)	
Date of Birth	
Address	
Postcode	
Telephone:	Mobile:
Email:	
Interpreter Needed? Y/N	Language Spoken:

Names of other Cared for Persons

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MEDICAL CONDITION/S OF CARED FOR PERSON

Health Condition/s:

Allergies:

Where is Medication Kept?

GP:
GP Contact No:
Address of GP:

Pharmacy:
Pharmacy Contact No:
Address of Pharmacy:

Other professionals involved in this person's care i.e. OT, District Nurses,
Community Mental Health Nurse etc

Upcoming appointments.

CARED FOR PERSON'S CARE AND SUPPORT NEEDS

Health Tasks/Treatments – do they need help with dressings, injections etc.

Personal Care – do they need support with washing or dressing?

Eating & Drinking - do they need help preparing food or drink or prompting to eat/drink?

Communication Needs – do they need people to speak slowly, repeat words, write things down etc?

Moving & Handling – do they need help with getting to the bathroom, moving around the home, getting out and about?

SAFETY

How long (if at all) can the cared for person be left on their own? If not why not?

BEHAVIOUR ISSUES

Things the cared for person may do/say that may be upsetting/harmful, the best way to calm them down, break bad news etc.

LIKES/ DISLIKES

To help the person providing replacement care, list the main likes and dislikes; and everyday preferences of the person you care for. For example what do they like to eat? What time do they eat? Do they like to go out and if so when and where do they like to go?

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:	
Telephone:	Mobile:
Work Telephone:	Email:
Relationship to Cared For Person:	
Key Holder? Y/N	

I agree to be contacted in an emergency to provide support and my details will be shared with LBTH Adult Social Care, CCTH and other professionals on a need to know basis.

Signed:

Date:

Contact 2

First Name:	
Last Name:	
Address:	
Telephone:	Mobile:
Work Telephone:	Email:
Relationship to Cared For Person:	
Key Holder? Y/N	

I agree to be contacted in an emergency to provide support and my details will be shared with LBTH Adult Social Care, CCTH and other professionals on a needs to know basis.

Signed:

Date:

Contact 3

First Name:	
Last Name:	
Address:	
Telephone:	Mobile:
Work Telephone:	Email:
Relationship to Cared For Person:	
Key Holder? Y/N	

I agree to be contacted in an emergency to provide support and my details will be shared with LBTH Adult Social Care, CCTH and other professionals on a needs to know basis.

Signed:

Date

MEDICATION

To help the person 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, food, by injection, etc).

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

Does the person you care for have their medication in a dosette box*?

YES NO

If yes, the dosette box can be found: