‘What if…’ emergency plan

Contents Checklist

Use this sheet to tick off the templates you have completed:

My Emergency Contacts: (write name & contact details here. Please tick box if the person is a key holder)

- ☐ 1.Name:_____ Tel:_____
- ☐ 2.Name:_____ Tel:_____
- ☐ 3.Name:_____ Tel:_____
- ☐ Carers Emergency Response (CERS) Contingency Plan already completed

People who can offer support and details of what they can do (tick all you have completed)

- ☐ Family and friends who support me
- ☐ Professionals who support me
- ☐ My pets
- ☐ Services I use regularly

Information about the person I care for and my needs (tick all you have completed)

- ☐ My planning pages
- ☐ Information about me
- ☐ Information about the person(s) I care for
- ☐ Useful contact information

Documents (tick all you have included with this plan)

- ☐ Medication
- ☐ Moving and Handling plan (M&H Plan)
- ☐ Needs of the person I care for and what I do
- ☐ Other important information about the person I care for
- ☐ Important information about me
- ☐ Lasting Power of Attorney (LPA):
- ☐ Property & Finance
- ☐ Health & Welfare
- ☐ Mental Capacity Assessment (MCA)
- ☐ Treatment Escalation Plan (TEP)