‘What if…’ Emergency plan

What are the most important things to plan for?

What do others need to know?

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‘What if…’ emergency plan

Planning for an emergency – guidance notes

We are all facing uncertainty in these challenging times and we are all needing to make ‘What if…plans’

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 relevant to your situation.
If the information and contact details you or others might need to know is in one place and easy to find, this can help everyone involved to make better decisions, quickly, if they need to.

This might be in a situation which is:

- likely to happen or does happen
- unpredictable or an emergency

It can save time and stress in an already stressful situation. It can help others make better decisions on your behalf if they need to, but don’t know you or the person you support, and it can help give you peace of mind to have a ‘What if… plan’.

What should it include?

Your situation is unique, so what you include will be personal and should contain whatever you decide is relevant.

Consider what the plan might need to be for:

‘**What if....***I’m ill / I can’t walk the dog / the person I care for has a urine infection again /***…**

<u>It might be brief or longer:</u>
It could be the contact details of three people who know your situation, needs and wishes really well, and the order someone should try and contact them.
On the other hand, it may contain more detailed information about one or more ‘**What if…’** situations**.**

Whatever you include, keep it as short as you can, so it is easy for someone else to find what they need. Too much information might mean the right bit doesn’t get used.

If you do need to include more, because your situation is complex, you may want to make a contents list and tick what is included. It helps to include the DATE on anything you put in, so you can check later that it is the most up to date information.

Suggested things to include in your plan

Contacts:

Think about what might need to be done, and who could be asked to do what.
(remember to discuss it with them, 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, be able to feed pets or drop off some shopping, but not help with personal care

- A family member may live in another country, but they 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 *e.g.*

- Changes in needs or arrangements may need to be discussed with care workers or Personal Assistants (PA's)

Services: What is the right service to contact and what might they be able to do?

- 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.
- 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: Social Care, the pharmacy you use, the company that provides your gas or electricity, and of course Caring for Carers!

Emergency numbers

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

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

If the person you care for cannot speak for themselves, for whatever reason, this could help someone providing urgent replacement care 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, if it is rare.
- use one of the templates provided, or alternatively, write your own.
- include a copy of an assessment someone else has written.
- include a copy of most recent prescription

Personal wishes and useful personal information
It would 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:
Include a copy of any documents you currently hold, for example:

- TEP or Treatment Escalation Plan
- Power of Attorney Certificate
- Capacity Assessment

Don't forget about yourself

Is there any information about you that needs to be in included?
For example:

- Do you have a medical condition yourself?
- Where is your medication kept?
- Who is your GP if different?
- Anything else?

If you don't have access to print this yourself and require a paper copy of the plan please phone Caring for Carers on 01752 201890 and ask for a 'What if …Plan' folder to be sent in the post.

Where to keep your plan

At home!

Most importantly – keep your plan at home and let key people know where it is kept. Choose a place that is easy to find and do not move it from there.

The Lions Club 'Message in a Bottle' Scheme provides a small pot (pictured) that is stored in your fridge, with a sticker to be placed by your front door. This alerts any emergency services that enter your property to check the fridge for the pot.

Place a short message inside the pot, confirming you have a 'What if…' emergency plan and its location. To help with this, our plan includes a sheet that can be completed and placed in the pot.

Bottles are free of charge and can usually be found in your local Chemist or Doctors Surgeries. If you are unable to find a Bottle, please contact your local Lions Club by emailing mdhq@lions.org.uk or telephoning 0121 441 4544

Please try to keep your plan as up to date as possible – this will help others to look after the person you care for

‘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)

‘What if…’ emergency plan

Information to be stored in your Message In A Bottle

Complete this sheet and pop it in the Message in a Bottle in your fridge

I am a carer

My full name: _____

The name of the person I care for: _____

- ☐ Lives with me
- ☐ Lives elsewhere

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

- ☐ 1. _____
- ☐ 2._____
- ☐ 3._____
- ☐ My **‘What if…emergency plan’** can be found:

_____

It contains useful information about our needs and wishes

- ☐ I am known to *Caring for Carers* **Tel: 01752 201890**
- ☐ The person I care for is known to Social Care Services **Tel: 01752 668000**

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:** _____

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:** _____

Relationship (if not completed by me) _____

‘What if…’ emergency plan

Family and friends who support me

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 what they may be asked to do and they are happy for their personal details to be included in your ‘What if…Plan’*

Name _____
Relationship to me_____
Tel/Mobile(s): _____
Email_____
Lives locally? Yes / No
How they can help me:

☐ **Consent**

Name _____
Relationship to me_____
Tel/Mobile(s): _____
Email_____
Lives locally? Yes / No
How they can help me:

☐ **Consent**

Name _____
Relationship to me_____
Tel/Mobile(s): _____
Email_____

Lives locally? Yes / No

How they can help me:

☐ **Consent**

Name _____
Relationship to me_____
Tel/Mobile(s): _____
Email_____

Lives locally? Yes / No

How they can help me:

☐ **Consent**

‘What if…’ emergency plan

Professionals who support me

Use this sheet to write down details of professionals who currently support you – for example, Carer Support Coordinator, Hospice Nurse, Occupational Therapist, Community Matron or Case Manager.

**Please tick the ‘consent’ box, to show you have discussed and agreed what they can do and that they are happy for their details to be included in your ‘What if…Plan’*

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

‘What if…’ emergency plan

My pets

Use this sheet to write down details of your pets and their needs/routines.

Pet Name _____
Type of animal (e.g. cat/dog) _____

Additional information (e.g. service dog, location of food, medication, routine,):

Pet Name _____
Type of animal (e.g. cat/dog) _____

Additional information (e.g. service dog, location of food, medication, routine):

My emergency pet contact

Name	Contact number	Relationship to me	Key holder?
			Yes / No

I have consent to record their personal details ☐

‘What if…’ emergency plan

Services I use regularly

Use this sheet to write down details of all services you have in place to support you – for example this could be meal deliveries, care agency, a cleaner.

**Please tick the ‘consent’ box, to show you have discussed and agreed what they can do and that they are happy for their details to be included in your ‘What if…Plan’*

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

Name _____
Role/Business _____
Tel/Mobile(s): _____
Email_____
How they help and when:

☐ **Consent**

‘What if…’ emergency plan

useful contacts

Useful contacts

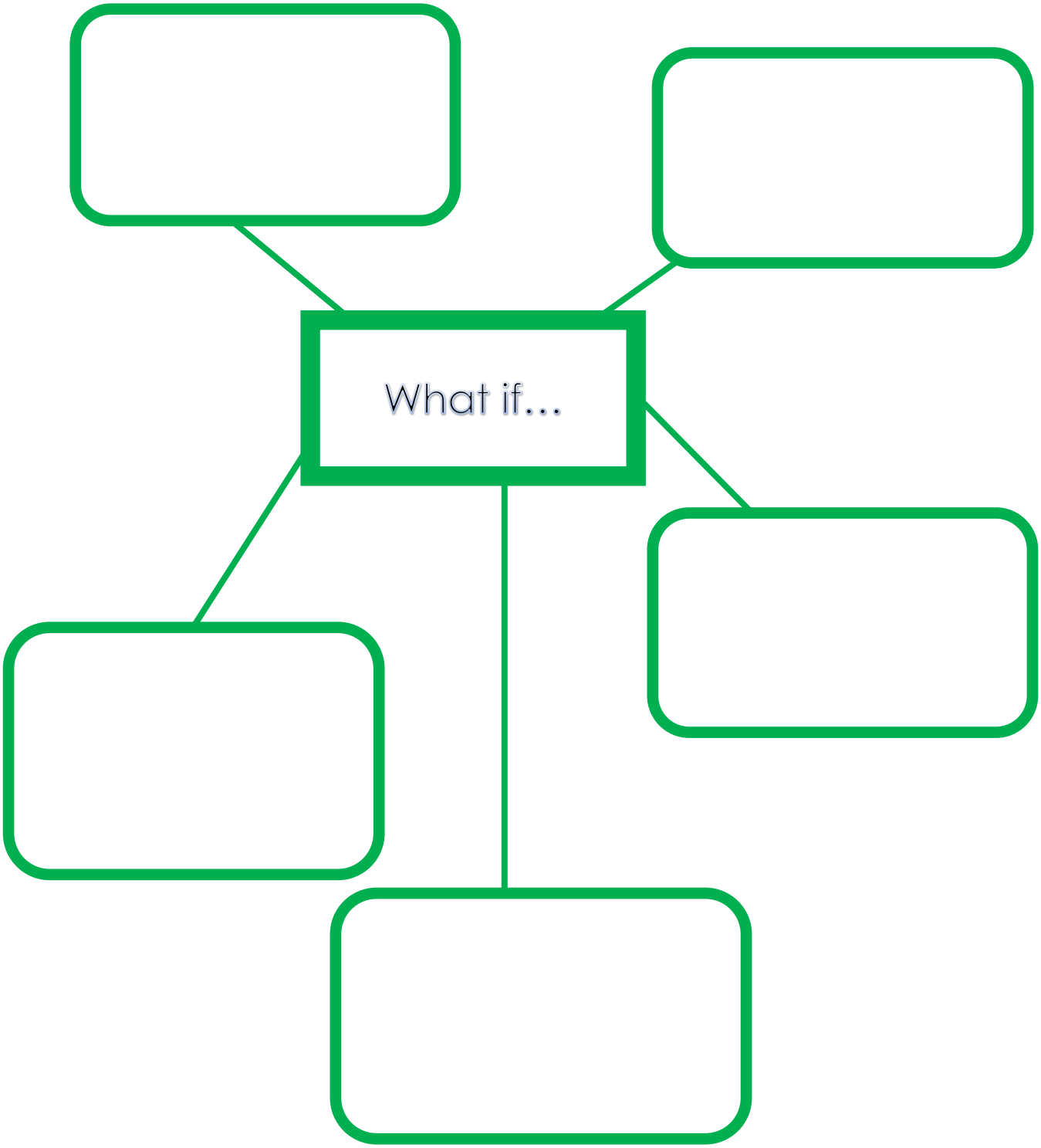
Use this sheet to keep a note of useful numbers you may need to use – we’ve added a couple to start you off…

Contact	Number / email	Other info: (e.g. Key holder / knows key safe number)
Caring for Carers	01752 201890	
Adult Social Care	01752 668000	
GP		

‘What if…’ emergency plan

My planning pages

What are the most important things to plan for?



Contingency plan and/or preferred wishes:

Thinking ahead: What would you want the plan to be? Include any important wishes about what you or the person you care for may want or not want to happen.

What if ……

‘What if…’ emergency plan

I am a carer – information about me

Use this sheet to write down useful information about yourself and your own needs.

My full name is: _____

I like to be called: _____

For the purpose of supporting my needs and those of the person I care for, I consent to this information about me being shared with relevant others
Signed _____ Date completed: _____

Where I live *(area, not full address):*_____
I am the main carer for:_____
My relationship to them:_____
The person I care for:

- ☐ Lives with me
- ☐ Lives elsewhere: *(area, not full address)*_____
- ☐ They be contacted by phone on: _____-_____
- ☐ They cannot answer the phone and

My emergency contact is:
Name: _____
Relationship to me:_____
Relationship to the person I care for: _____

My situation and needs are known to Caring for Carers
☐ **Yes** ☐ **No**

The needs of the person I care for are known to Social Care services
☐ **Yes** ☐ **No**

***The details can be accessed by Social Care services: 01752 668000**

I have underlying medical needs

My needs include: *(please include diagnosed conditions and most important information someone might need to know quickly. More detailed information will be requested below)*

Symptoms relating to my condition(s) which mean I may be unwell include:

What helps is:

My Care and Support needs

Support with: ☐ *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write 'refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you supported with this?** Y/N Who by?
☐ Safety / risks		
☐ Communication		
☐ Personal care Clothes ☐ Continence ☐ Keeping clean ☐ Other ☐	I need prompting / physical help from 1 or 2	
☐ Medication		
☐ Food & Drink		
☐ Mobility Walking ☐ Standing/sitting ☐ on the bed ☐ positioning ☐ ☐ I have a Moving & Handling plan	I need prompting / physical help from 1 or 2	
☐ Household tasks		
☐ Emotional support		
☐ Behaviour		

☐ **Support with:** *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write 'refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you supported with this?** Y/N Who by?
☐ Keeping in contact / socialising with others		
☐ Recreational activities		
☐ Sleep/needs at night		

Additional information

I am also assisted by care workers.

☐ Yes ☐ No

If yes, the care workers are from:

☐ An agency ☐ Personal assistants

Contact details:

Other information: (include any information you have not covered above and would like to be known)

I am a carer for more than one person / I have main responsibility for others *(e.g. children)*

☐ As well as being the main carer for _____ I also care for / have responsibility for _____ others too:

(If relevant, include information in your 'What if…' file to identify needs for each person who relies on you for essential care. If you are the parent of a child/children, you don't need to record their care needs, unless they have a disability, please just write who to contact if you were to be suddenly unavailable, e.g. ***Emergency contact:*** *John Brown,* ***Tel****: xxxx* ***Relationship to the person****: Father)*

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

My name: _____

Information I would like you to know about who I am:
(e.g., my background / family / friends / pets / likes / dislikes)

‘What if…’ emergency plan

I have a carer – information about me

Use this sheet to write down useful information about yourself and your own needs.

My full name is: _____

I like to be called: _____

For the purpose of supporting my needs and those of my carer, I consent to this information about me being shared with relevant others

Signed _____ Date completed: _____

Relationship (if not completed by me)

Where I live *(area, not full address)*:_____

The carer/person who knows me best is:

_____

Their contact details:

_____

My relationship to them: _____

This person:

- ☐ Lives with me
- ☐ Lives elsewhere: *(area, not full address)*_____
- ☐ They be contacted by phone on: _____
- ☐ They cannot answer the phone and

My other emergency contact is:

Name: _____

Relationship to me:_____

My needs are known to Social Care services (Tel 01752 668000)

☐ Yes ☐ No

My GP surgery: _____

My capacity

(My ability to use and understand information to make a decision, and be able to communicate my decision to others)

I understand my own needs, can weigh up risks and can talk to others about my choices:

☐ Yes, for all decisions

☐ For some decisions *(details):*

☐ No, not for any decisions

- ☐ I do not have a Lasting Power of Attorney
- ☐ I do have a Lasting Power of Attorney for
  - ☐ Finances
  - ☐ Health and welfare

My attorneys are (please name) _____

_____

_____

☐ I have capacity, but to communicate with me, this helps**:**

My needs

I rely on others to support me because: *(diagnosed conditions, allergies, and most important information someone might need to know quickly. Include any fuller details elsewhere on the form)*

Symptoms which mean I may be unwell include:

The things I can do for myself include:

What may help me feel better if I am anxious or upset:

My Care and Support needs

Support with: ☐ *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write 'refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you assisted with this?** My carer A worker
☐ Safety / risks		☐ Carer ☐ Worker
☐ Communication		☐ Carer ☐ Worker
☐ Personal care Clothes ☐ Continence ☐ Keeping clean ☐ Other ☐	I need prompting / physical help from 1 or 2	☐ Carer ☐ Worker
☐ Medication		☐ Carer ☐ Worker
☐ Food & Drink		☐ Carer ☐ Worker
☐ Mobility Walking ☐ Standing/sitting ☐ on the bed ☐ positioning ☐ ☐ I have a Moving & Handling plan	I need prompting / physical help from 1 or 2	☐ Carer ☐ Worker
☐ Household tasks		☐ Carer ☐ Worker
☐ Emotional support		☐ Carer ☐ Worker

Support with: *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write 'refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you assisted with this?** My carer A worker
☐ Behaviour		☐ Carer ☐ Worker
☐ Keeping in contact / socialising with others		☐ Carer ☐ Worker
☐ Recreational activities		☐ Carer ☐ Worker
☐ Sleep/needs at night		☐ Carer ☐ Worker

Additional information

I am also assisted by care workers.

☐ Yes ☐ No

If yes, the care workers are from:

☐ An agency ☐ Personal assistants

Contact details:

Other information: (include any information you have not covered above and would like to be known)

Information I would like you to know about who I am:

(e.g., my background / family / friends / pets / likes / dislikes)

‘What if…’ emergency plan

Medication information

Medication information about the person I care for and myself

	Person cared for **My name:**	**Carer** **My name:**
I take medication	☐ Yes ☐ No	☐ Yes ☐ No
I can take my medication by myself	☐ Yes ☐ No (put details in the medication timetable)	☐ Yes ☐ No (put details in the medication timetable)
My current prescription, with details of what I take and when, is stored: *** Make sure these details are kept up to date**	☐ Stored with this plan ☐ with the medication ☐ A medication timetable is filled in ☐ Other:	☐ Stored with this plan ☐ with the medication ☐ A medication timetable is filled in ☐ Other:
The medication is stored: E.g. (box in kitchen cupboard above toaster) ***label it clearly**		
GP details:	Name: Address Contact no:	Name: Address: Contact no:
Pharmacy details:	Name Address Contact no:	Name: Address: Contact no:
The way I usually get repeat prescriptions is: *(Including how often, e.g., automatically delivered by pharmacist weekly/Carer picks up fortnightly on a Friday)*		

My medication timetable

My name *(as written on my prescription)*	
NHS number	
My diagnosed health conditions:	
Date completed:	

Name of medication	**Dosage:**	**Frequency**	**Extra information** *(e.g., with food/first dose on waking/I need to be prompted/I need someone to help me)*

The person I care for medication timetable

Their name *(as written on my prescription)*	
NHS number	
Their diagnosed health conditions	
Date completed:	

Name of medication	**Dosage:**	**Frequency**	**Extra information** *(e.g., with food/first dose on waking)*