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| **Covid-19 Emergency Planning**  People who have care and support services may already have their information recorded in a Care and Support Plan. During the Covid 19 pandemic some individuals and their carers may have had changes in circumstances and health and care needs that have not yet been written down in the care and support plan.  Other supported persons may never had an assessment of their support needs that has been formally recorded. This form will help carers along with the person they support to note down important details that they think will be useful if the carer becomes unavailable or less able.  You can access information about emergency planning on the following websites.  <https://www.carersuk.org/help-and-advice/practical-support/planning-for-emergencies>  <https://www.enable.org.uk/get-support-information/families-carers/future-planning/emergency-planning/>  <http://carersofdundee.org/cms/uploads/page/carers/emergency-planning-v3.pdf>  The next few pages can be used to record the emergency information. This can be typed on and printed or used as a paper form to write in. If saving this as a word document please rename the document with the supported person’s name. (e.g. John Green Emergency Information). A separate plan will be needed for each person the carer supports.  **The individual who needs care and support should be involved in developing their emergency plan and should always made aware of the contents**. There are only a few exceptions to this e.g. incapacity of the person supported, a young child. In almost every situation the supported person should be part of the process they must agree to any future plans made.  When making this plan it is important to remember that availability of services and supports etc. will be changing at this time. Try to provide information that will be valuable to whomever is making the arrangements as the circumstances might be that the carer is not in a position to give information and advice.  Any carers, family or friends identified on the form should be advised and agree to this and have a copy (if possible).If you can, you could give a copy to any other key people involved in your friend or family member’s care. Place a copy in the person’s home or leave a note if it is only an electronic copy. | | | | | | |
| This is an Emergency Plan for | | | | | | |
| Name |  | | | | Date of Birth |  |
| Social work/care unique number | | |  | | CHI/Health |  |
| Person prefers to be called | |  | | | | |
| Address | |  | | | | |
| Postcode | |  | | | | |
| Phone number | |  | | | | |
| Legal Status (Power of Attorney/Capacity/Guardianship) | |  | | | | |
| GP Details  (including Phone number) | |  | | | | |
| Health Conditions  Including Allergies, any ongoing treatment and where medication kept | |  | | | | |
| Household Circumstances. | |  | | | | |
| Communication (including Language used.) | |  | | | | |
| Religion, Cultural and faith needs. | |  | | | | |
| Essential Information  (Likes/dislikes.  Fears/Triggers) | |  | | | | |
| Date this plan was completed/updated | | | |  | | |
| **Who wrote this plan? Carer Name as well as who helped** | |  | | | | |

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| Regular Routines and support provided for (name of supported person). Identify who provides support. Please add approx. times of routines and add whether the person is usually on their own at home at any time, whether they are able to go out alone. | | | | |
|  | **Morning** | **Afternoon** | **Evening** | **Night Time** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Additional Information and Supports** |  | | | |

|  |  |
| --- | --- |
| **Main Carer Information**  (E.g. how long have they been the carer, what are their worries about when they might not be there) |  |
| **Important information about other carers** |  |
| **Additional information about (name of the supported person)** | |
| **Information about other Dependents (of Supported Person)/ pets etc.** |  |
| **Mobility/Moving & Handling / personal care/ behaviour which others may find challenges them/fears/anxiety** |  |
| **Equipment used / safety issues** |  |
| **Information about Medication** |  |
| **Other information** including instructions for household heating, information on access or how to secure home, any care and support plans including future plans or anticipatory care plans |  |

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| --- | --- | --- | --- | --- | --- |
| **(**name of supported Person)  **Contact List in case of emergency** | | | | **What help might they give if main carer is not available?** E.g. key holder: knows person well/:good at communicating with person; able to come to stay at house; knows routine of person; Knows what carer prefers to happen; is an advocate for person (?independent). | |
| **Name** | | **Relationship**  to person who needs support | **Contact Information** |
|  | |  |  | **Current** Main Carer |  |
|  | |  |  | Alternative Main contact |  |
|  | |  |  | Additional Contact Person |  |
|  | |  |  | Additional Contact Person |  |
| The following people should be advised of changes in arrangements for care, support and accommodation. | | | | Who are they? Job Title/Role | Contact Details |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
| Person and the carer should agree who should have a copy of this form. | | | | | |
| When form is updated copies should be replaced at each place it is held- this includes: | | | | | |
| 1. |  | | | | |
| 2. |  | | | | |
| 3. |  | | | | |
| 4. |  | | | | |