

Be Prepared

When emergencies happen, our lives are often put on hold while we recover or get things sorted out. But if you’re a carer the person you look after will still need care and support even if you aren’t personally able to provide it.

Take time to make a good carer emergency plan, its time worth spending, as you and the person you look after will have peace of mind if something happens and you aren't able to provide care. You can use our template to help guide your planning, helping to ensure it meets the needs of you and your family.

To help you be prepared:

* 1. Get a small bag ready for each person, you won’t have time in an emergency.
  2. Be ready to provide information about your situation in advance.
  3. If you have family and friends who might help – talk to them, make them aware of your situation and where to find your plan.

To help you be prepared, we have thought about the information that would be useful to get together

1. A Carer Plan: Information about you. This will help people understand that you are a carer and who to contact in the event you are unable to care.
2. Where to Find things: this vital information will help someone who steps in to care.
3. About me: details of the person you look after. This will help someone stepping in to understand how to support them, the information can also go with them if they have to go to hospital.

Once your plan is complete, print and laminate it or put it in a sealed plastic bag (this means it can be cleaned). Keep it somewhere it can be found by emergency services and tell your family and friends where they are kept.

If you need help completing the plans call us on 01235 424715 and we will arrange for someone to help.

If someone you support gets admitted to hospital with coronavirus, please follow the guidelines provided by NHS <https://www.ouh.nhs.uk/>

Be Prepared Carer Plan. Information about the Carer. This will help people understand that you are a carer and who to contact in the event you are unable to care.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am a carer |  |  | |  | I support my: |  |  | |
|  |  |  | |  |  |  |  | |
| My Name is: |  |  | |  | Their Name: |  |  | |
|  |  |  | |  |  |  |  | |
| Address: |  |  | |  | Address (if different) |  |  | |
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|  |  |  | |  |  |  |  | |
| Post code: |  |  | |  | Post code: |  |  | |
|  |  |  | |  |  |  |  | |
| Phone no: |  |  | |  | Phone no: |  |  | |
|  |  |  | |  |  |  |  | |
| The condition of the person I support is: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| If I am unable to care, please contact my family or friends who will be able to help step in for a while. | | | | | | | | |
|  | | | | | | | | |
| Family or Friend | | | Family or friend | | | | |
| Name: | | | Name: | | | | |
|  | | |  | | | | |
| Relationship: | | | Relationship: | | | | |
|  | | |  | | | | |
| Contact No: | | | Contact No: | | | | |
| Complete below if you have no friends or family who can help. | | | | | | | |
| I have no friends or family who can help.  If I am no longer able to care, the person I care for needs support urgently. | | | Please contact Oxfordshire County Council’s Social & Health Care Team on 0345 050 7666  8.30am - 5pm Monday – Thursday 8.30am - 4pm Friday.  In an emergency only outside of these hours, please call 0800 833408 (freephone) | | | | |

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Be prepared - Where to Find things – this vital information will help someone who steps in to care if you are unable to.

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| Medication is kept in: e.g. fridge, kitchen drawer etc. add location details: | | | | | | | | | | |
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| Call our District Nurse to help with complex medical needs e.g. Insulin, oxygen, gastrostomy | | | | | | | | | | |
|  | | |  |  | | |  |  |  |  |
| Name: | | |  |  | | |  | Contact on: |  |  |
|  | | |  |  | | |  |  |  |  |
| Call our care provider to help with any ongoing support they need | | | | | | | | | | |
|  | | |  |  | | |  |  |  |  |
| Name: | | |  |  | | |  | Contact on: |  |  |
|  | | |  |  | | |  |  |  |  |
| * Care and support services they receive | | | | | | | | | | |
|  | | | | | | | | | | |
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| * Continence products needed and who supplies them | | | | | | | | | | |
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| * Mobility challenges and mobility aids such as a wheelchair or hoist | | | | | | | | | | |
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| * Behavioural needs to be aware of. | | | | | | | | | | |
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| Other telephone numbers you may need: e.g. hospital beds, stair lift, Oxygen etc. | | | | | | | | | | |
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| Other information you might need to know. | | | | | | | | | | |
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Be Prepared - ‘About Me’ the person who is looked after. This information will help someone who steps in to understand how to support them, the information can also go with them if they need to go to hospital.

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| --- | --- | --- | --- |
| My name is: |  | I like to be called: |  |
|  |  |  |  |
| My date of birth: |  | Date this form was completed: |  |
|  |  |  |  |
| My carer’s name is: |  | How to contact my carer: |  |
|  |  |  |  |
| My religion and needs: |  |  |  |
|  |  |  |  |
| The language I speak: |  |  |  |
|  | | | |
| How I will communicate\* |  |  |  |
|  | | | |
| \*Covid 19 causes breathing problems which can make it hard to speak. The doctors need to know that you can indicate yes and no to understand the way you are feeling. It would be good to think about how you might do this and write it clearly. | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| I have a Deprivation of Liberty Safeguard (DOLS) in place: |  |  | I have a Court of Protection Order in place: |  |  | I have a Lasting Power of Attorney for Welfare (LPA): |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| My GP’s name | |  | | | | No: |  |
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| My known medical conditions are: | |  | | | | | |
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| Medication I am taking: | |  | | | |  | |
|  | |  | | | |  | |
| Ongoing treatment I need: | |  | | | | | |
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| My allergies are: | |  | | | | | |
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| How to take my blood, blood pressure, give me injections etc.: | |  | | | | | |
|  | |  | |  | |  |  |
| How I take medication (crushed tablets, injections, syrup): | |  | | | | | |
|  | |  | | | | | |
| Any risks from choking, seizures or other: |  | | | | | | |
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| If I am anxious, you can help me cope by: | |  | | | | | |
|  |  | |  | |  |  | |
| How to tell if I am in pain: |  | | | | | | |
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| Problems with my sight and hearing: |  | | | | | | |
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| How I keep safe (bed rails, support with challenging behaviour): |  | | | | | | |
|  |  | |  | |  |  | |
| How I eat (help with eating, PEG feeds): |  | | | | | | |
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| How I drink (small amounts, thickened fluids): |  | | | | | | |
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| Moving around (posture in bed, type of seat, walking aids): |  | | | | | | |
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| Personal care (dressing, washing, cutting nails): |  | | | | | | |
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| How I use the toilet (continence aids, help to get to the toilet): |  | | | | | | |
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| My likes and dislikes |  | | | | | | |
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| How my carer could help me when I am in Hospital: |  | | | | | | |
|  |  | |  | |  |  | |
| My carer’s needs: |  | | | | | | |
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| Plans I have for end-of-life care: |  | | | | | | |
|  |  | | | | | | |
| Other useful information |  | | | | | | |