

Be Prepared THIS PLAN IS REALLY IMPORTANT DURING THE COVID-19 PANDEMIC

As carers we know that life doesn’t always go the way we plan and in these unprecedented times the uncertainty and anxiety for all of us is high.

Even though you pray you don’t experience an emergency, being prepared in advance will help you to navigate through it if it happens. To help you be prepared for Covid 19:

* 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 and make them aware of your situation and where to find your plan.

We’d like to help you be prepared, help you to think about the information that would be useful to get together so we have created things that might make it easier:

1. A Carer Plan that can be completed to help in the event the family carer goes into hospital and someone needs to step in for a while.
2. An ‘about me’ for the person you look after, that can help someone stepping in or go with them to hospital.

Once you have completed your plans Laminate them or put them together in a sealed plastic bag (this means they can be cleaned).

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. Keep this somewhere visible to the emergency services for if the family carer needs to go into hospital.

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| --- | --- | --- | --- | --- | --- | --- |
| I am a carer |  |  |  | I support my: |  |  |
|  |  |  |  |  |  |  |
| My Name: |  |  |  | Their Name: |  |  |
|  |  |  |  |  |  |  |
| Address: |  |  |  | Address: |  |  |
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|  |  |  |  |  |  |  |
| Post code: |  |  |  | Post code: |  |  |
|  |  |  |  |  |  |  |
| Phone no: |  |  |  | Phone no: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| The condition of the person I support is: | | | | | | | |
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| If I need to go into hospital, please contact my family or friends who will be able to help step in while I’m not at home: | | | | | | | |
|  |  |  |  | |  |  |  |
| Family or friend no.1 | | |  | | Family or friend no. 2 | | |
|  |  |  |  | |  |  |  |
| Name: |  |  |  | | Name: |  |  |
|  |  |  |  | |  |  |  |
| Relationship: |  |  |  | | Relationship: |  |  |
|  |  |  |  | |  |  |  |
| Contact on: |  |  |  | | Contact on: |  |  |
|  |  |  |  | |  |  |  |
| If you have no friends or family who can help. | | | | | | | |
| If I become unwell the person I care for needs support urgently. (tick if appropriate) | | | | 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) | | | |

Be prepared - Where to find things: to give to people who have stepped in to help look after someone while you are not at home.

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| Medication is kept in: e.g. fridge, kitchen draw 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, feeding pump….. | | | | | | | | |
|  | | |  |  |  |  |  |  |
| Item |  | Name | | |  | Number | | |
|  |  |  | | |  |  | | |
| 1. |  |  | | |  |  | | |
|  |  |  | | |  |  | | |
| 2. |  |  | | |  |  | | |
|  |  |  | | |  |  | | |
| 3. |  |  | | |  |  | | |

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| Other information that you might need to know. |
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Covid 19 - Be Prepared ‘About Me’ Information will help to support the person you care for.

If they go to hospital this information should go too, it can help nursing and medical staff to understand them. Laminate it or put it in a sealed plastic bag and keep it with the Carer’s Plan.

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| My name |  | I like to be called: |  |
|  |  |  |  |
| My date of birth: |  | Date this form was completed: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| My carer’s name: |  | | | How to contact my carer: | |  | |
|  |  | | |  | |  | |
| Religion and religious needs: | |  | | | | | |
|  | |  |  | |  | |  |
| How I will communicate\*: | |  | | | The language I speak | |  |

\*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): |  | | | | | | |
|  |  | |  | |  |  | |
| 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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| Any plans I have for end of life care: |  | | | | | | |