Carers Emergency Plan

IMPORTANT ADVICE

- Complete all sections of your Carers Emergency Plan as fully as you can
- Make sure that you include enough information to help someone else to take over caring in the event of an emergency
- Keep a copy of the plan in a safe place and make sure that other people who know where it is kept
- If you care for someone who doesn't live with you keep a copy at both addresses
- Give copies of the plan to people who might need them, for example your emergency contacts, care agencies

If you would like Leeds Telecare to register your Carers Emergency Plan with the Carers Emergency Scheme, please complete this section and send your completed plan:	
By Email to: TelecareReferrals@leeds.gov.uk **By Post to**: Leeds Telecare Service, Assisted Living Leeds, Waterside Road, Leeds, LS10 1RW	
Name of carer:	
Name of person you care for:	
Date plan completed:	
• I/We confirm that the information provided in this plan is accurate. • I/We consent to the information in this plan being recorded by Leeds Telecare and shared with others in order to provide emergency care and support • I/We understand that the information will be held by Leeds Telecare while ever the plan is active and will be retained for 6 years once the plan becomes inactive • I/We confirm that the people recorded as emergency contacts in this plan are aware that their contact details will be recorded by Leeds Telecare and that they may be contacted in the event of an emergency	
Signature(s):	

You can read about why and how Leeds Telecare use your data at

https://www.leeds.gov.uk/privacy-and-data/service-privacy-notices/health-and-social-care-privacy/adult-social-care-notice

Section 1: Personal Details

Your personal details (Unpaid Carer)				
Name				
Address				
Phone number	Landline		Mobile	
E-Mail				
Date of birth				
NHS Number:				
GP Practice				
Relationship to the person being cared for:	(e.g. child, parent, spouse)			
Personal details of the person you care for				
Name				
Health condition/s				
Address				
Type of property	House, Bungalow, Flat, Supported Living, Other			
Phone number	Landline		Mobile	
E-Mail				
Date of Birth				
NHS Number				
GP Practice				

Does the person you care for live alone?	YES	NO
Can they answer the door to visitors?	YES	NO
Do they have a key safe?	YES	NO
If Yes, Please provide key safe number		
Have they agreed that their information can be shared	YES	NO
Please provide any other details, for example key holders, use back door etc		

Section 2: People who can be contacted in the event of an emergency (Emergency Contacts)

Please record the contact details for up to 3 people who have agreed that they can be contacted in the event of emergency to take over caring. These will usually be family or friends who you trust and who know you and the person you care for.

Name (Person 1)						
Phone Number	Landline		Mobile			
Email						
Have you spoken to them, and have they agreed to be an emergency contact and for their details to be held by Leeds Telecare?					YES	NO
Do they have a copy of this plan?					YES	NO
Do they have a key to the property?					YES	NO
Are they willing to provide personal care if required (e.g. washing, dressing, helping with going to the toilet, giving medication etc)					YES	NO

Name (Person 2)						
Phone Number	Landline		Mobile			
Email						
Have you spoken to them, and have they agreed to be an emergency contact and for their details to be held by Leeds Telecare?					YES	NO
Do they have a copy of this plan?					YES	NO
Do they have a key to the property?					YES	NO
Are they willing to provide personal care if required (e.g. washing, dressing, helping with going to the toilet, giving medication etc)					YES	NO

Name (Person 3)						
Phone Number	Landline		Mobile			
Email						
Have you spoken to them, and have they agreed to be an emergency contact and for their details to be held by Leeds Telecare?					YES	NO
Do they have a copy of this plan?					YES	NO
Do they have a key to the property?					YES	NO
Are they willing to provide personal care if required (e.g. washing, dressing, helping with going to the toilet, giving medication etc)					YES	NO

Section 3: Information that will help someone else to take over caring in an emergency

What does the person you care for need help with?			
Description	✓	**Description**	✓
Getting up / going to bed		Getting washed and dressed	
Using the toilet and bathroom		Taking their medication	
Walking / mobility		Preparing food and drink	
Eating and drinking		Emotional support	
Sight and hearing		Going to work/college/training	
Other (please provide details)			
Can the person you care for be left alone during the day, and if so, how often and for how long?			
Can the person you care for be left alone at night, if not please say why not?			
What is the best way to communicate with the person you care for?			
What cultural/religious practices and beliefs are important for the person you care for?			
Is the person you care for deemed to have the mental capacity to make decisions for themselves?			
Please provide details if someone has Lasting Power of Attorney. Please state if Lasting Power of Attorney is for Property and Financial Affairs and/or Health and Welfare:			
Is there is an existing Advance Care Plan in place (provide details):			
Please provide details of any special dietary requirements, and the things the person you care for likes and doesn't like to eat or drink			

Please provide details of any allergies that the person you care for has

Please provide details of any medications the person you care for is taking:

Medication	What it used for	Dosage	When Taken

Where is medication kept?	
Which Pharmacy do you use?	
Is medication on a repeat prescription?	

Please provide details of any health and social care support services the person you care for receives and who provides them.

Description	Organisation/Agency	Contact details

Please list any equipment or products that are used in your caring situation, and where they are kept (e.g. continence products, mobility aids, pill dispensers)

Description	Location	Supplier

Please provide any other important information which is required to support the person you care for