

Emergency Contingency Planning for Carers

Do you worry about what would happen to the person you look after if you were suddenly unable to continue your caring role?

Having a plan in place can help ease these worries. Taking the time to create a contingency plan now will give you confidence that no matter what life throws at you, you've already planned for other possibilities.

This form can help you come up with that plan.

It can also be a useful tool for professionals to understand your situation as a carer in a case of an emergency.

If you would like support with filling this form out, or would like to talk to someone more generally about planning for the future as a carer, you can get in touch.

Details for how to reach this service can be found here: www.essex.gov.uk/adult-social-care-and-health/support-carers/talk-someone-about-your-caring-role

Carer Details

Your name

Your date of birth

Your address

Your phone number

Your email address

Your relationship with the person you care for (e.g. Parent/spouse/neighbour)

Mosaic number (to be filled by Adult Social Care if known)

Details of the person you care for

Name

Date of birth

Address

Their phone number

What's their preferred language?

GP details

Do they have any disabilities/
health conditions?

If so, please tell us how this
affects their day-to-day life
and activities.

Does the 'cared for' person
have any known allergies?

If yes, please provide details.

Do they have any pets?

If yes please provide details.

Is there anything else it would
be useful for someone to know
about the person you care for in
case of emergency (e.g. Cultural/
religious needs, Likes/dislikes,
behavioural issues)?

Please provide details of any
other members of your/their
household (besides yourself)

Support needs – Do you provide any of the following support to the person you care for?

Preparing meals	Yes	No
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Please provide any additional information

Eating/drinking	Yes	No
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Please provide any additional information

Getting washed and dressed	Yes	No
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Please provide any additional information

Getting to the toilet	Yes	No
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Please provide any additional information

Please provide details of any other support you need to provide?

Do you support them with taking medication? If so, please provide details of where the medication is kept.

Is there anything important to know about the person you care for's routine?

Accessing the person you care for’s home

Does the person you care for live with you?	If no, do they live by themselves?	Are they able to answer the door by themselves?
Is there an external wall/ mounted key safe? If so, please don’t write the access code on this form, but please do provide details of the people (besides you) who know it.		
Do you know if anyone else holds keys to the person you care for’s home? If yes, please provide details here of up to three key holders.		
If the answer to all of the above is ‘no’, how else could someone access the home?		

Finally, please provide the details of three key people who could be contacted in case of emergency to ensure the person you care for continues to get the help they need.

Emergency contact 1

Name

Relationship to the cared for person

Contact number

Address

Emergency contact 2

Name

Relationship to the cared for person

Contact number

Address

Emergency contact 3

Name

Relationship to the cared for person

Contact number

Address

Having filled out this form, you may wish to share with key members of your support network or place copies in the home of the person you care for.

If you would like to discuss elements of the plan and your caring role in general with someone. Details of the support available to unpaid carers in Essex can be found here

www.essex.gov.uk/adult-social-care-and-health/support-carers/talk-someone-about-your-caring-role

This support is available to all unpaid carers in Essex.

You may also wish to register this plan with Essex County Council's Carers Support Service. Details for how you can do this can be found here: www.essex.gov.uk/adult-social-care-and-health/support-carers/carers-emergency-plan/how-register-carers-emergency

Following registration, you will be issued with your own Carers Emergency Card. If you are suddenly unable to fulfil your caring role, anybody can telephone the number on the card and alert our Emergency Duty Team.

Initially the emergency duty team would try to reach your nominated contacts. If you have nobody who could be contacted, or none of your nominees are available, an experienced advisor will assess the situation in line with the information you have provided and make arrangements for the person you care for.

The service operates 24 hours a day, 7 days a week.

It should be noted that:

- this service is not intended to cover planned appointments (hospital, GP, hairdresser etc) for the carer. The emphasis should be put on emergency, sudden, unplanned, and the 'cared for' being 'at risk' if left unattended
- it is your responsibility to ensure this plan is kept up-to-date, including if you have registered it with Essex County Council
- all informal carers who provide care to a family member or friend can have a Carers Emergency Plan with the exception of carers looking after children and any cared for person who is of working age and who would receive a service from a Community Mental Health Team

Information Sharing

If you do wish to register your plan with Essex County Council, in order to decide the best possible way of giving you support and assistance in an emergency we may need to contact another agency e.g. – your GP, the local housing department, your regular care provider.

By signing below, you consent to this information being shared for the purpose of assessing and meeting my needs and those of the person I care for, in order to plan for a potential emergency situation. You agree to this information being stored electronically and linked to the file of the person I care for (if known to Adult Social Care Services) so that it can be used in an emergency to help provide timely and appropriate support for the person I care for.

All nominated contacts are aware that they are contactable in an emergency, and agree to their details being given on this form.

Name of Carer

Signed

Date

Name of Cared for Person

Signed

Date