EMERGENCY PLAN

**USEFUL NUMBERS:**

Emergency Services (Police, Fire, Ambulance): **999**

Police non-emergency: **101**

NHS: **111**

Enfield Adult Social Services: **020 8379 1001**

Other useful numbers in case of Emergency:

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……………………….

……………………….

**PERSON IN NEED OF CARE**

Title: Mr/ Mrs/ Ms / other:

First Name: .................................

Last Name: .................................

Address: ......................................

Post Code: ....................................

Phone No: ......................................

Mobile No: ......................................

E-mail: ......................................

Date of Birth: ......................................

Language: ......................................

Any help needed with Communication?

**MAIN CARER**

Title: Mr/ Mrs/ Ms / other:

First Name: .................................

Last Name: .................................

Address: ......................................

Post Code: ....................................

Phone No: ......................................

Mobile No: ......................................

E-mail: ......................................

Date of Birth: ......................................

Language: ......................................

Any help needed with Communication?

 Main carers relationship to person in need of care: …………………………………

**ESSENTIAL INFORMATION OF PERSON NEEDING CARE:**

Diagnoses:

Current Medications (and where can these be found?):

Any Known Allergies?

GP / Family Doctor contact details:

**ESSENTIAL INFORMATION CONTINUED:**

Hospital Specialist / Consultant:

Any Ongoing Treatment or Appointments Due?

Any Care Agency or Social Work teams involved?

Other Important Information:

**What support would the person needing care require and for how long?**

In an emergency, would your relative be safe at home on their own or with support (either from family and friends or professional support) and what type of support would be needed?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Length of Time** | **On their own?** | **With low level support (eg. phone contact or short visit)** | **With significant support (eg: help with daily tasks or overnight support)** | **With 24 hour support** |
| **1 – 4 hours** |  |  |  |  |
| **All Day** |  |  |  |  |
| **Over night** |  |  |  |  |
| **A few days or longer** |  |  |  |  |

**Who do you want to be contacted in an emergency and how can they help?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & relationship to person** **needing care** | **Contact Details** | **What tasks can they help with and for how long?** | **Have they given consent to be contacted and for their details to be shared with others involved?** |
|  |  |  |  |
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|  |  |  |  |

**Care Agencies, support workers, or other organisations who may be able to help:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation or support worker** | **Contact Details** | **What services do they provide now?** | **What help could they offer in an emergency?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Summary of support that would be needed in an emergency**

Use this space to summarise what support would be needed, for example, ordering and collecting shopping; giving medications; providing meals; a friendly call; help with washing and dressing?

**What is important to the person needing care? Preferences / likes / dislikes?**

To help keep them safe, healthy and happy, what would be important for anyone to know who is helping to look after them? (think about things like food preferences or intolerances; preferred daily routines; things that helps them feel calm or secure; or anything that they would NOT want to happen as well)

**Additional Notes:**