

Carers' Emergency Plan

This is the Emergency Plan for the person I care for:

Click or tap here to enter text with name of the person you care for.

Guidance and advice for starting your Emergency Plan

***PLEASE DO NOT RETURN THIS FORM TO ENFIELD CARERS CENTRE.
KEEP IT IN A SAFE PLACE AND SHARE IT WITH ANY OF YOUR EMERGENCY CONTACTS AND YOUR
GP, USING THE TEMPLATE LETTER AT THE END OF THIS FORM***

As a Carer it is important to put together an emergency plan in case something happens, and you may not be able to support the person you care for. Enfield Carers Centre has a template you can use to do this.

To create an Emergency Plan, you will need to know:

- Name, address and any other contact details of the person you care for.
- Emergency contact details of people who can provide replacement care.
- Any medication the person is taking.
- Any ongoing treatment they need.
- Their support, mobility and communication needs.

Putting your plan together

- Take your time to do this and make sure your emergency contacts are aware you have added them and that their details are correct.
- Keep it somewhere safe and somewhere it can be found in an emergency.
- If the person you care for needs specific medication, write on the plan where this is kept and attach a prescription list if possible.
- Let your GP know you are a Carer and have an Emergency Care Plan, at home by using our letter template attached.
- Give a copy of your plan to all your emergency contacts.
- If the person you care for has a social worker, give them a copy.
- Pets – think about alternative arrangements for them to be looked after if you are unable to.
- Update your plan if something changes.

If you would like support filling in your Emergency Plan, contact Enfield Carers Centre on 020 8366 3677.

Carers' Emergency Plan

CARER: PERSONAL DETAILS	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
First Name(s): Click or tap here to enter text.	Last Name: Click or tap here to enter text.
Address: Click or tap here to enter text.	
Click or tap here to enter text.	Post Code: Click or tap here to enter text.
Home Phone: Click or tap here to enter text.	Mobile Phone: Click or tap here to enter text.
Email Address: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
What is your relationship to the person you care for: Click or tap here to enter text.	
Alternative keyholder for the person I care for: Click or tap here to enter text.	
Additional information: Click or tap here to enter text.	
Registered with Enfield Carers Centre: Yes <input type="checkbox"/>	
EMERGENCY CONTACTS: (LIST IN ORDER OF PREFERENCE)	
Name: Click or tap here to enter text.	
Address: Click or tap here to enter text.	
Phone numbers: Click or tap here to enter text.	Post Code: Click or tap here to enter text.
Name: Click or tap here to enter text.	
Address: Click or tap here to enter text.	
Phone numbers: Click or tap here to enter text.	Post Code: Click or tap here to enter text.
Name: Click or tap here to enter text.	
Address: Click or tap here to enter text.	
Phone numbers: Click or tap here to enter text.	Post Code: Click or tap here to enter text.
PERSON YOU CARE FOR: PERSONAL DETAILS	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/>	Address if not same as carer: Click or tap here to enter text.
First Name(s): Click or tap here to enter text.	
Last Name: Click or tap here to enter text.	
Date of Birth: Click or tap to enter a date.	Post Code: Click or tap here to enter text.
Gender: Click or tap here to enter text.	Contact phone number: Click or tap here to enter text.
	Email Address: Click or tap here to enter text.

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PERSON YOU CARE FOR: DISABILITY AND MEDICAL INFORMATION

Disability / condition: Click or tap here to enter text.

Important medical information e.g. diagnosed health conditions, allergies etc: Click or tap here to enter text.

Medications (dosage and time taken): Click or tap here to enter text.

GP Surgery & contact details: Click or tap here to enter text.

Pharmacy name & contact details: Click or tap here to enter text.

PERSON YOU CARE FOR: SUPPORT NEEDS

Support needs: Click or tap here to enter text.

Communication needs: Click or tap here to enter text.

Mobility needs: Click or tap here to enter text.

Cultural and personal preferences for care e.g. likes and dislikes, dietary requirements: Click or tap here to enter text.

Does the cared for person have a DNR (DO NOT RESUSCITATE) in place? Yes No

If so, where is it located in your property>: Click or tap here to enter text.

Other professionals involved (e.g. social worker, care coordinator): Click or tap here to enter text.

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FURTHER INFORMATION

Is a registered Power of Attorney in place for Property and Financial Affairs?: Yes No

Is a registered Power of Attorney in place for Health and Welfare?: Yes No

Name of Attorney(s) if applicable: Click or tap here to enter text.

Any other important information about the person you care for: Click or tap here to enter text.

ADDITIONAL INFORMATION

Click or tap here to enter text.

Date filled in: Click or tap to enter a date.

Date of review: Click or tap to enter a date.

Date: Click or tap to enter a date.

Carer's Address: Click or tap here to enter ADDRESS LINE 1.

Carer's Address: Click or tap here to enter ADDRESS LINE 2.

Carer's Address: Click or tap here to enter ADDRESS LINE 3.

Carer's Postcode: Click or tap here to enter text.

To the Practice Manager at Click or tap here to enter CARER'S GP PRACTICE. **Medical Practice,**

I'm writing to ask to be recorded as an unpaid carer on my GP patient record. I understand that there are relevant [SNOMED Carer codes](#) to record that I'm an unpaid carer on your systems, and NICE guidelines which outline good practice in supporting unpaid carers (NG150).

I wish to be registered so that I can be offered health information and vaccinations, such as the annual flu and COVID-19 vaccinations or boosters, as well as any other relevant support. I believe this will also be helpful so that the health needs of the person I care for can be considered if I am unable to continue caring for them.

The SNOMED CT Code is 224484003 – Patient themselves providing care.

I have created a Carer Contingency Plan in case of a situation where I cannot provide care. I understand there is a SNOMED code to record this.

Click or tap here to enter NAME. Click or tap here to enter PHONE NUMBER. has agreed to provide cover in case I cannot provide care and this information can be applied to the free text box following the coding. They have given me consent to record their details on my GP patient record. By applying the SNOMED Carer Contingency Plan code this means that the record will be included in the Summary Care Record allowing health and care professionals across the system to quickly identify this information should it be needed.

The SNOMED CT Code is 1366321000000106 – Has Carer Contingency/Emergency Plan

I understand that changes may need to be made to my GP health record and that the GP, or a member of the GP practice, may need more information before my record is changed. I am available to provide further information as necessary.

I confirm that (please tick any that apply):

- I am the main carer for a person who would be at risk if I were to fall ill.
- I am registered with Enfield Carers Centre
- I am happy for a member of the GP practice team to ask me about this person, and the care I provide if needed.
- I have provided Click or tap here to enter NAME. with a copy of my Carer contingency plan.

I also confirm that the GP practice may contact me using the information stated below.

Thank you.

Yours faithfully,

Click or tap here to enter your name (Carer's full name)

Name	Click or tap here to enter text.
Address	Click or tap here to enter text.
Mobile phone	Click or tap here to enter text.
Email	Click or tap here to enter text.
NHS number (if known)	Click or tap here to enter text.