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:

……………………….

……………………….

……………………….

……………………….

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?

 Primary carer’s relationship to person in need of care: …………………………………

ESSENTIAL INFORMATION FOR PERSON NEEDING CARE:

Condition/ illness

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 (e.g.: 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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

Additional Notes: