

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?

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?

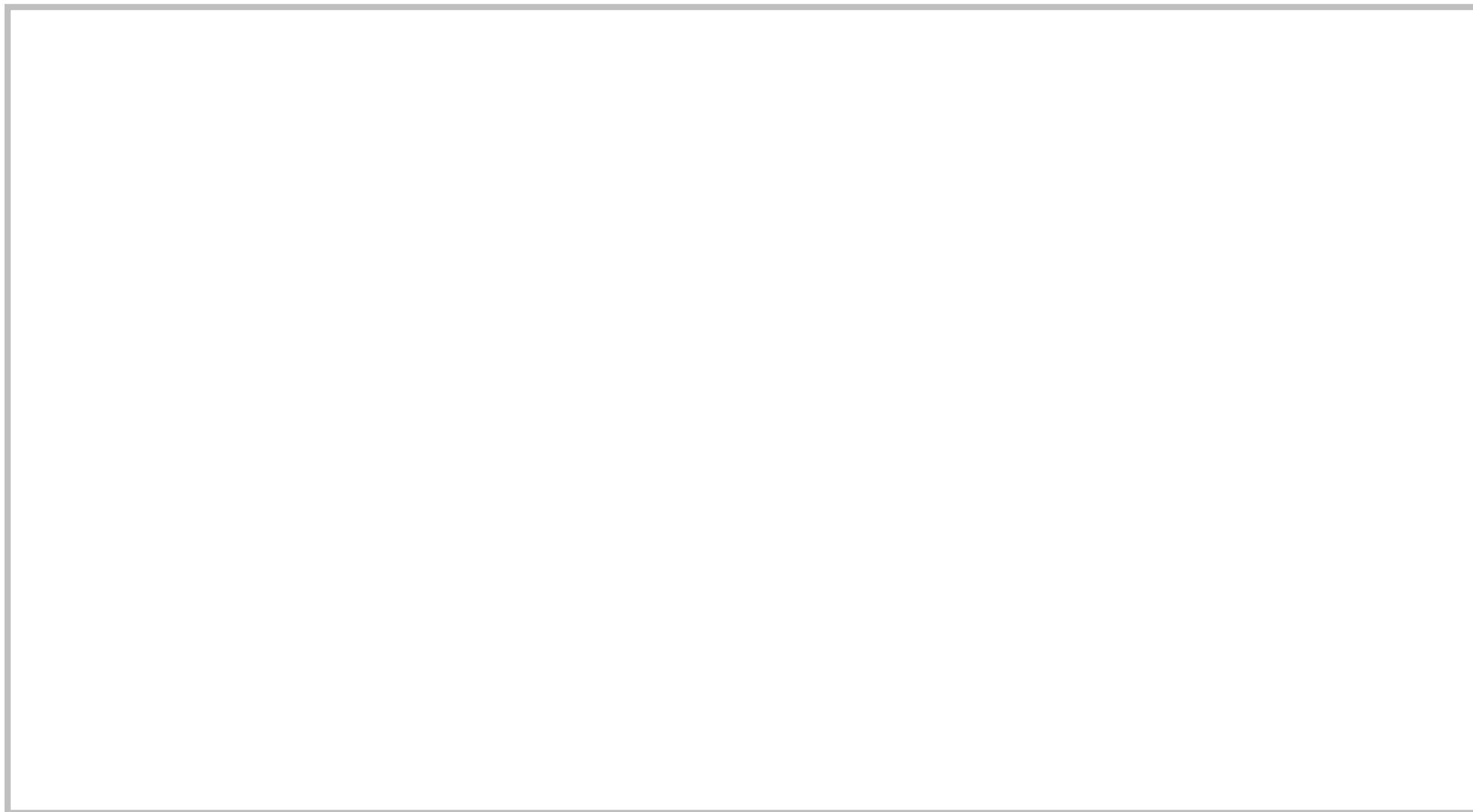
Care Agencies, support workers, or other organisations who may be able to help:

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?

A large, empty rectangular box with a thin grey border, intended for handwritten notes or a summary of support needs and preferences.

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

A large, empty rectangular box with a thin grey border, intended for the user to write their response to the question above.

Additional Notes: