# Guidance and advice for starting your Emergency Plan

PLEASE DO NOT RETURN THIS FORM TO CARERS SUPPORT MERTON. KEEP IT IN A SAFE PLACE AND SHARE IT WITH ANY OF YOUR EMERGENCY CONTACTS.

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. Carers Support Merton has a template you can use to do this.

To create your 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 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.
* Give a copy of your plan to all of 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 Carers Support Merton 0208-8646-7515.

CSM Carers Emergency Plan Oct-2022

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| 1. CARER: PERSONAL DETAILS | | |
| Title: | Click or tap here to enter text. | |
| Name: | Click or tap here to enter text. | |
| Address/Postcode: | Click or tap here to enter text. | |
| Phone Number (1) | Click or tap here to enter text. | |
| Phone Number (2) | Click or tap here to enter text. | |
| Relationship to the person I 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 Carers Support Merton  (020 8646 7515) | Yes | |
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| 1. EMERGENCY CONTACTS (LIST IN ORDER OF PREFERENCE) | | | |
| Name | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |
| Name | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |
| Name | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |

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| 1. PERSON YOU CARE FOR: PERSONAL DETAILS | |
| Name/name known as | Click or tap here to enter text. |
| Date of Birth (DD/MM/YYYY) | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Address/Postcode | Click or tap here to enter text. |

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| 1. 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 Name/Contact Details | Click or tap here to enter text. |
| Pharmacy Name/Contact Details | Click or tap here to enter text. |

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| 1. 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, etc. | Click or tap here to enter text. |
| Does the cared for person have a current DNR (DO NOT RESUSCITATE) in place? Where is it located in your property? | Click or tap here to enter text. |
| Other professionals involved (i.e. social worker, care coordinator) | Click or tap here to enter text. |

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| 1. FURTHER INFORMATION | | | |
| Is a registered Power of Attorney in place? | Property and financial affairs | Health and welfare | |
| Name of Attorney/Attorneys (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. | | |
| Date filled in (DD/MM/YYYY) | Click or tap here to enter text. | Date of Review | Click or tap here to enter text. |

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| ADDITIONAL INFORMATION |
| Click or tap here to enter text. |

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