

**Carers Emergency Plan (Dementia)**

This emergency plan is to aid you when considering what would happen to the person you care for should you suddenly be taken ill or have an emergency which means you are unable to care.

Being prepared can’t stop emergencies happening, but it can make them just a little bit easier to manage at a time when you need it most.

Write down details of the person you care for, and contact numbers of people who might be able to help, and keep this list in a prominent place.

If you are relying on family or friends to help in an emergency, make sure you discuss in advance what is involved.

**About you: Carer**

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| Your name: | | Date of birth: |
| Address:  Postcode: | | |
| Telephone number, including area code: | | |
| Mobile number: | Work number: | |

**About the person you care for:**

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| Name of person you care for:  Likes to be called: | Their date of birth: |
| Relationship to you: | |
| Their address:  Postcode: | |
| Telephone number, including area code: | |
| Are there any other occupants? If so please list and state relationship: | |
| Is the cared for known to Social Services or any other care provider? If so give details: | |
| Name and address of GP: | |
| Details of the person’s disability, illness or condition:  **Dementia** | |
| Are there any communication difficulties?: | |
| Does your cared for have memory problems/concentration difficulties?: | |
| Can they be left on their own, and if so for how long?: | |
| Please explain any problems someone might meet in trying to help. For example, can the person you look after be difficult with someone they don’t know?: | |

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| **Medication:**  **Please ensure that an up-to-date copy of the medication prescription (inhalers and essential medicines) is kept with current medication.**  Details of where medication is kept:  Is this person taking life preserving medication?:  Pharmacist/GP/Nurse to contact?: |

**About the help they would need:**

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| What assistance does your cared for need i.e. help with getting washed and dressed, help with getting to the toilet, meals etc.?:  Give any information you think would be useful to a helper taking over in an emergency. |

**Contact details of helpers who could assist in an emergency.**

**Consider how they could access the house. Can the cared for answer the door, is there a key safe, and if so do the helpers have the access code?**

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| **Name 1:**  Relationship to carer for i.e. son, friend, neighbour:  Contact details, including telephone number: |
| **Name 2:**  Relationship to carer for i.e. son, friend, neighbour:  Contact details, including telephone number: |
| **Name 3:**  Relationship to carer for i.e. son, friend, neighbour:  Contact details, including telephone number: |
| **Name 4:**  Relationship to carer for i.e. son, friend, neighbour:  Contact details, including telephone number: |

**Carer’s Consent:**

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| In the event of an emergency, I consent for this information to be shared with the people/organisations I have listed as being able to assist in an emergency.  In the event of an emergency, I consent for this information to be shared with adult social care to ensure that support & services are arranged for my loved one to ensure that they are kept safe.  In the event of an emergency, I consent for this information to be shared with other relevant voluntary sector & health organisations to ensure that support & services are arranged for my loved one to ensure that they are kept safe.  Carer’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**List useful contact numbers**

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| **Social Services: 01296 383204**  **Social services Out of hours emergency duty number: 0800 999 7677**  **NHS Direct: 111**  **Non-emergency Police: 101** |