

Carer Emergency Support Plan

Date updated

Date of next review

Section 1: Personal information



1a. Carer's details

Full name

Date of birth

Address

Mobile number

Email address

Relationship to person being cared for

1b. Cared for person's details



Full name

Date of birth

Address

Registered GP

Gender identity

Preferred pronouns

Mobile number

Language

Email address

Preferred communication method

Sensory impairment

Location of other important details

* Denotes compulsory section



1c. Cared for person's health details

Physical health conditions

Mental health conditions



1d. Important people to me

Family/friends/neighbours that could support the cared for person in an emergency

Name

Relationship to cared for person

What this person does for me

Telephone and mobile number

Name

Relationship to cared for person

What this person does for me

Telephone and mobile number

Name

Relationship to cared for person

What this person does for me

Telephone and mobile number

*** Denotes compulsory section**

Section 2: Contacts

Key professionals involved

Health/social care/other professional supporting the cared for person

Name

Email address

Role and team

Telephone and mobile number

Name

Email address

Role and team

Telephone and mobile number

Name

Email address

Role and team

Telephone and mobile number

Section 3: Medication for the cared for person

Please include a copy of any current prescriptions with this Emergency Support Plan

Medication schedule/frequency (within 24 hours)

Where is the medication stored?

Known allergies/sensitivities/dietary requirements
/special considerations (e.g. swallowing issues)

Who can administer the medication (e.g. only trained carers)

Do you keep a separate record of medication (e.g. MAR Chart) Please tick ✓

Yes

No

If YES, where is the other record?

Pharmacy details

Section 4: Other significant information

Do you have any of the following?

Care and Support Plan **Please tick ✓**

☐

Yes

☐

No

☐

Don't know

If YES, please provide the Care and Support Plan reference

Is there a Power of Attorney? **Please tick ✓**

☐

Yes

☐

No

☐

Don't know

☐

Health & Welfare

☐

Property & Financial Affairs

If YES, where can this be located?

Is there a DNA CPR? **Please tick ✓**

☐

Yes

☐

No

☐

Don't know

If YES, where can this be located?

Is there a ReSPECT form? **Please tick ✓**

☐

Yes

☐

No

☐

Don't know

If YES, where can this be located?

Is there a MAR? **Please tick ✓**

☐

Yes

☐

No

☐

Don't know

If YES, where can this be located?

Other information

Section 5: Emergency information

5a. Regular appointments

	Time	Activity	Service/organisation name	Contact name and details	Location
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

5b. Communication and behaviour styles

Trigger

Cared for person's response

How to calm

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

5c. Pets

Type of pet (e.g. cat, dog)

Pet name

Contact details of person to care for pet

Pet care considerations

Type of pet (e.g. cat, dog)

Pet name

Contact details of person to care for pet

Pet care considerations

Type of pet (e.g. cat, dog)

Pet name

Contact details of person to care for pet

Pet care considerations

Type of pet (e.g. cat, dog)

Pet name

Contact details of person to care for pet

Pet care considerations

Section 6: Household arrangements

6a. List of household residents

Name

Relationship

Notes

Please tick if over 18 years ✓ ☐

Name

Relationship

Notes

Please tick if over 18 years ✓ ☐

Name

Relationship

Notes

Please tick if over 18 years ✓ ☐

Name

Relationship

Notes

Please tick if over 18 years ✓ ☐

Name

Relationship

Notes

Please tick if over 18 years ✓ ☐

6b. Location of important items

Name

Location

Notes

Fuse box		
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Water main		
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Gas		
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Cleaning supplies		
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6c. Property access and/or physical support requirements

Any other important information about access to property (e.g. stairlifts, manual handling aids)

Section 7: Any other important information

Useful contacts

Emergency Services - 999

Non-emergency Medical Services - 111

Gas Emergency - 0800 111 999

VASL Support for Carers (Leicestershire County) - 01858 468 543

Leicester Carers Support Service (Leicester City) - 0116 222 0538

Rutland Support for Carers - Scan the QR code below:

