# 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

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 | | |
| Water main | | |
| Gas | | |
| Cleaning supplies | | |
| | | |

**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:

Rutland County Council

Leicestershire County Council

Leicester City Council