Brighton & Hove City Council

Emergency Back-Up Scheme for Carers

IN CASE OF EMERGENCY
If, at short notice, I am unable to provide care

Date recorded

Name & Organisation of person assisting with completion of the Plan (if applicable)

Name of Carer:

Tel:

Address:

Date of Birth:

Postcode:

GP surgery and contact details:

1.1.1: Who do you care for (Required)

Name of Cared-for Person:

Tel:

Address:

Date of Birth:

Postcode:

1.1.2: Relationship to cared for person:

1.3 and 1.1.4: Cared for Person's GP Surgery
1.1.5: Details of the cared for person's disability, illness or condition
1.1.6: Does the person you care for take regular medication?
Yes ☐ **No** ☐
1.1.7: If Yes, please give details Please include details of support required, e.g. prompting, and details of any essential medication which needs to be taken at a certain time, or with food e.g. warfarin, insulin and how many times a day medication is required
1.1.8: Where is the medication kept It is helpful to keep a current prescription with the medication.
1.1.9: Details of any nursing tasks
Does the cared for people need any support with nursing tasks e.g. wound care, injections? **Yes** ☐ **No** ☐ Please describe: *E.g. type of task, frequency, who currently carries out this task*

1.1.10: Please give details of any communication needs of the person you care for
e.g. language, interpretation, signing, hearing, speech, comprehension

1.1.11: Please give details of any equipment currently in place and any manual handling requirements
e.g. hoist and whether any lifting and handling is needed

Nature of the caring role

2.1.1: Please use this space to tell us anything else about the care and support you provide which may not be included in the list below:

For each of the following, please indicate if the carer provides support in this area during the day/night (or both) or not applicable.
If the carer is looking after more than one person, this section should reflect the support they are providing to all the people they care for. This is to help build a general picture of the type of care and support they are providing.

	Day	Night	No support needed/provided
2.1.2: Physical health and wellbeing *e.g. Taking the cared for person to medical appointments*	☐	☐	☐
2.1.3: Medication *e.g. Assistance with medication e.g. prompting, administering*	☐	☐	☐
2.1.4: Nursing tasks *e.g. wound care, injections*	☐	☐	☐
2.1.5: Mobility *Helping the cared for person around the home e.g. lifting and moving*	☐	☐	☐

2.1.6: Day to day activities *Shopping, laundry, cleaning, helping the person to get out and about*	☐	☐	☐
2.1.7: Managing finances	☐	☐	☐
2.1.8: Personal care *e.g. Washing, dressing, incontinence care*	☐	☐	☐
2.1.9: Emotional wellbeing and mental health *e.g. memory and cognition, challenging behaviour*	☐	☐	☐
2.1.10: Home and living situation *e.g. helping the person with their own family/parenting responsibilities*	☐	☐	☐

3.2.1: Emergency Planning

- **Does the cared for person have a Carelink alarm?**

  Yes ☐ **No** ☐

- **During the DAY, how long (if at all) can the cared for person be safely left on their own?**

- **During the NIGHT, how long (if at all) can the cared for person be safely left on their own?**

- **Do you have any friends or family who are willing and able to support the person you care for in an emergency?**

  Yes ☐ **No** ☐

- **Does the person you care for currently receive support from a care agency, personal assistant or private carer? This includes home-based respite services provided by Crossroads/Alzheimer's Society**

  Yes ☐ **No** ☐

- **Does the person you care for currently attend a day service?**

  Yes ☐ No ☐

  If yes, please record their details:

Who could help out in an emergency e.g. that day / overnight or what service would best meet the needs of the person you care for? You may list up to 3 options.

3.3.1: Option 1

Name:

Address:

Postcode:

Tel.
Day:
Evening:
Mobile:
Weekend:

Relationship (if any) to cared for person:

Any other relevant information:

3.3.2: Key holder? Yes ☐ **No** ☐

3.3.3: Option 2

Name:

Address:

Postcode:

Tel.
Day:
Evening:
Mobile:
Weekend:

Relationship (if any) to cared for person:

Any other relevant information:

3.3.4: Option 2: Key holder? Yes ☐ **No** ☐

3.3.5: Option 3

Name:	**Tel.**
	Day:
Address:	**Evening:**
	Mobile:
Postcode:	**Weekend:**

Relationship (if any) to cared for person:

Any other relevant information:

3.3.6: Option 3: Key holder? Yes ☐ **No** ☐

3.3.7: Anticipated expenses:
e.g. cost of registered professional service; travel expenses of friends / family.

3.3.8: Is there anyone you would like us to contact on your behalf in the event of an emergency? *This is not someone who will provide support in an emergency, just someone you may want us to notify if there is an emergency*

Name:	**Tel. No.**
Relationship to you:	
Name:	**Tel. No.**
Relationship to you:	

3.3.9: Access to cared for person's property in an emergency

- **The person you care for can answer the door**

  Yes ☐ **No** ☐

- **There are key holders for the property**

  Yes ☐ **No** ☐

- **There is a keysafe in place**

  Yes ☐ **No** ☐

- **Details:** *e.g. location of keysafe, access code, details of keyholders*

3.3.10: Further details related to access not captured above:

3.3.11: Is a keysafe required to enable access to the property in an emergency?

Yes ☐ **No** ☐

3.4.1: Do you regularly take the cared for person out in the car?

Make: **Model:** **Registration No:**

3.4.2: Are there any pets in the home? Is there anything we need to know about them?
e.g. any risks, who can look after the pets in an emergency

3.4.3: Details of any dependent children in the household:

Name: **Date of Birth:**

Name: **Date of Birth:**

Name: **Date of Birth:**

3.4.4: Will the children's needs also be met as set out in the options below? If no, is there anyone else we should contact?

Name: **Tel. No:**

Relationship to you:

CONSENT TO SHARE INFORMATION

This emergency care plan will be held by the city council.

In order to decide the best possible way of giving you support and assistance in an emergency we may need to contact another agency e.g. the cared for person's GP or care provider.

The keyholders and contacts listed above are aware of, and have agreed to, the actions I want them to take in an emergency.

Yes ☐ **No** ☐

Does the cared for person consent to this information being shared for the purpose of assessing and meeting their needs?

Yes ☐ **No** ☐ **unable to give consent** ☐

I agree that my information can be shared, on a need to know basis and in strict compliance with the law, with other people or organisations involved in my care/caring role.

Signed: **Date:**

Please say if you would like a fuller carers assessment to talk about wider issues like how caring affects your health, if you need a break, benefits advice or help with juggling work and caring

Yes ☐ **No** ☐

Diary of regular services and activities provided to the person you care for

	Morning	**Afternoon**	**Evening**	**Night**
e.g.	*Community meals, homecare, Crossroads, day service, direct payments funded PA*			
Monday				

Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

When you have completed the form please post to:

Health & Adult Social Care
Second Floor
Bartholomew House
Bartholomew Square
Brighton
BN1 1JE

or email to **casadmin@brighton-hove.gov.uk**