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Carers Contingency Plan

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This Carers Contingency Plan is to aid your family to consider what would happen to the person you care for should there suddenly be an emergency which means you are unable to provide care. It also considers who would support you if your cared for requires urgent medical attention.

Being prepared can’t stop emergencies happening. Planning can help manage these circumstances by being prepared, knowing what to do and who to ask for help and support when you need it.

Write down details of the person being cared for and contact information of people who might be able to help. Keep this plan in a safe place. Make sure you discuss in advance what is involved with whoever is listed as an emergency contact, and ensure they know where this plan can be accessed.

Sharing your Carers Contingency Plan with your GP

You can share your Carers Contingency Plan with your GP should a medical situation arise where you cannot provide care. They will update your patient records using the following SNOMED CT Codes:

• 224484003 – Patient themselves providing care

• 1366321000000106 – Has Carer Contingency/Emergency Plan.

By applying the SNOMED Carer Contingency Plan code this means that the record will be included in the Summary Care Record allowing health and care professionals across the system to quickly identify this information should it be needed.

Consent

I understand that changes may need to be made to my GP health record and that the GP,

or a member of the GP practice, may need more information before my record is changed.

I confirm that (please tick any that apply):

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|  | I am the main carer for a person who would be at risk if I were to need medical attention. |
|  | I am happy for a member of the GP practice team to ask me about my cared for, and the care I provide. |
|  | I have provided a copy of my Carer Contingency Plan with my emergency contacts listed. |

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| Primary family carer |
| Name: | Date of Birth: |
| Address:Post Code: |
| Primary telephone number: |
| Email address:  |
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| About the person you care for |
| Name of person you care for:  | Their date of Birth:  |
| Relationship to you: |
| S/he lives at:Postcode: |
| Primary telephone contact:  |
| Are there any other home occupants? If so please list and state relationship: |
| Is the cared for known to Social Care or any other care provider? If so give details: |
| Name and address of GP: |

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| About the condition and treatment |
| Details of the cared for’s illness, disability, or condition:  |
| Does the cared for require support with communication?  |
| Does the cared for require support with their memory/concentration? |
| Can the cared for be left on their own, and if so for how long?  |
| Please explain any challenges someone might meet in trying to help. For example: can the person you care for find it upsetting if it is someone they don’t know well? |
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| Medication |
| **Please ensure that an up-to-date copy of 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 care they would need |
| What assistance does your cared for need?Consider:- **Practical support** for the household- **Personal care**, such as assistance with mobility, bathing and dressing, medication- **Emotional support**- **Support for other dependents** in the household, such as children.  *Give any information you think would be useful to a helper taking over in an emergency.* |

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| Emergency contact details |
| **Consider how they could access the house. Can the cared for answer the door, is there a key safe with an access code?**  |
| **Name 1:** Relationship to cared for (*i.e. son, friend, neighbour*):Primary telephone number: Address:  |
| **Name 2:** Relationship to cared for (*i.e. son, friend, neighbour*):Primary telephone number: Address:  |
| **Name 3:** Relationship to cared for (*i.e. son, friend, neighbour*):Primary telephone number: Address:  |
| **Name 4:** Relationship to cared for (*i.e. son, friend, neighbour*):Primary telephone number: Address:  |

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| List of useful contact numbers |
| **Adult Social Care:****Adult Social Care Out of hours emergency duty number:** **NHS Direct 111****Non emergency Police 101****Other useful contact numbers:**  |

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| Signed declaration |
| The information provided within this document is accurate to best of my knowledge. This document will be reviewed annually, or when changes occur which require updating.  |
| **Signed (carer):** |  | **Date:** |  |
| **Review date:** |  |

*Checklist*:

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|  | Have you got your Emergency Contacts’ numbers stored on your phone? |
|  | Do your Emergency Contacts know they are on this Carers Contingency Plan and what they need to do? |
|  | Is there a Care Plan for the person you are caring for, and is it easy to find? |

Family Action Young Carers

[Visit our website](https://www.family-action.org.uk/what-we-do/children-families/young-carers-windsor-maidenhead/) for further information

and resources to support you with your caring role.

Contact: rbwm.yc@family-action.org.uk