



Adults, Health and Social Care

Carer's Emergency Back Up Plan

Emergency Back-Up Plan Scheme For Carers

Do you worry about what would happen to the person you care for if you had an emergency?

The emergency back-up scheme aims to help carers put together a plan of support for the cared for person. If a carer is involved in an emergency such as illness or hospital admission they have peace of mind that the person the care for will be supported.

The scheme firstly helps carers identify if there are any family/friends or neighbours that would be able and willing to help support the cared for person. It then looks at other options that might be available such as support for the cared for person in their own home or an emergency respite placement. It may be possible to access some unchargeable hours of support during the emergency period, however in some situations support such as respite placements may need to be paid for. An advisor at gateway to care will be able to discuss the options available at the time.

Once the plan is complete the carer will be issued with a small card with the plan reference number on to carry with them. If the carer needs support around their back up plan they can ring Gateway to Care and speak to an advisor or if it is an emergency they or someone on their behalf, can speak to the duty worker who will work with carer and the cared for person to seek appropriate support. This may include:

- * Offering advice and guidance on your current situation
- * Contact family/friends named in the plan on your behalf
- * Trying to arrange a small package of care to support the cared for person in their own home
- * Trying to arrange emergency respite care

To find out more about the scheme please contact Calderdale Carers or Gateway to Care.

* Calderdale Carers: 01422 369101

* Gateway to Care: 01422 393000

Section 1: Basic information

Please use this page to give us the basic information about yourself and the cared for person.

Name of Carer:

Address:

Telephone Number:

Date of Birth:

Carer's GP/Surgery:

GP Telephone Number:

Name of Cared For Person:

Address:

Telephone Number:

Date of Birth:

Cared for person's GP/Surgery:

GP Telephone Number:

Carer's relationship to cared for person:

Section 2: Emergency Contacts

In some emergency situations there may be family member, friend or neighbour who would be willing and able to help look after the cared for person on a short term basis. It is important that you discuss with family, friends or neighbours the support they would need to provide. Please use this next page to add in their details and information which would be relevant. Please note that if the contacts listed above are unavailable or feel they need further support with the caring role, gateway to care can look at other options.

Name:

Address:

Telephone Number:

Relationship to carer/cared for:

Key holder: Yes/No

What support they would be willing or able to provide (eg, help with meals, shopping, personal care):

Name:

Address:

Telephone Number:

Relationship to carer/cared for:

Key holder: Yes/No

What support they would be willing or able to provide (eg, help with meals, shopping, personal care):

Any other relevant information:

Section 3: Providing emergency care

If the cared for person would require support in their own home please use this next section to provide as much information as possible. This will enable Gateway to Care to try and arrange appropriate support.

Details of the cared for person's disability, illness or condition:

Support needs of the cared for person (eg. Help with meals, personal care):

Does the cared for person need support with medication? Yes/No

If yes, it **may** be useful to complete the medication record attached to this form. If you use the form please tell us where the record is stored:

Is medication stored in a dossett box? If yes, where is this kept?

Is the cared for person able to make all of their own decisions or do they need support with this:

Details of any services/organisations which currently provide support for the cared for person (eg, a care provider or personal assistant):

Details of any medical support needed and contact details (eg visits from a district nurse, help with medical equipment):

Can the cared for person answer the door if care workers visit: Yes/No

If no is there a key safe at the property: Yes/No

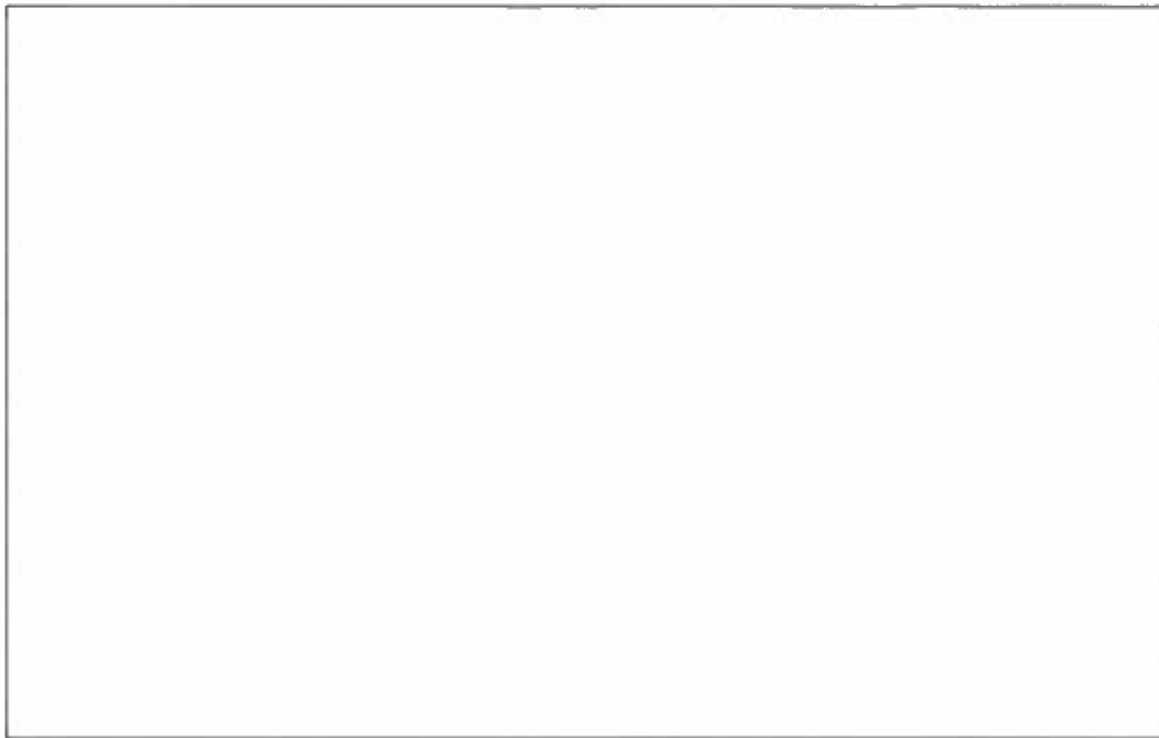
If no is there a neighbour or close by family member that has a key:

Name:

Telephone Number:

Any other relevant information (eg preferences about care worker, communication needs):

In some situations it may be necessary to arrange an emergency respite placement. Is there any other information you feel is important if this was required? This may include things you don't want to happen.



After signing the next page please return completed plans to the following address to be processed:

Calderdale Carers Project

Rimani House

14-16 Hall Street

Halifax

HX1 5BD

Tel: 01422 369101

CONSENT TO SHARE INFORMATION

This Emergency Back-Up Plan will be held by Adults, Health and Social Care and Calderdale Carers.

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 person you care for'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 and the storage of their relevant details.

Yes No

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

Yes No Unable to give consent (Please complete box)

If the person you care for is unable to consent to share the information please sign as the carer that the person lacks capacity to make the decision and that you believe it is in their best interests for the information to be stored and shared.*

Carer's signature

Date

I agree that my information can be stored and 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.

In the event of emergency funding having to be accessed, I agree that this is a loan and will reimburse the fund.

Carer's signature

Date

Cared for person's signature (if applicable)

Date

Your rights to see your personal records

You have a legal right to see your records, but you must make your request in writing, and there may be some information that we cannot show you because, for example it may:

- cause you, or someone else serious harm
- stop the police investigating or detecting a crime
- lead to problems with the courts.

These are all unusual cases. Normally you can see what records we have about you. You do not have an automatic right to see anything recorded about other members of your family, or anyone else, even when these are part of your records.

If you require information about how and for what period this information will be retained please contact Calderdale Carers Project.

***OFFICE USE ONLY**

In the event of a carer not wanting to sign this please complete an assessment of capacity form MCA-02vi.

Emergency Back-Up Plan Version 13 - September 2016

ask about your medicines

- share any questions or concerns about the medicines you are prescribed or buying - and ask about other options
- tell a health professional about the medicines you are taking
- tell them if you think the medicines you are taking aren't working or are giving you side-effects
- ask if you are unsure how to take your medicines or for how long
- ask if you need help getting a regular supply of your medicines

The word 'medicine' can mean different things to different people

when we use the word medicine here, it includes things such as:

- over-the-counter medicines, like painkillers
- creams and ointments
- inhalers or other devices
- vitamins, herbal products or other supplements from the pharmacy, health shop or supermarket

how do you take your medicines?

This leaflet is designed to help you understand your medicines better. The chart overleaf is to remind you when and how much to take. It is only meant for medicines you take regularly. There is no need to write down anything you only have occasionally (such as a headache tablet) unless there is a problem with it.

Please show the chart to anyone who prescribes for you. When you discuss your medicines with a health professional take this with you. If your medicine is changed in any way then make sure that it is noted on the chart.

If you go to hospital take this leaflet with you and show the health professional your medicine chart.

Name _____

Date of birth _____

Phone _____

Allergies _____

GP's name _____

GP's phone _____

ask about your medicines

- what does this medicine do?
- how long will I need to use it?
- how and when should I take it?
- should I avoid any other medicines, drinks, foods or activities when I am taking this medicine?
- what are the possible risks and side effects - and what should I do if they happen to me?

ask www.askaboutmedicines.org

GET THE RIGHT TREATMENT.



