



Adult Social Care and
Children's Services
"ICE"
Peace of Mind for Carers
01296 435673



In Case of Emergency

Care Arrangement Plan

Office use only:

Unique reference number:

Date recorded:

Carer Update:

Name:

Date of Birth:

Address:

Post Code:

Telephone, including area code:

Mobile:

Work No:

Ethnicity:

Religion

Name of person you care for:

Their date of Birth:

Relationship to you

S/he lives at:

Postcode:

Ethnicity

Religion

Telephone No. inc. area code:

Are there any other occupants? If so please list and state relationship:

Is the cared for known to Social Services or any other care provider?

*** Focus on assessing risk and safety for the cared for person**

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

Are there any communication difficulties? Please include any translation or signing needs:

How long can s/he be safely left alone?

When does s/he need your assistance?

Times of day or night, frequency and duration assistance required:

Does s/he need any assistance with meals and help to eat and drink? Do they have any food allergies that we should be aware of? If so please explain:

Does s/he need any assistance with getting around indoors or outdoors, or use any special equipment ie: Zimmer Frame, Hoist, etc.? If so please explain:

Does s/he need any assistance with getting washed and dressed? If so please explain:

Is there anything else that you think we need to know – such as the person's likes and dislikes or any cultural or Religious needs?

Please explain any problems someone might meet in trying to help. For example: can the person you look after be difficult with someone they don't know?

Medication:

Please ensure that an up to date copy of the medication prescription (inhalers and essential medicines) is kept with the message in a bottle or current medication.

Details of where medication is kept:

Is this person taking life preserving medication?

Pharmacist/GP/Nurse to contact?

It is your responsibility to ensure the whereabouts of medication is known

Mental Health

If the behaviour is too difficult for the temporary carer to cope with, they will be advised to get professional help and you're cared for person may be taken into care for their own safety.

Does your cared for have memory problems?

Do they present difficult behaviour if under stress?

Have there been any previous situations where the cared for has become aggressive and/or unwilling to comply?

If so, how do you recommend that the difficulty is handled initially?

Do you have any advice or suggestions to help cope with your cared for should they act in a manner which is aggressive, paranoid, obsessive or irrational?

Young Carers:

If something happened to you, would the person you care for be so upset that they would need another adult with them right away?

N/A

If the person you care for wanted you to be with them in the hospital, would you need help from someone else in order to get there?

N/A

Do you have any other siblings at home who will need an adult to look after them if they are alone?

N/A

Who could help out straight away in an emergency, e.g. that day/overnight

Please give TWO alternatives or more:

ALL NOMINATED CARERS MUST GIVE THEIR CONSENT TO BE ON THIS CARE PLAN.

Name 1:

Contact details, including telephone number:

Name 2:

Contact details, including telephone number:

Name 3:

Contact details, including telephone number:

Name 4:

Contact details, including telephone number:

Are these nominated helpers known to the cared for?

IN THE EVENT THAT NO ONE IS AVAILABLE EMERGENCY SERVICES WILL BE CONTACTED

How would a helper get into the home of the person you look after?

Can/will s/he answer the door?

Yes/ No?

Where is the key kept?

And by whom?

Contact details:

Is there a key safe? Yes/ No?

What is the code?

Who has the access code?

Contact details:

Is there anyone else we should contact on your behalf in the event of an emergency?

(1) Name and address

Tel No

(2) Name and address:

Tel No

Is there any other information that we need to know to ensure your peace of mind or that may be useful?

Buckinghamshire County Council and Carers Bucks are committed to providing services to those who need them without discrimination.

We recommend that you have a full Carer's assessment which will enable you to record your concerns about wider issues like how caring affects your health, if you need a break, benefits advice or help with juggling work and caring.

Would you like a Carer's assessment? Yes/No

If no could you say why not?

CONSENT TO SHARE INFORMATION

In order to decide the best possible way of giving you support and assistance in an emergency we may need to contact another agency such as your GP, the local housing department or a care provider.

The information will be held by Carers Bucks and Crossroads in order to enable a 24-hour response to be provided.

- I consent to this information being shared with service providers and others necessary for the purpose of assessing and meeting my needs and those of the person I care for in order to plan for and deal with an emergency situation.
- I understand that it is my responsibility to keep Carers Bucks informed of any changes that may affect this Care Plan.

Signed:

Date:

No responsibility is assumed by Carers Bucks for any persons or property damaged or injured in the activation of this Care Plan.

Notes:

Copies:
Carers Bucks
Carer
Out of Hours service