

Do you worry about what would happen to the person you look after if you were suddenly unable to continue your caring role?

The Carers Emergency Planning Service

Would:

- Support you to complete an emergency contingency plan
- Issue you with a Carers Emergency Card to be carried at all times
- This card will have a 'single point' contact telephone number and a personal identification number unique to you (no other personal information will be included)
- If you are suddenly unable to fulfil your caring role, anybody can telephone the number on the card and alert our Emergency Duty Team
- The service operates 24 hours a day, 7 days a week, is free of charge and continues whilst longer term arrangements can be made

What situations are covered by this service?

It would not be possible to give a comprehensive list of situations covered by this service; however below are some examples of the kind of emergencies this service is intended to support

- If a carer is involved in an accident and is taken to hospital, or is unable to immediately resume their caring role
- If a carer is suddenly taken ill and is taken to hospital, or unable to continue in their caring role at the time
- If another family member suddenly has an emergency, for example involved in an accident or sudden serious illness, and the carer needs to travel to this other family member
- If the carer is out and is unavoidably detained, for example accident, car breakdown, traffic congestion, and the person they look after would be at risk by being left unattended for this time

How does the scheme work?

- Whilst completing your application form you will be asked to nominate people who could be contacted in an emergency situation
- Following registration, you will be issued with you own Carers Emergency Card, which you should carry with you at all times

- If anyone phones the number on the card to report that you are unable to continue your role, our staff will call your nominated contacts
- If you have nobody who could be contacted, or none of your nominees are available, an experienced advisor will assess the situation in line with the information you have provided and make arrangements for the person you care for. This could include a response from a range of services we can access, including services like Short Term Support in the Community, which is designed to meet immediate support requirements in the community. Response times will be based on assessed need at that point in time.
- This service is available for anyone who provides an informal/unpaid caring role for an adult, whether a family member, friend or neighbour.

FAQ's

Can any carer have a Carers Emergency Plan?

All informal carers who provide care to a family member or friend can have a Carers Emergency Plan with the exception of carers looking after children and any cared for person who is of working age and who would receive a service from a Community Mental Health Team. This service is also available to carers who are themselves unknown to Adult Social Care as well as the person that they care for.

Knowing about you and the person you care for helps us to support you to plan. It is therefore important that you keep us updated with any relevant changes.

For more information please contact

03330 135 137

Adult Social Care Connects

Carers Team

Rowan House

33 Sheepen Road

Colchester

Essex CO3 3WG

Carers.Team@essex.gov.uk

Guidelines for determining an emergency

It would not be possible to list every possible emergency situation, and the staff member receiving the call will have to make a judgement 'on the spot'. Hopefully the following guidelines will help to demonstrate the types of situations this service is intended to cover.

The following are examples of what would constitute an emergency within the Carers' Emergency Planning service:

- If a carer is involved in an accident and is taken to hospital or is unable to immediately resume their caring role.
- If a carer is suddenly taken ill and is taken to hospital, or unable to continue in their caring role at that time.
- If another family member suddenly has an emergency, for example involved in accident or sudden serious illness, and the carer needs to travel to this other family member.
- If the carer is out and is unavoidably detained, for example accident, car breakdown, traffic congestion, and the 'cared for' person would be at risk by being left unattended for this time.
- Where religious or cultural beliefs mean a funeral, the carer wishes to attend is arranged at very short notice.

This service is not intended to cover planned appointments (hospital, GP, hairdresser etc) for the carer.

The emphasis should be put on emergency, sudden, unplanned, and the 'cared for' being 'at risk' if left unattended

For more information, please contact

03330 135 137

**Adult Social Care Connects
Carers Team**
Rowan House
33 Sheepen Road
Colchester
Essex CO3 3WG
Carers.Team@essex.gov.uk

Notes for completing Carers Emergency Planning Registration Form

This plan is a working document that should be updated when any changes occur in the caring role.

Give as much information as possible as this means that if a plan has to be activated in the event of any emergency, the details held within the plan are as accurate as possible.

Carers Details – Self explanatory

Cared for Details - All information requested needs to be accurate. Having the GP's information is important as they may have relevant information. The reason for asking about other household occupants is so that we are aware of anyone else living in the property.

Nominated Contacts - This is a very important part of the registration document. If an emergency occurs with the carer there are often other people involved in the family who could step in.

We are asking carers to nominate up to three possible nominees. These people can be family, friends or even neighbours. In fact, anybody that is a trusted person who is happy that they have been nominated and would be both willing and able to step in if required to provide care if an emergency situation occurred. We will contact each nominee and ask them to sign to say that they agree to being involved in the emergency plan and if available would step in. We are also contacting the nominees to request their permission to store their names, addresses and phone numbers on the Essex County Council database. It is important that when providing nominee contacts, you supply us with complete full addresses and a post code. We ask that you avoid nominating people from any Voluntary Organisations that you may be involved with, or any Scheme managers if you live in sheltered accommodation. It may be that you do not have anyone that you can nominate, and in this case please continue onto the next part of the registration document.

Accessing the Property - If an emergency occurs and the carer is away from the property of the cared for person, whoever steps in to take over will need to get into the property.

Consideration to access needs to be a priority and thought through carefully. Arrangements for example leaving a key with a neighbour are acceptable but need to be considered. If you have concerns about this issue, please do not hesitate to contact us for advice and information.

Details of Disability/Conditions - We feel that having an idea of conditions that the cared for person has, again gives us relevant information that can be passed onto our care provider if this becomes necessary.

Medication and Assistance Given – We ask about the types of support you give to get a picture of what is required (for example getting in and out of chair's etc.)

In the final pack we will include a sheet to record all medication given to the cared for person. This has to be accurate and up to date because in the event that a care provider has to give medication, dosage and timing are important.

Allergies and Pets – We have to know about any allergies that the cared for person has to ensure their safety.

With regard to pets, dogs in particular are tolerant to people coming and going within a home under normal circumstances. If an emergency happened and the outcome was that our care provider had to be called out, if they were to let themselves into the property late at night, dogs by their nature would protect the home and people within it. Having prior warning of pets enables us to keep all relevant parties informed of any possible issues.

Consent to Share Information - Any information that we request from people is stored on the Essex County Council database. We have a duty by law to ask permission to share information if necessary. The consent means that we could share information with other relevant authorities if required. All parties involved in the Carers Emergency Plan would be asked for permission to share information.

All Carers Emergency Plans are only as good as the information that is provided. It is very important that they are accurate and that they are kept as up to date as possible. After registering, a copy of the plan will be sent to the carer and we ask that any changes that occur are updated so that we can update our information accordingly.

Please return completed form to:

Post: **Adult Social Care Connects
Carers Team**
Rowan House
33 Sheepen Road
Colchester
Essex CO3 3WG

Email: Carers.Team@essex.gov.uk

Essex Carers Emergency Plan

Essex County Council Adults Social Care Connects – Carers Team

Reference Number:

Information to be used if at short notice I am unable to provide care

Carer Details

Name (of Carer):		Date of Birth:
Address:		Post Code:
Telephone Numbers:	Home:	Mobile:
Relationship to person you care for:		

Cared For Details

Name of the person you care for:		Date of Birth:
Address (If different from above):		Post Code:
Telephone Numbers:	Home:	Mobile:
Preferred Language:	Ethnicity:	Religion:
Name of GP:		GP Tel:
Other members of household and ages(s):		

Nominated Emergency Contacts

Please note that nominated contacts should be people that may, if required, be able to provide care in an emergency situation

First Nominated Emergency Contact

Name:		
Address:		
Post Code:		
Telephone Numbers:	Home: Work: Mobile:	
Relationship to cared for person:		Key Holder: YES/NO

Second Nominated Emergency Contact

Name:		
Address:		
Post Code:		
Telephone Numbers:	Home: Work: Mobile:	
Relationship to cared for person:		Key Holder: YES/NO

Third Nominated Emergency Contact

Name:		
Address:		
Post Code:		
Telephone Numbers:	Home: Work: Mobile:	

Relationship to cared for person:		Key Holder: YES/NO
-----------------------------------	--	---------------------------

Accessing the property

(How will carer support worker gain access to the property in the absence of nominated person(s)?

Is the 'cared for' person able to answer the door?	YES/NO
Does anyone else have a key to the home?	YES/NO
If Yes , who are they and how can we contact them?	
Does the home where care is to be provided have an exterior key safe fitted?	YES/NO
If Yes , who has the access code? (PLEASE DO NOT ENTER CODE ON THIS FORM)	
If you have answered No to all the questions above, how will the carer support worker access the property?	

Details of Disability/Condition of 'cared for' person:
(Please list all known conditions)

--

Do you assist with medication? (If Yes , please complete separate sheet that will arrive with your completed pack)	YES/NO
Does the 'cared for' person have any known allergies?	YES/NO
If Yes , please give details:	

Do you assist the 'cared for' person with:

Preparing meals	YES/NO
Eating and drinking	YES/NO
Getting washed and dressed	YES/NO
Getting to the toilet	YES/NO
Please detail any other support that you give:	
Does the 'cared for' person have any pets?	YES/NO
If Yes , please give details:	

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 e.g. – your GP, the local housing department, your regular care provider.

By signing below, you consent to this information being shared for the purpose of assessing and meeting my needs and those of the person I care for, in order to plan for a potential emergency situation.

You agree to this information being stored electronically and linked to the file of the person I care for (if known to Adult Social Care Services) so that it can be used in an emergency to help provide timely and appropriate support for the person I care for.

All nominated contacts are aware that they are contactable in an emergency, and agree to their details being given on this form

Name of Carer:

Signed:

Date:

Name of Cared for Person:

Signed:

Date:

You may not have had a full ‘Carers Assessment’ which would look at the wider issues of caring such as how your health is affected, your need for a break, benefits advice and juggling work and care.

This is a free service – Would you like someone to contact you about this

YES/NO

Please return completed form to:

Post: **Adult Social Care Connects
Carers Team
Rowan House
33 Sheepen Road
Colchester
Essex CO3 3WG**

Email: Carers.Team@essex.gov.uk Email:

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE