



**Carers Support West Sussex**  
for family and friend carers

# Carer Contingency Planning Form

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## What is contingency planning?

As carers we like to think that we will always be there when needed but sometimes this is not possible. This could be for many reasons, such as:

- You may suddenly become unwell or be injured and be unable to carry out your usual caring role even if you are not in hospital.
- Unplanned admission to hospital following an accident or a medical emergency
- You may have a domestic emergency which must be dealt with (i.e. fire, flooding)
- Family emergency, such as a relative or other dependent being taken ill or a death in the family
- Risk to your employment on a particular occasion. For example, unexpected or unplanned changes to your usual work routine, such as a need to travel away from home/work base.
- Breakdown of care arrangements

A Contingency Plan is there so that the person you are caring for is supported at the earliest opportunity and you have peace of mind that there is something in place.

## Making the contingency plan

Of course, having a plan is one thing, other people knowing about it is another. If you have family or friends that can help out it's important to include their contact details on the plan and check they are happy to be contacted in an emergency. It is important they confirm that they understand that they may be called and agree to their information to be shared with other professionals, this would usually be on a need to know basis only.

## Top tips

- Complete this Carers Contingency Planning Form.
- Carry an emergency card in your purse or wallet stating that you are a carer. Our Carer Emergency Contact Card is available by calling 0300 028 8888, emailing [info@carerssupport.org.uk](mailto:info@carerssupport.org.uk) or visiting [www.carerssupport.org.uk/carer-emergency-card](http://www.carerssupport.org.uk/carer-emergency-card)
- Inform your GP that you are a carer. Depending on the system used, this may show up when your medical records are accessed.
- Complete this plan and give a copy to a trusted person, this could be someone you have identified as an emergency contact.
- Keep the plan updated, keep it secure, and tell people you trust where it's located

## What happens next

### Who could help out in an emergency?

If you have family or friends that can help out in an emergency, please obtain their permission to be included on this form and, let them know where you will keep the form and if possible give them a copy of your Contingency Plan.

It is important they understand that they may be called in an emergency and agree for their information to be included on this form and on your Carers Emergency Card.

Please talk to the person you care for about who they would like to support them in an emergency, and discuss this plan with them. You can record contact details of up to three people you know and trust who can help you and/or the person you care for when needed. If possible, they should be able to be available to provide support within 2-3 hours.

In the case where an emergency service (fire, police or ambulance) is involved, your Carers Emergency Card will alert them of the fact that you are a carer and they will call either one of your emergency contacts.

Keep this completed Contingency Plan with other documents. There may be other documents in the home which are used by you or other professionals who visit e.g. Care Support Workers, Health Workers, nurses, social services etc. Keep this document with your other documents and keep it updated whenever things change.

Ensure that your emergency contacts know where you keep the plan and also give them a copy of your Contingency Plan.

We hope that you will never find yourself in a situation where you need to use your Contingency Plan. However we trust that having made these arrangements, it may give you peace of mind.

## **Guidance to help you to complete your Contingency Plan:**

Before completing your plan, have a good think about the people who you can rely on for support who you can include in your contingency plan. Make the plan together with the person you care for, discuss both your concerns, wishes and what they might like to happen

Make sure that you have the phone number of all relevant organisations on your mobile phone, in case you need to contact them. It would be useful to add these numbers to the Contact List in your Contingency Plan (Section 15)

If you have a pet, make sure that the emergency contacts have details about how to look after them. You may want to make a separate list about this.

If there is a young person providing care in your family or is one of your emergency contacts, make sure that their school knows about this.

## Section 1: General details

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Date updated:

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My name is:

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The name of the person I care for is:

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Their address is:

---

Postcode:

---

Their date of birth:

---

Contact details:

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If you need to gain access to the property where the person I care for lives, a key is held by:

---

Name:

---

Address:

---

Postcode:

---

Telephone/Mobile number:

---

## Section 2: Emergency contacts

If I am not able to provide care, because of an emergency, please contact one of the following, who are listed in order of preference:

Full name:

Address:

Postcode:

Home telephone/mobile:

Work telephone/mobile:

Relationship to cared for person:

Full name:

Address:

Postcode:

Home telephone/mobile:

Work telephone/mobile:

Relationship to cared for person:

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If the person you care for currently receives support from a Care Agency, Personal Assistant or Private Carer, please provide their:

Provider/Agency Name:

Their address is:

Postcode:

Telephone/Mobile number:

Email:

Important Notice: The care provider may be contacted to provide support in the event of an emergency.

### Section 3: Children and other dependent people

Please list children or others in the household, their name, date of birth and if they help with Caring:

1)

2)

3)



Other dependent people I care or have responsibilities for who are not at the same address (please give full name, date of birth and address):

1)

2)

3)

Will the needs of any children or other dependants be met by the emergency contacts in this plan?

Yes  No  No children

If not, is there anyone else we should contact? (please detail below)

Full name:

Address:

Postcode:

Work telephone/mobile:

Relationship to you:

## Section 4: GP details

The person you care for's GP name:

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Practice name and address:

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Postcode:

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Telephone number:

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The person you care for's pharmacy:

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Pharmacy name and address:

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Postcode:

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Telephone number:

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Your GP name:

Practice name and address:

Telephone number:

Postcode:

Your pharmacy:

Pharmacy name and address:

Postcode:

Telephone number:

## Section 5: Medical details

Does the cared for person experience any of the following: (please tick all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alzheimer's   | <input type="checkbox"/> Hard of hearing     | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Dementia  | <input type="checkbox"/> Renal problems      | <input type="checkbox"/> Stroke / TIA   |
| <input type="checkbox"/> Multiple Sclerosis                                    | <input type="checkbox"/> Parkinson's         | <input type="checkbox"/> Confusion      |
| <input type="checkbox"/> Forgetfulness   | <input type="checkbox"/> Visual impairment   | <input type="checkbox"/> Deaf           |
| <input type="checkbox"/> Difficulty swallowing                                 | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Arthritis      |
| <input type="checkbox"/> Learning disability                                   | <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Osteoporosis   |
| <input type="checkbox"/> Autistic spectrum                                     | <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Poor mobility  |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Breathing problems  | <input type="checkbox"/> Prone to falls |
| <input type="checkbox"/> Requires oxygen                                       | <input type="checkbox"/> Wheelchair user     | <input type="checkbox"/> Cancer         |
| <input type="checkbox"/> Mental health problems                                |  |   |
| <input type="checkbox"/> Other (please give details- space continued overleaf) |  |   |

Does the person you care for have any allergies?

Yes  No

Please give details

Does the person you care for have any ongoing medical treatments or appointments they need to keep?

Yes

No

Please provide details

Please provide notes about the person you care for's communication needs, and include any aids for communication, sight or hearing.

## Section 6: Medication

Does the person you care for take regular medication?

Yes  No

Is the medication prepared by...

Me  Pharmacist

Is a dosette box used?

Yes  No

If yes, where is the dosette box kept in the house?

Where are medications kept in the house?

Any other information about the medication



Medication	Where it is kept	Time to be taken	How it is taken

## Section 7: Health tasks

Does the person you care for need support with nursing tasks e.g. wound care, injections etc?

Yes

No

Please describe the type of task, frequency and who carries out the task

## Section 8: Moving and handling

Does the person you care for require assistance with moving and handling, eg transfers?

Yes

No

Please describe the type of task, frequency and who carries out the task.

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Moving around the home:

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Transfers:

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Getting out and about:

## Section 9 Equipment

Does the cared for person use mobility aids?  
(E.g. hoist, frame, commode etc.)

Yes

No

If yes, please give details:

Does the cared for person require continence products?

Yes

No

If yes, please give details including supplier:

## Section 10: Safety during the day and night

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

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

## Section 11: Behaviour

The person I care for needs help to manage these situations and feelings:

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If upset they may show this by:

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To help them manage their feelings and behaviours you can:

## Section 12: What do you do for the person you care for?

Activity	Day	Night

## Section 13: Tell us about the person you care for

For example: what do they like to be called, what do they like to do and what are their interests?





## Section 14: Contact list

Organisation	Contact name	Email	Phone	Notes

## Emergency Plan Location Card

After you and the person you care for have completed the Emergency Planning Form, you could use this card in your home to alert first responders to your carer status and the location of this document.

**I am a carer**



I have completed an Emergency Planning Form, which can be found:

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Cut out and place somewhere visible in the home (e.g. the fridge)