

*****Please note that replacement care may not always be available*****

When is replacement care available?

- If you are rushed into hospital and no other support is available from friends or family
- Any incident involving the Emergency Services and no other support is available from friends or family

To activate this plan call 0800 840 3166

24/7 ID No		Peace Of Mind 4 Carers	Carers Service ID	
Carers Service:	CARERS EAST		Version:	1
Date Plan Completed:			Review Date:	

1. Contingency Plan for:				(Cared For's Name)
Gender:				
Address:				
Phone No		D.O.B		
Cared For's Main Language:				

2. Name of Carer:			D.O.B	
Gender:				
Address:				
Carer's Telephone No:		Adult carer		
Carer's Main Language:				
Is the carer supported by Adult and Community Services?	YES	NO		

3. Is Replacement Care Agency required?	YES	NO	Please indicate	Mears	GS Social Care
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4. Can Cared For open the front door?	YES	NO	
Please ensure key safe numbers / key arrangements are registered separately and not recorded on the plan If no give access arrangements:			

5. Can cared for verbalise their support needs? (If no complete Section 17)	YES	NO	
Where is Plan Located:			

6. Immediate Health & Safety Risks for replacement carer/PA etc. e.g. Challenging Behaviour, Oxygen in property, Pets, Steps, Smokers etc.	Please give brief overview of health & safety risks you encountered during your visit, or by using information from the Carer:
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7. Are there other people in the house needing support?	YES	NO	
If YES what are the arrangements:			

8. GP Name:		Phone:	
Address:			

9. Emergency Contacts:

Emergency Contact 1		Phone:	
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Are they a Key Holder:	YES	NO
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Emergency Contact 2		Phone:	
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Are they a Key Holder:	YES	NO
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Emergency Contact 3		Phone:	
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Are they a Key Holder:	YES	NO
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Emergency Contact 4		Phone:	
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Are they a Key Holder:	YES	NO
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10. Ethnicity:

White British		Mixed		Asian/Asian British	
Black/Black British		Chinese		Any Other Background	
Prefer not to say		Unknown			

11. Is the cared for supported by Adult and Community Services?	YES	NO
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12. Reason for care/support needs? (tick all that apply):

Learning Disability		Sensory Impairment		Older People	
Physical Disability		Alcohol / Substance			
Mental Health		Child with Disability			
Enter Main Need					

13. Medical Information about the person needing support:

Does the person have any medical conditions? i.e. Asthma, Diabetes, Heart Disease, Osteoporosis etc.
Does the person have any allergies? Do they use aids or adaptations? Are there any other health risk issues an emergency carer might need to know about?

** Please indicate if the Cared For has ** Alzheimer's/Dementia	YES	NO
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Medical Conditions:

Allergies:

Aids & Adaptations:

Other Health Risks:

Medication:

The replacement care agency can only administer medication if this is recorded on a document or list held at the cared for person's home address e.g. 'Message in Bottle', diary or memo.

As the Carer, it is your responsibility to keep this document or list up-to-date. The replacement care agency will not take responsibility for using documents or lists that are out of date.

Please state where this document or list will be kept:

Medication from dosset boxes cannot be administered; only packaged medication or sealed blister packs prepared by the pharmacist can be used by the replacement care agency.

SEE SECTION 17 FOR OTHER ESSENTIAL INFORMATION NOT MENTIONED HERE

14. Communication: Please state which method of communication the person you care for prefers/is able to use e.g. Makaton, BSL etc.:

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15. Support Timetable

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

16. Pets: Please provide brief details of how to feed pets in the house

17. Other Essential and Additional Information :

Mobility:

Toileting:

Food:

Other Relevant Information:

If the plan is activated and the cared for child needs to be picked up from school, please use the following password with the school: **enter password**. The school have been informed by the carer that this password may be used in the event of an emergency to allow others to collect the child by prior arrangement.

Estimation of care required during activation – please outline

a) Approximately, how many hours of care would be needed in every 24 hours if the plan was activated?

b) During the hours of care, what support would likely need to be offered?

18. Nursing Care

Please note that the replacement care providers cannot provide nursing care for example gastronomy (peg) feeding, insulin injections etc.

Please outline any nursing care needs the cared for person has. The replacement care providers will work in partnership with medical professionals, for example GP's, district nurses and hospitals to provide any required nursing care. It might also be useful to name friends or family who have been trained in carrying out these tasks.