

Salford Carers Emergency Scheme

Reference number: _____ Date: _____

1) What is the Salford Carers Emergency Scheme?

The Carers Emergency Scheme enables you to make a plan as to how you would like the person you care for to be supported were you to experience an emergency. This plan gathers details of the person you care for and gives you the opportunity to name up to 3 individuals for us to contact in case of an emergency.

Examples of emergencies might be:

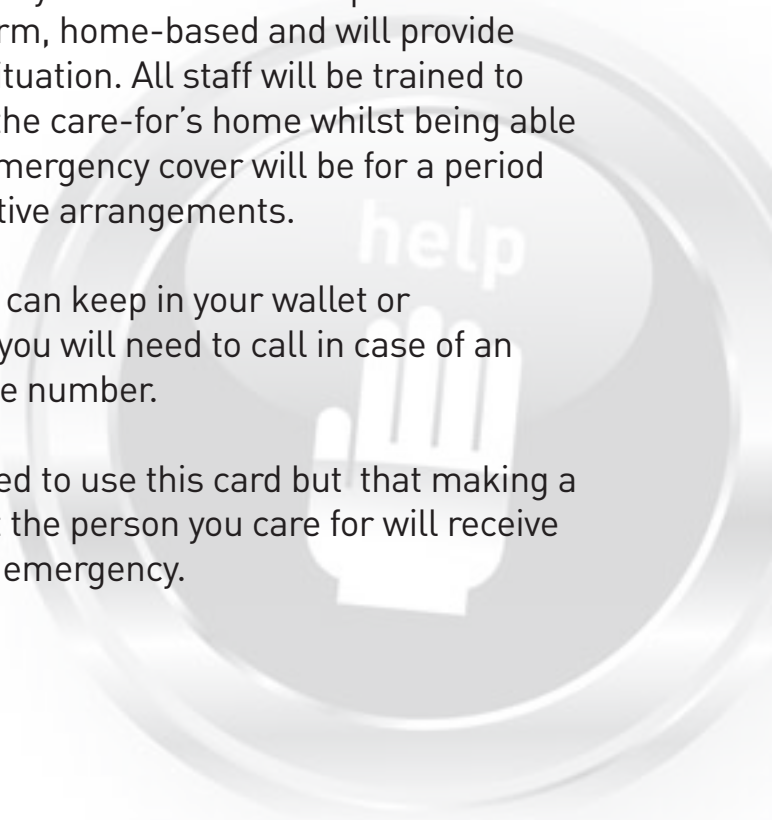
- Your admission to hospital or other health needs which preclude them from continuing to provide care.
- Family emergency such as a close relative being taken ill and requiring help.
- Real risk to your employment on a particular unforeseen occasion.

If we can't contact the people you have nominated and there are no other alternatives, we will arrange for a Care Worker from Salford, Trafford and Stockport Crossroads to go to the home of the person you care for and provide the support needed.

The overall principle of Crossroads is to provide practical and emotional support to Carers. Crossroads' Emergency Service for Carers provides emergency cover which will be short-term, home-based and will provide support in a crisis or in an emergency situation. All staff will be trained to undertake an assessment on arrival at the care-for's home whilst being able to provide the necessary support. The emergency cover will be for a period which is sufficient time to make alternative arrangements.

You will be issued with a card which you can keep in your wallet or purse. This card has the number which you will need to call in case of an emergency as well as a unique reference number.

We hope that you will never have the need to use this card but that making a plan will give you the peace of mind that the person you care for will receive the support they need in the event of an emergency.



2) Personal Details

Carer

Name: _____

Address: _____

Postcode: _____

Telephone

Home: _____

Work: _____

Mobile: _____

Date of Birth: _____

Cared for

Name: _____

Address: _____

Postcode: _____

Telephone

Home: _____

Work: _____

Mobile: _____

Date of Birth: _____

GP: _____



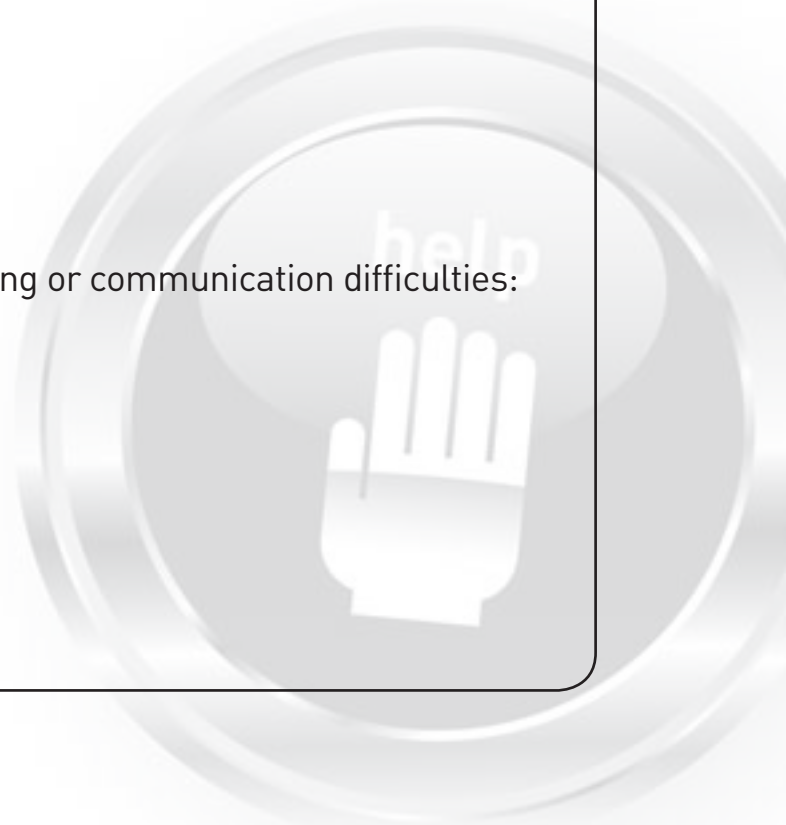
3) Details of the Cared-for person

Please give details of any illnesses, disabilities or health problems:

Please do not include medication as this often changes, however it would be helpful to know where you keep medication for the person you care for.

Please give details of any mobility difficulties such as getting out of a bed or chair and what (if any) equipment you have to support this.

Please give details of any sight, hearing or communication difficulties:



Please give details of any known allergies:

Are there any cultural/religious considerations?

Does the cared for person have any pets? If so please state:

Please give details of any other information you think we would need to know:



4) Emergency Contacts

Please give the details of three emergency contacts. Please note that we will contact these people in the order that you give. If you have no-one you can nominate go to section 5.

1st Contact

Name: _____

Address: _____

Postcode: _____

Telephone

Home: _____

Work: _____

Mobile: _____

Key holder YES NO

Relationship to the person being cared for:

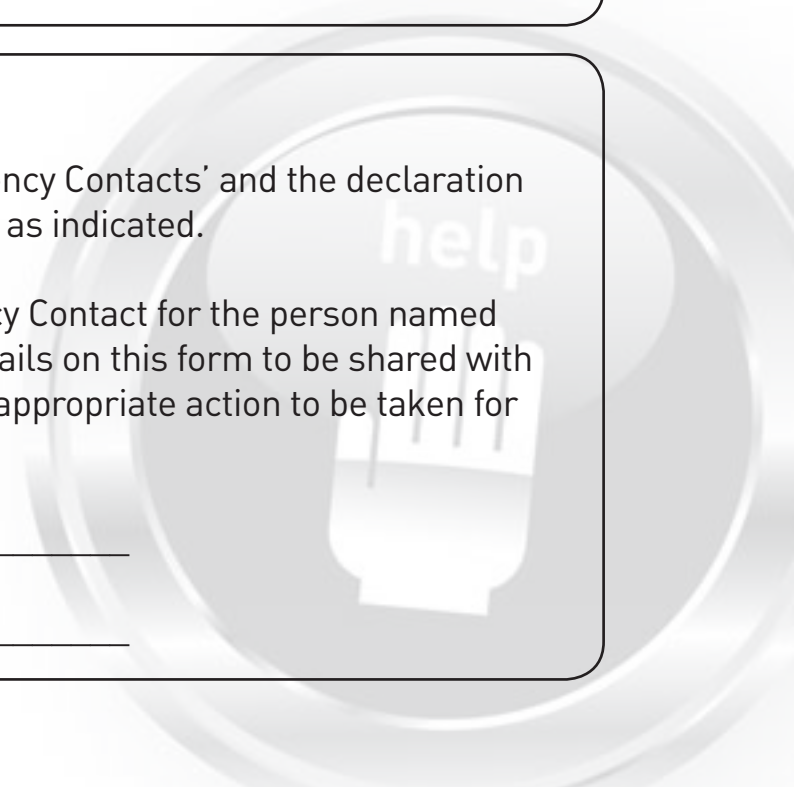
Signature of contact

Please read 'Information for Emergency Contacts' and the declaration below and then please sign and date as indicated.

I agree to be named as an Emergency Contact for the person named on this form. I also agree for the details on this form to be shared with other nominated contacts to enable appropriate action to be taken for the person cared-for.

Signature: _____

Date: _____



2nd Contact

Name: _____

Address: _____

Postcode: _____

Telephone

Home: _____

Work: _____

Mobile: _____

Key holder YES NO

Relationship to the person being cared for:

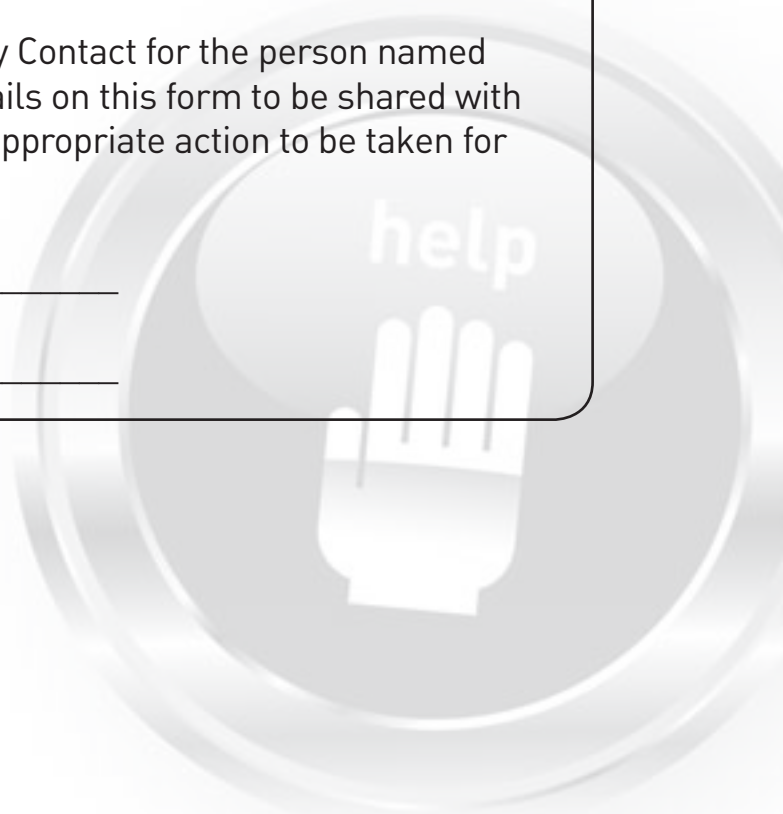
Signature of contact

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Signature: _____

Date: _____



3rd Contact

Name: _____

Address: _____

Postcode: _____

Telephone

Home: _____

Work: _____

Mobile: _____

Key holder YES NO

Relationship to the person being cared for:

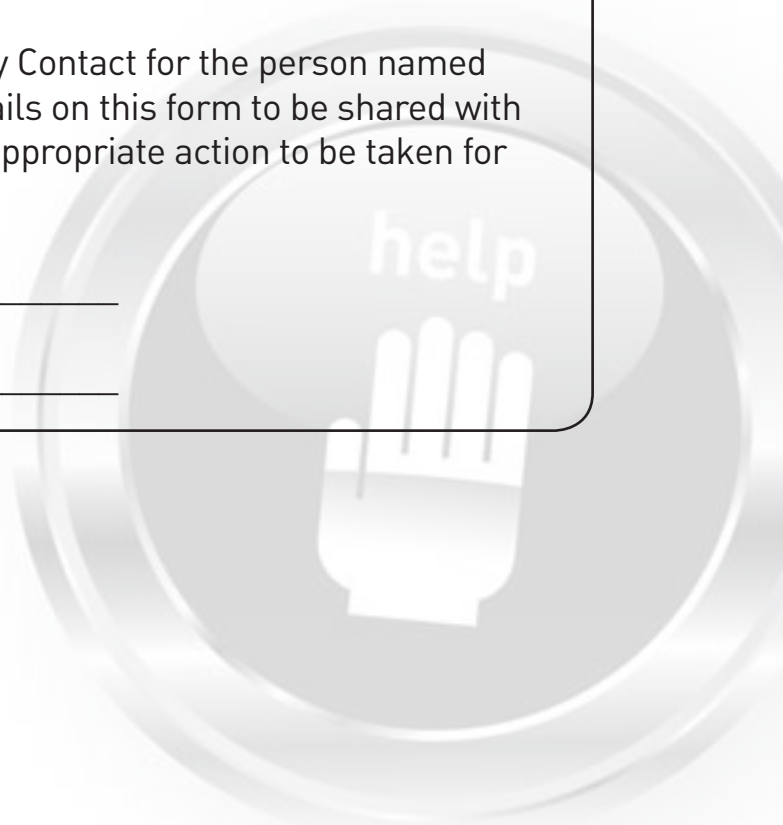
Signature of contact

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Signature: _____

Date: _____



5) Details of any professionals involved

Please give the details below of any professionals involved in the planning of care and support, such as a social worker, carer's social worker, district nurse or health visitor. We will notify these people that you have made an emergency plan and that they may be contacted in the event of any emergency.

One

Name: _____

Job title: _____

Address: _____

Postcode: _____

Telephone: _____

Two

Name: _____

Job title: _____

Address: _____

Postcode: _____

Telephone: _____

Three

Name: _____

Job title: _____

Address: _____

Postcode: _____

Telephone: _____



6) Other dependents?

Are there any other dependents (e.g. children) who would need looking after in the event of you having an emergency?

YES **NO**

If you answered 'Yes', please give the full name and age of the dependent(s)

7) Any other information?

Are there any further details you would like to be considered in an emergency? For example is there a respite home which knows the person being cared-for and who we could contact to check availability? If so please give details below.



8) Access to your home

In the event of an emergency and us not being able to reach your nominated contacts a Carer Worker from Crossroads may need to get access to the home of the cared-for person. Please could you give the details of someone (e.g. a neighbour) who will have a spare key (and alarm code if required).

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Work: _____

Mobile: _____

Alarm Code: _____

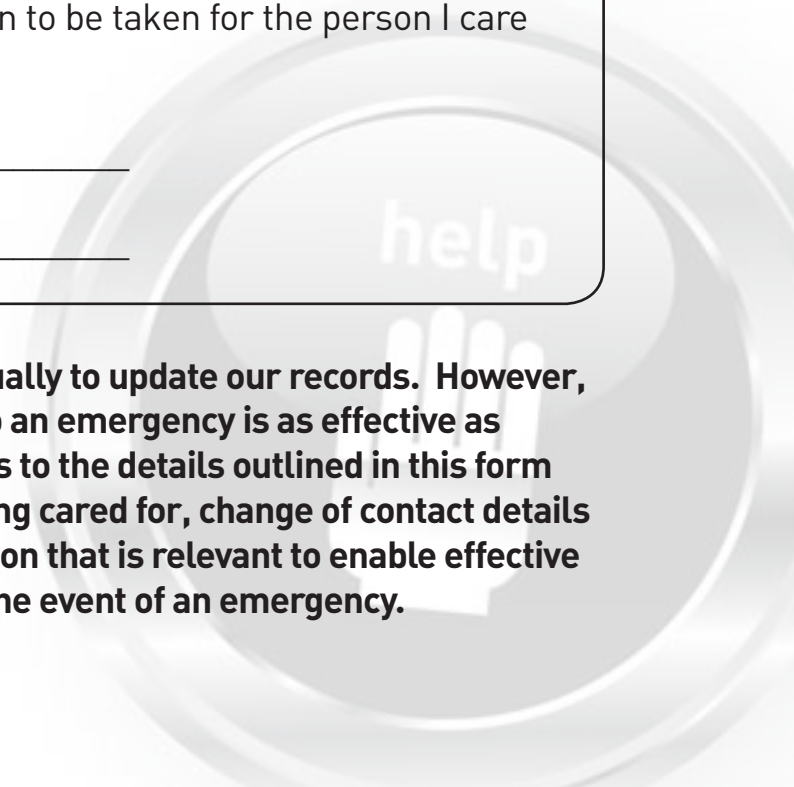
9) Declaration

I agree to my named emergency contacts being telephoned in an emergency. I also agree for this information to be shared with other agencies to enable appropriate action to be taken for the person I care for.

Signature: _____

Date: _____

IMPORTANT: We will contact you annually to update our records. However, in order to ensure that the response to an emergency is as effective as possible please alert us to any changes to the details outlined in this form e.g. change of needs of the person being cared for, change of contact details for named contacts, or other information that is relevant to enable effective and appropriate action to be taken in the event of an emergency.



Salford Carers Emergency Scheme

Information for Emergency Contacts

The Carers Emergency Scheme enables carers to plan for unforeseen emergencies. It will allow them to say how they would like the person they care for to be supported were there to be an emergency.

Your name and contact details have been given by:

This means that you could be contacted in the event of an emergency to attend to the immediate needs of:

or to make alternative arrangements for their care. Your contact details will only be shared for the purpose of enabling appropriate action to be taken for the person cared-for.

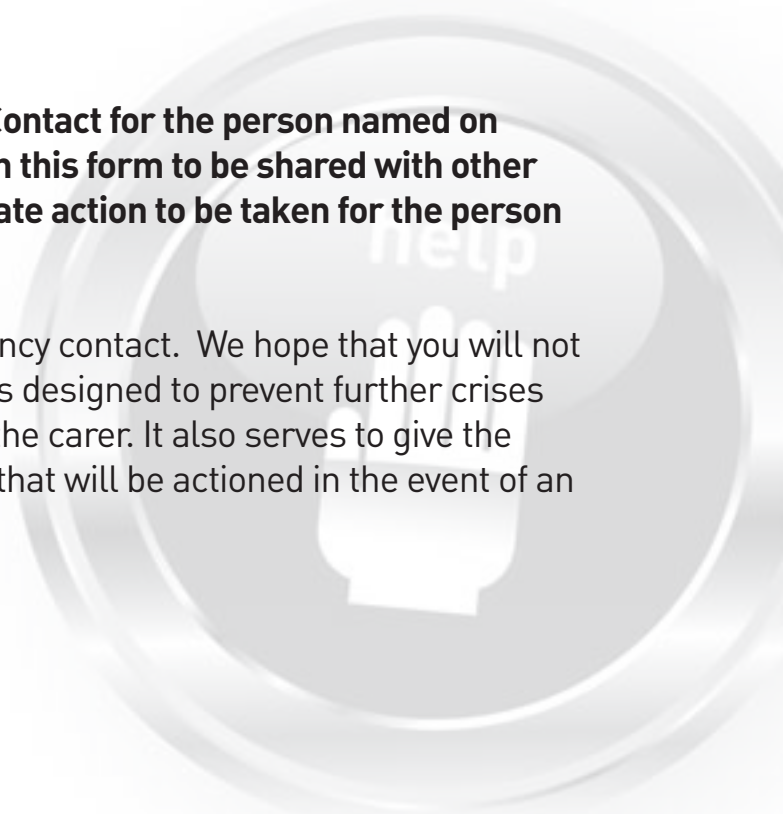
It is very important that you discuss the care needs of the person that is cared for with their carer and also what would be expected of you in the event of an emergency. You may need to familiarise yourself with their daily routines and any needs such as medication, diet, washing and dressing and mobility.

Please sign the Emergency Plan form where indicated. We would also recommend that you have a copy of the completed form and keep it somewhere safe at home. If you are called on to provide emergency care, you can always call the 24hour emergency number 0161 737 3822 if you need any information or advice.

Declaration

I agree to be named as an Emergency Contact for the person named on this form. I also agree for the details on this form to be shared with other nominated contacts to enable appropriate action to be taken for the person cared-for

Thank you for agreeing to be an emergency contact. We hope that you will not need to be called upon but the scheme is designed to prevent further crises in the event of something happening to the carer. It also serves to give the carer peace of mind that there is a plan that will be actioned in the event of an emergency.



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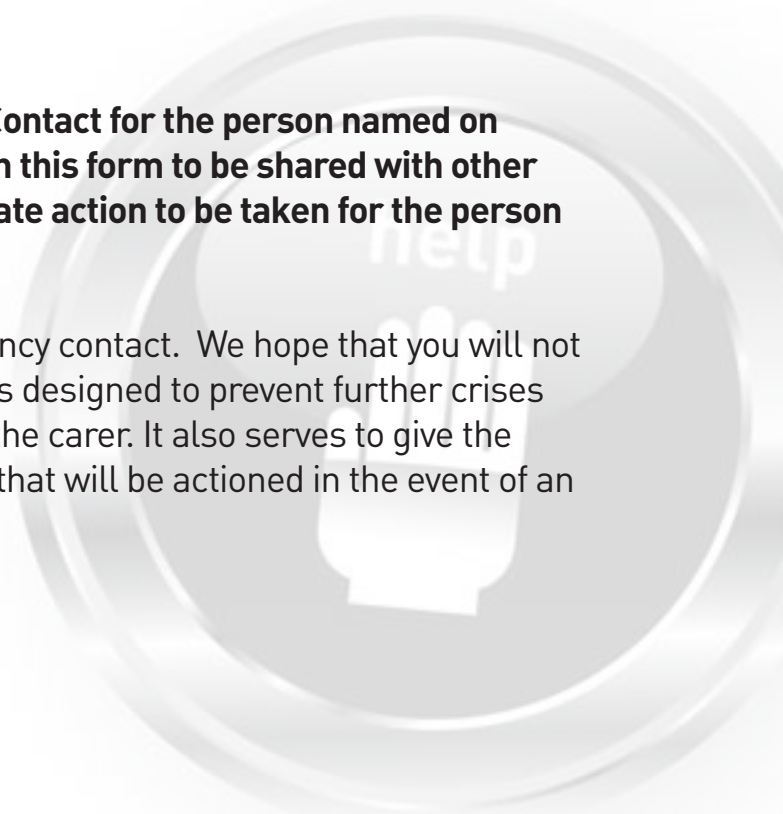
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