Family Carers Ireland
No one should have to care alone

Emergency Care Plan

This Emergency Care Plan is for

_____

(Please insert the name of the person you care for here)

Developed by _____ (primary family carer)

Date _____

This booklet is for family carers to record the care and support needs of the person they care for. In the event of an emergency, the people they nominate as an emergency contact can temporarily step in and know what those needs are.

Before you complete the plan, talk with:

1. **The person you care for (where possible).**
2. **The emergency contact you have nominated.**
3. **Other family members, healthcare professionals and people you trust.**

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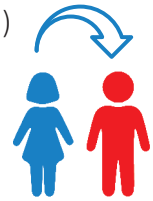
Emergency Scheme in 4 Steps:

1. **Complete the Emergency Care Plan** for the person you support. You can get one by contacting us via our website, Freephone Careline or by email.

2. **Nominate two people** (e.g. family members, friends or neighbours) who agree to step into your caring role if you are in an accident or emergency. This is an important part of the scheme. Include their details in the plan together with the details of agencies or services involved in supporting the person you care for.



3. **Return the plan to us** by post or email and we will send you out an Emergency Card. Carry the card with you and if something happens, the Emergency Services or a member of the public can call the dedicated 24/7 Freephone Emergency Helpline.

4. **When we receive a call**, we contact the people you have nominated. We ask them to step into your caring role and we share the Emergency Care Plan with them. If they are unavailable, we link with any agencies or services you have listed. If we cannot agree a plan at this point, or if it's outside of normal hours, we contact the Emergency Services or mobilise our partners from The Irish Red Cross, Order of Malta or a National Ambulance Service Community First Responder. A plan for the next 72 hours is then agreed.

Data Protection and Consent

Family Carers Ireland is legally obligated to ensure that your data and the data of those you refer to in the emergency care plan is protected. To ensure we can do this, please complete the following:

The person I care for is: **Under 18** ◯ **Over 18** ◯

If the person is over 18 do they have the capacity to provide consent to you to complete this Emergency Care Plan? **Yes** ◯ **No** ◯

Please Tick to Confirm ONE of the Following

✓

1. The person I am caring for is **under 18** and I consent to have their information shared with Family Carers Ireland, the Emergency Helpline run by Arema on behalf of Family Carers Ireland, the emergency contacts listed, statutory services listed and any other emergency service providers as part of this scheme. ◯

2. The person I am caring for is **over 18** and **does not have the capacity to consent** to have their information shared with Family Carers Ireland, the Emergency Helpline run by Arema on behalf of Family Carers Ireland, the emergency contacts listed, statutory services listed and any other emergency service providers. I am disclosing their personal data for the purpose of protecting the vital interests of the person I am caring for, whose welfare might be at risk if I, their family carer, fall ill or become incapacitated due to emergency or accident. ◯

3. The person I am caring for is **over 18** and **I have their consent** to share their information with Family Carers Ireland, the Emergency Helpline run by Arema on behalf of Family Carers Ireland, the emergency contacts listed, statutory services listed and any other emergency service providers as part of this scheme. ◯

Please Tick to Confirm the Following

The emergency contacts I have named are over 18 years of age and consent to have their information shared with Family Carers Ireland, the Emergency Helpline run by Arema and any other emergency service providers as part of this scheme. ◯

Authority to Act

In the event that Family Carers Ireland need to contact statutory agencies or emergency services to arrange care in the event that I am in an emergency situation, I consent to sharing of information about me and the person I care for and consent to Family Carers Ireland receiving information about me and the person I care for as necessary. ◯

Your Personal Details

Name _____

Address _____

_____

_____

Eircode _____

Phone Number _____

Mobile Number _____

Email _____

Personal Details of the Person You Care For

Name _____

Date Of Birth _____

Address _____

_____

_____

Eircode _____

Phone Number _____

Likes to be called _____

GP Name _____

GP Address _____

_____

_____

GP Phone Number _____

What Diagnosis/Disabilities Does the Person You Care For Have?

- **Arthritis** ..... ◯
- **Autistic Spectrum Disorder** ..... ◯
- **Behaviour/Development Issues** ..... ◯
- **Cancer** ..... ◯
- **Cerebral Palsy** ..... ◯
- **Dementia/Alzheimer's** ..... ◯
- **Diabetes** ..... ◯
- **Frail Older Person** ..... ◯
- **Hearing Loss** ..... ◯
- **Heart Condition** ..... ◯
- **Hydrocephalus** ..... ◯
- **Illness: Non-Life-Threatening** ..... ◯
- **Illness: Life-Threatening** ..... ◯
- **Intellectual Disability** ..... ◯
- **Mental Health** ..... ◯
- **MND / ALS** ..... ◯
- **Multiple Sclerosis** ..... ◯
- **Palliative Condition** ..... ◯
- **Parkinson's Disease** ..... ◯
- **Physical Disability** ..... ◯
- **Respiratory / Lung Condition** ..... ◯
- **Spina Bifida** ..... ◯
- **Stroke** ..... ◯
- **Substance Misuse** ..... ◯
- **Visual Loss** ..... ◯
- **Other** (please specify on the next page) ..... ◯

Please specify any other diagnosis/disabilities below:

The Person I Care for Can

- Communicate verbally ◯
- Manage their own medicines ◯
- Wash/dress themselves ◯
- Answer the door ◯
- Answer the phone ◯
- Go to the toilet alone ◯
- Get themselves something to eat/drink ◯
- Stay safely in the house independently for two hours or more ◯
- None of the above ◯

List of Medications

Name of Medicines/ Supplements	Dose	Time/s dose is to be administered	Special Instructions

Where in the person's house is their medication kept?

Does the person you care for need support to manage their medication?

Yes ◯ **No** ◯

If yes, what support is needed?

Pharmacy Name _____

Pharmacy Phone Number _____

Does the person have epilepsy? **Yes** ◯ **No** ◯

Does the person have any allergies? **Yes** ◯ **No** ◯

Does the person use Buccal for seizures or have an EpiPen for allergies?

Yes ◯ **No** ◯

If they use Buccal or have an EpiPen, where in the house are these kept?

External Care and Support Services

Main HSE[1] Contact (f applicable)_____

Phone Number _____

Day Service (if applicable):

Name of Service _____

Name of Main Contact _____

Phone Number _____

If the person you care for is under 18, and their care and support is linked to Tusla, please list main contact:

Name of Service _____

Name of Main Contact _____

Phone Number _____

Home Support / Personal Assistant Support (if applicable):

Name of Service _____

Name of Main Contact _____

Phone Number _____

Respite Service (if applicable):

Name of Service _____

Name of Main Contact _____

Phone Number _____

1 This could be a Public Health Nurse, Social Worker, Disability Manager, etc.

Other Issues That May Impact on the Person's Health and Wellbeing

Does the person have behaviours others need to be aware of? **Yes** ◯ **No** ◯

If yes, please describe.

Does the person need assistance to eat or drink? **Yes** ◯ **No** ◯

If yes, describe what help is required.

Does the person have a PEG, Jejunostomy or NG tube or require fluids to be thickened? **Yes** ◯ **No** ◯

If yes, where are the products and parts stored?

If you know the supplier(s) please list here (and a contact name / number if possible).

Does the person use any continence products? **Yes** ◯ **No** ◯

If yes, outline the type of continence products needed and their size.

If you know the supplier(s) please list here (and a contact name / number if possible).

Does the person require the use of a mobility aid e.g. hoist, wheelchair, walking stick, etc.?

Yes ◯ **No** ◯

Does the person have any sensory issues? **Yes** ◯ **No** ◯

If yes, describe them here.

Nominate Your Emergency Contacts

If there was an emergency and you were no longer able to provide care, do you have a trusted family member or friend who would be able to provide the full care the person requires for an emergency period of 1-72 hours? **Yes** ◯ **No** ◯

If NO, a Carer Support Manager will contact you when this form is received by us. We will explore this with you in more detail and if required, support you to contact the HSE to develop an agreed contingency plan.

If YES, please complete their details below and **ensure the contact numbers are correct.**

Emergency Contact One

Name _____

Address _____

_____

Eircode _____

Phone Numbers _____

Relationship to you, the carer? _____

Relationship to the person you care for? _____

Does this person have a key to the house of the person you care for? **Yes** ◯ **No** ◯

Emergency Contact Two

Name _____

Address _____

_____

Eircode _____

Phone Numbers _____

Relationship to you, the carer? _____

Does this person have a key to the house of the person you care for? **Yes** ◯ **No** ◯

Please note: If the person you have nominated does not have keys, think about if they would need a key and consider arranging to give them one in case an emergency happens.

Other Information

Use this space to tell us any other information that a person would need to know to provide care that isn't outlined above. For example, you could use this space to outline any physical activity or OT routines, psychosocial or spiritual needs (pray, meditate, church) etc.

You may include recreation / social activities, cultural or ethnic considerations.

Please also tell us about any issues we may have gaining access to the property and any potential risks e.g. a pet or if you're location is known to be high risk e.g. if there is antisocial behaviour.

How To Submit Your Emergency Care Plan

1. Email completed Emergency Care Plan to: emergencyscheme@familycarers.ie

2. **OR** post to:
   Emergency Scheme
   Family Carers Ireland
   Market Square
   Tullamore, Co. Offaly
   R35 PW50

3. **Alternatively** enter this plan directly onto the system via our website: **www.familycarers.ie**

This is a FREE scheme open to all family carers

What Now?

You will receive confirmation of receipt and you will be sent an emergency card in the post. Please carry it with you at all times and carry it where it would be easily located if you were unable to communicate. In the event of an emergency, if someone calls the number on the card, we contact the people you have nominated. We ask them to step into your caring role and we share the Emergency Care Plan with them. If they are unavailable, we link with any agencies or services you have listed. If we cannot agree a plan, at this point we contact the Emergency Services or our team of volunteers from The Irish Red Cross, The Order of Malta or the National Ambulance Service Community First Responders.

You will be contacted by email to remind you to review and update this plan twice a year to make sure that the information we have is accurate and up to date. **It is your responsibility to notify us of any changes to the plan.**

Other Things You Can Do

- Discuss your plan with your emergency contacts and provide them with a copy or let them know where they can find it. Provide them with a house key if required.
- Make sure the information is regularly updated.
- Consider downloading the social story about the emergency scheme - this is a great tool to use to explain the scheme to the person you care for.
- Find out your Eircode and make sure it is available close to the phone or the front door of the house in case of an emergency.
- Make sure you have enough medication for the person for a month – please don't stockpile medication as others who need it may not have access to it.
- In the event of an emergency, please contact 999.
- Try to relax and know that you have a plan in the event of an emergency situation.

This document was developed by Family Carers Ireland in response to the COVID-19 outbreak at the request of our members but it can be used for any emergency.

If you would like to share your experience of completing this document or using this plan, we would love to hear from you. If there is additional information you would like to see included in future versions, please contact us by email at **emergencyscheme@familycarers.ie**

Family Carers Ireland provides services and supports to carers of all ages across Ireland. This support includes access to our National Freephone Careline 1800 24 07 24 where you can receive information and support, join the emergency scheme, find out about carer support groups, get information about rights and entitlements, receive home care, respite, engage in one-to-one counselling, get support through advocacy, and participate in education and training and other activities designed to give you a break.

See www.familycarers.ie to become a member and get access to a range of supports and membership benefits including discounts for a large number of services and products.

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AMBULANCE CORPS

National Freephone Careline **1800 24 07 24**

Emergency Scheme, Family Carers Ireland,
Market Square, Tullamore, Co. Offaly, R35 PW50

www.familycarers.ie

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