



Midlothian

## **Emergency Plan**

Please use the details in this plan to arrange or provide emergency care for:

Name of person:

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# Personal details of the person being cared for

Date Emergency Plan created

Name and known as/prefers to be called

Address

Date of Birth

Religion/Faith

Telephone numbers

Next of Kin (name & phone number)

1st point of contact if different to Next of Kin (name & phone number)

Is a guardianship order in place? Please provide details

Is there a Power of Attorney? Please provide details

Likes

Dislikes

## Personal details of the person being cared for

# Needs of the person being cared for

## Personal Care



## Mobility



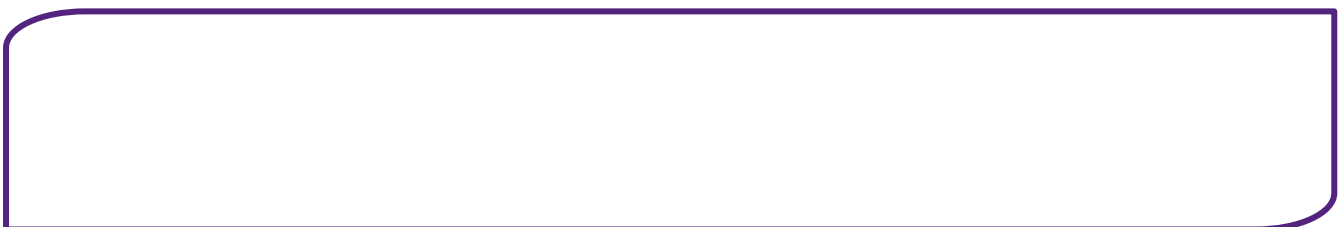
## Vulnerabilities



## Triggers and strategies



## Other



# Routine

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

# Emergency Contacts

<b>Name</b>	
<b>Address</b>	
<b>Home Number</b>	
<b>Mobile Number</b>	
<b>Work Number</b>	
<b>Relationship</b>	
<b>Keyholder?      Yes/No</b>	
<b>What help can they provide in an emergency? Days/Times, care and support, transport etc.</b>	
<b>Please sign to acknowledge you have read this plan and can help in an emergency</b>	

<b>Name</b>	
<b>Address</b>	
<b>Home Number</b>	
<b>Mobile Number</b>	
<b>Work Number</b>	
<b>Relationship</b>	
<b>Keyholder?      Yes/No</b>	
<b>What help can they provide in an emergency? Days/Times, care and support, transport etc.</b>	
<b>Please sign to acknowledge you have read this plan and can help in an emergency</b>	

# Emergency Contacts

## Guidance

If you require any additional Emergency Contacts follow the steps below:

- Highlight table above
- Select Copy
- Click below this box
- Select Paste
- Move to new page if required
- Repeat if necessary

**Are there any important gaps which would need help from others i.e. social work/health?**



# Health

**Health Conditions**

**Allergies**

**Where is medication kept?**

**Name and address of pharmacy**

**Name and address of GP**



# Food

## Special Dietary Requirements

A large, empty rounded rectangular box with a purple border, intended for entering special dietary requirements.

## Support needed at mealtimes

A large, empty rounded rectangular box with a purple border, intended for entering support needed at mealtimes.

# Communication

Alternative communication methods e.g. Makaton, British Sign Language, behaviour cues

## Pets in household (if applicable)

Name	Species	What are the emergency care arrangements?

## Other relevant information

# Useful Contacts/ Consent

## Care Agency

<b>Name</b>	
<b>Address</b>	
<b>Contact Number</b>	
<b>Care provided (days, hours etc.)</b>	

## Social Worker/ Care Manager

<b>Name</b>	
<b>Address</b>	
<b>Contact Number</b>	

## Other

<b>Name</b>	
<b>Address</b>	
<b>Responsibility</b>	
<b>Contact Number</b>	

## Guidance

## Useful Contacts/ Consent

If you require any further additional Useful Contacts follow the steps below:

- Highlight relevant table above
- Select Copy
- Click below this box
- Select Paste
- Move to new page if required
- Repeat if necessary

**Where will a hard copy of this plan be kept?**

**This plan has been shared with the following people (by the carer):**

**I agree with the content of this plan (signature of the person being cared for or their Welfare Guardian/ POA)**

**I give permission for this plan to be shared with Health and Social Care (person being cared for or their Welfare Guardian/ POA)**

Yes (permission given)

No (permission not given)

## Useful Contacts/ Consent

If the person being cared for is unable to sign/give permission please note their involvement and understanding of the emergency plan

Name of the carer and known as/prefers to be called

I agree with the content of this plan (signature of the carer)

I give permission for this plan to be shared with Health and Social Care (carer)

Yes (permission given)

No (permission not given)

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ENABLE Scotland is funded by The Scottish Government to deliver the 'Picking Up The Pieces' project which will increase access to emergency planning for carers across Scotland.



**ENABLE Scotland**

Leading the way in learning disability

ENABLE Scotland is a charity registered in Scotland No SC009024.