



**NHS**

**Birmingham and Solihull  
Mental Health**  
NHS Foundation Trust

# Carers, family and friends emergency planning booklet



**Date completed:**

**Copies sent to:**

Name	Job title

**Date to be reviewed for changes:**

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# Agreement

Thank you for agreeing to be an emergency contact for:

..... (service user's name)

**Please keep this document in a safe place.**

**Please let me know if there are any changes in your contact details or circumstances.**

**If there are any changes to how you are able to support us, please let me know as soon as possible.**

**I have agreed to the information contained about me to be shared with any of the emergency contacts and support services listed in this document as necessary in order to support me in case of an emergency arising relating to my carer/the person who supports me.**

Signed by service user:

Print name:

Date:

Witness (if necessary):

This emergency plan is to be passed to all organisations and people involved in your relative's or friend's care.

## About you (the carer)

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Date of birth:</b>	
<b>Your relationship to the person you care for:</b>	
<b>Other information:</b>	

## About the person you care for

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Date of birth:</b>	<b>NHS number:</b>

## Other professional people involved with the person you care for

<b>Mental health team/ care co-ordinator/ key worker</b>	<b>Name:</b>
	<b>Team:</b>
	<b>Address:</b>
	<b>Telephone:</b>
<b>GP</b>	<b>GP name:</b>
	<b>Surgery/Practice:</b>
	<b>Telephone:</b>
<b>Social worker</b>	<b>Name:</b>
	<b>Company:</b>
	<b>Address:</b>
	<b>Telephone:</b>
<b>Other support worker</b>	<b>Name:</b>
	<b>Team:</b>
	<b>Address:</b>
	<b>Telephone:</b>
<b>Advocate</b>	<b>Name:</b>
	<b>Address:</b>
	<b>Telephone:</b>
<b>Other</b> (e.g. home care agency)	<b>Name:</b>
	<b>Company:</b>
	<b>Address:</b>
	<b>Telephone:</b>

# Emergency contact details

Please list up to two contacts, e.g. family, friends, neighbours who have agreed to look after the cared for person in an emergency situation.

**Before you complete this section, you MUST ask the person if they agree**

- a) to be the emergency carer and
- b) for their details to be given on this form.

## Emergency contact 1

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Your relationship to the person you care for:</b>	
<b>Do they have access to keys to the cared for person's home?</b> Yes      No	
<b>In what way can they help the person requiring care and support?</b>	

## Emergency contact 2

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Your relationship to the person you care for:</b>	
<b>Do they have access to keys to the cared for person's home?</b> Yes      No	
<b>In what way can they help the person requiring care and support?</b>	

# Regular routines

Include appointments and activities.

Day		Place	Notes
Monday	AM		
	PM		
Tuesday	AM		
	PM		
Wednesday	AM		
	PM		
Thursday	AM		
	PM		
Friday	AM		
	PM		
Saturday	AM		
	PM		
Sunday	AM		
	PM		

# Daily living

**Who would the cared for person like to be contacted to support them in an emergency situation** (friend, other relative or support worker, etc.)?

**Where are medications kept and what is the medication routine?**

**Is there a medication that needs to be monitored, for example, clozapine?**

**Does the cared for person have any physical health needs?  
If yes, what is in place for them to support them?**

**Please give information about any communication difficulties, for example, hearing or sight, and how these should be managed?**

**What allergies, if any, does the cared for person have?** (food or medication)

**What dietary requirements, if any, does the cared for person have?**

**Are there any religious or cultural considerations to be aware of?**



**Likes and dislikes** (e.g. food, interests)

**How should the emergency contact approach certain situations?  
Are there things he/she shouldn't say?**

**What would cause the least distress to the cared for person?**

**Are there any behaviour cues that would be helpful to an interim carer to be aware of?**

**Access to finances. Is the person you care for able to manage their own money and pay bills etc? If not, what is in place?**

**What arrangements are in place to support the cared for person who has dependants, for example, children, etc.?**

**Does the cared for person need an interpreter? If yes, what are the arrangements for this?**

**Other information**

## Any other information

A large empty rectangular box with a thin black border, intended for providing additional information.

# Notes

A series of horizontal dotted lines for writing notes.

[www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)

**Main switchboard: 0121 301 0000**



Birmingham and Solihull  
Mental Health NHS  
Foundation Trust Charity