

Adult Social Care CRESS Emergency Plan



| | | | | | |
|---|--|------------------------------|--|--|--|
| Carer's name: | | Social Care ID : P | | Completed by: | |
| Address | | | | | |
| Postcode | | Current phone number | | | |
| Mobile phone number | | Email address | | | |
| Carers Next of Kin | | | | | |
| Name | | | | | |
| Address | | | | | |
| Postcode | | Current phone number | | | |
| Mobile phone number | | Email address | | | |
| Who could help out in an emergency? | | | | | |
| Does the person you care for currently receive support from a care agency, personal assistant or private carer? If yes please give details below: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Provider | | | | | |
| Address | | | | | |
| Tel | | Email | | | |
| Important: Adult Social Care may contact the current care provider to provide support in an emergency. | | | | | |
| Do you have family or friends who are willing and able to support the person you care for in an emergency? If yes please give details below: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Important: The carer must get consent from all their emergency contacts. The emergency plan cannot be registered until all contacts have signed and agree to be contacted to provide support in an emergency | | | | | |
| Contact 1 | | | | | |
| Name/s: | | | | | |
| Address: | | | | | |
| Tel: Home | | Mobile | | | |
| Tel: Work | | Email | | | |
| Relationship to the Cared for person: | | | | | |
| I agree to be contacted in an emergency to provide support and that my information can be shared, on a need to know basis with other people or organisations. | | | | | |
| Signature | | | | Date | |
| Is this person a key holder? | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Contact 2 | | | | | |
| Name/s: | | | | | |
| Address: | | | | | |
| Tel: Home | | Mobile | | | |
| Tel: Work | | Email | | | |
| Relationship to the Cared for person: | | | | | |
| I agree to be contacted in an emergency to provide support and that my information can be shared, on a need to know basis with other people or organisations. | | | | | |
| Signature | | | | Date | |
| Is this person a key holder? | | Yes <input type="checkbox"/> | | <input type="checkbox"/> No | |

Contact 3

| | | | |
|---|------------------------------|-----------------------------|------|
| Name/s: | | | |
| Address: | | | |
| Tel: Home | | Mobile | |
| Tel: Work | | Email | |
| Relationship to the Cared for person: | | | |
| I agree to be contacted in an emergency to provide support and that my information can be shared, on a need to know basis with other people or organisations. | | | |
| Signature | | | Date |
| Is this person a key holder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

About the person you care for

| | | | | | |
|--|--|-----------------------------|---------------------|--|----------|
| Surname | | Title | | Social Care ID | P |
| Given name | | | Preferred name | | |
| Address | | | | Postcode | |
| Current phone number | | | Mobile phone number | | |
| Email address | | | Date of birth | | Age |
| Does the person you care for consent to their information being shared with other organisations/ professionals for the purpose of assessing and meeting their needs in the event of an emergency situation? | | | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Unable to consent | |
| <input type="checkbox"/> Yes with limitations (please detail) | | | | | |
| Signature: | | | | Date: | |

Details of any dependent children in the household

| | | | |
|--|--|-----|--|
| Name | | DoB | |
| Name | | DoB | |
| Name | | DoB | |
| Name | | DoB | |
| Will the needs of the children also be met as set out in this plan? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, is there anyone else we should contact? (Please detail below.) | | | |

| | | | |
|---------------------|--|-------|--|
| Name | | Tel | |
| Mobile | | Email | |
| Relationship to you | | | |

Cared for persons property information

| | | | |
|--|---|-----------------------------|-----------------------------|
| House/Bungalow/Flat (please specify below) | | | |
| Ground Floor | First Floor | Other | |
| Animals in property | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Please specify: |
| Can the cared for person answer the door? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Spare key kept? | <input type="checkbox"/> Yes (detail below) | | <input type="checkbox"/> No |
| Name | | | |
| Address | | | |
| Current phone number | | | Mobile phone number |
| Key safe? | <input type="checkbox"/> Yes (detail access code holder & code) | Code: | <input type="checkbox"/> No |

| | | | |
|--|--|---------------------|--|
| Name | | | |
| Address | | | |
| Current phone number | | Mobile phone number | |
| If the address is difficult to find please give a local landmark to identify the property | | | |
| | | | |

| | | |
|--|------|--|
| G.P Details of Cared for person | Name | |
| Surgery Address | | |
| Tel | | |

| | | | | | |
|------------------------|---|-------------------------|--------------------------|--------------------|--------------------------|
| Medical Details | Does the cared for person experience any of the following? (please specify) | | | | |
| Alzheimer's Disease | <input type="checkbox"/> | Hard of Hearing | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Dementia | <input type="checkbox"/> | Swallowing Difficulties | <input type="checkbox"/> | Stroke / TIA | <input type="checkbox"/> |
| Confusion | <input type="checkbox"/> | Parkinson's Disease | <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> |
| Forgetfulness | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> | Renal Problems | <input type="checkbox"/> |
| Mental Health Problem | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Arthritis | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> | Low Blood Pressure | <input type="checkbox"/> | Osteoporosis | <input type="checkbox"/> |
| Autistic Spectrum | <input type="checkbox"/> | Heart Problems | <input type="checkbox"/> | Poor mobility | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Breathing Difficulties | <input type="checkbox"/> | Prone to falls | <input type="checkbox"/> |
| Deaf | <input type="checkbox"/> | Requires Oxygen | <input type="checkbox"/> | Wheelchair user | <input type="checkbox"/> |

Other: (please specify) e.g any allergies the cared for person may have or any other medical information you think is important

Medication

Does the person you care for take regular medication? Yes No

If the person you care for needs help with their medication, please tell us where the medication is stored. It is helpful to keep a current prescription with their medication.

Health Tasks

Does the person you care for need support with nursing tasks? E.g. wound care, injections. Please describe the type of task, frequency, who carries out the task.

| | | |
|------------------------------|-----------------------------|----------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Details: |
| | | |

Communication

Please describe any communication difficulties the cared for person has e.g. language, interpretation, speech, hearing

Moving & Handling Does the cared for person require assistance with:

| | | | |
|------------------------|--|-----------------------------|----------|
| Moving around the home | <input type="checkbox"/> Yes (please specify) | <input type="checkbox"/> No | Details: |
| | | | |

| | | | |
|-----------------------|--|-----------------------------|----------|
| Transfers | <input type="checkbox"/> Yes (please specify) | <input type="checkbox"/> No | Details: |
| Getting out and about | <input type="checkbox"/> Yes (please specify) | <input type="checkbox"/> No | Details: |

Equipment

Does the cared for person use mobility aids?
(e.g. hoist, frame, commode) Yes (please specify) No

Safety during the day/night

During the **DAY**, how long (if at all) can the cared for person be safely left on their own?

During the **NIGHT**, how long (if at all) can the cared for person be safely left on their own?

What do you do for the person you care for?


| | Day | Night | No support needed |
|---|--------------------------|--------------------------|--------------------------|
| Personal care (e.g. dress, wash, toilet eat/drink) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health needs (e.g. dressings, injections) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving and Handling (e.g. helping with getting in/out of chair/bed, walking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety during the day/night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Planning/management (e.g. dealing with letters/services, managing finances) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Support (e.g. providing company/dealing with crises) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Day to day activities (e.g. meals/laundry/transport outside the home/leisure/) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please use this space to give more details about the care and support you provided or to tell us anything else not included.

| | | | |
|----------------------|--|-----------------------|--|
| Carer's signature | | Date | |
| Assessor's signature | | Date | |
| Completed by | | | |
| Role profession | | Contact details (tel) | |

East Sussex County Council, Adult Social Care will send the CRESS Emergency Plan to: **Wellbeing, Greencoat House, 3rd Floor, 32 St Leonard's Road, Eastbourne, BN21 3UT**

Fax: 01323 636398 Email: CRESS@welbeing.org.uk

 **Data Protection Act 1998** East Sussex County Council will only process the information you have provided in this form for the purpose of administering your care arrangements. Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud. For further information, see www.eastsussex.gov.uk/dataprotection

Carers Respite Emergency Support Service (CRESS)

This short guide tells you how CRESS works and what you may need to think about when completing your emergency plan.

Who is CRESS for?

It is for people who provide support to a relative or friend 18+ with a long-term illness, disability or who is older and frail.

What does the Carer Respite Emergency Support Service do?

CRESS aims to give carers peace of mind that the person they care for would be supported should they be temporarily unable to provide care due to an emergency.

Your emergency plan should have details of family member(s) or friend(s) and / or a care provider who will provide support to you and the person you care for in the event of emergency. These alternative care arrangements should be able to respond as soon as possible and be able to provide support for up to 48 hours (72 hours at weekend). However, WEL can be contacted again if your emergency contacts need help or are unable to remain for the duration of the emergency.

Your emergency plan is held by Wealden & Eastbourne Lifeline (WELbeing) who operates 24 hours a day, 365 days a year. The information will only be used to support the carer and the person you care for in the event an emergency.

Your carer's card shows:

- A unique identification number (ID)
- The number to call in an emergency

In an emergency, you, or someone else, can call the number and quote the carer's ID number. WEL will contact your emergency contact(s) to tell them their support is needed. If the card and ID number is unavailable you can still call WEL stating your name and / or the name of the person you care for and they will be able to look up your emergency plan.

What happens if my emergency contacts are unavailable or I don't have any on my emergency plan?

If the person you care for has support from a care provider or personal assistant Adult Social Care will ask them to provide extra support. If you do not have any emergency contacts, or they are unavailable to respond, Adult Social Care will make contact with you, or a person on your behalf, to find out what support is needed for the person you care during your emergency. Adult Social will try to provide support to the person you care for in their own home, but in some circumstances a residential or nursing placement may be the safest option.

How much will it cost?

There is no charge to register an emergency plan with CRESS. Any support arranged by Adult Social is **free** for the first 48 hours (72 hours at weekends). After that, Adult Social Care's usual charging policies will apply if the person you care for needs support for longer.

What is an emergency?

- Unplanned admission to hospital following an accident or a medical emergency
- Becoming unwell suddenly or injured and unable to carry out your usual caring role, even if you are not in hospital.
- Family emergency, such as a relative or other dependent being taken ill or a death in the family; a domestic emergency which must be dealt with (i.e. fire, flooding)
- Risk to employment on a particular occasion. For example, unexpected or unplanned changes to your usual work routine, such as a need to travel away from home/work base
- Breakdown of care arrangements

Is a funeral an emergency?

No as there is usually several days' notice before a funeral. However, where a funeral is to take place within 24 hours this can be considered as an emergency.

Is going into hospital for surgery an emergency?

Not if you have a planned admission i.e. you have been given a date in the future for elective surgery. In these circumstances this is **not** an emergency, however, if the hospital rings to say they have got a bed that day that would be an emergency. If you need surgery and you think the person you care for may need support contact Adult Social Care at:

Health and Social Care Connect

Phone: 0345 60 80 191

Text: 07797 878 111

Minicom via type talk – 18001 0345 60

What happens if I can still provide some care? Is that an emergency?

There may be occasions when you suddenly become unwell or an accident may leave you unable to do certain things. In these circumstances Adult Social Care will discuss with you or a person on your behalf options available to support with those particular tasks.

What happens if the emergency lasts for more than 48 hours?

If you are unable to care after 48 hours (72 hours at weekends) you or someone on your behalf should contact Health and Social Care Connect as soon as possible to discuss longer-term support options.

What do I do if my circumstances change?

If there are any changes you should contact WEL who can update your records. The phone number to call is on your card.

Can I have more than one emergency in a year?

Yes. If you are unlucky to have more than one emergency you can use CRESS. If it appears that your health is suffering frequently and is affecting your caring role you may want to think about getting additional support for yourself and / or the person you care for. You can do this by calling Health and Social Care Connect (see page 2).

Can I use this service to get more support if the person I care for becomes ill?

No. In these circumstances you should contact Health and Social Care Connect (see page 2).

What happens if my card is lost, stolen or damaged?

- If your card is lost or damaged there will be a charge for replacement to cover administration costs.
- If your card has been stolen you should report the loss to the police. We will replace it free of charge provided you supply a crime number issued by the police.

And finally

We hope that you never find yourself in a situation where you need to activate your emergency plan. However, we trust that the fact that you have made these arrangements does indeed give you 'peace of mind'.

Carers say that by completing a plan and discussing this with family and friends, they are more prepared for any emergency or unforeseen situations.