

# Emergency Care Plan



Emergency  
Card



**I am a Family Carer**

I care for someone who depends on me.  
Please call the 24/7 Freephone Emergency  
Helpline on **1800 10 20 30** to help ensure  
the person I care for is safe. Thank you.

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.

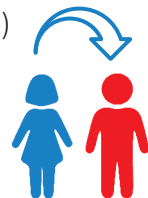


## Emergency Scheme in 4 Steps:

- 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 \_\_\_\_\_ Eircode \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Mobile Number \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

## Personal Details of the Person You Care For

Name \_\_\_\_\_ Likes to be called \_\_\_\_\_  
Date Of Birth \_\_\_\_\_  
Address \_\_\_\_\_ GP Name \_\_\_\_\_  
\_\_\_\_\_ GP Address \_\_\_\_\_  
\_\_\_\_\_ Eircode \_\_\_\_\_  
Phone Number \_\_\_\_\_ GP Phone Number \_\_\_\_\_

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

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



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<sup>1</sup> Contact (if 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).

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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).

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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**

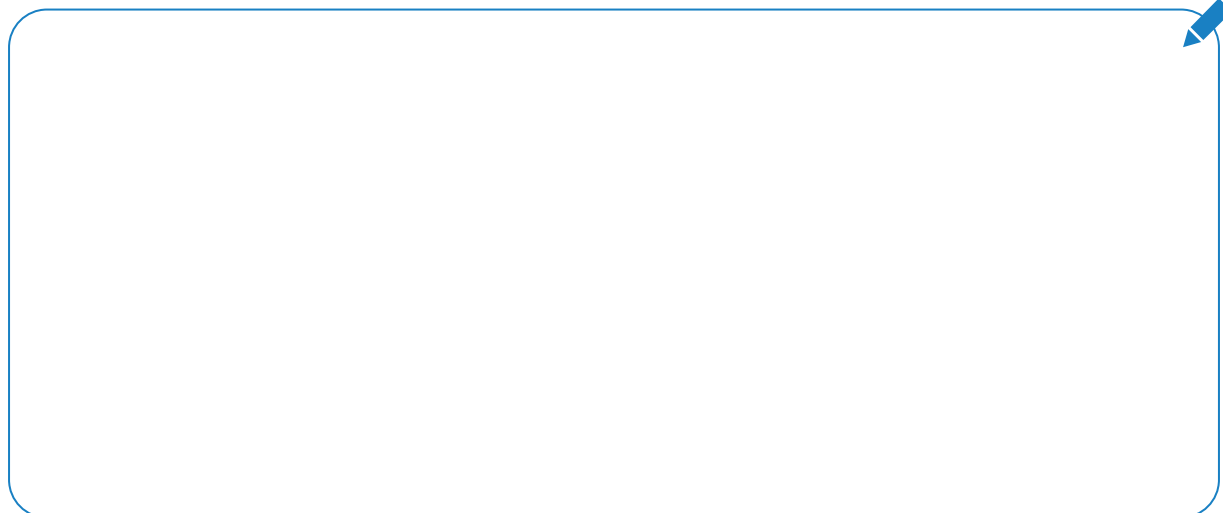
**Please note:** If the person you have nominated does not have keys, think about if they would need a key and consider arranging to give them one in case an emergency happens.

## 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](mailto: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](http://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](mailto: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](http://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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National Freephone Careline **1800 24 07 24**  
Emergency Scheme, Family Carers Ireland,  
Market Square, Tullamore, Co. Offaly, R35 PW50  
[www.familycarers.ie](http://www.familycarers.ie)



Family  
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No one should have to care alone