

## **'MUST DO' CARE PLANNING**

### **Emergency Task Plan**

#### **Guidelines for completion:**

Please see attached pro-forma to be completed by worker for appropriate persons in order to meet critical needs.

**NB: Manager to agree and sign off as critical needs.**

**REMEMBER THE PERSON IS UNLIKELY TO HAVE THEIR USUAL CARER AND IS UNLIKELY TO RECEIVE THE NUMBER OF VISITS THEY WOULD NORMALLY.**

- **Personal details:**

Please complete as pro-forma adding any other essential information you feel is relevant to the person. Include such things as:  
Informal care arrangements / people who may be able to help me in the event of an emergency.

- **Things you need to know about me: Include such things as:**

Allergies

What I can normally do.

Informal carer

Communication requirements.

Risks to safety - eg falls, stairs, lifeline, wandering.

Safeguarding issues eg Locking doors, closing curtains.

Equipment.

- **Keeping Me Safe:**

Identify critical needs. Eg Life-threatening.

List tasks required with relevant useful information. Include such things as:

Nutrition and Fluid Intake

Personal Care

Warmth

Medication

Toileting

Skin Integrity

Safeguarding

Mobility - Handling

**NB: PLEASE NOTE - THESE ARE EXAMPLES ONLY AND YOU MUST IDENTIFY THE INDIVIDUAL CRITICAL NEEDS ONLY AS TASKS TO BE MET IN THE EVENT OF UNFORESEEN CIRCUMSTANCES.**

**Emergency Task Plan**  
**To be used in the event of Unforeseen circumstances.**

<b>NAME:</b>	Minnie Mouse
<b>ADDRESS:</b>	Mouse Hall, Mouse Land
<b>DATE OF BIRTH:</b>	08:08:08
<b>SWIFT NUMBER:</b>	050505
<b>GP:</b>	Dr Ratty
<b>ADDRESS:</b>	Rodent House, Mouse Land
<b>TELEPHONE:</b>	01423 858585
<b>NEXT OF KIN:</b>	Mickey Mouse
<b>KEY NYCC WORKER:</b>	Molly Mole
<b>TELEPHONE:</b>	01609 585858
<b>FLU FRIEND:</b>	Walter Weasel
<b>TELEPHONE:</b>	01482 558855

**OTHER PEOPLE WHO MAY BE ABLE TO HELP ME:**

Pub. The Rat and Parrot. Tel:  
 Neighbour (number 8). Tel:  
 Warden. Tel:  
 Local shop delivery.  
 Fish and chip shop.

**THINGS YOU NEED TO KNOW ABOUT ME:**

I can feed myself.  
 I am allergic to shellfish.  
 My medication is kept in the fridge.  
 I cannot get upstairs by myself safely.  
 I use a walking stick and need it with me at all times.

<b>KEEPING ME SAFE:</b>	<b>USEFUL INFORMATION:</b>
Light coal fire and bring coal in each day.	Coal delivered each Monday. Coal kept in coal shed next to garage.
Make me breakfast, lunch and tea and leave in the fridge.	Leave me a flask of coffee and soup and a jug of orange juice.
Leave me my medication out.	Kept in kitchen cupboard / fridge.
Lock my door when you leave.	Key safe number: LA 5858
I am at risk of falling	Walking and stick to be near me.
Take me to the toilet before you leave.	Leave my commode close by.

<b>Emergency Task Plan</b> <b>To be used in the event of Unforeseen circumstances</b>
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<b>NAME:</b>	
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<b>NEXT OF KIN:</b>	
<b>KEY NYCC WORKER:</b>	
<b>TELEPHONE:</b>	
<b>FLU FRIEND:</b>	
<b>TELEPHONE:</b>	

<b>OTHER PEOPLE WHO MAY BE ABLE TO HELP ME:</b>

<b>THINGS YOU NEED TO KNOW ABOUT ME:</b>

<b>KEEPING ME SAFE:</b>	<b>USEFUL INFORMATION:</b>

Date completed: \_\_\_\_\_

Key Worker: \_\_\_\_\_