‘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.

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

**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.

**KEEPING ME SAFE:**
- Light coal fire and bring coal in each day.
- Make me breakfast, lunch and tea and leave in the fridge.
- Leave me my medication out.
- Lock my door when you leave.
- I am at risk of falling
- Take me to the toilet before you leave.

**USEFUL INFORMATION:**
- Coal delivered each Monday. Coal kept in coal shed next to garage.
- Leave me a flask of coffee and soup and a jug of orange juice.
- Kept in kitchen cupboard / fridge.
- Key safe number: LA 5858
- Walking and stick to be near me.
- Leave my commode close by.
# Emergency Task Plan

To be used in the event of Unforeseen circumstances

| NAME: |  |
| ADDRESS: |  |
| DATE OF BIRTH: |  |
| SWIFT NUMBER: |  |
| GP: |  |
| ADDRESS: |  |
| TELEPHONE: |  |
| NEXT OF KIN: |  |
| KEY NYCC WORKER: |  |
| TELEPHONE: |  |
| FLU FRIEND: |  |
| TELEPHONE: |  |

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

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

**KEEPING ME SAFE:**

**USEFUL INFORMATION:**

Date completed: ______________________

Key Worker: _________________________