

## CARERS CORONAVIRUS 'COVID-19' CARE PLAN

(PLEASE USE BLOCK CAPITALS)

**How to use this form:** Complete this form if you are providing support to somebody who would have difficulty managing if you were taken unwell, or were to show symptoms of Coronavirus 'Covid-19'. Write down all the things you do to support the person in the relevant sections.

Keep it in a safe accessible place and give it or the information on it to anyone that needs to support the person you care for should you be unable to.

Be sure to inform anyone that supports you if you are showing symptoms, have been tested and the result of any test.

**If you become unwell and are unable to continue to provide support contact:**

**Care Direct** (if you care for someone in Bournemouth or Christchurch) **01202 454979**

**Adult Social Care Helpdesk** (if you care for someone in Poole) **01202 633902**

**There is also a dedicated Coronavirus support line 0300 123 7052 8am-8pm, 7 days a week**

<b>YOUR DETAILS (CARER)</b>	
NHS No (if known)	
Surname:	Mr / Mrs / Miss / Ms
First Name:	
Address:	
Post Code:	
Home Tel No:	Mobile No:
Relationship to the person being cared for:	
<b>DETAILS OF PERSON BEING CARED FOR</b>	
<b>Is this person someone who has been identified by the NHS as someone at risk of severe illness if they catch the Coronavirus</b>	<b>Yes / No</b>
NHS No (if known)	
Surname:	Mr / Mrs / Miss / Ms
First Name:	
Preferred Name:	
Address:	
Post Code:	
Home Tel No:	Mobile No:
Date of Birth:	

**SUPPORT AND INFORMATION**

Please complete all relevant sections and if you need more space continue on the blank pages provided at the end of this form

**The support you provide**

1	Please give details of all the things you do for the person you care for e.g helping them to get dressed, with personal care etc.

**Medical information**

2	Name of cared for persons GP:
	Surgery address:  Post code:
3	Please give details of any current medical conditions and health or care needs: for example pressure sores. Please do not list medication on this form, keep a copy of the latest prescription with this form.

<b>Medical information continued</b>		
<b>4</b>	Does the cared for person have diabetes?	Yes / No
	If yes, how is it controlled?	
	Do they need help or manage independently?	
<b>5</b>	Does the cared for person have any allergies?	Yes / No
	If yes, what are they allergic to:	
<b>Medication</b>		
<b>6</b>	Does the cared for person take any medication:	Yes / No
	If yes, where is the medication kept:	
	Can they manage their medication without your support:	Yes / No
	Is there a copy of their latest prescription kept in a 'Lions Emergency message in a bottle' in the fridge? If No, where is it kept?	Yes / No
<b>Care plan</b>		
<b>7</b>	Does the cared for person have home care or use the Home Based Support (Sitting Service)?	Yes / No
	Agency Name:	
	Days / Times:	



<b>13</b>	List any multi-cultural or spiritual needs of the person being cared for Please state:	
<b>14</b>	Is the person you care for aware of the details being held on this plan:	Yes / No
	If not, please explain why as this may help the person/people who are providing the emergency support	
<b>15</b>	Is the cared for person a LIFELINE or Careline client:	Yes / No
<b>Communication</b>		
<b>16</b>	Is the cared for person able to communicate easily?	Yes / No
	Do they understand what other people are saying?	Yes / No
	If no (to either of above), what helps them to communicate best: for example uses hearing aids, needs interpreter	
<b>17</b>	Does the cared for person smoke?	Yes / No
	If yes, do you feel they may cause a fire if smoking unsupervised?	Yes / No
<b>Heating</b>		
<b>18</b>	Where are the heating controls where the cared for person lives:	
<b>Mobility</b>		
<b>19</b>	Does the cared for person need help with getting about? For example uses mobility aids, visually impaired	Yes / No
	If yes, please describe:	
<b>20</b>	Can the cared for person weight bear?	Yes / No
	If not, is there a hoist where they live?	Yes / No

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Please give details of any other information you wish to give about the person you care for that would help with supporting them, e.g. likes and dislikes, interests, hobbies:

Animals		
<b>23</b>	Are there any pets where the cared for person lives?	Yes / No
	If yes, please give details: include exercise, food routine, name and type of pet.	
	Are there any unfriendly pets?	Yes / No
	If the pet/s need to go into paid shelter, e.g. kennels would you, or the cared for person be willing to pay for this?	Yes / No
	If yes, please give details of the paid shelter you would use	
	If no, please give details of who would look after the pet if required	
	Name:	
	Contact number:	
	Which vet is the pet/s taken to:	
	Telephone number:	
	Is the pet/s insured for vets bills?	Yes / No
	Location of cat/dog's vaccination certificates?	
<b>24</b>	Is there a key safe where the cared for person lives?	Yes / No
	Key safe location: <b>Do not include key safe number this can be given verbally if or when it is required</b>	

<b>CONTACT 1</b>	
Name:	Mr / Mrs / Miss / Ms
Home Tel No:	Mobile No:
Work Tel No:	
Are they able to access the home of the cared for person:	Yes / No
Relationship to the person being cared for:	

<b>CONTACT 2</b>	
Name:	Mr / Mrs / Miss / Ms
Home Tel No:	Mobile No:
Work Tel No:	
Are they able to access the home of the cared for person:	Yes / No
Relationship to the person being cared for:	

<b>CONTACT 3</b>	
Name:	Mr / Mrs / Miss / Ms
Home Tel No:	Mobile No:
Work Tel No:	
Are they able to access the home of the cared for person:	Yes / No
Relationship to the person being cared for:	

**Please note;** this contingency plan is so you have all the information in one place should you be unable to support the person you care for during the Coronavirus Covid-19 pandemic. Any support provided may incur a financial cost. It may also be useful to give to medical staff to inform them of the support required should the person you support be admitted to hospital.

At the end of this pandemic you may want to consider having a carer's assessment to establish if you are eligible to join the 'Carers in Crisis' emergency back-up scheme. If you would like to take this option call the Carers Support Service on 01202 458204



Continuation sheet 1 – please write which section/number the information relates to

**Section  
number**

<b>Section number</b>	
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Continuation sheet 2 – please write which section/number the information relates to

<b>Section number</b>	