**My Contingency Plan for My Care during COVID-19**

Contingency planning (also known as emergency planning) is an essential part of the care and support planning process, and it is likely that you will have already developed a robust contingency/emergency plan during the development of your personalised care and support plan. However, within these difficult and unprecedented times, it is likely that many of the paid or unpaid care arrangements you currently have in place may be reduced, altered or have completely broken down due to sickness or self-isolation due to COVID-19. It is important that you, and your carers are prepared and able to appropriately respond to these eventualities.

This contingency plan contains prompts to help you think about some of the situations you may need to plan for in relation to your care and support. It also allows you to record what care and support you need, and how you like it to be delivered; which will be of use to any care/support staff who are unfamiliar with you and your needs. While it is important that you think about each area, they may not all be applicable to you and your situation, so you might not need to complete them all.

Please feel free to include other key information and issues you think need to be considered. It would beneficial for you, and those who care for you, if you completed the [**My Plan**](#MyPlan) section at a minimum. It may be helpful if someone completed this with you, including: friends and family, your current paid/unpaid carers or your local independent support organisation.

It would be helpful if you kept your completed version of this document alongside your current personalised care and support plan, if you have one, so that it can be easily referred to if required. However, please do not worry if you do not have a copy of your care and support plan; in completing this full document you will produce a thorough and robust plan. It would also be useful to share your plan with trusted family, friends and key health and social care professionals involved in your life.

Please remember this plan can continue to be updated, and any arrangements made as a result of completing this plan should be considered temporary.

**My Personal Details:**

|  |  |
| --- | --- |
| Name: | Address: |
| Prefers to be known as: | Date Plan Created: |
| Date of Birth: | Religion/Faith: |
| Contact telephone numbers and email address: | Next of Kin details: |
| Guardianship order in place? Please provide details: | Power of Attorney in place? Please provide details: |
| Preferred communication methods:  *(e.g. British Sign Language, pictorial aids, Makaton, behaviour cues etc.)* | |
| My Likes: | My Dislikes: |
| This plan has been shared with the following people/agencies: | Other relevant information: |

**My Health:**

Please include all key and essential health information in this section

|  |  |
| --- | --- |
| Health Conditions and Ongoing Treatment: | Allergies: |
| Where my medication is kept: | How do I obtain my medication:  *(Please consider a back-up plan should your usual collection method not be available due to illness/self-isolation)* |
| Details of GP: | Details of Pharmacy: |
| Details of other Healthcare Professionals:  *(e.g. Nurses, Physiotherapist, Occupational Therapist etc)* | |

**My Support Needs:**

Please list all the key and essential things included in your personalised care and support plan. This will help care staff who are unfamiliar to you know what care and support you need, and how you like it to be delivered.

|  |
| --- |
| Personal Care:  *(e.g. all support required with personal hygiene and toileting including any continence products needed and who supplies them, dressing and maintaining your personal appearance)* |
| Mobility:  *(e.g. support required for getting around the house; transfers, getting in/out bath, up/down the stairs etc, and getting in/out of the community)* |
| Eating and drinking:  *(e.g. support needed to obtain food, support at mealtimes and special dietary requirements)* |
| Medications:  *(e.g. support needed to collect, dispense and administer)* |
| Behavioural triggers and strategies:  *(e.g. situations that distress you, signs you are becoming distressed, and how you to reduce your distress)* |
| Risks:  *(e.g. any additional risks to your personal safety, or to the safety of those supporting you)* |
| Specialist Equipment Used:  *(E.g. electric wheelchairs, hoists, telecare etc. Including who is responsible for maintenance/repairs and how to contact them)* |
| Other: |

**My Routine:**

Please include any regular/reoccurring needs that are time/day-specific (e.g. personal/household care, medication, treatment sessions, work, education, recreational/social activities)

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**My Emergency Contacts:**

|  |  |
| --- | --- |
| **Emergency Contact 1** | |
| Name: | Address: |
| Relationship: | Contact telephone number and email: |
| What help can they provide in an emergency?  *(e.g. days/times, care and support, transport etc.)* | |
| Are they a key holder? | Is this person aware of their responsibilities included in this plan? |

|  |  |
| --- | --- |
| **Emergency Contact 2** | |
| Name: | Address: |
| Relationship: | Contact telephone number and email: |
| What help can they provide in an emergency?  *(e.g. days/times, care and support, transport etc.)* | |
| Are they a key holder? | Is this person aware of their responsibilities included in this plan? |

**Other Key Contacts:**

|  |  |
| --- | --- |
| **Personal Assistant/Care Agency Details 1** | **Personal Assistant/Care Agency Details 2** |
| Name: | Name: |
| Address: | Address: |
| Contact Number and Email: | Contact Number and Email: |
| Care Provided:  *(e.g. tasks, days, hours etc.)* | Care Provided:  *(e.g. tasks, days, hours etc.)* |

|  |  |
| --- | --- |
| **Social Worker/Care Manager Details** | **Other Important Contact Details** |
| Name: | Name: |
| Responsibility: | Responsibility: |
| Address: | Address: |
| Contact Details: | Contact Details: |

**My Plan:**

Please read the situations detailed in the **‘My Care and Support’** section and think about the things you may need to change based on the questions listed in the **‘What I Need to Consider’** section. Then record your plans in the **‘Steps I Will Take’** section.

|  |  |  |
| --- | --- | --- |
| **My Care and Support** | **What I Need to Consider** | **The Steps I Will Take** |
| My paid care workers are sick/self-isolating and not able to support me | Do you have any other paid care workers who can cover for them?  Do you know of any agencies you could approach?  Do you have any unpaid carers who could help?  Have you discussed this with your social worker/local authority?  If you have purchased additional/alternative care and support have you kept relevant receipts? |  |
| My unpaid carers are sick/self-isolating | Is there someone you could approach as a back-up?  Do you have any paid carers who could provide additional support?  Do you require additional funding in order to get this support?  Have you discussed this with your social worker/local authority? |  |
| I have no-one available to support me. Both my paid care workers and unpaid carers are sick at the same time | Are there organisations you could contact to help support you?  Does your care/support plans already have emergency/contingency arrangements detailed in it?  Do you need to adjust your rota/care plan to cover for the worker who is unwell?  If you already use an agency what back-up plans do they have in place?  Do you have a community alarm or telecare in place that enables you to contact someone in an emergency? Have you checked this is working and know how to get it fixed if it is not?  Have you contacted your social worker/appropriate local authority to inform them and to see what support they can offer?  Have you considered contacting your local independent advice and support service to help you source replacement care? To find your local Independent Support organisation visit [www.sdsscotland.org.uk](http://www.sdsscotland.org.uk) and click 'find help' in the top right corner.  Are there any volunteer or local organisations that could help you? For more information on this visit: <https://coronavirus.scvo.org/> and <https://covidmutualaid.org/>  Do you have a family member who could provide this care until your usual carer can return to work? They could receive payment for this, but this must be discussed and agreed with your social worker/local authority first.  Are your family members aware that receiving payment for providing your care and support could impact on any benefits they receive? For more information contact your local welfare rights service: <https://www.welfarerights.net/home.php> |  |
| I have new care staff unfamiliar with my needs coming to support me | Have you ensured that details about how you like your care and support to be delivered are up to date with key information, including what is important to you?  Do you have any regular or reoccurring needs that are time- and day-specific?  Have you ensured that all key emergency contact details are up to date? |  |
| My care needs have changed as a result of becoming infected with COVID-19 | Have you contacted [NHS 111 coronavirus service](https://111.nhs.uk/covid-19)?  Do your paid/unpaid carers know what to do should you require emergency medical attention? |  |
| My care worker becomes unwell while supporting me | Do you have other people you can contact to support you at short notice?  Do you need to adjust your rota/care plan to cover for the worker who is unwell?  Do you have a community alarm or telecare in place that enables you to contact someone in an emergency? Have you checked this is working and know how to get it fixed if it is not?  Have you considered contacting your local independent advice and support service to help you source replacement care? To find your local Independent Support organisation visit [www.sdsscotland.org.uk](http://www.sdsscotland.org.uk) and click 'find help' in the top right corner.  Are there any volunteer or local organisations that could help you? For more information on this visit: <https://coronavirus.scvo.org/> and <https://covidmutualaid.org/> |  |
| I want to obtain personal protective equipment (PPE) for those providing my care to use | Do you have access to the most up to date guidance on use of PPE in line with best practice? You can find this here: <https://www.gov.scot/publications/coronavirus-covid-19-ppe-for-personal-assistants/>  Do you know where you can access PPE in your local area?  Have you considered a back-up route of accessing PPE should there be a delay with your normal route? E.g. contact the Social Care PPE Support Centre on **0300 303 3020**  If your PA is going to collect PPE on your behalf have you provided them with a letter stating they are working for you? An example of which can be found here.  Do you and those supporting you know how to use PPE correctly? NHS Education Scotland has published training resources on their [website](https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/personal-protective-equipment-(ppe).aspx) |  |
| I am shielding but still require support to access food and essentials | Who could help you with this?  Are there any volunteer or local organisations that could help you? For more information on this visit: <https://coronavirus.scvo.org/> and <https://covidmutualaid.org/> |  |
| Many of my social opportunities/supports have been cancelled and I am feeling isolated and lonely | Can your carers help you to engage in video/phone support?  Are you aware of local organisations who could help? For more information on this visit: <https://coronavirus.scvo.org/> and <https://covidmutualaid.org/>  Have you visited the Clear Your Head website to access support and advice around mental health and wellbeing: <https://clearyourhead.scot/> |  |
| I am concerned for the wellbeing of my carers | Have you considered the Personal Assistants Network Scotland? PAs can get advice and support from them: <https://www.panetworkscotland.org.uk/>  Have you seen the support on offer from the National Wellbeing Hub: [www.promis.scot.](http://www.promis.scot.)  Are you aware of your responsibilities as an employer of PAs? You can get advice and support about what’s expected of you and how the COVID-19 employment rules need to be applied here: <https://www.spaen.co.uk/>  Have you considered contacting your local independent advice and support service? To find your local Independent Support organisation visit [www.sdsscotland.org.uk](http://www.sdsscotland.org.uk) and click 'find help' in the top right corner. |  |
| I am feeling concerned about the number of people who will be supporting me, and the increased risk of me contracting COVID-19 | Have you considered whether some of your support can be delivered via the video/phone?  Are there ways you can safely streamline the people providing your support in order to ensure continuity but also remaining safe?  Do you have access to PPE and know how to get more?  Do you have access to the most up to date guidance on use of PPE in line with best practice?  Are you aware of how those supporting you can access testing for COVID-19 should they require it?  Have you asked those providing your care if they have a plan to minimise risk of infection? E.g. changing clothes when at work and afterwards |  |