

# My Coronavirus/Covid-19 "Contingency Plan"

*This is your "**Contingency Plan**", it is here to help you think about the different ways and people that can **help you** in an emergency, if you look after someone who couldn't manage without your support. Please complete the form below with as much information as possible and keep it in a safe place. Please make sure someone else you trust knows where it is, should they need it.*

## Further help and support

If you are worried that you or someone you look after may be at risk, NHS 111 can offer guidance online <https://111.nhs.uk/covid-19>.

Call 111 if your (or their) symptoms become severe, **and let them know you are a carer.**

If you are concerned about what Coronavirus might mean for you, or someone you care for, you can visit the Carer's UK website at <https://www.carersuk.org/>

**Mobilise** is an organisation providing a daily e-support package through the Covid-19 crisis. It includes links to key information, updates on how other carers are finding ways of coping, and suggestions for entertainment at home. The service is completely free, and carers and those providing care services <https://www.mobiliseonline.co.uk/>

Over the next page you will find your Contingency Plan, as mentioned earlier, complete the form and get help to do this if you need to. Please let someone you trust know where the form is, should they need it.

Your Information:	
Name:	
Mobile number:	
Main contact number:	
GP practice:	
Support worker (if applicable)	

About you	Yes	No
Referring to the government advice are you at increased risk of severe illness from COVID-19?		
Do you have anyone who assists with your medication and/or day to day care?		
Do you live with any mental health illnesses which could be affected by loneliness and social isolation?		

<b>About you (continued)</b>	<b>Yes</b>	<b>No</b>
Do you actively engage with any carer organisations, community support or mental health support groups?		
Are you able to connect with people (e.g. online or via phone) to reduce risks of social isolation?		

<b>People in your life</b>	<b>Yes</b>	<b>No</b>
Do you have any children living with you?		
If you became ill, do you have someone you know that can help you?		
Do you have any other relatives living with you? e.g. elderly relatives		
Do you care for, or offer support to, anyone who does not live with you?		
Does your employer offer flexible working or have policies in place to support absence due to COVID-19?		

<b>The practical stuff</b>	<b>Yes</b>	<b>No</b>
Do you rely on home delivery for food and/or medical prescriptions?		
Do you have someone who would be able to get food/medical prescriptions for you if you unable to?		
Does anyone have a spare key to your home? Do you have a key safe?		
Is there anything else you would need support with if you became ill?		

**Please list below any emergency contacts or people identified within your support network:**

<b>Name:</b>		
<b>Contact number:</b>		<b>Availability:</b>
<b>This person would help with:</b>		

<b>Name:</b>		
<b>Contact number:</b>		<b>Availability:</b>
<b>This person would help with:</b>		

<b>Name:</b>		
<b>Contact number:</b>		<b>Availability:</b>
<b>This person would help with:</b>		

**Notes:**

Please use this space to think about anything else you would need support with if you became ill.

**PLEASE NOTE: Once you no longer wish to keep this form or if it becomes inaccurate and is replaced by a new form, we advise you destroy this form securely**