My Coronavirus/Covid-19 “Plan B”

*This is your* ***“Plan B”,*** *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.*

***For more information call one of the local contacts below:***

Scarborough & Ryedale Carers Resource [www.carersresource.net/](http://www.carersresource.net/) Tel. 01723 850155

Hambleton & Richmondshire Carers Centre [www.hrcarers.org.uk/](http://www.hrcarers.org.uk/) Tel. 01609 780872

The Carers Resource (Harrogate, Ripon, Skipton) [www.carersresource.org/contact/](http://www.carersresource.org/contact/) Tel 01423 500555 /01756 700888

Selby Carers Count [www.carerscountselbydistrict.org.uk/](http://www.carerscountselbydistrict.org.uk/) Tel: 07710388430 / 07710388429 / 0771038843

• Selby Carers Count <http://www.carerscountselbydistrict.org.uk/>

Tel: 07710388430 / 07710388429 / 0771038843 (voicemails will be picked up and responded to)

|  |
| --- |
| **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? |  |  |
| 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? |  |  |
| **People in your life**  | **Yes** | **No** |
| 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? |  |  |
| **The practical stuff** | **Yes** | **No** |
| 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:** |
| **Name:** |  |
| **Contact number:** |  | **Availability:** |  |
| **This person would help with:** |  |
|  |
| **Name:** |  |
| **Contact number:** |  | **Availability:** |  |
| **This person would help with:** |  |
|  |
| **Name:** |  |
| **Contact number:** |  | **Availability:** |  |
| **This person would help with:** |  |

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| --- |
| **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** |

***Credit: Adaptation of My corona virus/Covid-19 emergency plan courtesy of @thisfionaweir 2020***