

## Learning Disability and/or Autism Crisis Care Plan

Use this form to provide the basic information and details about the person you care for in the event that someone unknown to them needs to step in and provide emergency support.

This plan should give an overview. You can also attach more detailed information including their support plan, a one-page profile and any medical reports or medication needs they may have which will help if they need a care needs assessment if longer term arrangements need to be made.

If you have family and friends who might help – talk to them in advance so that they are aware that they are on the emergency contact list.

If there are no friends or family listed on this form, please contact Oxfordshire County Council's Social & Health Care Team on  
**0345 050 7666**  
**8.30am – 5.00pm Monday – Thursday**  
**8.30am – 4.00pm Friday**

In an emergency only outside of these hours please call **0800 833408** (freephone)

### 1. What is the full name of the person who needs support?

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Do they prefer to be called by a different name? Is so what?

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### 2. Who is their current main carer?

Name	Relationship	Address	Telephone No.	Email
			M.	
			H.	

### 3. Who are the friends and family to be contacted in an emergency?

Name	Relationship	Address	Telephone No	Email
			M.	

			H.	
			M.	
			H.	
			M.	
			H.	
			M.	
			H.	

4. Are there any other people in your family members' life who need to be contacted?

Name	Relationship	Address	Telephone No	Email
			M.	
			H.	
			M.	
			H.	

5. Does your family member attend any regular activities?

	Organisation	Contact	Address	Telephone	Email	Anything we need to know?
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

6. How do they normally get to and from these activities?

	Organisation	Transport	Telephone
Monday			
Tuesday			

<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

7. Is there anything we need to know that would help make the journey for your son or daughter easier?

8. Who is your son or daughter's GP?

<b>GP Surgery</b>	<b>GP Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Do they see the GP often</b>	<b>Do they have a regular health check</b>

9. Do they have any medical issues we should be aware of?

YES  NO

<b>Issue</b>	<b>Symptoms</b>	<b>Anything we should know?</b>

10. Do they take regular medication (include both prescription and non-prescription medication)

YES  NO

<b>Name</b>	<b>Frequency</b>	<b>How is it taken</b>	<b>Anything we should know</b>


11. Where is the medication kept?

12. What other professional support and/or services does your son or daughter use? EG School, College, Day Service, Community nurse, Occupational Therapist, Respite Service

Service or Support	Contact name	Telephone	Email	Is this a regular service	How often do they attend	Anything else we should know

13. Can the person be left at home alone for periods of time?

Daytime:            YES                       NO  

If yes, how long can they manage alone before needing someone to call in?

Night time:            YES                       NO  

If yes, how long can they manage alone before needing someone to call in?

14. Do they have any known allergies?

YES                       NO  

ALLERGY	REACTION	HOW TO TREAT

15. Do they have any special dietary requirements?

YES                       NO  

If yes, please describe what they are

16. Is there anything about the person that needs to be known immediately to help those who are organising their support?

For example: How to communicate with them: things that may cause them stress or distress including any triggers : any mobility issues: anything that they need to take with them including equipment or special objects?

**17. What actions are to be taken in an emergency?**

Please say if the action will be familiar to the individual.

For each choice, please make sure that you have agreement in advance from the person the plan is about (if they are able to give capacity), their family and the person providing the choice. For example, would you prefer the person needing support to stay in the family home or to go to stay with the person providing support?

<b>1<sup>st</sup> choice</b>
<b>2<sup>nd</sup> choice</b>
<b>3<sup>rd</sup> choice</b>
<b>4<sup>th</sup> choice</b>
<b>5<sup>th</sup> choice</b>

**18. Signatures**

<b>Date Form Completed</b>	<b>Review date of the emergency plan</b>

<b>Signature of person completing the form</b>	
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<b>Signature of person the plan is about</b>	
<b>and/or their main carer</b>	