



# My Emergency Support Plan

Helpful things to know when supporting  
me through a health emergency

# Table of Contents

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03	Introduction
04	All about me!
05	Important contact details for me, DR. Pharmacy etc
06	Supporting me, Health Insurance information
07	My disability & Challenges,
08	My Medication
09	Other aspects of supported life, Religious , Care preferences,
11	Religious, Cultural & Care Preferences,
12	My Circle of Support

**Coronavirus  
COVID-19**

**Stay safe.  
Protect each other.**



**Wash**

your hands well & often, to avoid contamination. Use sanitiser regularly and as required.



**Cover**

your mouth & nose with a tissue or sleeve when coughing or sneezing & discard the tissue safely



**Distance**

yourself at least 2 metres away from others, especially those who might be unwell.



**Avoid**

crowds and /or crowded places. Remember, its 6 people indoors and 15 people outdoors.



**Know**

the symptoms. If you have them, self-isolate and make contact with your GP immediately.

# Introduction

## A Positive Pathways & Inclusive Living Network Collaboration

This booklet was developed by families for families. The aim is to be a helpful guide to enable families to plan and organise in times of need. It can be completed as is or used as a template to develop a tailored plan for you and your family.

Hello, my name is \_\_\_\_\_.



**Picture of me**


**Welcome to my emergency support plan.  
This plan has been developed by me through the  
support and knowledge of those close to me.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 Full Name:

\_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 My Home address:

\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

 Email:

\_\_\_\_\_

**My Doctors Contact details:**



Blank yellow box for doctor contact details.



**My Next of Kin:**

Large blue box for next of kin details.

**My Pharmacy details:**

Large blue box for pharmacy details.

**Allergies**

Yellow box for allergies and blood type details.

**Blood Type**

## What works best when supporting me?

### Things to Avoid when supporting me!

### Health Insurance Info

Medical Card Y \_\_\_ N \_\_\_  
General Medical Service  
Number, (GMS)

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Private Health Insurance  
Yes \_\_\_ No \_\_\_  
Name on Policy

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Insurance Company

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Policy Number

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I have support in my life because of the following challenges/  
disabilities I face.

Information about challenges	Yes/No
Intellectual Disability	
Physical Disability	
Cerebral Palsy	
Epilepsy	
Mental Health & Wellbeing Challenges	
Life-Threatening Illness	
Non Life-Threatening Illness	

Other challenges I face

How best to support me with these.

Aspects of my daily life I need support with.	Physical Support	Verbal Prompt	Both
Getting dressed / un-dressed			
Personal Care			
Using the Bathroom			
Preparing Meals Eating my meals			
Taking my medication			
Understanding what is happening _ need more time to process and understand			
Engaging with others			
Being in community Attending new places			







Other aspects of my health I need support with. (These could include sensory, technology tools, hearing, mobility, Peg/NG tube, continence products)

### Religious/ Cultural Beliefs & Preferences

### Your Care Preferences Communication/ Information

There may be some instances when your medical condition may prevent you from being involved in discussions about your health. With this in mind: I like to appoint \_\_\_\_\_ my relative, friend, or independent advocate to be present and make those decisions on my behalf if I am unable to do so myself.

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

# My Circle of Support

Listed below are the people who I know and trust, these individuals make up my circle of support. They included both formal (paid) and informal (unpaid supports).

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_ / \_\_\_\_\_

Eircode: \_\_\_\_\_