My Emergency Support Plan



Helpful things to know when supporting me through a health emergency



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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 &
disgard the tissue safety



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.



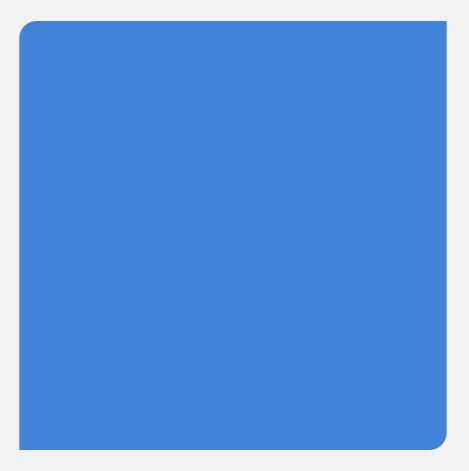
know
the symptoms. If you
have them, self-isolate
and make contact with
your GP immediately.

Introduction

A Positive Pathways & Inclusive Living Netowrk 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.

____/____/____

Rull Name:	My Next of Kin:
D.O.B/	
My Home address:	
>	
<u></u>	My Pharmacy details:
Eircode:	
Email:	
My Doctors Contact details:	
	Allergies
	Blood Type

What works best when supporting me?		
	Health Insurance Info	
Things to Avoid when supporting me!	Health Insurance Info	
Things to Avoid when supporting me!	Health Insurance Info Medical Card Y N General Medical Service Number, (GMS)	
Things to Avoid when supporting me!	Medical Card Y N General Medical Service	
Things to Avoid when supporting me!	Medical Card Y N General Medical Service Number, (GMS) Private Health Insurance	
Things to Avoid when supporting me!	Medical Card Y N General Medical Service Number, (GMS)	
Things to Avoid when supporting me!	Medical Card Y N General Medical Service Number, (GMS) Private Health Insurance Yes No	
Things to Avoid when supporting me!	Medical Card Y N General Medical Service Number, (GMS) Private Health Insurance Yes No Name on Policy	

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			

Medication Name	DOSE	How Often	Note
Please note			

rease note

Medication Name	DOSE	How Often	Note

How best to support me with my medication.

Other aspects of my health I need support technology tools, hearing, mobility, F	ort with. (These could include sensory, Peg/NG tube, continence products)		
Religious/ Cultural Beliefs & Preferences			
Your Care Preferences Co	ommunication/ Information		
There may be some instances when you from being involved in discussion mind: I like to appoint independent advocate to be present a behalf if I am unable to do so myself.	s about your health. With this in my relative, friend, or		
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:	Name:
Mobile:/	Mobile:/_ Eircode:
Name:	Name:
Mobile:/	Mobile:/ Eircode:
Name:	Name:
Mobile:/	