[](https://www.google.co.uk/url?sa=i&url=https://www.greaterhuddersfieldccg.nhs.uk/health-and-care-partnership/west-yorkshire-and-harrogate-health-and-care-partnership-stp/&psig=AOvVaw33YQSy9Sg7gr2C_vTvhjrn&ust=1584625636832000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCJCK1puqpugCFQAAAAAdAAAAABAJ)

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:***

**Carers Leeds:** 0113 380 4300 **Carers** **Wakefield & District:** 01924 305544

**Carers Resource (Bradford, Airedale & Craven):** 01274 449660 **Carers Resource (Harrogate):** 01423 500555   
**Carers Count (Kirklees):** 0300 012 0231 **Calderdale Carers:** 01422 369101  
**Making Space (Bradford, Craven & Calderdale):** 07843267954 (if you are caring for someone with a mental illness)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  | | | | |

|  |
| --- |
| **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***