

Thinking Ahead

A guide to dealing with your concerns about the future, and being prepared for emergencies.



The Carers Centre
LEICESTERSHIRE & RUTLAND
at the heart of caring

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The Lions Club of Rutland



The Lions Club of Rutland was created in 1975 and is part of the International Association of Lions Clubs, also known as 'LCI'.

LCI is the largest service organisation in the world with over 46,000 Clubs in 207 countries and a total of 1.4 million members. Since inception, Rutland Lions have contributed many thousands of pounds each year to help local organisations and individuals.

In conjunction with other clubs, we also support National and International projects and appeals - this includes Lions Clubs International responses to disasters throughout the world.

Rutland Lions are delighted to have been able to support The Carers Centre by contributing towards the cost of production of this excellent Carers Centre handbook for its clients in Leicestershire and Rutland.

Mike Crosland, President 2016-17

Thinking Ahead

At some stage in their lives, everyone will face an emergency situation. It's probably much more likely that it will happen to a carer than anyone else, because of the nature of their lives.

Carers worry about everything to do with emergencies – and worse – happening, but often feel powerless to prevent them, or to reduce their impact. But actually a lot can be done to make life a little less fraught when the inevitable happens.

The important thing is to think ahead positively. Know that while some things are unavoidable, others can be prevented. And those that can't can be made a little less daunting with a little thought and preparation.

This booklet gives some ideas you can try. They won't all work for everyone, but hopefully you can find something in here that will help you.

First Steps...

The first thing is that you need to recognise that your wellbeing is at least as important as the wellbeing of those you care for. The reason is simple: if you don't look after yourself, you won't be able to carry on caring for them. It's really that simple. Here's why.

Carers often tell us that their biggest fear is "What would happen to (the people I care for) if something happens to me first?"

Looking after your own wellbeing will help to prevent this from happening – or at the very worst, delay it and give you time to prepare for the future. Carers are more prone to illness and injury than the rest of the population – especially back injuries. So let's start there.

Avoiding Injury

Back injuries are very common, especially among carers. For many years, there were 200,000 injuries a year in the NHS alone! This was caused by poor moving and handling techniques, which is why we now see so many hoists in hospitals.

Carers are highly likely to have back problems – more than half of carers have a back injury. So we have to think carefully about what we do when we're caring.

There are lots of situations where we might find ourselves leaning or stretching further than we should, trying to help the person we care for and accidentally putting ourselves at risk while we're doing it. It's important when lifting anything, or helping someone to move, that we think about our position and posture.

A proper training course on moving and assisting people will show you what to do, but here's a quick tip. Try standing upright with your feet about 12 inches apart, but stand loosely so that your knees are free to bend. That's called a stable base for moving an object or helping someone else. Leaning to one side, or backwards/forwards, only a little, and you feel less stable – it's harder to maintain your balance. If you feel that it's getting more difficult, the chances are you're putting your back at risk of injury. Try to stay within that range and you'll be at less risk of injury.

So now for a few examples of risky situations. Are any of these familiar?

- Getting a wheelchair into and/or out of the car - good lifting technique is really important. Bend your knees instead of your back and hold the wheelchair close to your body.
- Better still, can you obtain a ramp to wheel the chair into the car, or have a hoist fitted?
- Leaning over to do up a seatbelt – try handing the belt to the person you care for so they can pass it to you. Get in the seat next to them so you don't have to stretch. They can hand the belt to you and you can slot it into the lock. It may take slightly longer, but you won't be putting your back at risk.
- Helping the person you care for at bath or shower – are there aids that would help? An obvious idea is a non-slip bath mat. But there are other aids, such as a bath seat or shower chair, or possibly a step for getting into the bath. Perhaps a grab rail?
- Helping them on or off the toilet – Toilet areas are often cramped and it's very difficult to get in and help in any safe way. Grab rails or portable frames can help with this. A raised seat can make it easier to get up.
- Helping them get comfortable in bed, or get out of bed or back into bed. "Monkey bars" or bed frames can help with getting into or out of bed. Sliding sheets can help someone move about into a more comfortable position.

You can ask for help via adult social care services: ask for an Occupational Therapy assessment.

Another cause of back injuries is stopping a fall or helping the person get up after a fall.

Whatever you do, **don't** try to stop a fall. The chances are very high that you will both be injured – potentially severely. The worst part of this is that one of you will be unable to help the other and you could both suffer long-term injuries as a result. It may seem really harsh, but it's probably better to let the person fall and help them as quickly as you can afterwards.

Some situations...

The person you care for has had a fall, and can't get up. Their condition means that it's hard to tell whether they're hurt or not. What should you do?

- First: DO NOT move them. You might worsen an injury you don't know about.
- Make sure they're comfortable and cover them over with a blanket or quilt, or a dressing gown. The floor is about 5 degrees cooler than waist height, and they may get cold. The ground outside is even colder and there is a risk of hypothermia. If you're outside, try to cover them with a coat, try to keep them from getting wet or cold. There's also a risk that they will go into shock if there's an injury you don't know about.
- Try to reassure them. Keep talking to them while you keep them warm and try to assess whether they are injured or not. Get them to talk with you and try to keep them from panicking.
- Dial 111 – NHS Direct. They will help to work out what needs to happen next. They may ask questions that would show whether or not the person is injured. If it's still uncertain, they will arrange for an ambulance. When you call, have your caree's medical information handy. For example, they will need to know if the person you care for has osteoporosis, as this greatly

increases the risk of fractures.

- If you're outside, it's probably best to dial 999 because of the risk of hypothermia. The ground is always much colder than the air around you, except on hot, sunny days.
- If indoors, they may advise you to use a stool or chair to help the person you care for to get up, if possible. They'll talk you through each stage.

Helping someone out of a chair

- If you've had training, you will be able to do this yourself. If you haven't, ask for information about this kind of training – most often called “moving and handling” training.
- It's also worth finding out about aids or equipment that will help. It's far better if the person you care for can use equipment to help them to remain independent. Again, this is something an Occupational Therapist can help with.

Helping someone who is stuck in the bath

- Drain the bath, do what you can to help them get dry, and cover them with something that will keep them warm.
- You may be able to call on a neighbour or friend who is nearby, but this may not be the best way unless you and your neighbour have had training in moving and handling.
- Dial 111 for advice. NHS Direct is designed for these sorts of problems and can call for an ambulance if required.
- Prevent the problem by finding out about bath aids and adaptations that might help.

Preventing falls

- You can ask your GP for a referral to the Falls Clinic. They can help identify what would help prevent falls. This may be some simple exercises, or aids and adaptations.
- Sometimes a change of medication may help. It's worth asking for a medication review with your pharmacist, or with your GP.
- Footwear can be a cause of falls, especially slippers. They may be “worn in” and comfortable, but are they worn out and likely to cause trips or slips?

Other Ways of Avoiding Injury

Sometimes carers feel that they were “dropped” into the caring role without warning, and they found ways that worked for a time...but as time wears on, the caring role gets more difficult. Carers tend to start caring alone, and find themselves struggling over time.

When you first start caring, it's easy to fall into the many traps on the way:

- Doing everything to “save time”
- Taking on all the tasks that the person you care for used to do
- Not asking for help – because you should be able to cope with it, right?

Wrong. But we'll come to that in a moment...

It's really important that the person you care for takes on responsibility for **things they can do**. There are plenty of reasons for this, but the obvious ones are to make sure that they keep the skills they have (and maybe learn new ones), and to stop you taking on more than you need to. It also prevents your relationships from changing to "nursing" instead of "partner/family/friend". And, in the long run, it will save time and effort.

Ok...now back to "coping with it". Because asking for help can make you feel like a failure.

Except... if you ask for help before things get desperate, you'll need less help and be able to cope better for longer. It makes far more sense to get help early. The old saying "A stitch in time saves nine" has never rung more true than when talking about caring.

Some carers – or the people they care for – might feel that once a "professional" gets involved, they will be forced to accept services they do not want, that they will have no choice, or that the person being cared for will be forced to go into a care home.

That is very unlikely to happen. Care homes are expensive and are a "last resort" option. Social Care services are keen to support people to remain in their own homes, and to be helped to remain as independent as possible. And there are independent services that can help you to discuss your concerns and to get the help you need.

The fact is that carrying on alone is far more likely to damage your health. It's far better to ask for help earlier, because "low level" support can make a real difference.

Help that might be available includes:

- Aids or equipment – examples might be a hoist or a medication reminder. Or possibly a door alarm.
- Training – to cope with a particular health need, or to protect your back, or deal with stress – there are many possibilities
- Advice and Information – there are many organisations that can help with this, depending on your information needs.
- Support groups – places you can go to for advice, information, social contact, training, and a range of other services
- Services – possibly through a "direct payment". This might be a care service, for example.

Contact your local Adult Social Care service for help. The details are at the back of the booklet.

The logo consists of the letters "ICE" in white, bold, sans-serif font, positioned on the left side of a horizontal bar. The bar has a gradient background transitioning from blue on the left to red on the right.

This stands for "*In Case of Emergency*." It's used in two ways.

Firstly, it's recommended that people put ICE in front of the name of a contact on your telephone that you would want to be contacted in an emergency situation.

Your phone would have to be unlocked for this to work: if you lock your phone, why not have a piece of card or a note in your purse or wallet with the contact details of that person?

The other use is that emergency personnel know when visiting a home to check the fridge for a small plastic container that holds vital medical and other information about the person in the household. All you have to do is set one up and mark it "ICE".

Playing Safe with Medication

If the person you care for is forgetful, or likely to make serious mistakes over their medication (whether it's deliberate or not), it's important to make sure that all medication is locked away safely. That gives you peace of mind and makes it much more likely that the person you care for will stay safe.

Keep Information Handy...

...About your cared-for's health conditions and medication.

Write it on card or print off copies from your computer. This could be really useful to medics if they need to treat the person you care for in an emergency, and saves time.

Keep several copies that you can take with you whenever you're out together or have to go to hospital. And they could carry a copy or two themselves. Always make sure you have more than one available. Here's an example:

John Taylor

Date of Birth 4th April 1962.
4, The Willows, Leicester LE20 3BN

Conditions

- Type 2 diabetes
- High Blood Pressure
- Asthma

Medication

- Metformin Slow Release 2000mg daily, taken in the morning with food
- Ramipril 5mg daily, taken in the morning
- Salbutamol inhaler, 100mcg per puff. Up to two puffs per dosage, PRN (as needed)
- Budesonide Turbohaler, 100mcg twice daily (morning and evening)

Keeping Records

If a care company assists with medication, they keep a record of what was given, and when. It's because so many people are involved in the person's care, there's a record that shows that they have – or have not – had their medication.

It's probably a good idea to do it yourself, too. The reasons are a bit different, but similar...

- If the person you care for forgets whether they've had their medication, you can show them.
- You can keep track of whether or not you've given their medication on time. Some people are on so many different drugs it's hard to keep track – this makes it easier.
- It's easier to show professionals what's going on with your cared-for's medication.
- If care workers start to get involved, it will be easier to get used to the arrangements if you already have something in place.
- You can write a reminder next to each drug about what to do if the person you care for misses a dose.
- And, in an emergency, handing the chart over to the medics will reduce the chances of an overdose (or missing a dose) because there's an up to date record of what's been administered and when. It might also help them to decide on appropriate treatment. For example, if someone has a stroke they may wish to give a "clotbusting" drug, but if the person you care for is on treatment that means this would be dangerous, they can avoid making things worse.

There's a sample chart overleaf.

Medication Administration Record (MAR CHART)

| Medication | Dosage | Times | M | T | W | T | F | S | S |
|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

| Medication | Dosage | Times | M | T | W | T | F | S | S |
|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

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|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

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|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

| Medication | Dosage | Times | M | T | W | T | F | S | S |
|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

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|------------|--------|-----------|---|---|---|---|---|---|---|
| | | Breakfast | | | | | | | |
| | | Lunch | | | | | | | |
| | | Dinner | | | | | | | |
| | | Evening | | | | | | | |

If you want a copy of this that you can use yourself, please contact us.

Medical Emergencies

These come in many forms. We're concentrating on some of the more common ones here...

First Aid

It's always a good thing to know what to do in a situation where First Aid is required. There are courses available in some areas, and some organisations offer free courses for carers.

Better still, find out as much as you can about the person you care for's medical conditions and any emergencies that might come from that. For example, you need to know what to do for someone with a heart condition, or diabetes, or asthma, especially if they are having difficulties that prevent communication. Your doctor can help.

Overdoses

If you have any reason to believe that the person you care for may have taken more than the prescribed dose of any of their medication, get advice at once. NHS Direct (111) should be your first port of call as it's a 24 hour service.

- Don't wait for symptoms – if you do, it could be too late. The sooner you get advice, the more likely you will be able to avoid harm.
- Have full information handy about the medication. Especially if you know which one they've taken, how much they've taken and how long ago.
- Follow any instructions you are given completely.
- If they have taken the medication some time ago and are displaying symptoms such as drowsiness, bruising, or breathing difficulties – DIAL 999 immediately and follow instructions completely.

Heart Attack

Heart attacks are caused by a blood clot cutting off blood flow to the heart muscles. It's referred to as a "myocardial infarction." It is considered a medical emergency.

Symptoms can include:

- Chest pain. This may feel like the chest is being pressed or squeezed by a heavy object. Pain can spread from the chest to the jaw, neck, arms (most often the left) and back. It's possible that there will be chest pain and a tingling sensation in the arm or hand.
- Shortness of breath
- Feeling weak or lightheaded – or both
- Overwhelming feelings of anxiety

Not everyone will experience severe chest pain. The pain can often be mild and mistaken for indigestion – it's the combination of symptoms that matters.

If someone is having a heart attack – dial 999 and follow any instructions you're given. It can make all the difference to the person you're helping.

Stroke

A stroke is caused by a disturbance in the blood supply to the brain, usually either by a blood clot or a "bleed". Again, this is considered a medical emergency.

Symptoms can include:

Face - has their face fallen on one side? Can they smile?

Arms – can they raise both arms and keep them raised?

Speech – is their speech slurred?

Time to call 999 if any **one** of the above signs is present – or more, obviously.

Other symptoms might also indicate a stroke but are usually combined with the above:

- Sudden loss of vision or blurred vision in one or both eyes. Sometimes affects vision in the side affected by the stroke.
- Sudden weakness or numbness on one side of your body – or in a leg
- Sudden memory loss or confusion (this may come before any other stroke signs)
- Sudden dizziness, unsteadiness or a sudden fall, especially with any of the other symptoms.

If any of the "FAST" symptoms occur, with or without the others, dial 999. The sooner the person you care for receives treatment, the better.

Hospitalisation

Some people who need care spend a lot of time in hospital due to the severity of their condition, or because they fall often.

Some hospitals have special arrangements for carers and it's worth asking on the ward. They may have relaxed visiting hours, or special parking arrangements, for example. Leicester's three main hospitals work to their "Carers Charter", which includes offering fewer restrictions on visiting, regular drinks during ward rounds, car parking reductions and for carers staying for long periods during the day, meal vouchers.

Expectant mothers are advised to have a "hospital bag", or "grab bag", with everything they're likely to need in hospital – but other people might also find it easier. This is a really good idea for anyone who is likely to be hospitalised at a moment's notice. So what should go in one of these?

“Grab Bag”

A lot depends on the needs of the person you care for. But here are a few suggestions:

- 2-3 days' worth of clothes
- At least 2 sets of nightwear
- Dressing gown
- Slippers (if the person is mobile)
- A week's worth of medication
- Up to date list of medication and health issues – at least 3 copies for handing out
- Charger or battery pack for mobile phone/tablet
- Cash – preferably in coins: enough to buy a few magazines or similar. Notes are too easy to lose.
- Puzzle books and a pen
- Something to read
- You may also need to pack some items for you if you're likely to be staying with the person you care for, perhaps in a smaller bag for yourself.

You'll also need to take the up to date Medication chart so that they know what has already been administered, and their mobile phone (or tablet computer if they have one).

These are just suggestions. No doubt you can think of some other ideas to suit the person you care for.

Carer Breakdown

Carers fall ill. It's a fact of life. It would be silly not to think about it – and even sillier not to plan for it!

- Some of the things we've discussed here will help – like the “MAR” charts that tell everyone what medication the person you care for takes.
- Make sure you have a couple of days' worth of meals in the freezer in case you're unable to cook for a day or two.
- If you have family who may be able to help in an emergency, talk to them about it **before** any emergency happens. Plan who will do what so that everyone knows about it.
- If there is no one who can help in your family, make sure you have a Carers Assessment. As part of this there should be an emergency plan so that you know what will happen while you're incapacitated.
- You need to think about the longer term future, too. Caring situations never stay the same. Either you or the person you care for may develop additional health needs that change your ability to cope.

Incapacity and Death

It's worth considering getting the appropriate Power of Attorney sorted out so that if you lose capacity, or the person you care for loses capacity, there is someone who can act for you or them. See <https://www.gov.uk/power-of-attorney/overview> for more information.

It's also worth writing a will to make sure that things happen the way you want them to when you die. Most people don't have a will and it can cause all sorts of legal wrangles among family members.

Most lawyers can help with this, and there are will writing organisations that specialise in this sort of thing. Most of them can advise you on the best way to take this forward.

Funeral plans are also increasingly popular: effectively, a person can pay for their funeral in advance at the current cost for a funeral. There's then nothing to pay when the time comes. Most funeral directors are involved in this sort of scheme. Unlike some forms of insurance, this sort of preparation is not treated as capital by the DWP.

So... There you have it...Almost...

Thanks for reading this pack. We hope it's helped. But there's one thing you need to do.

Start planning!

Go through the pack again and start planning what you can do to make life a bit easier.

Here's an example:

| Date | Problem | Action | Update |
|------|--------------------------------------|---|---|
| 23/1 | 2-3 days' worth of food for freezer. | Cook in bulk for a couple of days or buy ready meals for the freezer. | Days' worth cooked on 25/1. Buy selection of ready meals for one day next shop. |

Action Plan

| Date | Problem | Action | Update |
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And Finally...

We've talked about planning for emergencies. Overleaf is a form that might help you with this.

Carers Emergency Plan

Emergencies can happen at any time. It can help to be prepared. Think about everything you do as a carer and use this template to help you to plan what needs to be done.

| | |
|---|---|
| <p>Your name:</p> | <p>Name of the person, or people you care for. Please give the names they prefer to use:</p> |
| <p>Health problems of each person you care for: If their health problem is triggered by something (such as epilepsy caused by flashing lights, allergies to food, pets, foods to avoid with medication etc.), tell us here</p> | |
| <p>Who can help when things go wrong? This can be family, neighbours, care agencies, social services – but make sure you talk about it with them first! Please list names and tel nos, in the order you wish to contact them, and include their GP)</p> | |
| <p>Medication – dosages and times Ask The Carers Centre about Medication Charts that will help with this</p> | |

| | |
|--|--|
| <p>Communication needs:</p> <p>Do they need glasses, hearing aids? Speech problems or other communication difficulties? What helps? e.g. short sentences, simple words, slower speech, writing out messages?</p> | |
| <p>Any continence issues:</p> | |
| <p>Care Routines:</p> <p>Daily routine, what help they need to carry out tasks.</p> <p>Mealtimes, bedtimes. Preferred activities?</p> <p>Is there any paperwork (care plan?) that can be kept with this?</p> | |
| <p>Likes and Dislikes:</p> <p>Food and drink, things that frighten them, things that cause increased behavioural problems, TV programmes, radio programmes, animals, noisy/crowded environments, bright or flashing lights, etc...</p> | |
| <p>Make sure that this plan is kept in a handy place that others know about. Keep this plan in a folder with:</p> <ul style="list-style-type: none"> • Medication Charts that you're using now • Current Care Plans and Assessments • Any other information that would be useful in an emergency. <p>Give copies of these to all your emergency contacts (with blank Medication Charts)</p> | |

Sources of Help:

There are many agencies that may be able to help. You may already be in contact with an agency that is able to help or to advise you. Don't forget: if you have family it may be worth talking to them first.

Here are a few suggestions:

The Carers Centre (Leicestershire & Rutland) – 0116 2510999

- enquiries@thecarerscentre.org.uk

If you need help from social care services, please contact:

- **(Leicester City)** 0116 4541004 – Adults and Children's services. Please state which you need when you speak to someone.
- **(Leicestershire)** 0116 3050004 – Adults Services
- **(Leicestershire)** 0116 3050005 – Children's Services
- **(Rutland)** 01572 722577 – Adults and Children's services. Please state which you need when you speak to someone.

Out of Hours

If you have an emergency situation outside of normal working hours:

Children's Services

- (Leicester) 0116 4541004
- (Leicestershire and Rutland) 0116 3050005

Adult's Services (all areas): 0116 2551606

Health issues:

NHS Direct – 111

NHS Choices

- www.nhs.uk/pages/home.aspx

Other Services

- **Support for Carers** 0845 689 9510 – provides advice and support for carers in Leicestershire County Council area.
- **Barnardos Carefree** 0116 285 7182 – provides support services for young carers