

**Confidential**

**Safeguarding Alert Template**

This Crisis/Emergency Management Plan gives details about the patient’s usual health presentation and risks if they become unwell. Please use this information in conjunction with your assessment of the immediate situation.

**Please adapt form to include sections for each individual to be included in this alert.**

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| **Patient’s personal information** | |
| Name |  |
| Date of birth |  |
| Gender |  |
| Address |  |
| Postcode |  |
| NHS number |  |
| Contact number |  |
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| **Intention of this alert** |
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| **Scrutiny from multi-agency partners (please complete all boxes with identified actions, add all relevant partners) Organisation/Professional Actions and outcomes** | |
| **E,g MASH** |  |
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| **List of all relevant agencies involved in the alert** | |
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| **Usual Presentation and Risks (Include health and social care information)** | |
| Usual presentation including vital signs |  |
| Clinical management |  |
| Medication |  |
| Nutrition and hydration |  |
| Psychiatric |  |
| Assessment and observation plan |  |
| Risks – specific rational for the alert |  |
| Advice to other professionals |  |
| For children, CP-IS alert? |  |
| Subject to any safeguarding protection plans/ looked after child status |  |

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| **Recommendations in the event of a crisis / emergency** |
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| **Parties to this confidential regional / national safeguarding alert** |
| This must be signed off by the ICB Chief Nurse, National/regional NHSE safeguarding, Contact details provided in relation to social workers/team leaders/relevant emergency duty team etc |