

Personal COVID-19 Emergency Plan

My name: _____

Main contact person, phone numbers,
Email, home address:

Date of birth: _____

Personal Health Number: _____

Organization or service provider I get help from:

Name: _____

Contact person, number and email:

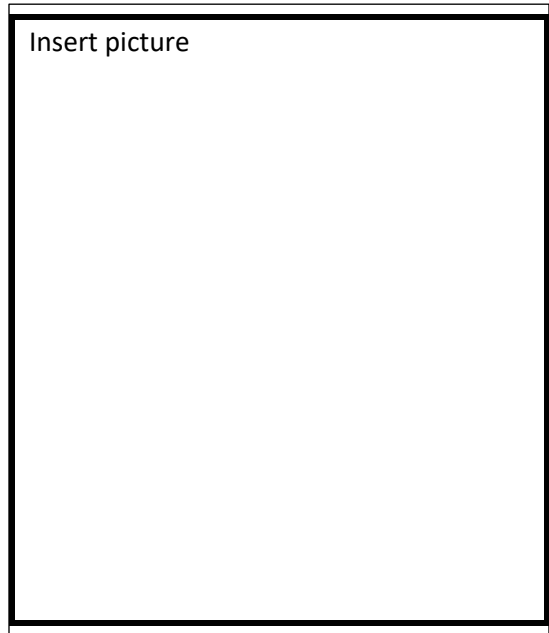
Representation agreement: **Yes or No**

If yes, who is my representative- Name and
Contact information:

My doctor- Name, phone number and address:

How do I want to be contacted and how do I want to contact people:

- By telephone**
- By text**
- By email**



Where I am living right now/staying right now/what is my current situation (eg. with home share supporters, in a group home, with family members, with friends, with a roommate, on my own in my own home):

Who is in my life to provide support/help me with things/ensure I am healthy and safe: (eg. family, friends, neighbours, support staff, home share providers, other supporters, organizations)

NAMES and CONTACT INFORMATION – in order of who should be contacted first:

| Name | Relationship to me | Phone number | Email address |
|------|--------------------|--------------|---------------|
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What are people helping me with during the present situation (right now): (eg. everything in my life, cooking, helping me keep busy while staying at home, helping me with buying groceries, helping me with my banking and bills, transportation, taking me out for a drive or a walk, helping me stay healthy and safe, medical stuff, checking in to see how I am doing.)

How am I doing financially/affordability/my money worries:

- **I have enough help with all of this right now. (go to next section)**
- **I need help to make a plan and to have help to:**

Ensure I have enough money to pay for what I need and my bills. The plan is...

Help to pay my bills/expenses. The plan is...

How I will get money. The plan is...

How I will get to the bank. **The plan is...**

How I will pay for things like groceries and supplies (cash, debit, gift cards, e transfer, credit). **The plan is...**

Who is going to help me with this stuff and how will they help me. **The plan is...**

Other important things I need to plan for regarding my finances:

Who to call for advice, guidance or in an emergency:

Symptoms of COVID-19 are similar to other respiratory illnesses:

- Coughing, sore throat
- Fever of 100 degrees or higher.
- Hard time breathing.

If you have signs of sickness or illness, call your doctor, take their advice about how to take care of yourself and stay home. Do not go to the doctor's office, clinic or hospital unless it is an emergency (see below for when to call 911).

BC Thrive Health: on-line self-assessment tool for guidance when you are not feeling

well. Can be helpful to know what to do: <https://www.thrive.health/covid19-app>

Call your doctor: most doctors are now providing phone help or phone appointments which include advice and guidance.

BC phone line for COVID-19 for non-medical information: 1-888-268-4319 text: 604-630-0300

Health information and health advice phone line: 811

Information and referral service to connect to community, social or government services: 211

Emergency: 911

WHEN IT MIGHT BE AN EMERGENCY and you need urgent medical care which means that there is a change in your health that needs medical help right away (**911**):

- Chest pains, difficulty breathing, severe bleeding.
- High fever that does not go away.
- When it comes hard to breathe, you can't drink anything or breathing becomes much worse than when you were first feeling unwell.

If I get sick, contract COVID-19, or go to the hospital, who needs to be contacted – who needs to know:

NAMES and CONTACT INFORMATION – in order of who should be contacted first:

| Name | Relationship to me | Phone number | Email address |
|------|--------------------|--------------|---------------|
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The plan if I get sick with COVID-19 (based on my situation – where I live and who I live with/am staying with):

The plan if my supporters get sick with COVID-19 (family, friends, home share provider, support staff) :

The plan if I have to go to the hospital: (only go to the hospital if you are directed by a doctor, medical professional or are in medical distress—see above section “Who to call for advice, guidance or in an emergency”.)

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The plan if the hospital is full:

The plan to check in and see how I am doing (who, how and when):

NAMES and CONTACT INFORMATION – in order of who should be contacted first:

| Name | How and When | Phone number | Email address |
|------|--------------|--------------|---------------|
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What is important to me during this COVID-19 crisis. What is important to know to help me get through this: (eg. I want people to call me regularly, I am worried about getting lonely, I want to have things to do and keep me busy, I want fresh air each day, I want routine each day and a schedule, I don't want to watch the news too much.)

What else do people need to know to help me stay healthy and safe:

Other information: (eg. medical/health issues, medications, allergies, etc.)

Resources:

Plain Language Booklet on Coronavirus: <https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>

BC Thrive Health: <https://www.thrive.health/covid19-app>

- [Public Health Authority of Canada](#)
- [BC Centre for Disease Control](#)
- [BC Ministry of Health](#)
- [Government of Canada Travel Advisories](#)
- [World Health Organization \(WHO\)](#)
- [BC Employment Standards Act](#)

List of applicable attachments/documents to refer to:

- My Person Centred Plan or Person Centred Profile or Support Plan.
- Health Support Plan or list of health/medical supports and needs.
- List of medications.
- Personal Profile.
- Important phone numbers/contact information.
- A list of information needed if I have to go to the hospital.
- Any other documents to make sure I am healthy and safe.