



**My COVID-19 Outbreak Plan**

# What is My COVID-19 Outbreak Plan?

This guide will help you make a plan if case you get COVID-19. You also use this plan if you are a close contact of someone who has COVID-19.

## Why do I need a plan?

- Everyone should be prepared for an emergency.
- COVID-19 is a new virus with no vaccine.
- This can make people feel worried and scared.
- Doctors are working hard to find a vaccine.
- Having a plan can help you feel less worried.
- It can also help you to get skills to deal with difficult situations.
- Share your plan with the people who support you. This could be your family, friends and support worker.
- Keep your plan in a safe place at home that is easy to find.

## Frequently asked questions

- Q** Who do I call if I think I might have COVID-19?  
**A** Call the COVID-19 Helpline on 1800 020 080.  
They will provide advice and support. If you need an interpreter, dial 0.
- Q** How will I know if I might have COVID-19?  
**A** Loss or change in sense of smell or taste. Fever. Chills or sweats.  
Cough. Sore throat. Shortness of breath. Runny nose.
- Q** What is a COVID-19 Outbreak?  
**A** This is one or more people who have tested positive for COVID-19.
- Q** What is a close contact?  
**A** This is someone who has tested positive for COVID-19 and you have had face-to-face contact with them, or they live in your home or building.
- Q** Who should I share My COVID-19 Outbreak Plan with?  
**A** It is a good idea to share your plan with your support people, they may also help you write it.



# Getting Started

This booklet has questions to help you complete your COVID-19 Outbreak Plan. Complete the questions on page 4 and 5.

## Your Calls and Messages

- 1 Do you have a phone and charger?
- 2 Can it take video calls?
- 3 Do you use email?
- 4 Do you use a tablet or computer to talk to friends and family?
- 5 Do you use any special apps on your phone to talk to friends and family?
- 6 How do you pay for the phone?
- 7 Do you need help to:  use the phone  pay for credit

## Your Bills

- 1 How do you pay for your bills?
  - Going to the post office
  - Direct Debits
  - Banking app
  - Someone else does this with me

## Your Work

- 1 Do you go to work? If so, where do you work?
- 2 Who do you contact if you are unable to go to work?

## Your Home

- 1 Do you live alone or with other people, if do who do you live with?
- 2 If you need to isolate from other people, can you stay in your home or do you need to stay somewhere else?

# My COVID-19 Outbreak Plan

Once you have you completed the questions, tear off this page and keep it at home, somewhere easy to see.

## My Calls and Messages

- 1 My phone number is: .....
- 2 I can do video calls:  Yes  No
- 3 My email address is: .....
- 4 I also use my: .....
- 5 I keep in touch with my friends and family by using these apps: .....
- 6 I pay for my phone by: .....
- 7 I need help to:  use the phone  pay for credit

## My Bills

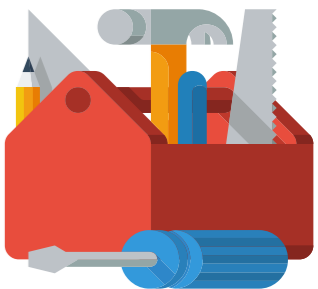
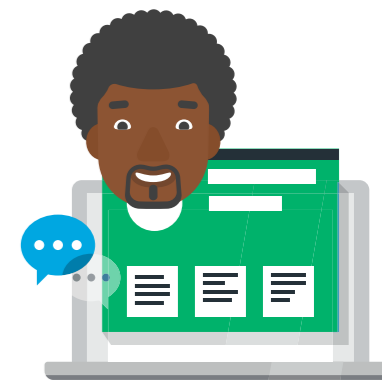
- 1 If I need to isolate, I will pay for my bills by:
  - Going to the post office
  - Direct Debits
  - Banking app
  - Someone else does this with meI will need help with: .....

## My Work

- 1 I go to work at: .....
- 2 If I can't go to work, I call: ..... on: .....

## My Home

- 1 I live with: .....
- 2 If I need to self isolate, I will stay: .....





## My Support People



- 1 My emergency contact person name: .....  
Phone number: .....
- 2 My support worker is: .....  
Phone number: .....
- 3 They help with: .....
- 4 Other support worker is: .....


## My Health



- 1 My health support person is: .....  
Phone number: .....
- 2 My medications are: .....  
.....
- 3 I get my medicine from: .....
- 4 I get other health support from: .....  
Phone number: .....
- 5 I use these aids to help me: .....

## My Support Animals and Pets



- 1 My support animal's name is: ..... 
- 2 My pets are: .....
- 3 My vet's name is: .....  
Phone number: .....
- 4 My animals like to eat: .....

## My Food and Drink



- 1 My special food and drink needs are: .....  
.....
- 2 I really like these food and drinks: .....
- 3 I normally get my food from: .....
- 4 The person who helps me with my food is: .....  
Phone number: .....

## Your Support People

- 1 Do you have someone who you call if there is an emergency?  
What is their name and contact number?
- 2 Do you have a support worker who regularly calls or visits you?  
What is their name and number?
- 3 What do your support workers help with?
- 4 Is there anyone else?

## Your Health

- 1 Do you have someone who supports you with health decisions?
- 2 Are you on any medicine, or is there special medicine you keep with you?
- 3 Where do you get your medicine from?
- 4 Do you have any health workers regularly visit?
- 5 Do you have any equipment or aids you rely on like walking sticks, hearing aids, wheel chair, breathing assistance?

## Your Support Animals and Pets

- 1 Do you have a support animal? What is your support animals name?
- 2 Do you have any pets, what are these?
- 3 Who is your vet?
- 4 What do your pets really like to eat?

## Your Food and Drink

- 1 Do you have any food or drinks you are allergic to?  
Do you have any special food or drink for culture or religious reasons?
- 2 Are there food or drinks you particularly like?
- 3 Where do you normally get your food?
- 4 Does anyone help you buy or prepare your food?

