Complete the following My COVID-19 Plan and put in an accessible location at your home.

My COVID-19 Plan

Communication

- [ ] I have my phone and computer/tablet to be able to stay in touch with people or call people in emergency
- [ ] I have enough data and credit to keep in touch
- [ ] Other things I need to do:

My phone company is:

_____

_____

My data for my computer is with:

_____

_____

Other important information about my communication:

_____

_____

_____

_____

Management of Health

- [ ] If there is a medical emergency, I will call 000
- [ ] I have a list of my current medications
- [ ] I have a list of essential supplies
- [ ] I have my contact list of who to call in an emergency

(continued over)

My list of emergency contacts:

_____

_____

_____

My support person for making health decisions:

_____

_____

My list of current medications:

_____

_____

_____

_____

_____

Queensland Government

QDN
QUEENSLANDERS WITH DISABILITY NETWORK

THE UNIVERSITY OF SYDNEY

Management of Health

(continued)

<table>
<tr><td>☐</td><td>I have my important health information printed and accessible including my medications, blister packs, essential supplies and contact information if I have someone who helps me with my health decisions</td></tr>
<tr><td>☐</td><td>I have a plan for looking after my mental and physical health and well-being if I have to stay home for a long time</td></tr>
</table>

If I develop COVID-19 symptoms, I will:

☐ Call my doctor or call 13 HEALTH on 13 43 25 84

☐ let my support workers know that I have COVID-19 symptoms

☐ call 000 if it is a life threatening emergency

If someone who supports me gets sick, I will:
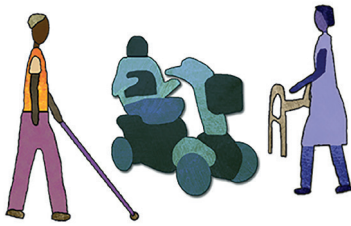
☐ call my service provider

Notes:

I know if I run out of essentials (food; medication) and there is nobody to help me:

☐ I can call the Community Recovery Hotline on 1800 173 349

☐ NDIA participants, can call the NDIA on 1800 800 110.

My list of essential supplies I need:

_____
_____
_____
_____
_____
_____
_____
_____

Things I am going to do to look after my mental and physical health and wellbeing:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Assistive Technology (AT)

☐ I have my power sources and back-up power supplies

☐ Other:

Notes:

Repairs to AT in an emergency are considered by the National Disability Insurance Agency (NDIA) as urgent repairs. More information: https://www.ndis.gov.au/news/4142-urgent-assistive-technology-repairs

My current AT maintenance schedule is:

_____

_____

My contacts for repairs or fixing my AT:

_____

_____

Personal Support

☐ I have clear COVID-19 personal support instructions for my support staff, including any new support staff

☐ I have communicated my COVID-19 care instructions to all of my support staff

☐ I have written COVID-19 care instructions down and posted them in an accessible location at home.

☐ I have discussed my play with my emergency contact.

☐ I have copy of my NDIS plan or My Aged Care support plan

My copies of my important documents are in safe place that is:

_____

_____

_____

My back up list of support workers are:

_____

_____

Phone numbers of my service providers, NDIA and other supports can be found here:

_____

_____

_____

_____

Personal Support

(continued)

Notes:
If it is not a medical emergency but I need urgent assistance or urgent supplies (e.g., I have no accessible support or help for critical personal support needs), I will call the Community Recovery Hotline on 1800 173 349.

In an emergency, I will call:

_____

_____

## Assistance animals and pets

☐ I have a plan for who will look after my animal if I become unwell.

I can develop a detailed preparedness plan for my assistance animal or pet using this information: https://www.qld.gov.au/emergency/dealing-disasters/prepare-for-disasters/prepare-pets).

My vet is:

_____

_____

Medications my animal needs are:

_____

_____

Person who will help me if needed with my animals is:

_____

_____
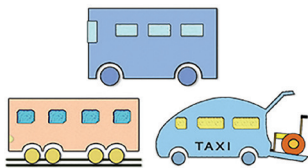
Transportation

☐ I will call ahead to plan appointments

☐ I will make different plans to avoid the need to leave home

☐ I have plan for different ways travel if I need to go out

☐ I have someone who can help me make decisions about transport

My transport options are:

_____

_____

Contacts who can assist me with transport are:

_____

_____

_____

_____

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Living Situation

☐ I have made/reviewed my home fire safety plan

☐ I have considered ways to protect me/others at home if we need to isolate from each other if someone gets sick

☐ I have a plan to crease household cleaning so that surfaces are wiped down regularly to decrease spread of germs

My emergency contact list is in safe place that is:

_____

_____

_____

My plan for staying connected and in touch with people is:

_____

_____

_____

_____

_____

_____

Social Connectedness

☐ I have an emergency contact list

☐ I shared my emergency contact list with my support network

☐ I have a plan for staying connected and in touch with people