**MY PLAN FOR A POSSIBLE COVID-19 ILLNESS IN DCPCC**

**INFORMATION AND RATIONALE**

While our goal is to keep COVID-19 virus out of DCPCC, statistically,it is possible that some of us will contract the virus. Because of the great need to protect everyone in our community, *we are asking each member – individually – to create a plan* for dealing with potential illness.

NOTE: Due to the highly infectious nature of COVID-19, members of the Care & Support Task Circle will not be able to enter your apartment if you, or a member of your household, become sick with COVID-19. Friends, neighbors, and PEEPS should also refrain from doing so. This is because we do not have personal protective equipment (PPE) that would protect each other from the active virus, nor do the vast majority of us have training in infection control methods. Unless someone has PPE, anyone who might enter your home and then leave again to move through our Common Spaces becomes a vector to spread virus around the community.

Our hope is that this exercise of creating an individual plan will help us all to mentally prepare and have needed provisions in place should if we become sick.

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| What Community Members Cannot Do | What Community Members Can Do |
| Substitute for the advice of your healthcare provider | Get in touch with your care provider and ask them to contact you. |
| Come in and change your sheets and gather up your laundry | Pick up you bagged laundry outside your door and wash it for you or have it laundered |
| Come in and make food for you | Shop for you. Leave groceries or a meal outside your door |
| Come in to assist you to move around if you feel weak | Virtually assist in following instructions of your healthcare provider, e.g. remembering medications and vital signs monitoring |
| Come in to check your temperature and oxygen level | Remotely record these for you daily. Assist you to safely move through the building to leave for a healthcare appointment |
| Come in and clean up for you and get your trash | Pick up bagged trash outside your door |
| Come in and care for/feed your pets or clean litter boxes | Possibly care for your pet(s)in our home. Walk your dog. |
| Come in and fix your TV or computer | Provide advice through email, phone, zoom |

**MY PLAN FOR A POSSIBLE COVID-19 ILLNESS IN DCPCC**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I develop symptoms of COVID-19 (fever, cough, flu-like symptoms, lose taste sensations) and have to completely isolate myself from the community (as well as a member of my household) for what is likely to be at least 2 weeks, this is my plan:

1. **Where** would I isolate myself for the course of my illness? (some people may choose to go to a local family member or friend’s home, others may choose to go to their second home to avoid contagion in the community)
2. If I am cohabiting or planning to bring in an outside caregiver, how will I isolate myself from that person in our home?
   1. How will that person isolate from the rest of the community? (assuming guest room is not deemed appropriate)
   2. What if we both fall ill at the same time?
3. If I live alone and plan to remain isolated here at the coho , how will I find the support I need if I’m feeling really sick?
4. **Who** will help me with/**How** will these needs be met?
   1. Food (groceries, dropping meals, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Surveillance of my condition (regular digital contact multiple times/day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Pet care (taking them to stay; walking my dog several times a day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Laundry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Trash disposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Medications/other needed supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   7. Assistance in contacting my healthcare provider, if needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. Assistance in paying my bills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   9. Other needs I may have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I am able to utilize the following communication technology *from my bedroom* in order to remain in contact with my healthcare professionals and the community:

◻ I have checked with my primary healthcare provider’s office and understand how to use their version of telemedicine as well as how to access help 24/7.

1. My unit is well stocked with basic provisions and food supplies to help cover a possible 2 weeks in strict isolation. YES NO, Plan to do it soon
2. My Emergency contact information is up-to-date so that someone in the community knows who to call for help if I need it. YES NO, Plan to do it soon
3. My Vial of Life information is up-to-date so that in the event of a real emergency, it will be accurate and reflect my current situation. YES NO, Plan to do it soon <https://www.nddh.org/emergency/documents/VOLMedFormVertical.pdf>
4. I have my things ready should I need to be hospitalized for COVID-19. (see link below) YES, NO, Plan to do it soon [What to take to hospital.1](https://docs.google.com/document/d/1vIgkQBeDApjhc0-iLraH0AODPogmrtD-NofDUvvciBM/edit?usp=sharing)
5. (Another resource: [CDC Complete Care Plan form](https://www.cdc.gov/aging/caregiving/pdf/Complete-Care-Plan-Form-508.pdf) - optional for comprehensive information sharing)

MY PEEPS is (are): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER THOUGHTS/PLANS specific to my situation:

Remember, if one person in the household is sick, *everyone living there should remain isolated without moving about the community.*