

## FAMILY COVID-19 PREPAREDNESS PLAN

**Reminder: If you develop any symptoms related to COVID-19, or if you have any concerns that you have been in contact with someone who may contracted COVID-19, please call the Community Nurse 705-859-3164 (Mon-Fri 8am-4pm) or 705-690-8941**

It is important during these unprecedented times to be prepared if you or your family were to contract the COVID-19 virus. This plan includes understanding the differences between self-quarantine, self-isolate, or self-monitor at home. This plan helps you prepare in advance should you or your family would require to self-isolate or contract the COVID-19 virus.

**This is your own family plan that contains personal and health information. Please designate someone in your household to complete the plan, update the plan when required, and keep a copy on hand should you need to activate your Family COVID-19 Preparedness Plan.**

### Definitions:

#### **Self-Monitoring**

Self-monitoring is what everyone should be doing every day. It is self-monitoring how you feel every day, taking note of any of the COVID-19 symptoms. If you develop any symptoms related to COVID-19, please call the community nurse. For serious symptoms (ie. Trouble breathing) call 911.

#### **Self-Isolation**

Self-isolation is when you are sick with symptoms of COVID-19 and you have been told by a health care provider or Public Health to separate yourself from others, including from the people you live with, to the greatest extent possible (do not go to school, work, grocery stores, no visitors, etc). The purpose of self-isolation is to prevent the spread of COVID-19 to others in your home and your community.

If you travel to an area off island to an impacted area (area with active cases in community), you will be asked to self-isolate for 14 days upon your return to Wiikwemkoong.

If you develop any symptoms related to COVID-19, please call the community nurse. For serious symptoms (ie. trouble breathing) call 911.

**Self-Quarantine**

Self-quarantine is when you have had been tested for COVID-19 and the results are positive and are told by a health care provider or Public Health to separate yourself from others, including from the people you live with, to the greatest extent possible (do not go to school, work, grocery stores, no visitors, etc). This means you must always stay at home.

Emergency Contact Information

Primary Person in Household

**Contact information**

Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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Where are you currently residing:

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Spouse Information (If applicable):

Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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Children/Dependents/Roommates Living in Household

Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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Name:

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Date of Birth:

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Age:

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OHIP Health Card:

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Medical Conditions:

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Medication:

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Allergies:

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Dietary Restrictions:

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***[If more, add them to another page and attach to this document]***

### Caregivers & Alternate Caregivers

Do you have a caregiver? (Someone who can help you with daily activities if needed)

- Yes  No

Name(s) of caregiver(s):

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Do you have alternate caregivers if your caregiver is unavailable?

- Yes  No

Who will be your alternate caregivers?

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## Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_

Vet information: \_\_\_\_\_

Pet Medical  
Conditions: \_\_\_\_\_

Pet Medications: \_\_\_\_\_

Pet Allergies: \_\_\_\_\_

Pet Food: \_\_\_\_\_

Pet Dietary Restrictions: \_\_\_\_\_

Who can take care of your pet? \_\_\_\_\_

## Home

What kind of household do you live in?

- House
- Apartment
- Basement

Do you have a private or shared entranceway?

- Private
- Shared

Do you share living spaces (bedrooms, bathroom, living room, dining room) with others?

- Yes
- No

Do you have your own private laundry at home?

Yes

No

If no, who can you ask to do your laundry for you?

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Who can deliver you groceries/food?

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Do you currently receive a care package distributed by Wiikwemkoong Unceded Territory (W.U.T) program?

Yes

No

**If not, please call Ontario Works to arrange to be added to the W.U.T Care Package Program list 859-3158**

If you are taking or need to take medication, who can pick up and deliver your medication for/to you?

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Do you require assistance for baby needs?

Yes

No

What baby items do you need assistance with?

**[Call Wiikwemkoong Prevention Services (705-859-3122) for more information on acquiring items and how to get items delivered to you.**

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Do you access the Naandwe Miikaan?

Yes

No

**Please coordinate a plan with your health care provider at Northwood Clinic.**

## Cleaning and Disinfecting

Do you have cleaning supplies to disinfect your home? Refer to the checklist.

Checklist:

- Medical or procedural masks for you and others in the home
- Disposable gloves
- Eye protection
- Thermometer
- Hand soap
- Alcohol based hand sanitizer (ABHS) containing at least 60% alcohol
- Tissues
- Waste container with plastic liner
- Regular household cleaning products
- Store bought disinfectant- if not available- bleach and a separate container for dilution
- Regular laundry soap
- Dish soap
- Disposable paper towels
- Vacuum (our RN Karen recommends use of a vacuum to clean floors and not a broom; broom will ‘move particles on surface’ much more than vacuum)

Wikwemikong Health Centre is providing self-isolation care packages. Please call the Health Centre or the on-call nurse if you require a care package.

## Family & Friends

During this time of self-isolation or self-quarantine, it will be challenging to stay home. Some people may experience panic, stress, anxiety during this time. It is important that you have people to interact with while remaining at home. This can be done with FaceTime, Zoom or other online conferencing methods to keep in contact with family and friends.

You can call the Mental Health Wellness Team **705-348-1937**. They are available 24/7, with fluent Anishinaabemowin speakers.

Who are family members and friends you can call/video call while you are home?

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## Self-Quarantine/Self-Isolation Activities

Remember: while in self-quarantine or in self-isolation, you and your family must always stay in your home, and your outdoor living area (if you have a yard or patio that only that household has access to). This means you cannot have visitors, you cannot go for drives, etc.

What activities can you do while you and your family are at home? (ie. Watch movies, puzzles, games, beading, crafts, etc) **Prepare ahead of time and begin gathering what you would need/want for activities**

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## COVID-19 Related Info

When did you get tested? **DATE:** \_\_\_\_\_

When did you start feeling your symptoms? **DATE:** \_\_\_\_\_

## Contact Tracing

Where did you go and who were you in contact with **two** days prior to getting the symptoms?

DATE	TIME	WHERE DID YOU GO?	WHO WERE YOU IN CONTACT WITH?
EXAMPLE: May 6, 2020	2:30		My mom came over for tea
Example: May 7, 2020	12:15pm	I went to Andy's for groceries	