

COVID-19 MEDICAL EMERGENCY PLAN

Tips for being prepared

People have the virus for 1 to 14 days before they feel sick. The most common symptoms are fever, tiredness, and dry cough. Most people (about 80%) get better without needing special treatment.

1 - What can you do now

- Make a folder with important information, including:
 - The attached Health Summary for People with Disabilities form
 - Your Power of Attorney for Health Care or other decision-making documents
 - Anything else your doctors and nurses need to know about you
- Find out what hospitals are near you or what hospitals take your insurance or Medicaid.
- Call the hospital(s) in your plan to ask what their triage policy is. A triage policy spells out how the hospital decides who to treat first.
- If you need accommodations (to help you communicate or understand information for example), ask the hospital if you can request these and include them in your medical record.
- If you need someone with you at the hospital, ask your hospital(s) if this is allowed. Make a plan with the person who you want to be with you.
- Talk to the people who support you to make other plans you will need if you become sick or need to go to the hospital (for example pet care or childcare).

2 - If you start to feel sick

- CALL YOUR DOCTOR. DO NOT GO TO THE HOSPITAL UNLESS THEY TELL YOU TO.**
- Follow the instructions from your doctor or nurse.
- If you live with other people, try to stay in a room by yourself.
- Wash your hands and surfaces you touch a lot.
- Use a homemade face mask when you are around other people. Try to stay at least 6 feet apart from them.
- Make sure you tell your doctor and the people who support you about how you are feeling and if you start to feel worse.

3 - If you need to go to the hospital

- Bring the folder with your important health care information.
- Bring a bag of things you need (Identification Card (ID), medical bracelet, communication device, change of clothes, phone and charger, other important supplies).
- Ask the hospital or emergency medical person if someone you trust can come with you.

Be sure your Power of Attorney for Health Care Form is updated. If you don't have a Power of Attorney for Health Care you can find the form at:
www.dhs.wisconsin.gov/forms/advdirectivesadformspoa.htm

Words to Know

Pandemic: A sickness that effects many countries at the same time and spreads quickly

Social Distancing: Staying at least six feet or more away from people and not going out except for essentials so that you don't come into contact with someone who has the virus

Safer at Home: Not going to work, school, or activities and only leaving for essential items like groceries or medications

Quarantine: When you stay away from as many people as possible because you have the virus and you don't want to give it to anyone else

Virus: A type of sickness that can go away on its own or sometimes require special treatment from a doctor. COVID-19 is a virus that effects the lungs. Most people who get it recover without needing special treatment

Symptoms: The changes to your body that tell you that you are fighting the virus. COVID-19 symptoms include a dry cough, a fever, and tiredness

Accommodations: Things the hospital, doctors, and nurses can do to help you get the care you need while you are sick

Health Summary Form: Information to share with the doctors and nurses about how you are feeling and how you communicate best
Triage Policy: How a hospital decides who needs care first

Power of Attorney for Health Care: A form you fill out to give someone you trust the power to make health care decisions for you if you are not able to

Emergency Medical Person: Can be a doctor, nurse, EMT, or other healthcare person who is helping with your sickness

Electronic Medical Record: Information about you and your past medical care that is stored on a computer and can be shared with the people helping you when you are sick

Ventilator: A medical device that helps you breathe. Most people who get COVID-19 do not need a ventilator and get better on their own

You can always get more information about COVID-19 at the DHS website:

<https://www.dhs.wisconsin.gov/covid-19/index.htm>

Health Summary for People with Disabilities

Possible Case of COVID-19

First Name:	Middle Initial:	Last Name:	DOB or Age:
Emergency Contact:		Phone Number:	Relationship:

PERSON HAS A SUPPORTED DECISION MAKING DESIGNEE or GUARDIAN

YES

NO

PERSON HAS A LIVING WILL/POWER of ATTORNEY of HEALTHCARE

YES

NO

PERSONAL INFORMATION

Address:	City, State, ZIP:
Name of Family Member/Supporter/Guardian:	Family Member/Supporter/Guardian Phone/Email:
Name of Caregiver/Support Professional:	Caregiver/Support Professional Phone:
Managed Care Organization (MCO) Care Manager Consultant :	MCO Care Manager Phone/Email:

CURRENT SYMPTOMS / RISK FACTORS

COVID-19 Symptoms:	When Did it Start?	Patient's COVID-19 Severity Risk Factors (check all that apply):	
Temp. Over 100°F		Hypertension <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Cough		Immunocompromised <input type="checkbox"/>	Other: <input type="checkbox"/>
Fatigue		Cancer <input type="checkbox"/>	Other: <input type="checkbox"/>
Shortness of Breath		Chronic Lung Disease <input type="checkbox"/>	Other: <input type="checkbox"/>
Sore Throat		Chronic Kidney Disease <input type="checkbox"/>	
Diarrhea		Chronic Liver Disease <input type="checkbox"/>	
Muscles Aches		Seizure Disorder <input type="checkbox"/>	
Chills		Heart Disease <input type="checkbox"/>	
Headache		Hypertension <input type="checkbox"/>	
Nausea		Bowel Disease <input type="checkbox"/>	

MEDICATIONS

Medication:	Dosage/Frequency:

ALLERGIES

To What:	Symptoms of Allergy
Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Important Information to Know About Me

I am a person with a disability. I am showing signs of COVID-10 infection. If I cannot communicate with you and my family or my caregiver is not with me, these are some important things to know about me.

ACCOMMODATIONS:		SPECIALIZED EQUIPMENT:	
Language Interpreter	<input type="checkbox"/>	Manual Wheelchair	<input type="checkbox"/>
ASL Interpreter	<input type="checkbox"/>	Power Wheelchair	<input type="checkbox"/>
Personal Assistant	<input type="checkbox"/>	Walker/Cane	<input type="checkbox"/>
Communication Device	<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>
Service Animal	<input type="checkbox"/>	Communication Device	<input type="checkbox"/>
Extra time to understand	<input type="checkbox"/>	CPAP/BI-PAP	<input type="checkbox"/>
Read to me	<input type="checkbox"/>	Other:	
Simple Language	<input type="checkbox"/>	Other:	
Other:		Other:	
Other:		Other:	

PATIENT'S SELF EXPRESSION, LIKES, AND DISLIKES:

I express myself by:	
I calm myself by:	
When I'm happy, I:	
When I'm sad, I:	
When I'm scared, I:	
When I'm angry, I:	
My likes:	
My dislikes:	

I have a sensitivity to touch. Yes No

Notes:

I have a mask sensitivity. Yes No

Notes:

Additional Notes:

This form has been created and distributed by the Ohio Association of County Boards of DD with substantial input and guidance from Susan Abend of the Right Care Now Project. The Wisconsin Board for People with Developmental Disabilities adapted for use in Wisconsin.

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