

Prepared by UCSF Office of Developmental Primary Care & Disability Voices United 3/23/20
Information on COVID-19 is rapidly evolving. We will update our resources as we learn more.

Plain-Language COVID-19/Coronavirus Emergency Plan

My name is _____.

My address is:

This is a plan for what I will do if I get sick or if someone who cares for me gets sick.

Emergency Contacts are the helpers I can call if I am sick, feel unsafe, or if someone who cares for me gets sick. They live outside my household.

My doctor is always an emergency contact.

My doctor's name is _____.

Their office phone number is _____.

I have other emergency contacts. They can be my service coordinator, neighbors, friends, or relatives who live outside my home.

Contact 1 Name: _____ Phone #: _____

Contact 2 Name: _____ Phone #: _____

Contact 3 Name: _____ Phone #: _____

Contact 4 Name: _____ Phone #: _____

I can add other emergency contacts by editing this document.

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Who Will Check On Me?

If I get sick or someone who is caring for me gets sick, I can ask one or more of my emergency contacts to check on me in order to make sure that I am ok.

Contact Name: _____

Will: ___ call

 ___ FaceTime/Video Chat

 ___ Email

 ___ Visit (necessary visits for healthcare only)

How frequently will they get in touch with me? Indicate one:

___ time(s) a week on _____ (indicate day/s)

___ time(s) a day at _____ (indicate time/s)

Other:

Who Will I Check On?

I may have to check on people I care about to make sure they are ok.
These are the people I should check on.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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Who Can Bring Supplies?

If someone in my house gets sick, all of us may need to stay home for a few weeks. These emergency contacts are nearby and can help us if we all need to stay home. They can help with grocery shopping, picking up medicine or other things and leave them at my door.

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

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If We Need to Leave

We may need to leave the house quickly. In order to prepare for that, I should pack a go bag and fill out my health passport.

____ I have packed my go bag in case we need to leave quickly. Things I might want in my go bag include:

- ____ Bottled Water
- ____ A week of any medications I have, if needed
- ____ 3 days of nonperishable food like nuts and snack mix
- ____ Extra house and car keys, if I have them
- ____ Chargers and power banks for my devices
- ____ A copy of this kit, so that I am prepared
- ____ Change of comfortable, sturdy clothes
- ____ Small amounts of cash
- ____ Small first-aid kit
- ____ Copies of important documents, like my ID and insurance
- ____ A copy of my filled-out Health Passport
- ____ Soap
- ____ Toothbrush and toothpaste
- ____ Hand sanitizer, if available
- ____ Cleaning wipes, if available