

Autism COVID-19 Individual Health Action Plan

Universal 2.0 Format

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SECTION ONE:

- Do I have any Symptom's of COVID-19
- Am I in a priority group?
- My notes

Includes fill-in and tick box sections



SECTION TWO:

- How I can contact my GP (Doctor)
- Who and How I contact people if I need help

Includes fill-in and tick box sections



SECTION THREE:

- Your important information

Includes fill-in sections



SECTION FOUR:

- How I communicate

Includes fill-in sections



SECTION FIVE:

- Emergency Bag checklist in case I need to go to the hospital.

Includes fill-in and tick box sections



SECTION ONE:

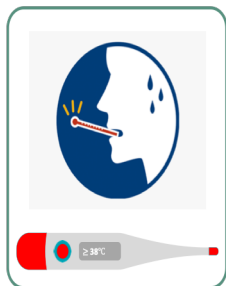
- Do I have any Symptoms of COVID-19
- Am I in a priority group?
- My notes

Includes fill-in and tick box sections



Do I have any symptoms of COVID-19

You can use the tick boxes to mark your symptom's



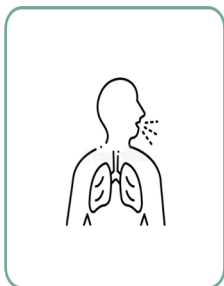
FEVER

Do I have a temperature above 38°C?

* If you don't have a thermometer: Some signs of a fever include feeling usually hot or cold, feeling clammy or sweating.



I have this ☐ I Don't have this ☐



SHORTNESS OF BREATH

This can feel like it is harder to breath in and/or breath out.



I have this ☐ I Don't have this ☐



COUGH

This can be any kind of cough, usually dry but not always.



I have this ☐ I Don't have this ☐

My Notes

Here I can write down and/or draw my notes.

For example: What I want to tell my doctor, what my doctor tells me or/and any other, what I want to tell the people I live with, or any information I want to record.

Am I in a priority group?

Read the statements below and tick the box beside each if you agree with the statement.

I am over the age of 70 ☐

I have been in close (in person) contact with another person who has been diagnosed with COVID-19. ☐

I have a condition that make me more at risk of getting sick. For example:

- diabetes
- immunosuppressed
- chronic lung disease
- chronic heart disease
- cerebrovascular disease
- chronic renal disease
- chronic liver disease
- smokers.

☐

I live with someone that has a condition that make them more at risk of getting sick. ☐

I live or work in a setting where managing symptoms is difficult for example

- a residential care facility
- a nursing home
- a group home
- a direct provision centre
- the travelling community,
- ROMA
- Homeless

☐

I am pregnant ☐

I am a healthcare worker on the frontline and I have regular in-person contact with patients. ☐

IF you have ticked **ANY** of the boxes in this section you are in a priority group



If you have any of the symptoms described or any other flu-like symptoms DO NOT go to the GP (doctor) surgery, pharmacy or hospital. Stay at home, don't go outside, if you live with other people tell them your symptoms. Make contact with any health professional you need to see by phone or message first.

SECTION TWO:

- How I can contact my GP (Doctor)
- Who and How I contact people if I need help

Includes fill-in and tick box sections




How I can contact my GP (Doctor)

Mark your choice or write your own



What communication can I use?

A



I CAN SEND AN EMAIL



I CAN USE THE TELEPHONE



I CAN SEND A MESSAGE

I CAN _____



What communication can my doctor use?


A



MY DOCTOR HAS EMAIL



MY DOCTOR HAS A TELEPHONE




MY DOCTOR HAS A MESSAGE SERVICE

MY DOCTOR HAS _____



Do I need help from another person to communicate with my doctor?

A



I CAN CONTACT MY DOCTOR ON MY OWN



I NEED HELP TO CONTACT MY DOCTOR



Who and how I contact people if I need help

You can write contact information and mark the type of communication you can use to contact that person below.

CONTACT DETAILS OF SOMEONE I CAN CONTACT IF I NEED HELP

NAME _____
PHONE NUMBER: _____
EMAIL _____



I CAN SEND AN EMAIL



I CAN USE THE TELEPHONE



I CAN SEND A MESSAGE

I CAN _____

CONTACT DETAILS OF SOMEONE I CAN CONTACT IF I NEED HELP


NAME _____
PHONE NUMBER: _____
EMAIL _____



I CAN SEND AN EMAIL



I CAN USE THE TELEPHONE



I CAN SEND A MESSAGE

I CAN _____

CONTACT DETAILS OF SOMEONE I CAN CONTACT IF I NEED HELP


NAME _____
PHONE NUMBER: _____
EMAIL _____



I CAN SEND AN EMAIL



I CAN USE THE TELEPHONE



I CAN SEND A MESSAGE

I CAN _____

SECTION THREE:

- Your important information

Includes fill-in sections



My Personal Details

	Notes to filling form out are marked with a *	
My Full name is	* Put down first and last name.	
My Date of birth is:		
My gender is:		
My Address is:		
My postcode is:		
I have a diagnosis of:	*You can list previous diagnoses you have received from professionals.	
My blood type is:	*Only write this down if you definitely know it, most people don't and that's okay.	

My GP's (Doctor) Information

List your GP's (doctor) information below.

My GP's (doctor) name is:	
My GP's (doctor) phone number	
My GP's (doctor) address is:	

My emergency contacts information

List your emergency contacts information below, this is also called "Next of kin" and is someone the doctors can contact for you if you are in an emergency.

My Emergency contacts name is:	
My Emergency contacts phone:	
My Emergency contacts address is:	

Medication I take

List your prescribed medication and over-the-counter medication, such as vitamins and inhalers that you take.

(*Some people don't take any medication so its not unusual to leave this blank.)

Name the Drug	Dosage	Frequency Taken

Medications I am allergic to

List any medication you have had an allergic reaction to in the past.

(*Lots of people are not allergic to any medication so its not unusual to leave this blank.)

Name the Drug	Reaction You Had

SECTION FOUR:

- How I communicate

Includes fill-
in sections



How I communicate

Below are a number of statements to read and space to fill in your answers to let others know how you communicate. There is also space at the end to add your own. At the side are some suggestions for each statement if you need help.

Statements	Fill in your answer	*Suggestions
My strongest style of communication is:		People have different styles of communication, for example: some people are better at writing things down, others are stronger using sign language, some people use devices, others prefer to talk by spoken word.
The communication aids I use are:		Some people use aids to communicate, for example, AAC devices, text to speech devices, visual aids, another persons help to communicate, writing things down.
I can have difficulty communicating when:		For example: some people when they are stressed or overloaded can find it hard to communicate the way they normally do.
I find communication hard when:		For example: some people when they are in loud or busy settings find it harder to communicate. Others find it hard when someone asks lots of questions at one time.
You can help me communicate by:		For example: not asking too many questions at one time, giving me time to process, supporting me to use my aids, providing me with clear, concrete information.

SECTION FIVE:

- Emergency Bag checklist in case I need to go to the hospital.

Includes fill-in and tick box sections



What I need in my emergency bag

Below are different categories of items you might want to put in your emergency bag, everyone's emergency bag is different. Items listed are only suggestions, there are blank spaces where you can add your own. Tick off each item when it has gone into your bag.

INFORMATION ITEMS

This booklet when filled in.


☐

Identification.


☐
☐
☐

SENSORY ITEMS

Headphones


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Fidget toy/chew stick


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Colouring book and pencils.


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Teddy.


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Sunglasses/eye mask.


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Ear plugs/defenders.

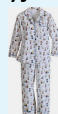

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Pen and paper


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☐
☐

SELF CARE ITEMS

Pyjamas


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Change of clothes + underwear /socks


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Toothbrush and toothpaste.


☐
☐
☐

Bottle of water.


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Non-perishable snack


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TECHNOLOGY ITEMS

Phone


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Communication aids


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☐
☐
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Phone charger


☐

Charged power bank


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☐
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