

COVID-19 Customer Plan



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During these uncertain times of COVID-19, it can be overwhelming not knowing how to prepare. You don't have to do this alone, We're with you.

On the following pages there is a checklist of questions for you to help you prepare should life change due to COVID 19.

Some of the preparation you do now will be useful well beyond COVID-19 and can help you to respond to other emergency situations. One of your Ability WA Team will contact you or your family over the coming weeks to discuss this checklist with you and to make sure you have the support you need.

It would be a good idea to discuss these questions with your family and/or support coordinator.

The **BLUE ACTION SPACE** at the end of each section can be used to jot down any reminders of actions you need to take to get prepared.

We will store this information in our Customer Management System so that all Ability WA staff delivering your service are aware of your preferences and needs during this COVID time. We will provide you with a copy.

We will provide some useful resources such as the **"All About Me"** template for you on our Info Hub in our website abilitywa.com.au

Another useful website to help with preparing and planning at any time:
<http://futurethinking.abilitycentre.com.au>

About You

Name

Form Completed By

Date Completed

My Communication

What is the best method to contact you?	<input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email		<input type="checkbox"/> Letter <input type="checkbox"/> Face to face	
What supports (if any) do you use to communicate with people who don't know you that well?	<input type="checkbox"/> None - I'm verbal <input type="checkbox"/> None - but I need some <input type="checkbox"/> A communication device <i>such as</i> <input type="checkbox"/> A phone		<input type="checkbox"/> An Ipad <input type="checkbox"/> My computer <input type="checkbox"/> My family/support person interprets my needs <input type="checkbox"/> Sign language	
What technology can you use to support face to face communication during COVID?	<input type="checkbox"/> Facetime <input type="checkbox"/> Zoom <input type="checkbox"/> Teams <input type="checkbox"/> Other			
What apps/programs will you use to stay connected with your family and friends?	<input type="checkbox"/> Messenger <input type="checkbox"/> Facetime <input type="checkbox"/> WhatsApp <input type="checkbox"/> Snapchat		<input type="checkbox"/> Zoom <input type="checkbox"/> Teams <input type="checkbox"/> Other <input type="checkbox"/> Who will help you get this set up?	
Do you need help to set up any of these communication channels for you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>who will help you?</i>			
Who will you call -if you are just not sure what to do?	Name: Phone:			
Do we have your current contact details? <small>If not, please write them in the box provided</small>				
Communication Actions				

My Health

<p>Who is responsible for your health decisions?</p>	<p><input type="checkbox"/> Myself</p> <p><input type="checkbox"/> Someone else <i>(Please write name and phone number in box provided to the right)</i></p> <p>Name _____</p> <p>Ph Number _____</p>
<p>Who helps you make decisions related to your health?</p>	<p><input type="checkbox"/> I don't need any help</p> <p><input type="checkbox"/> No one</p> <p><input type="checkbox"/> My Family</p> <p><input type="checkbox"/> My GP</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Please write below the best name contact details for Family/GP/Other</p>
<p>Do you need/have other people to help you to manage your health conditions?</p>	<p><input type="checkbox"/> No</p> <p><i>Yes, I need support to:</i></p> <p><input type="checkbox"/> Buy my medication</p> <p><input type="checkbox"/> Give me my tablets</p> <p><input type="checkbox"/> Position me safely</p> <p><input type="checkbox"/> Chest Physio</p> <p><input type="checkbox"/> On call support</p> <p><input type="checkbox"/> Other (nursing/Silver Chain)</p>
<p>Who are these people?</p>	<p>Name _____</p> <p>Ph Number _____</p>
<p>If these people become unavailable who will support you in this area</p>	<p>Name _____</p> <p>Ph Number _____</p>
<p>If you are on regular medications...</p> <p>Do you have a printed list of these?</p>	<p><input type="checkbox"/> Yes I have a list of my regular medications</p> <p><input type="checkbox"/> No I do not need this</p> <p><input type="checkbox"/> I do not have a list but need one</p>
<p>Have you discussed the supply of these medications over the next 6 months with your GP</p>	<p><input type="checkbox"/> I need a plan for my medication supply</p> <p><input type="checkbox"/> I have discussed with my GP and do not need a plan</p>

My Health

<p>Do you need to contact your GP / Specialist to discuss how these appointments are managed in a covid 19 environment?</p> <p><i>Do you need to contact your GP/specialist to discuss how these are appointments are managed in a COVID-19 environment</i></p>	<p>Appointment</p> <p>Plan</p> <p>Appointment</p> <p>Plan</p> <p>Appointment</p> <p>Plan</p>
<p>How will you stay on top of preventative health measures <i>eg vaccinations, dental checkups</i></p>	
<p>Who will you contact if you become unwell?</p> <p><i>You should contact this person if you develop symptoms. are in self-isolation or have been in contact with a confirmed covid-19 case.</i></p> <p><i>Please check how your GP will be working during an outbreak</i></p>	<p><input type="checkbox"/> A family member</p> <p><input type="checkbox"/> A friend</p> <p><input type="checkbox"/> My GP</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Health direct 1800 022 222</p> <p><input type="checkbox"/> Call National Coronavirus Hotline 1800 020 080</p>
<p>If you need to go to hospital what supports might you need</p> <p><i>Think about the possibility of limited / no visitors</i></p>	<p><input type="checkbox"/> Physical/personal support</p> <p><input type="checkbox"/> List of medications</p> <p><input type="checkbox"/> Phone/IPAD/charger</p> <p><input type="checkbox"/> Communication device</p> <p><input type="checkbox"/> "All About me" information (click here for link)</p> <p><input type="checkbox"/> Equipment</p>
<p>Do you have strategies to look after your mental health</p>	<p><input type="checkbox"/> None required</p> <p><input type="checkbox"/> I access Psychology/Social work support through:</p> <p><input type="checkbox"/> I stay connected with family/ friends</p> <p><input type="checkbox"/> I will continue to access community groups, such as:</p> <p><input type="checkbox"/> I need to set something up</p>
<p>How will you maintain or improve your physical health?</p> <p><i>If you have pain related to your disability, how will this be managed?</i></p>	<p><input type="checkbox"/> I have a plan in place</p> <p><input type="checkbox"/> I need to speak to my physiotherapist</p> <p><input type="checkbox"/> I may need a home program</p>

My Health

<p>Have you got ways to get sufficient supplies of Protective equipment for when you go out of your house, or for people who come in to your house?</p> <p><i>(Masks, gloves, hand sanitiser)</i></p>	
<p>Health Actions</p>	

My Living

<p>Where do you live?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> By myself <input type="checkbox"/> With my family <input type="checkbox"/> With my friends <input type="checkbox"/> With a flatmate <input type="checkbox"/> In a Shared Independent Living (SIL) house <p><i>House location</i></p> <p><i>Service provider</i></p>
<p>Who is your emergency contact?</p>	<p>Name</p> <p>Ph Number</p>
<p>Who does your shopping, cooking and cleaning?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I do <input type="checkbox"/> My family <input type="checkbox"/> My friends <input type="checkbox"/> My support worker from <input type="checkbox"/> Online shopping <input type="checkbox"/> Other community/external service <input type="checkbox"/> My back up plan if I need to self-isolate is:
<p>Who supports your personal care? <i>(showering/ dressing)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> I'm independent <input type="checkbox"/> My family <input type="checkbox"/> My friends <input type="checkbox"/> My Support Worker from <input type="checkbox"/> Other Community service <input type="checkbox"/> My back up plan if I need to self-isolate is:
<p>Do you need to think about ordering additional personal care supplies</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Incontinence supplies <input type="checkbox"/> Tubing for nasogastric/PEG <input type="checkbox"/> Nutritional supplements <input type="checkbox"/> Other

My Living

**Equipment you
need daily**

- None
- My communication device
- My mobility equipment (*walker/wheelchair*)
- My sleep equipment
- My nutritional supports (*tubes/ nutritional supplements*)
- My positioning equipment (*hoist*)
- New equipment
- Will any of these pieces of equipment require assessment/review in the next 6 months?

During community transmission of COVID-19 it is important to think about which services you wish to continue, alter or suspend based on your own individual services and choice. You can change your mind and contact us to discuss options available to you.

In certain circumstances, Ability WA’s capacity to deliver services may be impacted. If this occurs we will communicate and consult with you.

My Services *(Review as appropriate)*

Shared Independent Living

<p>Are there any circumstances where you would consider moving out of Shared Independent Living services?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> For short periods</p> <p><input type="checkbox"/> For a longer period</p> <p>What would these circumstances be?</p> <p>Where would you live during this time?</p>
<p>Shared Independent Living Action Plans</p>	

Therapy Services

<p style="text-align: center; margin: 0;">Physiotherapy</p> <p style="text-align: center; margin: 0;">Occupational Therapy</p> <p style="text-align: center; margin: 0;">Speech Pathology</p> <p style="text-align: center; margin: 0;">Social Work</p> <p style="text-align: center; margin: 0;">Dietetics</p> <p style="text-align: center; margin: 10px 0 0 0;">If there is a COVID outbreak in Perth how will you receive your therapy services?</p> <p style="text-align: center; margin: 10px 0 0 0;"><i>It is important for your health that these services continue.</i></p>	<p><input type="checkbox"/> I want to stop all therapy services</p> <p style="margin-left: 20px;"><i>I would like:</i></p> <p><input type="checkbox"/> Individual Face to face (F2F)</p> <p><input type="checkbox"/> Individual online (Tele-therapy)</p> <p><input type="checkbox"/> Group program (F2F)</p> <p><input type="checkbox"/> Group program online (Tele-therapy)</p> <p><input type="checkbox"/> Home program</p> <p><input type="checkbox"/> Clinical Specialist appointment (Consultability)</p> <p><input type="checkbox"/> Assessment</p> <p style="margin-left: 20px;"><i>Frequency</i></p> <p><input type="checkbox"/> 2+ p/week</p> <p><input type="checkbox"/> 1 p/week</p> <p><input type="checkbox"/> Fortnightly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly review</p>
<p style="text-align: center; margin: 0;">Therapy Services Plans</p>	

Positive Behaviour Supports (PBS)

<p>When there are changes in routine (outside your control) it may impact behaviour.</p> <p>If you currently access PBS services will you want this to be delivered in the same way you are accessing it now?</p>	<p><input type="checkbox"/> Yes - keep it going like it is now</p> <p><input type="checkbox"/> No - I would like it to move to online</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> I would like to explore strategies to manage isolation with my PBS practitioner now</p>
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Equipment Solutions

<p>Will any of your equipment need to be reviewed for safety or appropriateness?</p> <p>If so then when?</p>	<p><input type="checkbox"/> Mobility Equipment (walkers, wheelchairs, scooters etc) <i>Review time-frame:</i></p> <p><input type="checkbox"/> Communication Equipment (IPAD, devices) <i>Review time-frame:</i></p> <p><input type="checkbox"/> Positioning Equipment (Hoists, sleep) <i>Review time-frame</i></p> <p><input type="checkbox"/> Home Modifications Review <i>Review time-frame</i></p> <p><input type="checkbox"/> Any equipment repairs required? If yes, please explain what is needed</p>
<p>Equipment Plans</p>	

Short Term Accommodation (Respite)

<p>Are you likely to need Short Term accommodation in the next 6 months?</p>	<p><input type="checkbox"/> Not required</p> <p><input type="checkbox"/> How many Days/Nights p/stay:</p> <p><input type="checkbox"/> Dates for stay - if known</p>
<p>Short Term Accommodation Plan</p>	

Community Participation Opportunities Program

<p>How will you keep doing the things you want to do on a daily basis if there is a COVID outbreak in Perth?</p>	<p><input type="checkbox"/> I want my current program to remain the same</p> <p><input type="checkbox"/> I want to cease my program until</p> <p><input type="checkbox"/> Not required</p> <p style="color: #0070C0;"><i>I want to change my current program to include:</i></p> <p><input type="checkbox"/> Access community activities outside my home</p> <p><input type="checkbox"/> Develop my skills in my home</p> <p><input type="checkbox"/> Pursue recreational activities in the home</p> <p><input type="checkbox"/> Support with social connection</p> <p><input type="checkbox"/> Support with after school activities.</p> <p style="color: #0070C0;"><i>Frequency</i></p> <p><input type="checkbox"/> Days</p> <p><input type="checkbox"/> Times</p>
<p>Opportunities Program Plan</p>	

My Transport

<p>Are you reliant on anyone for getting you places?</p> <p>Will you need to think differently about your transport method if there is a COVID outbreak?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> My family <input type="checkbox"/> My friends <input type="checkbox"/> Ability WA <input type="checkbox"/> Another organisation <input type="checkbox"/> Taxis <input type="checkbox"/> Ubers <input type="checkbox"/> Public transport <input type="checkbox"/> Alternative Plans:
<p>Transport Plan</p>	

COVID-19 Awareness

<p>How are you going to keep up to date with the exposure sites?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> WA health link <input type="checkbox"/> My family member <input type="checkbox"/> My support worker <input type="checkbox"/> My friend <p>Name _____</p> <p>Ph Number _____</p>
<p>Have you been provided information about the COVID-19 vaccination?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No, I need information
<p>Do you need support to discuss the COVID-19 Vaccination with your GP or access vaccination clinics?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have chosen to suspend all services, would you like Ability WA to contact you periodically to check you are safe?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No



If you have symptoms or have had contact
with a confirmed COVID-19 case/exposure site,
please call the **Ability WA COVID-19 hotline** on

0448 481 100

Ability WA

www.abilitywa.com.au

106 Bradford Street, Coolbinia

T 1300 106 106