

# NGĀTIWAI

KI TE HOE



## KŌWHITI - 19 PREPAREDNESS PLAN

## **INSTRUCTIONS:**

THE PURPOSE OF THIS PLAN IS TO PROVIDE WHĀNAU WITH A TOOL TO COMPILE KEY INFORMATION ABOUT YOUR BUBBLE SHOULD COVID-19 IMPACT YOUR WHĀNAU

PLEASE NOTE THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL TO YOU AND ONLY BE RELEASED WITH YOUR CONSENT SHOULD THE NEED ARISE

THIS TOOL IS DOWNLOADABLE FOR YOUR RETENTION AND CAN BE UPDATED AS NEEDED

# PERSONAL INFORMATION:

FULL NAME:

MAIDEN NAME:

OTHER NAMES KNOWN BY:

RESIDENTIAL ADDRESS:

EMAIL:

PHONE:

HAPŪ AFFILIATIONS:

MARAE AFFILIATIONS:

IWI AFFILIATIONS:

## WORKPLACE DETAILS:

PLACE OF WORK:

WORKPLACE ADDRESS:

PHONE:

MANAGER/SUPERVISOR:

## GP DETAILS:

NAME:

CONTACT DETAILS:



# BUBBLE INFORMATION:

NUMBER OF PEOPLE IN BUBBLE:

NAMES AND AGES OF PEOPLE IN YOUR BUBBLE:

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DO YOU SHARE A BUBBLE:



# VACCINATION DETAILS:

ARE YOU VACCINATED:

YES / NO

DETAILS OF VACCINATION:

FIRST DOSE:

SECOND DOSE:

In your bubble - Who over the age of 12 is vaccinated? Who is not?

Shared bubble - Who over the age of 12 is vaccinated? Who is not?

YES / NO

YES / NO

YES / NO

YES / NO

YES / NO

YES / NO

YES / NO

YES / NO

YES / NO





DO YOU HAVE ACCESS TO CLEAN DRINKING WATER AND KAI AT THE SIQ SITE?

YES / NO

IS THE SIQ SITE WELL VENTILATED?

YES / NO

DOES THE SIQ SITE HAVE WARM, CLEAN AND DRY SURROUNDINGS FOR THE TŪRORO?

YES / NO

**WHO WILL PROVIDE FOOD AND SANITATION SUPPORT TO TŪRORO IN SIQ?**

FULL NAME:

EMAIL:

PHONE:

**SHOULD THE TŪRORO HAVE DEPENDENTS UNDER THE AGE OF 18YRS – WHO IS THE NOMINATED CAREGIVER FOR THE TAMARIKI IN CASE OF COVID19?**

FULL NAME:

EMAIL:

PHONE:

**SHOULD THE DEPENDENTS OF TŪRORO BE CLOSE CONTACTS AND REQUIRE SIQ, WHO WILL PROVIDE CARE FOR THE TAMARIKI IN SIQ?**

FULL NAME:

EMAIL:

PHONE:

**KAUMĀTUA/ELDERS – SHOULD THE ELDERS IN CARE BE DEEMED CLOSE CONTACTS AND REQUIRE SIQ, WHO IS THE NOMINATED CAREGIVER FOR THE ELDER?**

FULL NAME:

EMAIL:

PHONE:

**SHOULD THE ELDER NOT REQUIRE SIQ, WHO WILL PROVIDE CARE FOR THE ELDER WHILE TŪRORO IS IN SIQ?**

FULL NAME:

EMAIL:

PHONE:

