



My Isolation Safety Plan

This worksheet is designed to help members develop a personal COVID-19 Isolation Safety Plan for individual or family use. **Self-isolation means staying home and avoiding situations where you can come into contact with others.** You should not self-isolate in a place where you will be in contact with vulnerable people such as seniors or those with underlying health conditions.

Members may be required to self-isolate if:

- They develop symptoms of COVID-19
- They have close contacts or household members with COVID-19
- They may have been exposed to the COVID-19 virus and are at risk for developing COVID-19 and/or passing it along to others
- They have been contacted by the regional health authority and deemed a 'contact' through contact tracing information
- They have travelled recently
- They have attended a public gathering and were not able to maintain social distancing protocol

Date of Isolation: (Start) / / (Finish) / /

Contact Information		
First Name:	Last Name:	DOB:
Contact Information:		
Location		
Do you have accommodation arranged for your self-isolation period? (Yes/No)		
If yes, what is the location you will be isolating in?		
<ul style="list-style-type: none"> • Address: • City: 		
Please indicate isolation type:		
<input type="checkbox"/> Private Residence <input type="checkbox"/> With Family <input type="checkbox"/> Commercial (hotel)		
What form of transportation will you take to your self-isolation location?		
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi or ride share		
Do you need accommodation assistance to self-isolate from anyone who is over 60 years old or who has heart disease, high blood pressure, asthma or other lung disease, diabetes, cancer, immune suppression or is taking prednisone medication? (Yes/No)		
Will others be staying in the location where you plan to self-isolate? (Yes/No)		
If yes, how do you plan to keep isolated from others in your location (including shared spaces such as a washroom/kitchen)		
<ul style="list-style-type: none"> • • 		

Support through Isolation

Are you able to make the necessary arrangements for your self-isolation period? Describe below.

- Food:
- Medication:
- Child care:
- Cleaning supplies:
- Pet care:
- Work:

Monitoring for Symptoms (DAILY)

You may have been exposed to COVID-19 and you must monitor your symptoms for 14 days.
If you start to develop symptoms, even mild ones, get tested ASAP.

While you are self-isolating, you will be required to monitor for new symptoms or signs of COVID-19 such as fever, cough, sore throat, etc. Avoid the use of fever reducing medications (Advil, Tylenol, etc) as much as possible as these medications can mask the symptoms of COVID-19.

Isolation Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Daily Temp	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C

Pay attention to your health. If you develop symptoms write **YES** or **NO** below for each symptom

Chills														
Pink Eye														
Cough														
Diarrhoea														
Fatigue/Tired														
Runny Nose														
Difficulty Breathing														
Sore Throat														
Other*														

*Other symptoms may include loss of appetite, loss of taste or sense of smell, nausea and vomiting, muscle aches, headache, new chest pain, etc.

NOTES:

My Resources

Health Link BC – Self Isolation and COVID-19

<https://www.healthlinkbc.ca/self-isolation-and-covid-19>

BC Centre for Disease Control – Self-Isolation

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>

BC Centre for Disease Control – the Do’s and Dont’s of Isolation

http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_dos_donts.pdf

Government of BC – Self Quarantine on Return to BC

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/self-isolation-on-return>