

COVID-19 WHĀNAU PLAN

#Protect Our WHAKAPAPA



Make a Plan

Decide what happens if someone in your whare gets māuiui/sick

Option 1: Set up a room in your whare where whānau members can isolate themselves away from others

Option 2: If it's not possible to set up a room, create separate zones so they're away from shared spaces such as the living room & kitchen

Option 3: Coordinate with your whānau/hapori another whare where whānau can go & isolate

Set the Tikanga

Decide what the tikanga is for your whare so everyone is clear

Hold a whānau hui so everyone knows how to manaaki each other if someone gets sick

Communicate your expectations with your manuhiri e.g. text or message before they arrive, beep from the gate, wait in the waka

Put up signs on your fence & front door, set up a table outside the front door with sanitiser & a QR code / register

Prepare Your Whānau

Make sure all the whānau are on board & understand the plan

Put a list up on your fridge of whānau details (names, ages, NHI numbers, medical conditions, addictions) & emergency contacts (GP clinic, after hours, support agencies) - just in case

Talk with your tamariki about what the plan is if you get sick or go to hospital & how to reach out for help if needed

Nominate someone outside of your whare who can help if your whānau is isolating, like delivering kai or supplies



Whānau Plan

Preparing your whānau & your whare



Prepare Your Whare

Think about how to set up your whare to minimise the spread

Draw up a map of your whare to help define your zones, e.g. shared spaces, isolation areas, sanitising stations

Make a list of household instructions that are easy to follow if you get sick e.g. feeding pets, paying bills

If you don't have enough room inside your whare, consider using a tent to make a comfortable space with all the necessary supplies

Prepare Your Pātaka

Make sure your pātaka has plenty of kai in case you need to isolate

- **Kai high in vitamins i.e. fruit & veges**
- **Fluids i.e. water, broth, kawakawa tea**
- **Baby supplies**
- **Hygiene products**
- **Medical supplies**
- **Cleaning supplies**

Organise kai ahead of time that's easy to heat when needed e.g. soups, stew

Make up individual laundry & toilet bags for each person & store separately with your personal belongings

Protect Your Whakapapa

Keep to the kaupapa & encourage each other to stick to the plan

Stay connected - arrange regular catch-ups with your whānau, friends & community

Don't be whakamā to reach out if you need help. You are not alone. Like our tūpuna of Te Moananui a Kiwa - stay strong, stay resolute

#ProtectOurKaumātua

#ProtectOurMātua

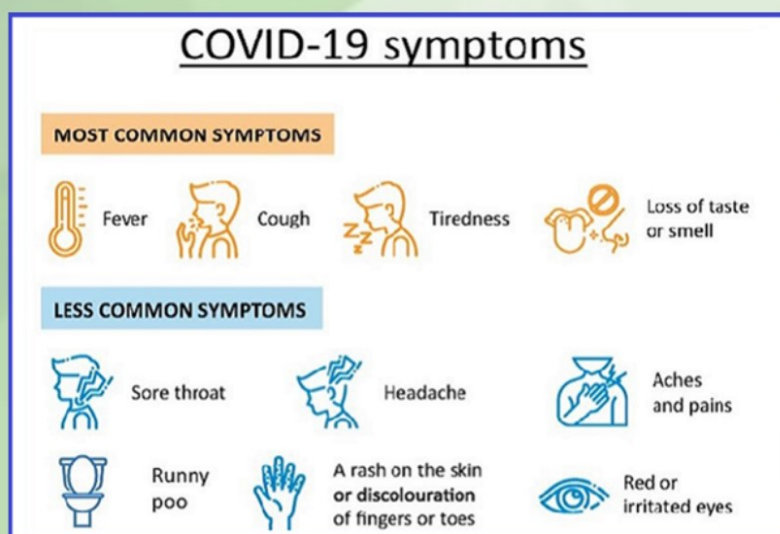
#ProtectOurTamariki

#ProtectOurWhakapapa



COVID-19 SYMPTOM TIMELINE – WHAT TO EXPECT

Most people will have mild COVID-19 symptoms for up to 2 weeks. Symptoms tend to appear around 2-5 days after you are infected but can take up to 14 days to show.



Days 1-3

Early symptoms of COVID-19 vary widely.

- It can start with a tickle in your throat, a cough, fever or headache. You may also feel short of breath or a little pressure in your chest.
- Sometimes it begins with a bout of diarrhoea
- You may feel tired and/or may lose your sense of taste and smell.
- You may experience some or none of these symptoms.

Even if you have a mild COVID-19 infection, avoid running, workouts, weights and high impact activities until you've been cleared by your healthcare team.

Days 4-6

These are important days to be more aware of your symptoms. This is when lung (respiratory) symptoms may start to get worse, especially for older people who have other conditions like high blood pressure, obesity or diabetes.

- You may start to feel worse and may have aches, chills, cough and an inability to get comfortable.
- Some younger people may develop rashes, including itchy red patches, swelling or blistering on your toes or fingers.

Days 7-10

For people with mild illness, the worst is generally over after a week.

Some people may get worse at this point or start to feel better briefly then take a turn for the worse.

If you start to feel worse contact your healthcare team, this is why recording symptoms is vital

Days 11-14

- Most people will feel better by now. Some may feel more tired than usual.
- A slow return to activities is advised.

IF YOU HAVE
ON-GOING SEVERE SYMPTOMS,
ASK YOUR HEALTHCARE TEAM TO
ADVISE YOU ON WHAT TO DO NEXT
OR CALL
THE COVID-19 HEALTHLINE ON
0800 358 5453

EMERGENCY CONTACT LIST

Name:

Contact Number:.....

Relationship:.....

Name:

Contact Number:.....

Relationship:.....

Name:

Contact Number:.....

Relationship:.....

Name:

Contact Number:.....

Relationship:.....

Doctors:

Hospital:.....

School/Pre-school:.....

Workplace:.....

Is there anyone outside of your household that relies upon you for regular care of work?

Details:

Alternative arrangements:

HOUSE PLAN

Approximately 60% of cases are from household transmission.

Having a well thought out plan could possibly save the virus spreading further amongst your whanau. If your house is not safe to isolate at, do you have another option? Can you access the internet from your home? Talk to your wider whānau.

Notes:

PERSONAL HOUSEHOLD INFORMATION

Who resides here?	Age	Contact Details	NHI Number/Medication/ Existing Ailments	Vaccination Status <i>Please Circle</i>				Comments
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	
				0	1	2	B	

Notes:

HOW TO QUARANTINE AT HOME

- Stay at home — don't go to work, school or public places. Don't use public transport, taxis or ride-share services.
- Don't leave home for food or medicines. If you can, arrange for these items to be delivered or ask friends or family/whanāu to shop for you. Ask them to leave deliveries outside your home. Your pharmacist may be able to arrange for medicines to be delivered to your home.
- If you need medical care, talk to your healthcare team, they may be able to arrange this for you. In many cases, you will be able to receive medical care using a telehealth (phone or video) service.
- Avoid contact with others in your household as much as possible. If you are unable, then keep a distance of 2 metres at all times and wear a mask that covers your nose and mouth. See below for advice on how to reduce the spread of infection in your home.
- You should not have visitors to your home, unless they are providing necessary medical care. Healthcare workers will wear full personal protective equipment (PPE) if they need to visit you. Everyone you live with will also need to quarantine. This helps to stop COVID-19 from spreading

HOW TO REDUCE THE SPREAD OF INFECTION IN YOUR HOME

- Stay in a separate room or isolated space away from others. Stay in your own room as much as possible and keep the door closed.
- Keep the room well-ventilated by opening the windows to the outside to increase fresh air in your room. While it's better to open the windows wide, even having a window opened slightly can help.
- Use a separate toilet and bathroom. If that isn't possible, use the toilet and bathroom after everyone else. Clean and disinfect surfaces you touch, such as door handles and taps. See our tips on cleaning and disinfecting surfaces
- Cough or sneeze into your elbow or cover your mouth and nose with tissues. Put used tissues into a lined rubbish bin and wash or sanitise your hands afterwards.
- Use separate personal items. This includes dishes, cups, eating utensils, hand towels and bedding. Wash these items separately using the hottest possible setting.
- If you have to use a shared space with others in your household, you should wear a face mask that covers your mouth and nose and keep a distance of at least 2 metres at all times. Other members of your household should wear a mask as well.
- Avoid using shared spaces, like the kitchen or dining room, at the same time as other people. Eat in a different room to other people.
- If you need a caregiver, identify one member of your household to help you with your daily cares. Your caregiver should have no high risk factors, or chronic health conditions, or be pregnant.

CLEANING & DISINFECTING SURFACES

Use a disinfectant that is antiviral and follow instructions. Look for one that contains hypochlorite (which is the main active ingredient in bleach) or activated hydrogen peroxide (0.5%). Others may contain benzalkonium chloride, though some studies have shown this is less effective against coronaviruses. You could also just use conventional bleach (at 0.1–0.2% available chlorine – check the back of your bottle) in water. You can also use ethanol alcohol or isopropyl alcohol. Read more about disinfectants.

TELL ALL CLOSE CONTACTS THEY MAY HAVE BEEN EXPOSED TO COVID 19

COVID-19 can be passed on to other people up to 48 hours (2 days) before you test positive, or before any symptoms start. Letting close contacts know they may have been exposed to COVID-19 helps to protect everyone.

Encourage them to be tested.



Staying at home is defined as staying within your home or residence. Public health officials ask you to stay at home if you are identified as:

a Casual Plus Contact or

a Casual Contact who is experiencing COVID-19 symptoms

a member of the general public who is experiencing COVID-19 symptoms

a household member of a Close Contact

a household member of a Close Contact who is experiencing COVID-19 symptoms

If you are a Casual Contact but are not experiencing any symptoms, you do not need to stay at home but you should monitor your health for 14 days. If you later develop COVID-19 symptoms, you should stay at home and ring Healthline for advice and information about testing.

Household members of Casual or Casual Plus Contacts and the general public can come and go from the house as normal.

COVID-19 HAUORA KIT

SAFETY

Masks
Glove
Hand Sanitiser
Disinfectant
Drinking Water
Ventilation/Warmth
Rubbish Bags
Cleaning Products
Phone/Devices
Chargers
Batteries

SELF-CARE & HELP

Easy to heat meals
Emergency Contact List
House Plan (Isolation)
Vitamins C, D
Meditation/Breathing
Rapid Antigen Tests
Antihistamines
Inhalers
Medication
Supplements

FEVER

Panadol
Electrolytes
Cool Packs
Thermometer

COUGH/THROAT/SINUS

Tissue
Vicks
Throat Lozenges
Throat Sprays
Throat Probiotics
Saline nasal spray/rinse
Ice blocks
Honey and Lemon
Oximeter

FILL THE TIME

TV/Netflix/Disney+ etc
Puzzles
Books/ Kindle
Cards/Board Games
Music
Playstation/Xbox
Notebook/Pen

ACHES

Heat Packs
Extra Pillows
Extra Blankets
Warm Clothes
Bath Salts

MONITORING YOUR SYMPTOMS

Name.....

Date.....

WEEK 1

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 2

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 3

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



Name.....

Date.....

WEEK 1

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 2

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 3

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



MONITORING YOUR SYMPTOMS

Name.....

Date.....

WEEK 1

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 2

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 3

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



Name.....

Date.....

WEEK 1

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 2

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



WEEK 3

What are your symptoms/side affects?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FEVER | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> DRY COUGH | <input type="checkbox"/> FATIGUE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHOEA |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> RUNNY NOSE |
| <input type="checkbox"/> ACHES AND PAINS | <input type="checkbox"/> SNEEZING |

OVERALL HOW DO YOU PHYSICALLY FEEL ?

Please Circle



RANGITĀNE O TAMAKI NUI-Ā-RUA SERVICES

Hauora | Health

- He Mate Huangō - Asthma Education / Support
- He Mate Pukupuku - Cancer Support
- Whānau Ora - Family Health
- Tamariki Ora - Wellchild Checks
- Ngā Oranga o te Rae - Mental Health Support
- Ngā Oranga o te Ngākau - Day Activity Centre
- Auahi Mutunga - Smoking Cessation
- He Waipiro me te Tarutaru - Alcohol and Drug Support
- Whānau Resilience

Toiora Māori | Health Promotion

- Rangatahi Tū Rangatira - Physical Activity and Nutrition
- Manawahine - Cervical Screening Support

Whakahiato Ora | Social Services

- Social Service Support
- Counselling Service
- Te Ara Whānau Ora
- Te Houkura-Family Violence Support
- Heartlands Service Centre

We also have a cultural sector which provides the following services:

Claims Management Unit (CMU)

Resources Management Act Appraisals (RMA)

Beneficiary/Registration Roll

Archival Facility

Cultural learning, information, advice and support

Te Kete Hauora o Rangitāne - 06 374 6860

Te Whare Taiao o Rangitāne - 06 374 4185

TARARUA SUPPORT CONTACTS

Name : Te Kete Hauora

Phone : 06 374 6860

0800 622 6254 (0800 MANAAKI)

Email : tamakinuiarua@rangitane.co.nz

Address : 10 Gordon Street, Dannevirke



Name : Ngāti Kahungunu Ki Tāmaki nui-a-Rua

Phone : 06 374 9224

Email : office@kahungunutnar.co.nz

Address : 171 High Street, Dannevirke



Name : Tararua Health Group

Phone : 06 374 8497

06 374 5691

Address : 24 Barraud Street Health Centre



Name : Tararua Community Youth Services

Phone : 06 374 9214

06 376 6794 (Pahiatua)

**Address : 8-10 Gordon Street, DVKE
183 Maine Street, Pahiatua**



Name : Ministry of Development (MSD)

Phone : 0800 559 009

Email : information@msd.govt.nz

Website : www.msd.govt.nz



Name : Dannevirke Pharmacy



Phone : 06 374 8087

Email : dannevirkepharmacy@gmail.com

Address : 51 High Street Dannevirke

Website : www.dannevirkepharmacy.co.nz

Name : Healthline (General)

Phone : 0800 611 116

Website : www.health.govtnz



Name : Healthline (Covid 19)

Phone : 0800 3585453





Rangitāne o Tamaki nui-ā-Rua

Tini whetū ki te rangi, ko Rangitāne ki te whenua