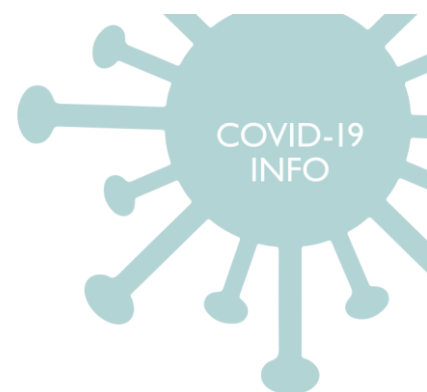


Staff and Visitor Screening Tool for Residential Aged Care Facilities



To be completed by **all** staff and visitors before entering this facility, every time (except for repeat entries on the same day).

Staff Visitor Other

Name:

Phone: Temperature on arrival: (Optional)

For more information, go to: www.coronavirus.tas.gov.au/families-community/aged-care-facility-visits

	Yes	No
1. Do you have a fever (or symptoms of fever eg chills, night sweats), or have you had a high temperature recorded recently?		
2. Do you have any cold or flu-like symptoms such as cough, sore throat, runny nose, shortness of breath; or loss of taste or smell?		
3. In the last 14 days, have you had contact with someone known to have COVID-19, without wearing appropriate personal protective equipment?		
4. If you've been outside Tasmania in the last 14 days, did you attend any high risk or medium risk areas for COVID-19? This list changes frequently. Check www.coronavirus.tas.gov.au/travellers-and-visitors/coming-to-Tasmania or phone the Public Health Hotline, 1800 671 738.		
5. Have you been instructed by Public Health to be in quarantine or isolation at this time?		
6. Have you provided evidence of your 2020 influenza vaccination?		

If you answered YES to any of Questions 1–5 or NO to Question 6, see over the page for what to do.

I declare the information I have provided is accurate and correct to the best of my knowledge.

Signature: _____ Date: / / 2021

What to do if you answered yes to any of the screening questions (or no to Q8)

	For Staff	For Visitors
If you answered YES to Q1 or 2 or have a fever $\geq 37.5^{\circ}\text{C}$	YOU CANNOT WORK. Put on a surgical mask, tell your manager and seek urgent testing through your workplace or phone 1800 671 738 for advice. Complete the attached shift log then go straight home (or to your chosen place of isolation). Stay at home except to be tested or for urgent medical care.	GO STRAIGHT HOME (or to your chosen place of isolation). Stay at home except to be tested or for urgent medical care.
If you answered YES to Q3	GO STRAIGHT HOME (or to your chosen place of quarantine). Tell your manager you are in quarantine. If you have worked anytime since your contact with the known case, complete the shift log. If you have not already been contacted by Public Health about being a close contact, phone 1800 671 738 as soon as possible and advise them. After 14 days in quarantine, you can return to work if you remain well.	GO STRAIGHT HOME (or to your chosen place of quarantine). If you have not already been contacted by Public Health about being a close contact, phone 1800 671 738 as soon as possible.
If you answered YES to Q4	GO STRAIGHT HOME (or to your chosen place of quarantine). Tell your manager you are in quarantine. If you have worked anytime since your arrival in Tasmania, complete the shift log. After completion of 14 days of quarantine (from your day of arrival in Tasmania), you can return to work, if you remain well.	GO STRAIGHT HOME (or to your chosen place of quarantine), unless you have received written exemption pursuant to the <i>Public Health Direction under Section 16 – Residential Aged Care Facilities</i> by the Director of Public Health or their delegate, to enter the facility. This exemption is in addition to your G2G Pass and any exemption you received to leave quarantine. After completion of 14 days of quarantine (from your day of arrival in Tasmania), you can visit if you remain well.
If you answered YES to Q5	GO STRAIGHT HOME (or to your chosen place of quarantine/isolation). Tell your manager. If you have worked anytime since your quarantine started, complete the shift log.	GO STRAIGHT HOME (or to your chosen place of quarantine/isolation).
If you answered NO to Q6	YOU CANNOT WORK IN OR VISIT a residential care facility until you have been vaccinated and provided evidence; or provided a letter/certificate from a medical practitioner stating you have a medical contraindication to influenza vaccination.	

FOR STAFF ONLY

Shifts Worked in the Previous 14 Days

If you answered YES to questions 1, 2, 3, 6 or 7, please list any shifts you worked in the past 14 days, in any health or residential care service, and record any PPE breaches or other relevant information you think may be important if Public Health Services need to review your two-week history. If you can, take a photo of the completed list with your phone so you have a record.

Date of shift	Time of shift	Where did you work?	Who did you have close contact with on the shift (colleagues, students, patients)? Attach a separate page if necessary.