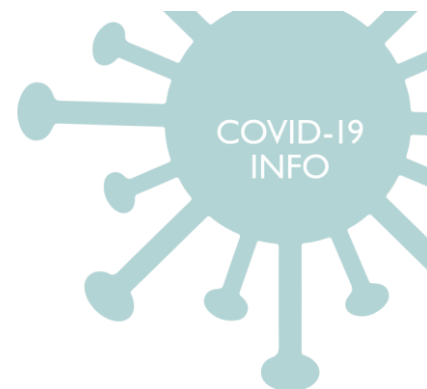


# Staff / Visitor Screening Tool for Residential Care Services



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](http://www.coronavirus.tas.gov.au/families-community/aged-care-facility-visits)

	Yes	No
1. Do you have a fever (or signs of fever eg night sweats, chills), or have you felt feverish or had a high temperature recorded recently?		
2. Do you have any cold or flu-like symptoms, eg cough, sore throat, runny nose, shortness of breath? <i>If concerned, check temperature and record above.</i>		
3. In the last 14 days, have you had close contact* with someone known to have COVID-19, without wearing appropriate personal protective equipment?		
4. In the last 14 days, have you had close contact* with someone suspected (and not yet cleared) of having COVID-19, without appropriate personal protective equipment?		
5. Does anyone in your household (or anyone you have recently had close contact* with) have fever, cold/flu-like symptoms, or recently had a fever or temperature?		
6. In the last 14 days, have you arrived in Tasmania from interstate (or overseas)?		
7. Have you been instructed by Public Health to be in quarantine or isolation at this time?		
8. Have you provided evidence of your 2020 influenza vaccination?		

**If you answered YES to any of Qs1–7 or NO to Q8, 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:     /     /2020

**A close contact is anyone who:**

- had face-to-face contact (within 1.5 metres) for more than 15 mins (cumulative over a week) with a confirmed case, while they were/may have been infectious, including in the 48 hrs before symptom onset
- shared a closed space (eg waiting room, classroom) for more than 2 hours with a confirmed case, while they were/may have been infectious, including in the 48 hours before symptom onset.

*Close contacts do not include healthcare workers who used infection control precautions, including the recommended personal protective equipment, while caring for someone with COVID-19.*

## 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 $\geq 37.5^{\circ}\text{C}$	<b>YOU CANNOT WORK.</b> 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 <b>go straight home</b> (or to your chosen place of isolation). Stay at home except to be tested or for urgent medical care.	<b>GO STRAIGHT HOME</b> (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	<b>GO STRAIGHT HOME</b> (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.	<b>GO STRAIGHT HOME</b> (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	<b>YOU CANNOT WORK OR VISIT</b> until that person's test results are available. You do <i>not</i> need to quarantine. Please continue social distancing, hand hygiene and covering all coughs/sneezes with a tissue or the inside of your elbow.	
If you answered YES to Q5	<b>TAKE EXTRA CARE.</b> Discuss your situation with a decision-maker at the service. You do not need to quarantine/isolate. Encourage your household member/close contact to get tested as soon as possible. Monitor yourself for symptoms.	
If you answered YES to Q6	<b>GO STRAIGHT HOME</b> (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 work in the facility; and abide by the conditions of your exemption. <b>This exemption is in addition to your G2G Pass and any exemption you received to leave quarantine.</b> If you have not received written exemption, 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.	<b>GO STRAIGHT HOME</b> (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. <b>This exemption is in addition to your G2G Pass and any exemption you received to leave quarantine.</b>  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 Q7	<b>GO STRAIGHT HOME</b> (or to your chosen place of quarantine/isolation). Tell your manager. If you have worked anytime since your quarantine started, complete the shift log.	<b>GO STRAIGHT HOME</b> (or to your chosen place of quarantine/isolation).
If you answered NO to Q8	<b>YOU CANNOT WORK IN OR VISIT</b> 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.	