

COVID-19 STAFF SCREENING FORM

Date:

Facility:

Name of Staff Member:

All forms are to be collated and sent to the Quality Team Daily

Questions

Response

Action

The reason you are requiring to be absent from work?

If the reason given by employee is not related to respiratory illness manage in the normal way. If the reason is related to a respiratory illness the following question must be asked.

Do you have symptoms consistent with COVID-19? (e.g., runny nose, cough, acute fatigue)

If you have symptoms conduct a RAT.

You must not attend work until you are asymptomatic.

If the RAT result is positive, you cannot attend work for 7 days.

Do you live with or have had prolonged contact with someone with COVID-19 ?

You are excluded from working with vulnerable people for 7 days.
To return to work you must be asymptomatic (no symptoms) and provide evidence of a negative RAT on day 6 before you may return.

Do you work in another aged care or health service?
If yes, then is your other employer experiencing an outbreak and have you been notified you are a close contact?

If the answer is yes, an individual risk assessment is to be conducted.

Manager Signature:

Date:

- Employee sent for COVID-19 test (PCR)
- Conducted rapid antigen test (RAT)
- Screening tool emailed to Quality team
- Risk assessment attended (page 8 of Work Permission and Restrictions Framework for workers in a Health Care Setting)