

Staff and Visitor Screening Tool for Residential Aged Care Facilities

For completion by everyone entering this facility, every time (except for repeat entries on the same day and people entering for emergency or law enforcement reasons).

Staff _____

Visitor _____

Other _____

Name: _____

Phone: _____

Questions	Yes	No	Advice
<p>1. Do you have any of the following symptoms?</p> <ul style="list-style-type: none"> • fever (high temperature, or chills, night sweats) • a cough • sore throat • runny nose • loss of taste or smell • unexplained shortness of breath? 			<p>If YES: You should not visit.</p> <ul style="list-style-type: none"> • If you have not had a throat/nasal swab for COVID-19 since getting these symptoms, do a Rapid Antigen Test (RAT) or arrange a PCR test. • Stay at home until you have the result and your acute symptoms have resolved.
<p>2. Have you tested positive for COVID-19 in the past seven days?</p>			<p>If YES: You should not visit <i>unless</i>:</p> <ul style="list-style-type: none"> • it is urgent and you have approval from the facility e.g., for end-of-life care. Precautions should be put in place.
<p>3. In the last seven days, have you been told, or become aware, that you are a close contact for COVID-19?</p>			<p>If YES: You should not visit <i>unless</i>:</p> <ul style="list-style-type: none"> • it is urgent and you have approval from the facility. If access is granted, additional precautions may be required e.g., a negative RAT.
<p>4. Have you had a Rapid Antigen Test (RAT) before visiting?</p>			<p>If No: You should not visit <i>unless</i>:</p> <ul style="list-style-type: none"> • You take a RAT and test negative

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

Signature: _____

Date: / /