Staff COVID-19 Screening Tool (COMMUNITY)

Please ensure that you complete the following questions truthfully as a vital way to keep our customers and each other healthy and safe. Please keep this form with you and forward to your Site Manager at the end of every week (Refer to Staff and Customer Screening Tool Procedure).

***Staff Member: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Complete once only:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Workplace Support** | **Yes** | **No** | **Not Sure** |
| Are you over 70 years of age? |  |  |  |
| Are you over 65 years of age with a pre–existing medical condition |  |  |  |
| Are you over 50 years and Aboriginal and Torres Strait Islander and have a pre–existing medical condition? |  |  |  |
| *Pre-existing medical conditions may include but are not limited to high blood pressure, heart or lung condition, kidney disease, diabetes or are immunosuppressed.* |

***If you answer ‘Yes’ or ‘Not Sure’ to any of the above questions, it may be unsafe for you in the workplace. Please call your manager immediately or After-hours On-Call (1800 800 585) for further advice.***

Authorisation & Declaration *(This information is being used to maintain a safe working environment for all)*

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(please print employee name)* state that **I have met the Government guidelines for, isolation for overseas and interstate travel, Covid-19 and Influenza** andall medical information provided by me on this form is true and correct at the time of completion. (I will continue to update this information on my rostered shifts and advise my manager if I develop any symptoms on shift immediately).

I understand that if there is any concern as to my health or fitness for normal duties, based on my responses to the above screening questions, I may be asked to go home and seek medical attention.

Employee signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **COVID Screening Questions** | **Yes** | **No** | **N/A** |
| Have you been diagnosed as having Covid-19 or influenza? |  |  |  |
| Have you returned from overseas **OR** another state in the last 14 days? |  |  |  |
| Have you been in contact with a suspected or confirmed case of COVID 19, outside of work?  |  |  |  |
| Have you been in contact with a confirmed customer case of COVID 19, whilst not wearing appropriate PPE? |  |  |  |
| **Do you currently have:** |
| A fever or chills? |  |  |  |
| A cough? |  |  |  |
| Any breathing difficulties? |  |  |  |
| A sore throat? |  |  |  |
| A runny nose? |  |  |  |
| Fatigue? |  |  |  |

***Screening questions to ask yourself at start and end of EVERY shift (ask the customer the same questions at the commencement of your shift only):***

**If you answer ‘Yes’ to any of the above questions, you cannot commence your shift and need to call your manager immediately or 1800 800 585 for After Hours On-call for further advice.**

**Please complete the sign-on/off register (overleaf) every shift, confirming you are free from COVID symptoms and/or known risks of its transmission.**

**If the customer you’re supporting has any of the symptoms as outlined in the above table, please contact your manager immediately for further advice and/or action.**

**Complete the following sign-on at the start and end of EVERY SHIFT. By signing this register, you are confirming:**

1. You are free from COVID symptoms and/or known risks of its transmission (as per COVID Screening questions on page 1) and
2. The customer you are supporting is free from COVID symptoms and/or known risks of its transmission (as per COVID Screening questions on page 1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Rostered Shift | On arriving on shift, I did not answer YES to any of the COVID screening questions | On leaving shift, I did not answer YES to any of the COVID screening questions | The customer/s I supported did not answer YES to any of the COVID Screening Questions |
| *E.g. 1/4/20* | *10am to 3pm* | *Mary-Jayne Jones* | *Mary-Jayne Jones* | *Mary-Jayne Jones* |
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Site Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_