

# SCREENING CHECKLIST FOR COMMUNITY CLIENT

Client Name \_\_\_\_\_

DOB \_\_\_\_\_

## COVID-19 Respiratory Infection Screener

For use by all Care Staff prior to entering the Client's residence for service provision. To be undertaken at EVERY attendance. This may be multiple times per day.

If 'yes' answered to any of the below please do not enter and call your direct line supervisor for direction.

If all answers are 'no' then please proceed with your normal scheduled visit. There are no requirements to follow any additional infection control measures. Please follow normal infection control precautions and wear PPE when required.

- Always follow good hand hygiene practices. Remember to wash or sanitise your hands during the visit after touching any surfaces, entering and leaving any rooms.
- Try to keep 1.5m distance if possible. Remember try not to touch your face
- Cover your cough or sneeze. Provide education to our client where appropriate regarding this etiquette.

QUESTIONS	YES/NO	ACTION
Are you unwell with symptoms such as sore throat, runny nose, diarrhoea, headache, loss of smell and/or taste, cough, shortness of breath, fatigue or vomiting or nausea?^	Yes No	If yes must not enter the home
In the last 7 days have you been in close contact with a person who has been a confirmed case of COVID-19	Yes No	If yes please wear a mask throughout your visit.
In the last 7 days have you been diagnosed with COVID-19?^	Yes No	If yes must not enter the home
Are you currently awaiting a COVID-19 test result? (Surveillance testing obligations are exempt*)	Yes No	If yes must not enter the home
Are you or anyone on the premises home quarantining?^	Yes No	If yes must not enter the home

\***Surveillance testing obligation** means a requirement under a Public Health Direction or Protocol approved by the Chief Health Officer for a person to be routinely tested for COVID-19, who does not have **symptoms consistent with COVID-19** and is not required to self-isolate while awaiting a test result unless there is another lawful reason for them to isolate. ^**Contact your Supervisor for guidance.**

**A progress note is to be written detailing questionnaire completed and any actions taken.**

**Note please return this form to Admin for retention NOT to be scanned and uploaded.**

\_\_\_\_\_  
**Staff Name**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**