Community Template for communicating to Department and other funders as per COVID-19 Reporting Requirements – Community Services Table

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Topic	
Community service	
Blue Care Region	
PHU Region	
General Manager Name	
Community Services Manager Name	
Care Manager Name	
Care Coordinator Name	
COVID Lead Name	
Positive Case – staff (Name) as applicable	
Positive Case – client (Name) as applicable	
Funder	
Date Symptoms commenced	
Was PPE used /social distancing practiced	
Test date:	
Result received:	
Date of last visit:	
Number of Clients affected and notification process	
Number of Staff affected & circumstances in the office – have they been notified?	
Vaccination status of positive case	
List other funders notified as per reporting template:	
Date of Notification to department and other funders	
PHU advice – was there any specific advice given?	
Staffing	
PPE stock – Is it sufficient?	