**Covid-19 Incident Report Form**

To be completed for ALL staff that have showed symptoms, been tested with a negative result, or tested positive for novel coronavirus, SARS-CoV-2, Covid-19.

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| Reporting Date: | [     ] |

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| **Section 1: Details of Staff Involved** | | | |
| Name | [          ] | Surname | [          ] |
| Mobile Number | [          ] | Date of Birth | [          ] |
| Address | [          ] | | |

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| **Section 2: Details about Covid-19 Isolating – To be completed by staff who are self-isolating** | | | |
| Why were you self-isolating? | | | |
|  | Contact with a confirmed case – ***please fill out Section 5*** |  | Seeking Healthcare due to suspicion of Covid-19 |
|  | Showing symptoms – ***please fill out Section 6*** |  | Only as a precaution |
|  | Other (please specify): [     ] | | |

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| **Section 3: Details about Covid-19 Test – To be completed by staff who have been tested for Covid-19.** | | | |
| Date tested for Covid-19: [     ] | | | |
| Why were you tested for Covid-19? | | | |
|  | Contact with a confirmed case – ***please fill out Section 5*** |  | Seeking Healthcare due to suspicion of Covid-19 |
|  | Showing symptoms – ***please fill out Section 6*** |  | Only as a precaution |
|  | Other (please specify): [     ] | | |

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| **Section 4: Details about Covid-19 Test Results – To be completed by staff who have been tested for Covid-19 and received their test result.** | | | |
| Your Covid-19 Test results came back as: | | | |
|  | Positive for Covid-19 – ***please fill out Section 7*** |  | Negative for Covid-19 |
| Are you willing to provide proof of a Negative result? Please note, Negative test results receive a text notification. | | | |
|  | Yes |  | No |
| *If yes, please provide a screenshot to either (a) one of the Care Mode Allocations numbers, or (b) attached to this form when returning.* | | | |

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| **Section 5: Contact with a confirmed case of Covid-19**  Please fill out this section only if you were tested for Covid-19 because you came into close contact with a  confirmed case of Covid-19. “Close contact” is defined as:   * - More than 15 minutes face-to-face contact in any setting with a probable or confirmed case in the 48 hours before the onset of symptoms, **or**   - Sharing a closed space with a probable or confirmed case for a prolonged period (i.e. 2 hours or more) | | | |
| Tick here if section is not applicable | | | |
| 1. Has the Department of Health and Human Services (DHHS) contacted you about being exposed to a probable or confirmed case of Covid-19? | | | |
|  | Yes |  | No |
| 2. If your answer above was yes, have you been tested and self-isolating? | | | |
|  | Yes |  | No |
| 3. If your answer to question 1was no, please detail how you know you have been in contact with a confirmed case of Covid-19: [     ] | | | |
| 4. Since coming into contact with a confirmed case of Covid-19, have you attended to any shifts through Care Mode? | | | |
|  | Yes |  | No |
| 5. If yes, please give details on which client you attended to, the dates, and the times:  [     ] | | | |

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| **Section 6: Showing Symptoms**  Please fill out this section only if you were tested for Covid-19 because you were showing symptoms. Most common symptoms of Covid-19 include fever, dry cough, tiredness, shortness of breath, sore throat. | | | |
| Tick here if section is not applicable | | | |
| When did you start showing symptoms of Covid-19? [     ] | | | |
| In the 48 hours prior to showing symptoms, did you attend any shifts through Care Mode? | | | |
|  | Yes |  | No |
| If yes, please give details on which client you attended to, the dates, and the times:  [     ] | | | |

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| **Section 7: Positive Covid-19 Test Result**  Please fill out this section if you have tested Positive for Covid-19. | | | |
| Tick here if section is not applicable | | | |
| When were you informed of your Positive Covid-19 result? [     ] | | | |
| Has the Department of Health and Human Services (DHHS) contact you via phone to confirm your positive test result? | | | |
|  | Yes |  | No |
| Have you been appropriately self-isolating and quarantined following the diagnosis? | | | |
|  | Yes |  | No |
| Have you provided DHHS with information such as where you have been and who you have come into contact with in the 48 hours prior to showing symptoms? This includes the names and contact numbers of anyone you may have been in close contact with. | | | |
|  | Yes |  | No |

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| **Section 8: Office Use Only** |
| Date Received: [     ] |
| Received By: [     ] |
| Form Number: [     ] |

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| Follow up actions: | | | |
|  | Alert Client if Staff Member was with them in the 48-hour period before showing symptoms |  | Cover Staff Members Shifts for 14 days |
|  | Notify Support Coordinators |  | If Positive, report to NDIS Commission |
|  | No Follow Up Action Required – staff to return to work as Normal (only if test is Negative) | | |
|  | Other: [               ] | | |