



COVID-19 close contact in your practice team

Staff questionnaire



This staff questionnaire is to support you in collecting relevant information from the staff member that has identified that they are considered a close contact. Once completed you can implement this within your Outbreak Management Plan, as detailed in section 4 of WAPHA's [Living with COVID-19 Pandemic checklist and toolkit](#).

Staff member name:			Date:	
Role:			Contact number:	
Name of staff member completing this form:				
	Questions		Comments / Notes	Resources / Links
Welfare Check	<input type="checkbox"/>	Provide support resources for close contact.		Prepare a Get COVID-Ready Kit
	<input type="checkbox"/>	Have you been contacted by Public Health?		
	<input type="checkbox"/>	If yes, do you understand the instructions given by Public health?		Healthy WA
	<input type="checkbox"/>	Are you aware of WA quarantine protocols? If not, provide and discuss		Phone:13 COVID (13 26843) WA.gov.au isolation protocols WA Healthcare worker Furlough Guidelines WA Health - Community Healthcare practice guidelines
Information	<input type="checkbox"/>	Have you undertaken a COVID-19 test? If so, what type? Result?		
	<input type="checkbox"/>	Do you have RAT tests available for re-testing?		
	<input type="checkbox"/>	Do you have symptoms?		WA Gov. Close contact with symptoms
	<input type="checkbox"/>	Discuss return to work plan, including requirements for 7 days post isolation		WA Gov. Very high contact: Critical worker guidelines COVID-19 Testing and isolation guide
Follow Up	<input type="checkbox"/>	Develop a plan of when contact will be made again.		
	<input type="checkbox"/>	Staff member to contact practice manager if symptoms develop or positive test.		