

# COVID-19 positive case in your practice team – Staff questionnaire



This staff questionnaire is to support you in collecting relevant information from the staff member that has identified as COVID-19 positive. 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](#).

<b>Staff member name:</b>		<b>Date:</b>	
<b>Role:</b>		<b>Contact number:</b>	
<b>Name of staff member completing this form:</b>			
	<b>Questions</b>	<b>Comments / Notes</b>	<b>Resources / Links</b>
Welfare Check	<input type="checkbox"/> Provide COVID-19 positive care at home resource		<a href="#">Prepare a Get COVID-Ready Kit</a>
	<input type="checkbox"/> Do you have symptoms?		<a href="#">RACGP Managing COVID-19 at Home</a>
	<input type="checkbox"/> Have you considered opting into COVID care at home program?		<a href="#">Health Direct Symptom Checker</a>
	<input type="checkbox"/> Do you have someone to take care and/or support you if needed?		<a href="#">COVID care at home program</a>
	<input type="checkbox"/> Do you have RAT tests available for re-testing?		
	<input type="checkbox"/> Are you aware of WA.gov.au isolation protocols? If not, provide and discuss		<a href="#">WA.gov.au isolation protocols</a>
	<input type="checkbox"/> How did you determine your positive result?		<a href="#">WA Healthcare worker Furlough Guidelines</a>
	<input type="checkbox"/> If RAT, have you reported their result via the portal?		<a href="#">RAT - Registering positive results online</a>
	<input type="checkbox"/> If PCR, have you been contacted by public health (Phone call/ SMS)		
	<input type="checkbox"/> Do you understand the instructions given by public health?		<a href="#">Healthy WA</a> Phone: 13 COVID (13 26843)
Information	<input type="checkbox"/> When did you last work (date and times)		<a href="#">WA Health - Community Healthcare practice guidelines</a>
	<input type="checkbox"/> Which staff members were you in contact with?		
	<input type="checkbox"/> Have you spent any time at work without a mask on? Consider lunch / tea breaks. If yes for how long and with whom?		
	<input type="checkbox"/> Have you spent any time with colleagues outside of work without a mask on? If yes, with whom, how long and what environment?		
	<input type="checkbox"/> Have you worked at any additional locations/ businesses?		
	<input type="checkbox"/> Discuss return to work plan, including requirements for 7 days post isolation		<a href="#">COVID-19 Testing and isolation guide</a>
Follow up	<input type="checkbox"/> Develop a plan of when contact will be made again.		
	<input type="checkbox"/> Consider what staff member should do if circumstances change prior to next contact		<a href="#">Healthy WA</a> Phone: 13 COVID (13 26843)
	<input type="checkbox"/> Discuss leave entitlement and arrangements		