



## COVID-19 Congregate Living Documents required for submission to DOH in event of an outbreak

| List of electronic resources to share with Government DoH WA immediately in the event of an outbreak<br><b>IMPORTANT NOTE: to help Government collate and manage data from these resources, it is essential they be provided in an electronic format.</b> |                |   |
|---|----------------|---|
| Updated / Complete  | Date of Update | Resource  |
| No. staff completed training<br>Total No staff  |                | Staff have completed PPE and infection prevention and control within the last month.  |
| <input type="checkbox"/>  |                | Facility specific Outbreak Management Plan  |
|   |                | Names and contact details of the facility Outbreak Management Team  |
| <input type="checkbox"/>  |                | Communication Plan Internal (no external communications to be made until consult DoH)   |
| <input type="checkbox"/>  |                | A detailed floor plan (ideally a 'fire plan'). It should include residents' rooms, communal areas, food preparation areas, wings, and how staff are apportioned to each area.   |
| <input type="checkbox"/>  |                | Profile for <i>every</i> resident <ol style="list-style-type: none"> <li>1. Summary of medical condition</li> <li>2. Care plan</li> <li>3. Care directives if applicable – include Advanced Care Directives</li> <li>4. Resident medications</li> <li>5. GP name, practice and contact details</li> <li>6. NOK details</li> </ol>   |
| <input type="checkbox"/>  |                | A line listing for <b>residents</b> . This should identify residents with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts. Please refer to the Outbreak Line Listing Form available <a href="#">online</a> and check the ' <b>Patient/Resident List</b> ' box at the top right-hand side.   |
| <input type="checkbox"/>  |                | PPE <b>business as usual</b> stock – list of number of types of PPE the facility has in stock   |
|   |                | PPE <b>contingency</b> stock – list of number of types of PPE the facility/organisation holds in reserve  |
|   |                | Vaccinations status of all residents – COVID-19 (dose 1/2/name vax) and influenza   |
| <input type="checkbox"/>  |                | A list of all staff employed by the facility: <ol style="list-style-type: none"> <li>1. Include their names, <b>contact details (contact number is essential)</b>, dates of birth and Medicare numbers</li> <li>2. Include people providing primary care or allied health services</li> <li>3. Note if staff work across multiple aged care services (including other residential facilities, home care, etc)</li> <li>4. Recent rosters</li> </ol> |
| <input type="checkbox"/>  |                | A line listing for <b>staff</b> . This should identify staff with COVID-like symptoms, onset date, testing status, their location in the facility, and staff contacts (mobile phone no.). Please refer to the Outbreak Line Listing Form available <a href="#">online</a> and check the ' <b>Staff List</b> ' box at the top right-hand side.   |
| <input type="checkbox"/>  |                | Vaccination status of all staff COVID-19 (dose 1/dose2/name vax) and influenza  |
|   |                | Visitor log of all recent visitors to the facility for the dates requested at the time of an outbreak including: <ol style="list-style-type: none"> <li>1. Reason for visit (visit resident, maintenance, allied health)</li> <li>2. Name and contact details (contact number essential)</li> </ol>   |