COVID-19 Incident – Notification by Funded Providers Form

Department of Communities, Housing and Digital Economy

### Instructions to complete form

Funded Providers must complete this form and submit to their Contract Manager for each incident of COVID-19 with clients and/or staff members. No personal information relating to the affected individual is to be recorded on this form. It is a contractual obligation to notify the department about incidents of infectious disease.

Submit an updated form if there is any change to information provided in this form, including if clients and/or staff members have been given the all-clear by Queensland Health (recovered/tested negative). Please complete your update using the ‘Update of COVID-19 Incident’ section at the end of this form.

Answer all questions or write ‘not applicable’. Do not leave any questions unanswered.

Please note the Department is only seeking information about confirmed COVID-19 cases or if someone is self-quarantining as a result of direct exposure to a confirmed COVID-19 case or awaiting test results from an approved medical facility.

The Department will be adding a safety alert to the property record upon notification of a COVID-19 incident and will remove the safety alert once alerted that clients and/or staff members have received the all clear by Queensland Health.

### Funded Provider to complete - Description of COVID-19 incident

|  |  |
| --- | --- |
| **Funded Provider name**  |  |
| Service Name  |  |
| **Address of property** |  |
| Property Reside number *(if known)* |  |
| Ownership of property | ☐ Department-owned☐ Funded Provider-owned☐ Headlease | ☐ Homestay☐ Other – comment: |
| **Cases***Select all that apply and indicate numbers of clients and/or staff members impacted by COVID-19.* | **Client(s):** [ ]  Confirmed COVID-19 case(s) Number of cases:[ ]  Unconfirmed COVID-19 case(s)Number of cases: | **Funded Provider staff:** [ ]  Confirmed COVID-19 case(s)Number of cases:[ ]  Unconfirmed COVID-19 case(s)Number of cases: |
| **Please outline the circumstances of case(s) and summarise actions taken to support clients and/or staff members** *For example, for how long has the client been provided with alternative accommodation, or was the client only provided with non-accommodation support services? Did the staff member have direct client contact while infectious? Is the staff member/client quarantining at the service?* |  |
| **Is the client(s) residing within congregate housing?** *(shared accommodation such as boarding house, shared tenancy, shared facilities)* | [ ]  Yes | [ ]  No |
| Comments:  |
| If yes, how many other residents reside in the impacted congregate housing? |  |
| If yes, what actions have been taken to ensure the safety of other residents?  |  |
| **Has service delivery been impacted?**  | [x]  Yes | [ ]  No |
| Comments:  |
| If yes, what strategies are in place to ensure continuation of service delivery? |  |
| **Person notifying the Department***(Name, Position)* |  |
| Date form completed |  |
| **Date Queensland Health notified** |  |
| **Is the person/ persons under a Queensland Health Order?**  | [ ]  Yes | [ ]  No |
| Summarise advice provided by Queensland Health and quarantine period for all clients/staff involved |  |

### Department to complete – Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Officer, Position, Region |  | Phone  |  |
| Additional comments for Regional Director to note |  |
| HSC notified and safety alert applied to property record  | [ ]  Yes | Date notified |  |
| Noted by Regional Director(Name, Region) |  | Date noted  |  |
| Regional Director contacted Funded Provider CEO to discuss notification | [ ]  Yes | Date notified |  |
| Notification of a confirmed case sent to Programs via HHSProgramsBC@hpw.qld.gov.au | [ ]  Yes | Date notified |  |

###  Funded Provider to complete - Update of COVID-19 incident

|  |  |
| --- | --- |
| **Person notifying the Department***(Name, Position)* |  |
| Date form updated |  |
| **Comments***For example, advice received that client/staff member has recovered, details of further disruption to service delivery*  |   |