



Resident Social Leave (Going Out) Declaration

Form AF38b

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Further to the increased measures for minimising the risk of spread of Covid-19 for our residents at **Chipping Norton and Austral**, we are asking all residents to only leave the village for the purposes of a necessary medical professional appointment that cannot be undertaken via telehealth. If we consider your outing will cause a risk to you or your fellow residents' health and safety, you will be required to isolate yourself in your room for a minimum of 14 days on your return.

Resident details (Please use black or blue ink to complete the following details)

Surname		First Name	
Room No		Section of the Village (Casa/Wing Name)	

Please answer the following questions –

1. What is the reason for your leave?
2. Please provide the location and/or address of the place you will be attending:
3. How long will you be away from the village?
4. Will you be spending time with children under the age of 18? <input type="checkbox"/> Yes how many?..... <input type="checkbox"/> No
5. Will you be in close contact with someone with a known or suspected case of Covid19? <input type="checkbox"/> Yes relationship to you <input type="checkbox"/> No
6. Will you be in contact with anyone who has recently arrived from overseas? <input type="checkbox"/> Yes, if yes which country(ies) have they arrived from?..... <input type="checkbox"/> No
7. Will you be spending time with people who have visited Victoria or any other Covid19 outbreak "hotspot" as outlined in the latest Scalabrini hotspot bulletin in the last 14 days? <input type="checkbox"/> Yes how many?..... <input type="checkbox"/> No
8. Do you currently have any of the following symptoms? Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Cough <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty breathing <input type="checkbox"/> Yes <input type="checkbox"/> No

On my return I will advise the staff if I have been in contact with sick people, especially those with a fever, cough or difficulty breathing, or if I am experiencing any of those symptoms.

I understand that leaving the village at this time may be a risk to my health and safety, I am exercising my right to choose, and I understand that I must isolate myself for a minimum 14 days if the staff of the village determines it is in the best interest of all to do so.

Signed Date
(Resident/Person responsible signature)

If the Person Responsible has provided consent on the resident's behalf, please indicate:

Name:..... Relationship to resident:.....

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RISK ASSESSMENT MATRIX								
Likelihood (based on risk factors associated with the intended social leave activities)	Consequence (based on resident's current health and co-morbidities)							
	Minor – may return as suspected case	Moderate – may return with illness requiring medical treatment	Major – may return with illness requiring hospitalisation	Severe – may return with illness resulting in death				
Almost certain to be exposed to COVID-19	M	H	VH	VH				
Likely to be exposed to COVID-19	M	M	H	VH				
Possible to be exposed to COVID-19	L	M	M	H				
Unlikely to be exposed to COVID-19	L	L	M	H				
Risk levels:	L	Low	M	Medium	H	High	VH	Very High

Indicate the assessed Risk Level:

Very High

High

Medium

Low

Determine Prevention/Control Options & Consult with Staff, Residents and Relatives				(How, Who, When)
Not applicable <input type="checkbox"/>	Action	Who	When	Review