

**Consumer Outing Risk Assessment Form**

**(to be completed by the consumer or person taking consumer out for each outing)**

Outing may take place provided that its done in a Covid Safe manner and provide administration/management with some notice (at least 24hrs before). Please adhere to the follow while on social leave:

1. Face mask to be worn and maintain a social distance of 1.5m from another person if you or the other person is not vaccinated against Covid-19.
2. Apply regular hand hygiene (before and after touching surfaces/ things).
3. Please ensure no person/s attending have visited an identified Covid-19 site infection as per the Declaration Form over page.
4. Conduct your outings around small group gatherings for your safety and the safety of others.
5. Check the declared COVID-19 hotspots identified on the latest NSW Government COVID-19 update prior to conducting an outing. <https://www.nsw.gov.au/covid-19/latest-news-and-updates#latest-covid-19-case-locations-in-nsw>

**Resident’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Room no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relative’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date for social leave:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T**imeframe: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address (where you will be going):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of guests:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Will all the guest be immediate family members: Yes □ No □**

*Please complete the Declaration Form over page. You should have in place a register of visitors to the event including name/ contacts and a process for monitoring symptoms including a temperature check. Anyone temperature of higher than 37.5, cough, shortness of breath, chills, body aches, sore or scratchy throat, headache, runny nose, muscle pain, vomiting, nausea, diarrhoea, or loss of smell or taste should not participate in the event for the safety and wellbeing of your loved one.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete back page, (PTO)­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Declaration Form**

1. I am not waiting for COVID-19 swab results.
2. I have not travelled in the last 14 days to any country, state identified as Covid-19 hot spots (as per the latest NSW Government COVID-19 updates).
3. I have not been at locations identified as sites of community infection or outbreak location/s (as per the latest NSW Government COVID-19 updates- Attached).
4. I have not had contact in the last 14 days with persons known to have acquired COVID-19 infection.
5. I have not experienced temperature higher than 37.5 degrees or respiratory symptoms.
6. I have vaccination against influenza (Yes/ No) and Covid vaccine (Yes/ No). *Circle one.*
7. I am not taking the resident to declared COVID-19 hotspot identified on the latest NSW Government COVID-19 update. <https://www.nsw.gov.au/covid-19/latest-news-and-updates#latest-covid-19-case-locations-in-nsw>

I am aware I or the person (consumer) that I am taking out will be assessed for any symptoms on return from the outing. Should they have any symptoms, they will be required to be isolated from other residents, and will require a COVID-19 test (result being negative) prior to isolation being ceased.

By signing this document, I agree that the above statements are true and correct and that providing a false or misleading information places residents and staff at risk of harm or death.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone / Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_