

# 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 following while on an outing:

1. Residents must abide by the current [Public Health \(COVID-19 General\) Order 2021](#)
2. Face mask to be worn and maintain a social distance of 1.5m from another person, indoor and outdoors, especially if other people are not vaccinated against COVID-19.
3. Apply regular hand hygiene (before and after touching surfaces or objects).
4. Please ensure no person/s attending are self-isolating due to being identified as COVID-19 close or casual contacts as per the Declaration Form over page.
5. Conduct your outings around small group gatherings for your safety and the safety of others.
6. Person taking consumer out is fully vaccinated for COVID-19 and has provided evidence of a negative COVID PCR test that is no more than 48 hrs old, and does not have COVID symptoms.
7. If a person cannot wear a face mask because of a disability, physical or mental health illness or condition, they must carry either;
  - a medical certificate or letter signed by a registered health practitioner (such as a doctor) or a registered NDIS provider or
  - a statutory declaration.

Resident's Name: \_\_\_\_\_ Room no.: \_\_\_\_\_

Relative's Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Date for social leave: \_\_\_\_\_ Timeframe: \_\_\_\_\_

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 degrees Celsius, 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, turn over page

# Declaration Form

1. I that I have shown evidence of a 'negative' COVID PCR test that is no more than 48 hours old.
2. I declare that I:
  - don't have [COVID-19 symptoms](#)
  - am not a close or casual contact of a person with confirmed COVID-19 unless they have completed their self-isolation and testing requirements.
  - have not been to an overseas [country of concern](#) in the last 14 days
  - have not been to other overseas countries (not of concern) in the previous 14 days, unless they are:
    - fully vaccinated and have received a negative PCR test 7 days or later after arrival in NSW
3. I have not had contact in the last 14 days with persons known to have acquired COVID-19 infection.
4. I have not experienced COVID-19 symptoms – fever (>37.5 degrees C or higher), respiratory symptoms such as coughing, sore throat, shortness of breath.
5. I do not live in a household with a person who is currently isolating.
6. I have had two (2) doses vaccination against COVID-19 at least 14 days prior to this outing (Yes/ No).  
*Circle one.*
7. I will ensure that the Resident will abide by the current [Public Health \(COVID-19 General\) Order 2021](#)

I am aware that I or the person (resident) that I am taking out will be assessed for any symptoms on return from the outing. They will be PCR tested for COVID-19 and will be required to isolate from other residents, until they receive a 'negative' test result.

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: \_\_\_\_\_

