



Aged Care Facility Checklist

Identification of Positive Patient & Large Volume Collections

ACF name _____

ACF address _____

Name of facility contact _____

Position _____

Mobile number _____

Email address _____

Care / Facility Manager _____

Hospital Health Service/Public Health Unit _____

Hospital Health Service/Public Health Unit contact number _____

Checklist details

- | | |
|---|---|
| <input type="checkbox"/> Number of residents
_____ | <input type="checkbox"/> Number of staff
_____ |
| <input type="checkbox"/> Excel spreadsheet of residents
_____ | <input type="checkbox"/> Excel spreadsheet of staff
_____ |
| <input type="checkbox"/> ACF staff requested to assist
(1 staff member to accompany each collector)
_____ | <input type="checkbox"/> Parking availability
(near wards due to fold-down trolleys and PPE)
_____ |
| <input type="checkbox"/> Appropriate space required for donning
and doffing, and for staff collections if
required
_____ | <input type="checkbox"/> List of individuals / groups requiring
inclusion in the organisation of collection
and receipt of results
_____ |