



Aged Care Facility (ACF) checklist

Identification of positive patient & large volume collections

ACF name _____

ACF address _____

Name of facility contact _____

Position _____

Mobile number _____

Email address _____

Sonic Dx account _____

Care / Facility Manager _____

Hospital Health Service/Public Health Unit _____

Hospital Health Service/Public Health Unit contact number _____

Checklist details

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