



# Aged Care Facility Checklist

## Identification of Positive Patient & Large Volume Collections

Facility name

Facility address

Name of contact

Position

Mobile number

Email address

### Checklist details

Number of facility residents

x2 set of Patient stickers (x2)

Number of staff

**Parking availability** (ie. near wards due to fold-down trolleys and PPE)

Provide an Excel spreadsheet of patients

**Private room required with area for donning and doffing** (if staff to be collected)

Provide an Excel spreadsheet of staff

Copy of site map

**Nursing home staff requested to assist** (1 admin assistant and carer for each ward)

Contaminated waste disposal

\*Facility resident to be fitted with a face mask prior to collector entering room