**Purpose**

* This form must be completed for all facilities that could be used as a quarantine site to support customers who are diagnosed as COVID-19 positive.
* The information will be used by staff supporting the customer during quarantine.
* Assume that staff are unfamiliar with site, area and the customer when considering the type of information recorded.

**Site Details**

|  |  |
| --- | --- |
| **Site name** |  |
| **Address** |  |
| **Phone number** |  |
| **Service coordinator contact details** | Name: Email: Phone:  |
| **Manager contact details**  | Name: Email: Phone:  |

**Access Information**

|  |  |
| --- | --- |
| **Key box pass code** |  |
| **Alarm code** |  |
| **Staff parking** | Street [ ]  Off Street [ ]  Undercover [ ]  |
| **Pool vehicle** | Registration: Make and model: Colour:  |
| **Pool vehicle key(s) location** |  |
| **Pool vehicle fuel card location** |  |
| **WiFi access information** | Domain network: Password:  |
| **Storage for staff’s personal items** |  |
| **Any other internal locks** |  |

**Household Supplies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Location** | **Type/Brand** | **Size** | **Quantity** | **Unit** |
| **PPE** | Gloves |  | Choose an item. | Small [ ] Medium [ ] Large [ ]  | Choose an item. | Choose an item. |
| Masks |  | Choose an item. |  | Choose an item. | Choose an item. |
| Hand Sanitiser |  |  |  | Choose an item. | Choose an item. |
| **Laundry Supplies** | Washing Powder |  | Choose an item. |  | Choose an item. | Choose an item. |
| Pegs |  | Choose an item. |  | Choose an item. | Choose an item. |
| Disinfectant |  |  |  | Choose an item. | Choose an item. |
| Stain Remover |  |  |  | Choose an item. |  |
| **Bathroom Supplies** | Shower Gel |  |  |  | Choose an item. | Choose an item. |
| Hand wash |  |  |  | Choose an item. | Choose an item. |
| Paper Towels |  |  |  | Choose an item. |  |
| Toilet Paper |  |  |  | Choose an item. |  |
| **Cleaning supplies** | Surface Spray |  |  |  | Choose an item. |  |
| Floor Cleaner |  |  |  | Choose an item. | Choose an item. |
| Mop |  |  |  | Choose an item. |  |
| Broom |  |  |  | Choose an item. |  |
| Bucket |  |  |  | Choose an item. |  |
| Cleaning Cloths |  |  |  | Choose an item. |  |
| **Other** | Spare Batteries |  |  |  | Choose an item. |  |
| Linen |  |  |  | Choose an item. |  |
| Freezer goods |  |  |  | Choose an item. |  |
| Pantry supplies |  |  |  | Choose an item. |  |

**Staff Sleepover Arrangements**

* Is there a separate bedroom for staff to sleep in? This does not include a sofa bed in the living room. Yes
* Is there a separate toilet for staff to use? Choose an item.
* Is there a separate shower for staff to use? Choose an item.

**Customer Support Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Location** | **Type** | **Quantity** |
| Commode |  |  | Choose an item. |
| Shower chair |  |  | Choose an item. |
| Hoist |  |  | Choose an item. |
| Hospital bed |  |  | Choose an item. |
| Sensory equipment |  |  | Choose an item. |
| Support rails |  |  | Choose an item. |

**Useful Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **External Provider** | **Site name and address** | **Contact name (if relevant)** | **Contact number** |
| Nearest Northcott site |  |  |  |
| Pharmacy |  |  |  |
| Hospital |  |  |  |
| Maintenance |  |  |  |
| GP / medical centre |  |  |  |

**Customer Activity Options**

Are the following activity options are available on site?

|  |  |  |
| --- | --- | --- |
| **Item** | **Available?** | **Location** |
| Books | Choose an item. |  |
| Sensory toys | Choose an item. |  |
| Craft supplies | Choose an item. |  |
| Colouring supplies | Choose an item. |  |
| DVDs | Choose an item. |  |
| Video games | Choose an item. |  |
| iPad | Choose an item. |  |
| TV remote | Choose an item. |  |
| Gardening tools | Choose an item. |  |
| Other |  |  |

**Operating Instructions**

In the table below, describe how to use the equipment and if there are any peculiarities. Note the location of operating manuals (if available).

|  |  |
| --- | --- |
| **Dishwasher** | * explain
*
*
 |
| **Stove / oven** | * explain
*
 |
| **Washing machine** | * explain
*
*
 |
| **Vacuum Cleaner** |  |
| **Air conditioner****Remote? Yes - include location** | * explain
*
 |
| **Dryer** | * explain
*
 |
| **TV****Remote? Yes - include location** | * explain
*
 |
| **DVD player****Remote? Yes - include location** |  |
| **Foxtel, Netflix, Prime and/or Stan.****Remote? No** |  |

**Additional information**

If there is any additional information you’d like to provide about the quarantine site, please detail this below.