

SUSPECTED CASE OF COVID-19 REPORT

To be completed by Duty COVID Manager

Location	
Date and time of incident	
Name of staff member with suspected COVID symptoms	
Brief description of incident	
Did the staff member return home immediately? <i>If 'Yes', please provide details.</i>	
Was isolation room used? <i>If 'Yes', what arrangements were made to get staff member home/to hospital</i>	
If isolation room was used, has secondary isolation room (HR office) been made available?	
Have the Chief Officer and the Lead Worker Representative been informed?	
What areas of the office was the staff member in today? <i>Please list all, even if only visited briefly.</i>	

Have all of these areas been isolated and clearly marked?	
Have Premium Cleaning been informed and a cleaning request logged? Tel: 01 630 1222 Mobile: 087 0573958 Email: jennie@premiumcleaning.ie	
Other Comments	
Name of Duty Covid Manager (<i>Please print</i>)	
Signature	
Date	