

COVID 19 Case Management Template

Name of Hotel/Guesthouse: _____ Date: _____

Manager Dealing with Case: _____

1.	Date case reported to hotel	
2.	Date of onset of staff members symptoms	
3.	Was the person working on this date or in the 48 hours prior to developing symptoms?	Yes/ No
4.	Upweighted cleaning programme to be implemented where a store awaiting confirmation of a suspected case. Has this commenced? Refer to the COVID Deep Cleaning Programme. Indicate date of implementation	Yes/ No Date:
5.	Has the case been confirmed? Contact Tracing should commence once the person is put forward for testing as a probable case or the case has been confirmed <i>Note: Contact Tracing may not be required if the person was not working on the day of the onset of symptoms or in the 48 hours prior to the onset of symptoms</i> If No, Contact Tracing is not required	Yes/ No
6.	Was this person working/socialising in close contact with other staff members?	
7.	If Yes, have staff members potentially affected been identified:	Yes/ No
8.	Have these staff members been briefed?	Yes/ No
9.	Has HSE contacted the hotel regarding commencing contact tracing	Yes/ No
10.	Has the hotel reverted to the HSE with the Contact Tracing details	Yes/ No Date:
11.	Contract Cleaners – were contract cleaners used to conduct a deep clean in hotel?	Yes/ No Date
12.	Is hotel aware of the return to work protocol for a confirmed case?	Yes/ No

