

Annex C: Acute Respiratory Illness / COVID-19 Notification Form

(Version 1.3)

Case management notification form for COVID-19 and other Acute Respiratory Illness in a Care Home setting when there are two or more confirmed cases identified and there is evidence or concern that onward transmission has or is still occurring within the setting. This form should **only** be submitted after completion of Risk Assessment Annex B and where onward transmission has been identified within the setting.

The SUBMIT button will appear at the bottom of this page on form completion ONLY IF notification meets incident criteria.

This form should not be used to inform of further positive cases if your setting is already in incident. Additional information should be submitted to your local authority if COVID-19 or to AWARE@wales.nhs.uk if other ARI.

Details of Incident: Two or more confirmed cases of ARI/COVID 19 in a care setting in residents or staff			
Name of Establishment	Date Annex C Submitted		
Type of Establishment			
Number of residents and staff at the setting	Residents	Staff	Local Authority Area
Address (including postcode)			
Contact Number		Email	
Date of onset for the first case or date of positive test result			
Number of positive cases identified	Residents	Staff	
What ARI is being reported?			
Other (please state)			
Has onward transmission occurred or is it occurring within your setting? (<i>Annex B can be used to aid making this assessment</i>) If YES selected please provide details below.			
Yes No			