**Primary Care Providers – Pharmacy (including Distance Selling providers), Opticians (including Domiciliary providers and Dispensing Practices) and Dental Contractors**

**CoVid-19 Incident / Outbreak reporting form:**

This CoVid-19 Outbreak template to be completed for all Primary Care commissioned services including General Practice, General Dental Practice, Community Pharmacists and Optometrists.

The CoVid-19 Outbreak template is to be completed immediately on identification of any new Covid-19 outbreak. The completed CoVid-19 Outbreak template is to be submitted to relevant email address detailed below.

|  |  |  |
| --- | --- | --- |
| Name of practice/provider: |  | |
| Address of practice (if multi-site, location of outbreak): |  | |
| Are you reporting an Outbreak or Incident? |  | |
| Organisation Lead (Pharmacist or Optometrist or dental contractor): |  | |
| Email address: |  | |
| Telephone number: |  | |
| Telephone number in case emergency contact is required. |  | |
| Date outbreak/incident identified |  | |
| Date and time of reporting outbreak |  | |
| Has the outbreak effected service delivery (if yes, is this partial or closed site?) | Partial service disruption: | Site closed: |
| If yes to above, please provide an overview of service disruption and any continuity of care risks. |  | |
| Has a specific area in the premises been identified associated with the outbreak? (If yes, please confirm deep clean and date) | Area Affected: | Deep clean date: |
| Number of symptomatic staff |  | |
| Number of symptomatic staff tested, and number of those tested positive | Tested: | Positive: |
| Number of staff awaiting test results |  | |
| Number of staff self-isolating as a result of this outbreak |  | |
| Number of staff self-isolating for other reasons |  | |
| Date(s) staff went into self-isolation |  | |
| Staff anti-body testing results | Number tested: | Number positive: |
| If you have provided the number of patients in which the staff member has in contact with to HPT- please confirm the number provided. |  | |
| Have all staff been using PPE? |  | |
| Do you have any PPE issues or shortages? |  | |

Please return completed form to:-

|  |  |  |
| --- | --- | --- |
| Community Pharmacy | BaNES, Swindon, Wiltshire, Gloucestershire and BNSSG | [england.bgsw-pharmacy@nhs.net](mailto:england.bgsw-pharmacy@nhs.net) |
| Cornwall, Devon, Dorset and Somerset | [england.pharmacysouthwest@nhs.net](mailto:england.pharmacysouthwest@nhs.net) |
| Optometrists | BaNES, Swindon, Wiltshire, Gloucestershire and BNSSG | [england.bgsw-optom@nhs.net](mailto:england.bgsw-optom@nhs.net) |
| Cornwall, Devon, Dorset and Somerset | [england.optometrysouthwest@nhs.net](mailto:england.optometrysouthwest@nhs.net) |
| Dentistry | BaNES, Swindon, Wiltshire, Gloucestershire and BNSSG | [england.bgsw-dental@nhs.net](mailto:england.bgsw-dental@nhs.net) |
| Cornwall, Devon, Dorset and Somerset | [england.swdental@nhs.net](mailto:england.swdental@nhs.net) |