

Sentinel General Practice Respiratory Virus Surveillance

HOW TO USE THE FILLABLE SURVEILLANCE PLAN FORM



1. Download your A4 poster using the QR code (left) or from [here](#).
2. Save to your hard drive and open in Acrobat Reader DC (download [here](#)).
3. Complete this form then 'SAVE AS' with a new file name.
4. Print out your form on A4 paper and place in your treatment room for reference.

Our Respiratory Surveillance Plan for

Name of medical practice

We will **swab** the

(first, second etc)

ILI PATIENTS ON

(days)

Swabs are **taken in**

(location/room)

Courier is arranged by

(administrator, nurse, receptionist)

Courier usually collects

(time of day, days of week)

Our **surveillance**
CHAMPION(S) is/are:

(names)

Swabs are taken by

(list names)

Swabs are **recorded with NHI** on

(a clipboard, surveillance trolley, etc)

Swabs are stored

(fridge)

If the package hasn't been collected by

(time)

Call or email courier on

(number / email)

Further notes (if required)

Final results can be viewed approximately 7–10 days later by searching the patient NHI (Covid-19 and flu available earlier).

RESET FORM

Fill in the name of your medical practice

Fill in the 1st, 2nd etc of the patients you will swab

The days you will swab your patient e.g. Monday, Tuesday and Wednesday

Room swabs are taken in

Who arranges the courier

Time of day and day(s) of the week the courier collects

Champion's name

Reset form deletes all content that has been added

List of names or roles who will be taking swabs

Where swabs are recorded

Where swabs are stored

Time for collection

Courier number

Further notes if required