

Authority to Enter: EXTERNAL CONTRACTORS / PROFESSIONALS

FOR USE FOR ALL ESSENTIAL VISITORS FROM OTHER HEALTH CARE FACILITIES, CONTRACTORS, or GOVERNMENT AGENCIES

NOTE: This authority must be completed by Unit/Department Managers prior to essential contractor/professional arrival at any Mildura Base Public Hospital facility.

I declare that the following visitor/contractor to Mildura Base Public Hospital or external facilities (i.e. PARC, Headspace etc) is an essential and necessary invitation to come on-site, to ensure the safe and effective running of the health service. I also declare that all necessary options for remote attendance/resolution have been considered and are not possible. I will provide the essential visitor/contractor with the *MBPH COVID-19 External Contractor Entry Conditions* prior to their attendance to site and I take responsibility for their safe passage into and out of the health service.

Department Head/Unit Manager Name: _____

Department/Unit: _____

Signature: _____ Date: ____/____/____

The requesting/approving manager shall:

- Only authorise essential Contractors/Professionals to their area of responsibility.
- Ensure that appropriate personal protective equipment is worn by the contractor/professional at all times
- Where an emergency arises during the visit, the responsible person accompanying the contractor/professional must ensure that they are accompanied to a place of safety i.e. a fire assembly point, and the contractor/professional complies with the relevant Health Service procedures.

Full Name of Contractor/Professional:	
Company Name:	
Mobile/Contact Number:	
Purpose of visit	
Expected duration of work/task:	<input type="checkbox"/> Less than 4 hours <input type="checkbox"/> Greater than 4 hours

Proposed Dates On-Site at MBPH facility(s):	____/____/20____ to ____/____/20____ (Estimated dates may be entered) OR <input type="checkbox"/> Regular Repeated Contractor/Professional	
MBPH facility(s):	<input type="checkbox"/> Main Site <input type="checkbox"/> Headspace <input type="checkbox"/> PARC <input type="checkbox"/> CYMHS <input type="checkbox"/> Specialist Clinic <input type="checkbox"/> Other – Please Specify: _____	
Specific Departments/Areas of MBPH facility(s) to be visited:		
Will the Contractor/Professional be visiting a high-risk clinical area (RED ZONE)? Check the <i>MBPH COVID PPE Usage Guidelines</i> for current RED ZONES. Please note: Should MBPH Red Zones change prior to visit, the manager will need to complete a new form and follow-up on vax status as required. If YES please check vaccination status and record below. If NO, vaccination status not required.	YES	NO
(For those Contractors entering red zones only) Have you (the MBPH Manager) confirmed the COVID-19 Vaccine status of the Contractor / Professional? Please Note: Must have 3 COVID vaccines . Official evidence must be presented for front desk screening staff or reception staff (if entering red zone) on arrival (i.e. myGov Certificate/App, Proof of vaccination card etc).	YES	NO N/A
Have you (the MBPH Manager) provided the Contractor/Professional with the <i>MBPH COVID-19 External Contractor Visitors Entry Conditions</i> (via email or hardcopy) located on PROMPT.	YES	NO
Any additional comments/information:		

For entry to MBPH Main Facility – form must be forwarded to front desk screening staff on covidscreening@mbph.org.au

For entry to External Facilities (i.e. PARC, Headspace, CYMHS etc) – form to be filed with front desk/admin staff of relevant site