

[illegible]

Help		For any queries, please email InfectionPrevention@bury.gov.uk	
Field	Format	Instruction	
Situation ref. (HPT use only)	Empty	Please leave blank.	
Test date	DD/MM/YYYY	Please enter the date of the test(s).	
Test type	Text, selection	Please select the type of test(s).	
Result date	DD/MM/YYYY	Please enter the date a positive result was received. This can be left blank for LFD tests.	
Symptom onset date	DD/MM/YYYY	Please enter the case's date that symptoms began.	
Last attended date (staff only)	DD/MM/YYYY	Please enter the date the member of staff was last physically in the setting.	
First name initial	Text, up to 2 characters	Please enter the case's first initial, e.g. for John you would enter "J".	
Last name initial	Text, up to 2 characters	Please enter the case's second initial, e.g. for Smith you would enter "S", for McEwan you would enter "Mc".	
Date of birth	DD/MM/YYYY	Please enter the case's date of birth.	
Staff or non-staff	Text, selection	Please select whether the case is a staff (including agency) or non-staff (i.e. resident, patient etc.). Visitors do not need to be recorded.	
Staff role	Text, selection	Please select the role that best fits the member of staff.	
Room/Floor/Unit	Text, free input	Please specify a specific area of your setting that a member of staff works, or a resident/patient is living in/admitted to.	
No. staff contacts asked to self-isolate	Whole number >0	Please enter the number of staff close contacts that are required to self-isolate based on current guidance.	
No. non-staff contacts asked to self-isolate	Whole number >0	Please enter the number of resident close contacts that are required to self-isolate based on current guidance.	
Received COVID-19 booster in last 6 months?	Text, selection	Please select 'Yes' if the case received a COVID-19 booster in the last 6 months, otherwise 'No'.	
Received this season's flu vaccine >14 days ago?	Text, selection	Please select 'Yes' if the case has received the current season's flu vaccine more than 14 days ago, otherwise 'No'.	
Hospitalised/Deceased	Text, selection	Please select whether the case has been hospitalised and/or deceased if applicable.	
Comments	Text, free input	Please enter any other pertinent information, e.g. whether the case was already self-isolating as a contact, symptoms, hospitalisation etc.	