

Screening Tool Acute Respiratory Infection

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

1. Screening questions for all patients on entry to hospital or prior to visit

Inpatients must be screened daily and outcome recorded on the back of this form and the clinical record

Screening Date/Time:

Designation:

Initials:

(A) High Risk Criteria: In the last 14 days have you: (tick any that apply)

**Locations of interest and QFT zones change frequently, check the Ministry of Health website if unsure*

- Had a **positive COVID test (if yes, go straight to red stream)**
- Identified by public health as a contact of a COVID case or been at a known location of interest
- Travelled internationally (excluding travel by air from a country New Zealand has quarantine free travel (QFT*)).
- Had direct contact with a person who has travelled internationally outside of a QFT* Zone (e.g. staff in customs, immigration, quarantine/isolation facilities)
- Exited a managed isolation or quarantine facility
- Worked on an international aircraft, shipping vessel or maritime port (excluding on aircrafts from a QFT* zone)
- Cleaned at an international airport or maritime port visited by international arrivals (excluding areas used by travellers from *QFT)
- Worked in a cold store facility that receives chilled or frozen imported items directly from an international airport

(B) Symptoms: Any new or worsening symptoms of an acute respiratory infection? (tick any that apply)

- Fever Cough Shortness of breath Sore throat Runny nose Loss of smell or taste

If under 12yrs: Diarrhoea
 Vomiting

(A) + (B)

BOTH - YES

AIIR

(Negative Pressure Room)

Contact +

Airborne precautions

Red Stream

(A)

YES - ONLY

Single room

(Door closed)

Contact +

Airborne precautions

for 14 days from last exposure

Orange Stream A

(B)

YES - ONLY

Single room

(Door closed or

*variance to room placement)

Contact +

Airborne precautions

Orange Stream B

(A) + (B)

BOTH - NO

Routine Bed flow

**Medical Mask +
Standard Precautions**

Unless other transmissible infections

Green Stream

Medical masks

All patients must wear a medical mask for the duration of the visit or until advised by a health care worker to remove it

Time critical intervention or those who are unable to complete screening:

*Assess for an acute respiratory infection and care for in **airborne precautions** until criteria for COVID risk down grade can be made*

***Variance to room placement: Orange B stream only**

Variance must be agreed by the responsible clinician or patient flow manager and documented in the clinical record

- No single rooms available:** Patient in cohorted room with curtains drawn. *Staff to wear N95 mask and maintain airborne transmission based precautions until safe down grade of COVID risk has occurred. Patient/whanau should wear a medical mask.*
- Child is under 2yrs with a single symptom, whanau are asymptomatic and no high risk criteria has been identified:** *Consult with senior decision maker regarding safe down grade to contact and droplet precautions*

2. Confirmation of Streaming or Isolation Requirements after Clinical Assessment: *To be completed by*

responsible or delegated clinician

Is this patient's history and clinical assessment consistent with risk of COVID-19 or acute respiratory infection?

YES

YES

YES

NO

Confirmed or probable COVID

Red Stream

High risk criteria but asymptomatic

Orange Stream A

consistent with an acute respiratory infection

Orange Stream B

not consistent with an acute respiratory infection

Green Stream

Assessment Date/Time:

Designation:

Initials:





AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

**Screening Tool
Acute Respiratory Infection**

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SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

Down Grading COVID Risk: *Decision to down grade must be documented in the clinical record.*

Red Stream	Orange Stream <u>A</u>	Orange Stream <u>B</u>
<p style="text-align: center;">Ⓐ + Ⓑ</p> <p style="text-align: center;">Contact + Airborne precautions High risk criteria <u>AND</u> respiratory symptoms</p> <p style="text-align: center;">▼</p>	<p style="text-align: center;">Ⓐ</p> <p style="text-align: center;">Contact + Airborne precautions High risk criteria <u>ONLY</u></p> <p style="text-align: center;">▼</p>	<p style="text-align: center;">Ⓑ</p> <p style="text-align: center;">Contact + Airborne precautions Respiratory symptoms <u>ONLY</u></p> <p style="text-align: center;">▼</p>
<p>COVID or Infectious Disease Clinician has advised to down grade COVID risk</p>	<p><input type="checkbox"/> It has been 14 days from the last exposure event</p> <p style="text-align: center;"><i>or</i></p> <p><input type="checkbox"/> A high risk exposure event has been excluded</p>	<p><input type="checkbox"/> First SARS CoV-2 test negative <i>and</i></p> <p><input type="checkbox"/> A clear alternate diagnosis has been made</p>
		<p style="text-align: center;">DOWN GRADE</p> <p style="text-align: center;">▼</p>
		<p style="text-align: center;">Contact + Droplet precautions</p> <p><input type="checkbox"/> A clear alternate diagnosis has been made <i>or</i></p> <p><input type="checkbox"/> Respiratory symptoms have resolved for more than 24hrs <i>or</i></p> <p><input type="checkbox"/> Patient is back to baseline of chronic respiratory illness</p>

No to any criteria: Remain in current stream until all criteria is met or patient is discharged

YES to all criteria	YES to all criteria	YES to all criteria
DOWN GRADE	DOWN GRADE	DOWN GRADE
▼	▼	▼
As per COVID or ID clinician advice	<input type="checkbox"/> Green Stream	<input type="checkbox"/> Green Stream

Record of Daily Symptom Checks: Any new or worsening symptoms of an acute respiratory infection? (tick if any apply). *If any new symptoms are identified, review streaming and commence appropriate level of precautions*

Date	Fever	Cough	Shortness of Breath	Sore Throat	Runny Nose	Loss of taste or smell	High Risk criteria	Action Taken	Initials	Designation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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SCREENING TOOL ACUTE RESPIRATORY INFECTION DD3400