



## Alert Screening Infection Prevention and Control

U.R. Number \_\_\_\_\_  
Surname \_\_\_\_\_  
Given Names \_\_\_\_\_  
D.O.B. / / Sex \_\_\_\_\_

Attach patient ID Labels to all pages of this form before commencing any documentation.

Screening Questions Complete for ALL ADMISSIONS: Acute (inc. SSU, HITH), Subacute, Residential, TCP and Respite.		YES	NO
1	Have you travelled overseas in the last <b>21</b> days ? If YES, ask Name the country (s) visited:		
2	Have you visited a COVID-19 area of concern? <b>Red zone, Orange zone</b> in the last <b>14</b> days? If YES, check Grampians Public Health Unit advisory or DHS website for current locations / advice Location visited: Date visited:		
3	Have you had <b>CLOSE contact</b> with a confirmed case of <b>COVID-19</b> ? Close contact is defined as being face-to-face with a confirmed case of COVID-19 during the infectious period OR sharing a closed space with a person who is a confirmed COVID-19 case for >1hour		
4	<b>ASK</b> , Do you have any of the following symptoms? <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> Runny nose <input type="checkbox"/> recent loss of smell <input type="checkbox"/> recent loss of taste		
5	Have you had nose and/or throat swabs recently taken? If YES, do you know the results? If NO, swabs may need to be taken, based on above question responses.		
6	In the last <b>12 months</b> have you been admitted to an overseas healthcare facility? (hospital, residential care, rehabilitation facility, or clinic including cosmetic or dental) If YES, name the facility and location here:		
7	Have you been in isolation in any healthcare facility in the last <b>12 months</b> ? (Shared or single room, staff wearing gowns, gloves and/or mask at all times when providing your care)? If yes, name the facility and location here:		
8	Have you been advised you have <input type="checkbox"/> MRSA (Golden Staph), <input type="checkbox"/> VRE, <input type="checkbox"/> CRE, <input type="checkbox"/> CPE, <input type="checkbox"/> C Diff, <input type="checkbox"/> C auris or an <input type="checkbox"/> ESBL in the past or other resistant organism? (see below, for names of acronyms) If any of the above 'tick box' or other, write the name here:		
9	Have you had <b>3 or more</b> loose bowel actions and /or vomiting in the last <b>24 hours</b> ? (refer to definition for diarrhoea over page) <input type="checkbox"/> Diarrhoea		
10	In the context of the above responses, If any of the following symptoms are present - consider a IC referral <input type="checkbox"/> Unexplained bleeding or bruising <input type="checkbox"/> Headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Muscle pain <input type="checkbox"/> Rash		

### For Nurse Use Only:

Admitted BHS <input type="checkbox"/> YES Ward / Unit:	<input type="checkbox"/> NO / Transferred Where
If answered YES, to 1-9 of the above questions, make further assessment and implement relevant transmission based precautions. * Refer to Management of Resistant Organisms Flowchart (over page page 2) * Complete a IC referral for Infection Prevention and Control (IPaC) immediately and * Notify person in charge.	Tick precautions initiated: <input type="checkbox"/> Standard <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne  Tick when completed: <input type="checkbox"/> IC referral completed <input type="checkbox"/> Person in charge notified
Print name	Designation
Signature	Date: / / 20__

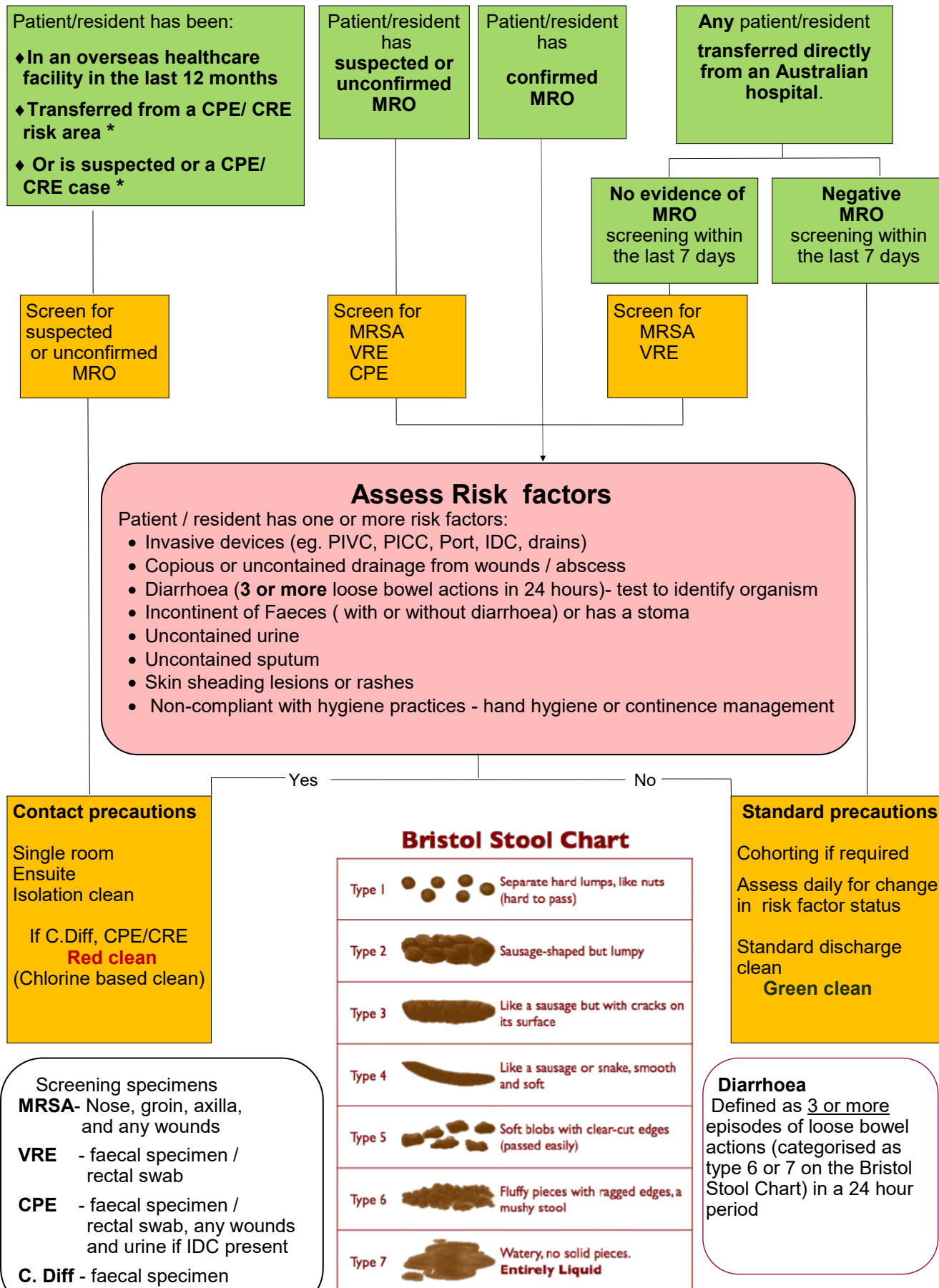
MRSA Methicillin-resistant Staphylococcus aureus  
CRE Carbapenem-resistant Enterobacteriaceae  
ESBL Extended spectrum beta-lactamase  
C auris Candida auris

VRE Vancomycin-resistant Enterococci  
CPE Carbapenemase-producing Enterobacteriaceae  
C Diff Clostridium difficile  
COVID-19 Coronavirus

Diarrhoea: Loose bowel actions categorised as a 6 or 7 on the Bristol Stool Chart (page 2 over page )



# Screening for Multi Resistant Organisms (MRO)



\* CPE Transmission Risk Areas available through patient flow coordinators / Infection Control