

1	Ballarat <b>Health</b> Services			
#	Putting your health first®			

U.R. Number
Surname
Given Names

Alert Screening D.O.B.	/ Sex				
Infection Prevention and Control Attach paties	nt ID Labels to all pages of this fo	orm bef	ore		
	ommencing any documentation.				
Screening Questions Complete for ALL ADMISSIONS:	Decidential TOD and Decide	YES	NO		
Acute (inc. SSU, HITH), Subacute	Residential, TCP and Respite.	123	NO		
Have you travelled overseas in the last 21 days? If YES, ask Name the country (s) visited:					
, ,					
Have you visited a COVID-19 area of concern?  Red zone, Orange zone in the last 14 days? If YES, check Grampians Public Health Unit					
advisory or <b>DHS website</b> for current locations / advice	·				
Location visited:  3 Have you had CLOSE contact with a confirmed case of C	Date visited: OVID-19?	+			
Close contact is defined as being face-to-face with a confirmed of	ase of COVID-19 during the infectious				
period OR sharing a closed space with a person who is a confirm	ed COVID-19 case for >1hour				
4 ASK, Do you have any of the following symptoms?  ☐ Fever ☐ Cough ☐ Sore throat	☐ Shortness of breath				
☐ Chills ☐ Runny nose ☐ recent loss of sm					
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 que	stion responses.				
6 In the last <b>12 months</b> have you been admitted to an overs	eas healthcare facility?	†			
(hospital, residential care, rehabilitation facility, or clinic incluing If YES, name the facility and location here:	ding cosmetic or dental)				
7 Have you been in isolation in any healthcare facility in the		+			
(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		+			
□ MRSA (Golden Staph), □ VRE, □ CRE, □ CPE, □ C Diff, □ C auris or an □ ESBL					
in the past or other resistant organism? (see below, for name of the above 'tick box' or other, write the name					
9 Have you had <b>3 or more</b> loose bowel actions and /or vom		+			
(refer to definition for diarrhoea over page)	☐ Diarrhoea				
In the context of the above responses,			I		
If any of the following symptoms are present - conside ☐ Unexplained bleeding or bruising	a IC referral				
☐ Headache ☐ Vomiting ☐ Muscle	pain ☐ Rash				
For Nurse Use Only:					
Admitted BHS TYES	☐ NO / Transferred				
Ward / Unit:	Where				
If answered YES, to 1-9 of the above questions, make further assessment and implement relevant transmission based precautions	Tick precautions initiated:				
* Refer to Management of Resistant Organisms Flowchart	☐ Standard ☐ Con☐ Droplet ☐ Airbe				
(over page page 2)		UIII <del>U</del>			
<ul> <li>Complete a IC referral for Infection Prevention and Control (IPa immediately and</li> </ul>	,				
Notify person in charge.	<ul><li>☐ IC referral completed</li><li>☐ Person in charge notified</li></ul>				
Print name	Designation				
i i inc name	Designation				
Signature	Date:				
-	/	/ 20_			
MRSA Methicillin-resistant Staphylococcus aureus VRE	/ancomycin-resistant Enterococci				

Carbapenem-resistant Énterobacteriaceae ESBL Extended spectrum beta-lactamase

Cauris Candida auris

CPE C Diff Carbapenemase-producing Enterobacteriaceae

Clostridium difficile COVID-19 Coronavirus

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

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## **Screening for Multi Resistant Organisms (MRO)**

#### Patient/resident has been: Patient/resident Patient/resident Any patient/resident has has transferred directly ♦ In an overseas healthcare suspected or from an Australian facility in the last 12 months confirmed unconfirmed hospital. **MRO MRO** ♦ Transferred from a CPE/ CRE risk area \* ◆ Or is suspected or a CPE/ CRE case \* No evidence of **Negative MRO MRO** screening within screening within the last 7 days the last 7 days Screen for Screen for Screen for MRSA **MRSA** suspected or unconfirmed **VRE VRE CPE MRO**

## **Assess Risk factors**

Patient / resident has one or more risk factors:

- Invasive devices (eg. PIVC, PICC, Port, IDC, drains)
- Copious or uncontained drainage from wounds / abscess
- Diarrhoea (3 or more loose bowel actions in 24 hours)- test to identify organism
- Incontinent of Faeces ( with or without diarrhoea) or has a stoma
- Uncontained urine
- Uncontained sputum
- Skin sheading lesions or rashes

Yes

• Non-compliant with hygiene practices - hand hygiene or continence management

# Contact precautions

Single room Ensuite Isolation clean

If C.Diff, CPE/CRE

Red clean

(Chlorine based clean)

Screening specimens

MRSA- Nose, groin, axilla,
and any wounds

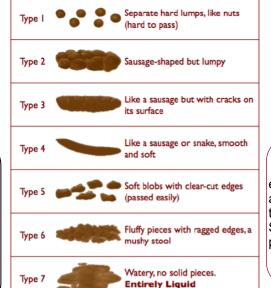
VRE - faecal specimen / rectal swab

CPE - faecal specimen / rectal swab, any wounds and urine if IDC present

C. Diff - faecal specimen

## **Bristol Stool Chart**

No -



## **Standard precautions**

Cohorting if required

Assess daily for change in risk factor status

Standard discharge clean

Green clean

## Diarrhoea

Defined as 3 or more episodes of loose bowel actions (categorised as type 6 or 7 on the Bristol Stool Chart) in a 24 hour period

Developed by Ballarat Health Service – Infection Prevention and Control Unit 2018 Update April 2021- Version 7.0

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