AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Screening Tool
Acute Respiratory Infection

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

SCREENING TOOL ACUTE RESPIRATORY INFECTION

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:**

Ⓐ 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

Ⓑ 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

Ⓐ + Ⓑ	Ⓐ	Ⓑ	Ⓐ + Ⓑ
BOTH - YES	**YES - ONLY**	**YES - ONLY**	**BOTH - NO**
AIIR (Negative Pressure Room) **Contact + Airborne precautions**	**Single room** (Door closed) **Contact + Airborne precautions** *for 14 days from last exposure*	**Single room** (Door closed or *variance to room placement) **Contact + Airborne precautions**	**Routine Bed flow** **Medical Mask + Standard Precautions** *Unless other transmissible infections*
☐ **Red Stream**	☐ **Orange Stream A**	☐ **Orange Stream B**	☐ **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:**

SCREENING TOOL ACUTE RESPIRATORY INFECTION

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FIRST NAMES: ____________________ DOB: ____________

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

Red Stream	Orange Stream A	Orange Stream B
Ⓐ + Ⓑ **Contact +** **Airborne precautions** **High risk criteria AND respiratory symptoms** ▼	Ⓐ **Contact +** **Airborne precautions** **High risk criteria ONLY** ▼	Ⓑ **Contact +** **Airborne precautions** **Respiratory symptoms ONLY** ▼
COVID or Infectious Disease Clinician has advised to down grade COVID risk	☐ It has been **14 days** from the last exposure event *or* ☐ A high risk exposure event has been excluded	☐ First SARS CoV-2 test **negative** *and* ☐ **A clear alternate diagnosis** has been made **DOWN GRADE** ▼
		Contact + **Droplet precautions** ☐ A clear alternate diagnosis has been made or ☐ **Respiratory symptoms** have resolved for more than 24hrs ***or*** ☐ Patient is back to baseline of chronic respiratory illness

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	**☐ Green Stream**	**☐ 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
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