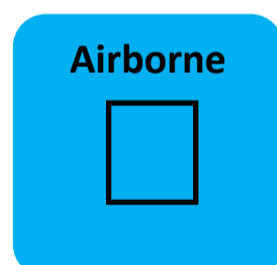
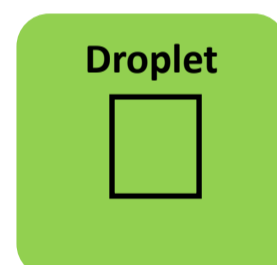
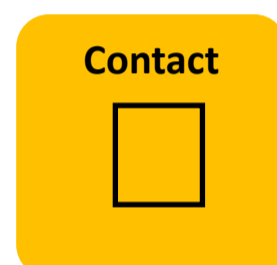
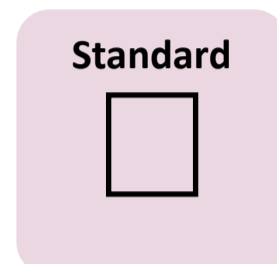


A regional approach to screening patients for infection transmission risk

A regional standardised "Infection Prevention and Control Alert Screening" tool assists with the timely identification of infectious diseases or conditions leading to the appropriate management of transmission risk. This tool has enabled early identification of potential risks that would not have been identified until after admission.



Place Health Service Logo Here		UR Number: _____	
		Surname: _____	
		Given Name: _____	
		DOB: _____	
<i>Affix patient/ resident label</i>			
Infection Prevention and Control Alert Screening			
To be completed for all Emergency Department/Urgent Care Presentations and all Admissions			
	Screening Questions	Yes	No
1.	Have you travelled overseas within the last 21 days to any of the following areas: Middle East, Asia, China, West Africa or other? Name the country/s visited: _____		
	If yes to the above question do you have any of the following symptoms (circle symptoms): Fever, headache, vomiting, diarrhoea, unexplained bleeding or bruising, rash, muscle pain, or cough?	X	
2a.	Have you been transferred directly from an overseas healthcare facility, OR in the last 12 months had an overnight stay in an overseas healthcare facility (hospital, residential care, rehabilitation facility, or clinic including cosmetic or dental)?		
2b.	Have you been transferred directly from, or referred by, an Australian healthcare facility (hospital, residential care, rehabilitation facility, or clinic including cosmetic or dental)?		
3.	Have you been in isolation in a healthcare facility in the last 12 months (shared room or single room, staff wearing gowns, gloves and/or mask at all times when providing your care)?		
4.	Have you been advised you have MRSA (Golden Staph), VRE, CRE, CPE, C Diff or an ESBL in the past? (See below for full names of acronyms).		
5.	Have you had 2 or more loose bowel actions and /or vomiting in the last 24 hours ?		
6a.	Do you have an Influenza like illness? If yes to the above question do you have any of the following symptoms (circle symptoms): At least <u>one</u> of the following respiratory symptoms: cough (new or worsening), sore throat or shortness of breath, <u>AND</u> At least <u>one</u> of the following systemic symptoms: fever, malaise, headache, myalgia (sore muscles).	X	
6b.	Have you had nose and/or throat swabs taken? If yes, do you know the results? Write here: _____ If no, nose and/or throat swabs will be taken if signs and symptoms above have been circled.		
For Nurse Use Only:			
Admitted		Yes <input type="checkbox"/> Admission Ward/Unit: No <input type="checkbox"/>	
If answered YES to any of the above questions, make further assessment and implement the relevant precautions. Refer to flow chart on the back of this form for resistant organism screening requirements.		Tick precautions initiated: Standard <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/>	
If answered YES to any of the above questions send a copy of this form to Infection Prevention and Control (IPC) immediately and notify person in charge.		Tick when completed: Copy sent to IPC <input type="checkbox"/> Person in charge notified <input type="checkbox"/>	
Print name		Designation	
Signature		Date	
MRSA	Methicillin-resistant Staphylococcus aureus	VRE	Vancomycin-resistant Enterococci
CRE	Carbapenem-resistant Enterobacteriaceae	CPE	Carbapenemase-producing Enterobacteriaceae
ESBL	Extended spectrum beta-lactamase	C Diff	Clostridium difficile



Infection Prevention and Control Alert Screening

Have a go!

Pick a scenario and place on the dot
Use the marker to complete the tool and select the precautions required!

