

COVID-19 Screening: For a person to enter an aged residential care facility

This form is used under COVID-19 Protection Framework (Traffic Light Framework). It **must** be completed a maximum of 48 hours before proposed transfer or admission to an Aged Residential Care (ARC) facility.

Exemption:

The form, a COVID-19 test or self-isolation is not required for residents returning to their ARC facilities following an hospital ED visit, outpatient or other health appointment that is less than 24 hours in duration.

28 February 2022

Is the person currently self-isolating with COVID19 infection?

YES <input type="checkbox"/>	Complete section 1. 1. The person can be admitted to an ARC facility once they have received treating clinician's clearance. 2. Discuss the return of COVID-19 positive patients with ARC facilities on a case-by-case basis.
NO <input type="checkbox"/>	Complete all sections below.

1 Patient details

Full Name:	Click or tap here to enter text.
Address (or patient/person label):	Click or tap here to enter text.
NHI:	Click or tap here to enter text.
GP:	Click or tap here to enter text.
Name of ARC facility:	Click or tap here to enter text.
What level of residential care is this person (NASC) assessed for? Has this recently changed?	Click or tap here to enter text.
If the person has required close observation/specialling during their stay, please provide details.	Click or tap here to enter text.
Has the person received a COVID-19 vaccine? If so, how many doses and when?	Click or tap here to enter text.

2 COVID-19 Contact Risk Assessment

Is there a significant lack of clarity about the person's movement or contact history?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the person have a significant diagnosis of dementia, mental health or intellectual disability which makes compliance with transmission-based precautions and social distancing challenging?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the person been in a setting where they have had contact with others that are now under investigation or confirmed as having COVID-19, (home environment, ARC, respite, outpatients, etc) in the last 10 days? Describe:	YES <input type="checkbox"/> NO <input type="checkbox"/>

YES to **ANY** in section 2 above indicates COVID-19 Contact risk assessment criteria **met**

NO to **ALL** in section 2 above indicates Contact risk assessment criteria **not met**

3 COVID-19 Clinical Assessment

Does the patient have any of the following symptoms that are not clearly explained by a non-COVID-19 condition? YES NO

Common presenting symptoms:

- | | | |
|---|---|--|
| <input type="checkbox"/> New or worsening dry cough (not chronic) | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Dyspnoea (shortness of breath) | <input type="checkbox"/> Coryza (runny nose) |
| <input type="checkbox"/> Anosmia (loss of smell) | <input type="checkbox"/> Weakness | <input type="checkbox"/> Muscle pain |

Less common presenting symptoms:

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Irritability, confusion or behaviour change | <input type="checkbox"/> Nausea | <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Chest pain | <input type="checkbox"/> abdominal pain | |

Provide the latest clinical observations. Ensure status reflects relative to the person’s normal status, eg, if they have chronic obstructive pulmonary disease etc.

Temperature (> 38.0°C or 1.1°C different from baseline)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Click or tap here to enter text.
Heart rate (>100)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Click or tap here to enter text.
Respiratory rate (>24)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Click or tap here to enter text.
SPO2 (<93% or 3% below normal baseline)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Click or tap here to enter text.

YES to ANY in section 3 above indicates COVID-19 Clinical assessment criteria **met**

NO to ALL in section 3 above indicates Clinical assessment criteria **not met**

4 Pathway

- A Rapid Antigen Test (RAT) is required on the day of discharge/admission for all admissions or transfers to ARC.
- ARC facilities will conduct further RATs as per the Ministry of Health’s guidance for testing.
- ARC can consider isolation requirement while completing further testing if contact assessment criteria are met.
- DO NOT PCR test if the person has recovered from COVID-19 infection in the previous 1 month. If they develop symptoms between 1 and 3 months after infection, use a RAT¹.

Day of admission to ARC – phone handover and agreement to accept by ARC prior to the person leaving home or hospital, completed transfer/clearance documents including a copy of this screening form.

Signature, name and designation

Date and time of screening

¹ People who have tested positive for COVID-19 may continue to be tested positive by PCR for up to three months even if they are no longer infectious. If they develop new symptoms that suggest that they may have COVID-19 reinfection, then use a RAT.