

**COVID-19 Outpatient and Home Visit Screening Tool**

PATIENT IDENTIFICATION LABEL

- Footscray Hospital       Williamstown Hospital  
 Sunshine Hospital       Sunbury Day Hospital

Use these questions to screen center and home based outpatients and their support people for COVID-19. Wherever possible, these questions should be asked prior to and on the day of the appointment. When conducting a home visit, screening questions should be asked of all individuals present at the home visit.

If screening indicates the individual is suspected to have COVID-19, the individual should be treated as though they are suspected to have COVID-19, and the treating clinician and/or manager shall make a decision regarding the necessity of the appointment and put in place appropriate steps to minimise the risk of COVID-19 transmission.

COVID-19 screening questions	Answer (please check)
<ol style="list-style-type: none"> <li>1. Have you tested positive for COVID-19?; or</li> <li>2. Are you awaiting COVID-19 test results?; or</li> <li>3. Have you returned to Australia from overseas in the last 14 days?; or</li> <li>4. Have you been released from hotel quarantine in the past 14 days <b>AND</b> have NOT produced a negative COVID-19 test result at least 7 days after leaving hotel quarantine?; or</li> <li>5. Have you returned to Victoria from a DHHS designated <b>red zone</b> or <b>orange zone</b> within the last 14 days?; or</li> <li>6. Have you been identified as a <b>primary</b> close contact<sup>1</sup> or <b>secondary</b> close contact<sup>2</sup> of someone who has COVID-19 within the last 14 days?; or</li> <li>7. Have you visited a DHHS listed case exposure or outbreak site (please refer to link here<sup>3</sup>) within the last 14 days?; or</li> <li>8. Have you worked in or volunteered at a hotel quarantine site and/ or other port of entry in the last 14 days?; or</li> <li>9. Have you got a temperature higher than 37.5°C OR chills?; or</li> <li>10. Have you got symptoms of a cold or a cough such as:                         <ol style="list-style-type: none"> <li>a. breathing difficulties such as breathlessness</li> <li>b. cough</li> <li>c. sore throat</li> <li>d. runny nose</li> <li>e. fatigue or tiredness</li> <li>f. loss of taste or smell?</li> </ol> </li> </ol>	<p><b>YES to ANY questions</b> <input type="checkbox"/></p> <p>The individual is suspected to have COVID-19</p> <ul style="list-style-type: none"> <li>• Escalate the positive screening result using local processes to determine whether to postpone or proceed with the appointment. Face to face appointments should be postponed unless deemed clinically essential</li> <li>• If proceeding with the appointment consider contacting the Infection Prevention team for risk mitigation strategies</li> <li>• Consider contacting the Infection Prevention team to determine recommendations for COVID-19 testing or isolation</li> <li>• Support persons who answer YES to any questions are prohibited from entering Western Health</li> </ul> <p><b>NO to ALL questions</b> <input type="checkbox"/></p> <p>The individual is not currently suspected to have COVID-19</p>

<sup>1,2</sup> For definitions of a primary close contact and secondary close contact please refer to the Department of Health COVID-19 Case and contact management guidelines for health services and GPs  
<https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19>

<sup>3</sup>COVID Outbreak List is located here  
<http://inside.wh.org.au/departmentsandservices/CorporateGovernance/Pages/COVID.aspx>

Signature: ..... Name: ..... Date: .....

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