

COVID-19 Home Visit Screening Checklist

Purpose

HSS, undertake home visits as part of the delivery of our services. In order to manage the risk of COVID-19 for both staff and our patients, we are introducing additional screening questions to augment the usual home screening checklist for both new referrals and existing clients.

On commencement of Appointment

Step 1 – Clinician initial contact with new client

As a result of the increasing numbers of COVID-19 cases in Australia, we have introduced some additional screening questions to help keep our staff and our patient/participants safe and deliver the best care.

Step 2 – Assessment questions

Can you please tell me:

1. *Have you or anyone close to you had any overseas travel in the past 14-days?*

YES If yes – record details

NO If no – move to next question

2. *Have you or anyone close to you had any contact with a confirmed case of COVID-19 in the past 14-days?*

YES If yes – record details

NO If no – move to next question

3. *Have you developed any new cold and flu symptoms in the past 24-hours such as fever, cough, sore throat, or shortness of breath?*

YES If yes – record details

If NO to all three questions you may proceed and schedule the service.

If YES to any of the questions you should escalate to a clinical lead/team leader for advice regarding the best modality to deliver the service, and the need for PPE if a home visit is to be undertaken.

Scripting if escalation required:

Thank you for providing that information to me. In order to provide the most appropriate service I will need to discuss your case with my clinical lead/team leader. I will be back in touch very soon.