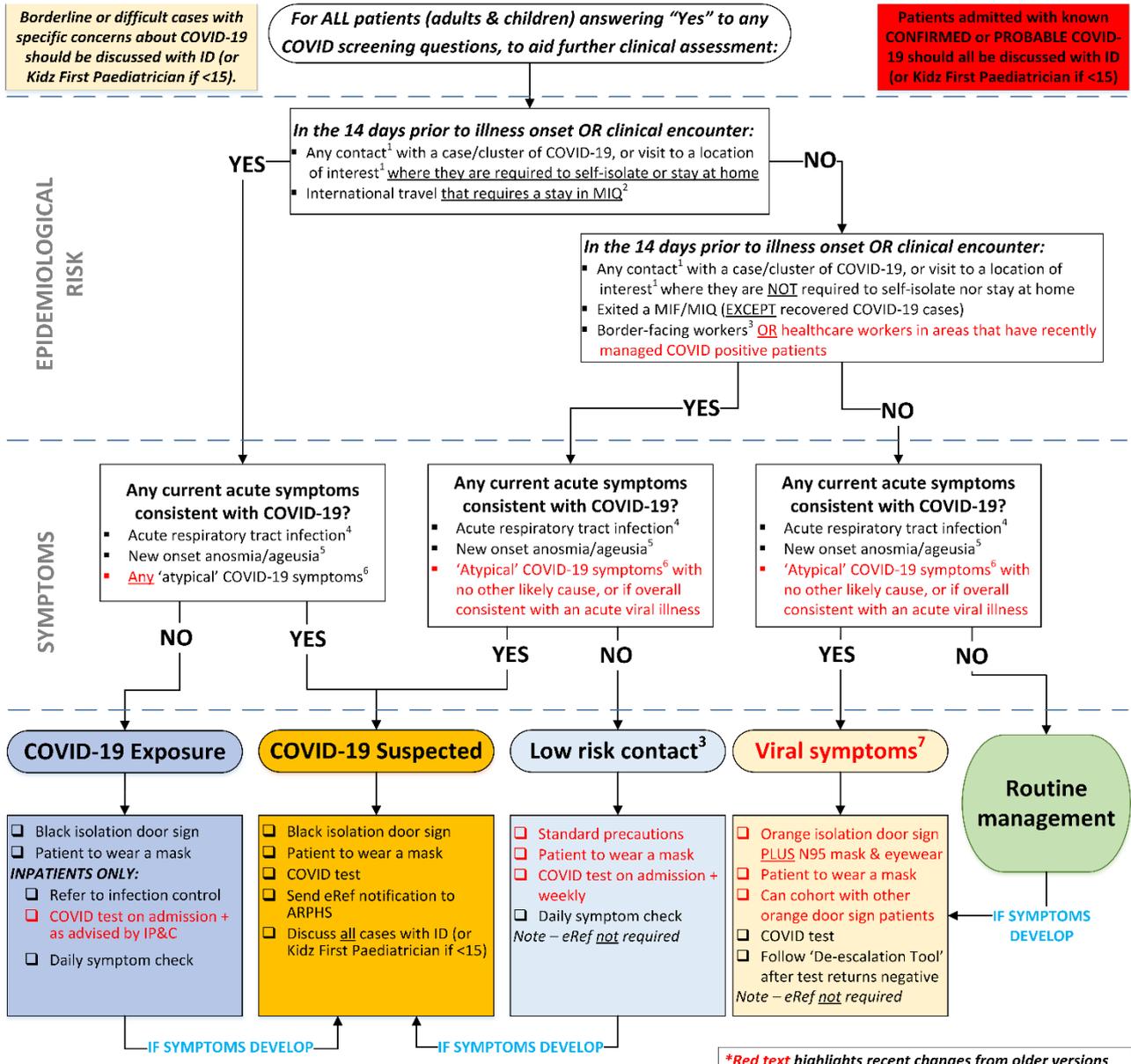


Clinical Assessment Tool

All clinicians should refer to the [MOH Locations of Interest](#) website for latest outbreak updates:



- Enquire about any potential exposures to recent COVID cases, including COVID app alerts, contact tracing phone calls, and visits to [locations of interest](#) (including household members). Always refer to the current [online](#) website, which includes specific testing & isolation requirements. Then discuss any suspicion with ID or IP&C.
- [Quarantine-free travel](#) (QFT) arrangements exist with Cook Islands & Niue. All usual infection control precautions apply, as per anyone who has not travelled. Be aware of emerging community outbreaks in QFT countries, and any resulting locations of interest, special requirements, or exemptions e.g. 'green flights'. Discuss with ID if uncertain, after taking a detailed travel history.
- Includes workers in: international air or shipping crew (except if only to QFT countries); international air or sea ports; MIQ facilities; and cold store facilities receiving imported chilled/frozen goods. All border workers who have contact with travellers undertake risk mitigation measures that minimise their risk of developing COVID-19. All their usual care must proceed without delay or discrimination, while appropriate infection control precautions + daily symptom checks provide further risk mitigation. Any patient in this group who develops symptoms should be re-allocated to 'Suspected'.
- Any symptoms considered consistent with an acute respiratory infection (upper or lower), including new or worsening: Cough, sore throat, shortness of breath,

- or coryza - with or without fever. There is no need to investigate for COVID-19 if the symptoms are chronic & stable, or obviously attributable to a non-infective cause (e.g. heart failure, OSA, post-intubation cough).
- New onset anosmia (loss of or altered sense of smell) and/or ageusia (loss of or altered taste) are common features in COVID-19 infection, with strong positive predictive value, so always warrant testing for COVID-19.
 - The following symptoms may be seen in a minority of COVID-19 cases, in the absence of respiratory symptoms: Fever, diarrhoea, headache, myalgia, nausea, vomiting, **malaise, chest pain, abdominal pain, arthralgia, confusion or irritability**. Clinicians should be vigilant to these atypical symptoms of COVID-19 where the overall illness is consistent with an acute viral illness, where there is no other likely cause, or where there are epidemiological risk factors. While the threshold for COVID testing is low, clinicians should concurrently pursue alternative diagnoses (particularly urgent ones) and use clinical judgement.
 - All people with potential COVID-19 symptoms should undergo testing to assist active case-finding. This is **mandatory** for all inpatients, and at elevated alert levels extra risk mitigation measures are taken. Outpatients or patients being discharged may be encouraged to seek [testing in the community](#); the patient must be told to self-isolate until they receive a negative result.

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This information is correct at date of issue. Always check on Counties Manukau DHB Controlled Documents site that this is the most recent version.