

# Discharging new and returning residents to Residential Aged Care Facilities (RACFs)

Acute Respiratory Infections (ARI) screening – to be completed by NSW Health clinicians for residential aged care providers.

Using this form is not mandatory. This form aims to ensure a consistent approach to screening new and returning residents to RACFs for acute respiratory infections (ARI) (influenza, COVID-19 and respiratory syncytial virus (RSV)) before being discharged from hospitals or NSW Health facilities. It may be used to determine appropriate risk mitigation strategies when the patient transfers/returns to the RACF, to protect other residents, staff and visitors. Timely discharge to ensure care is provided in the appropriate setting must also be strongly considered.

**Date** \_/ \_/ \_ (dd/mm/yyyy)

## To whom it may concern

Patient's full name: \_\_\_\_\_ DOB: \_/ \_/ \_ (dd/mm/yyyy)

will be discharged to \_\_\_\_\_ on \_/ \_/ \_ (dd/mm/yyyy)

They were admitted for \_\_\_\_\_  
(reason for admission)

## At the time of discharge:

Is the patient experiencing any acute respiratory symptoms or fevers?  Yes  No

Has the patient had any high-risk exposures with a confirmed COVID-19 or influenza case while in hospital?  Yes  No

Date of last exposure: \_/ \_/ \_ (dd/mm/yyyy)

Has the patient received a positive result to a COVID-19 or influenza PCR or RAT test?  Yes  No

Date of last exposure: \_/ \_/ \_ (dd/mm/yyyy)

If the response to any of the questions above is "Yes", the resident can still be admitted/re-admitted to the facility with appropriate infection prevention and control strategies in place.

Residential aged care facilities should continue their usual process for active screening of resident admissions/ returning residents. This includes assessing residents for symptoms of acute respiratory illness upon admission to the facility and implementing appropriate infection prevention and control practices. For more information, refer to the [NSW Health Guidance for Residential Aged Care Facilities on the public health management of ARI \(including COVID-19, influenza and respiratory syncytial virus\)](#).

**Signature:**

**Date:** \_/ \_/ \_ (dd/mm/yyyy)

Insert contact details: