



## Symptom and temperature checks – how to maximise value

Records need to be kept for 56 days Performing this each time someone enters the facility should not be considered a routine i.e. “Any symptoms? Let’s check your temp” but something we can get incredible value from every time.

### I suggest:

1. Use an ipad or similar to record the results for the subject (resident/client, staff member, contractor etc) – I suggest staff not do their own for many reasons, least of all reinforcing the importance of it as well as unnecessary touching and further hand hygiene moments that may be neglected. As this is the first barrier to preventing transmission at your door, it needs the fullest efforts.
2. Contactless thermometers may have limited value because there are many reports of inconsistent readings. It is recommended that temperature is measured using a tympanic, oral or other thermometer proven to consistently and accurately represent peripheral body temperature. A normal temperature reading must never be assumed to mean no increased temperature. If you take the temperature near a door where changes in temperature occur all the time, recalibration may be constant. Also some staff arrive at work from a cool outdoors or hot and bothered into air con- taking the temperature at the door may require either constant recalibration of the thermometer or the staff having to wait to cool down before a more accurate reading is taken. If your subject is on pain medication this can affect results. Less than 45% of those infected have a fever and even fewer in the older age group.
3. It’s not enough to ask “How are you?” because staff or residents can feel perfectly well with a scratchy throat and dry cough, not to mention the “happy hypoxic” who is unaware of low oxygen levels. The list of known symptoms is extensive ranging from scratchy/sore throat, fever, dry cough (new), muscle weakness, fatigue, muscle/joint pain, shortness of breath, runny nose, loss of appetite, headaches, nausea/vomiting even diarrhoea, foot rash etc. A 12 hourly check of residents’ temperatures is prudent as is asking staff to report during their shift immediately if they are experiencing any symptoms.
4. Staff need to know the health status of all members of their household because this impacts on their workplace. This means reminding the household that it is critical that you the

health care worker know as soon as any member has a symptom because you must call work to say why you are not coming in that day and that you are taking the symptomatic person for a test immediately. The household remains at home in quarantine with the symptomatic person in isolation in a room on their own with their own bathroom if possible (if a bathroom is shared then it is cleaned every time the isolated person uses it) until the results come back. Even if the symptomatic person's result is negative, while you can now return to work, they should remain in isolation until no longer symptomatic. This not only protects the rest of the household from whatever the communicable infection is but if you or others get an infection around that time, you cannot assume it is the same virus and the isolation cycle starts over again. There are currently (Oct) few colds around (in Victoria particularly) - these cold symptoms are actually more likely due to COVID-19. If other household members work in high risk workplaces, the value of reducing transmission of any cold is obvious.

5. Sentinel/surveillance testing is being rolled out in many high risk industries such as commercial transport, warehousing, meatworks etc where workers are close to each other and working with many others even though they wear masks. Sentinel testing is done on a whole workforce on a regular basis e.g. weekly and informs the public health team if any virus is circulating in that group. An outbreak in such a group can spread before it is obvious and that unless such testing is done regularly, it becomes difficult to contain. Such testing may have already commenced or soon to be extended to Aged Care with. Such testing will be performed for as long as the virus is with us or a successful vaccination is administered – you do not need to quarantine awaiting results from such testing but of course, if you are symptomatic you still must have a test immediately and quarantine as normal. It is possible that the roll out may be for on site rapid testing but the procedure will evolve over time.

**If you require ongoing 1hr zoom sessions to educate all staff in any aspect of Infection Prevention & Control please don't hesitate to enquire. You may record them and keep for a week so all staff can view. Total cost \$440 inc GST. Just email me at [marjenes@optusnet.com.au](mailto:marjenes@optusnet.com.au) Best of luck from Margaret Jennings, Microbiologist and IPC educator/consultant to office based practice, aged and community care.**