Please complete all sections of this form and follow the instructions at the bottom. Tests will be carried out on **symptomatic staff members\***. Testing is most accurate on the first few days

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| **RISK ASSESSMENT and TRIAGE FORM** **COVID-19 TESTING FOR SOMERSET SYSTEM****HEALTH, CARE AND EDUCATION EMPLOYEES** |
| **Please ensure the individual understands this is an in-car test**  |
| **Details of the person requiring a test;** |
| **Name** |  | **Date of referral**  |  |
| **Place of work (if applicable)**  |  | **Role (if applicable)** |  |
| **DoB** |  | **Address** |  |
| **Mobile No** |  | **Postcode** |  |
| **Email** |  | **NHS Number** |  |
| **Car Registration** |  | **Car Make & Colour** |  |
| **Current Symptoms (click all that apply)** | **Date of onset** |
| **Fever > 37.8 or feverish symptoms:**  |[ ]  Click here to enter a date. |
| **Persistent cough:** |[ ]  Click here to enter a date. |
| **Hoarseness :**  |[ ]  Click here to enter a date. |
| **Nasal discharge/ congestion:**  |[ ]  Click here to enter a date. |
| **Shortness of breath:**  |[ ]  Click here to enter a date. |
| **Wheeze:**  |[ ]  Click here to enter a date. |
| **Sneezing:**  |[ ]  Click here to enter a date. |
| **Loss of / change in sense of smell/ taste:**  |[ ]  Click here to enter a date. |
| **Business continuity assessment**  |  |  |
| **Without this staff member being back at work a service will stop, as this Employees role is critical to service functioning and cannot be undertaken by a colleague** |[ ]  **If selected, please provide additional detail;** |
| **This Employees role cannot be undertaken by home working**  |[ ]   |
| **This request is supported by service lead, please add name**  |[ ]  **Name & job title****…………………………………………………..****……………………………………………………** |

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| **Guidance for Health, care or education Employee** |
| * Essential Employee must show ID badge on arrival for testing.
* On arrival at the test unit you must remain in your car .
* You will be contacted with your results between 24-48 hours from testing.
* You must not access your own health records for your test results at any time.
* Please note your appointment will be for testing only. If you need medical advise please follow national guidance.
* We will make 3 attempts to contact you and arrange a test booking. If unable to contact you we will inform the referrer from your organisation.
* You will be contacted by phone if your result is positive
* We will text you with a negative results.
* On receipt of the results it is your responsibility to inform your line manager and make plans.
* Should you need support following your result please contact your line manager.
* Haematopoietic stem cell transplantation - staff tested positive and following 1 week without symptoms, re-test and negative result is required prior to return to work.

**Privacy information**This data is being collected to facilitate the allocation of priority tests for Employees in key health, care and education roles. In order to co-ordinate and maximise available slots it is necessary to share data with the following participating orgnisations:* NHS - Testing Team
* Somerset County Council – Social Care, Education and Public Health
* Nuffield Health
* Shepton Mallet Treatment Centre
* St Margaret’s Hospice

Information will only be accessible by a named contact from each service and will be used only for the purposes of making testing referrals and ensuring capacity is maximised. If you are completing/submitting this form on behalf of someone else, please ensure they are informed about how their data will be used.For further information about the processing of data for those successfully referred, please refer to the Trust Privacy Notice ( <https://www.somersetft.nhs.uk/about-us/about-us/how-we-manage-your-information/privacy-and-fair-collection-policy/>)  |

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| **What to do with your risk assessment now** |
| * Email your completed for to; somccg.gpcovidtestsomerset@nhs.net
* They will arrange a test for the individual if applicable and results will go back to the individual staff members
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