



Faculty of Forensic & Legal Medicine

SARC Covid-19 Screening & Triage Tool

March 2020

Date.....Time of Call.....

SARC Staff

Name.....Designation.....

Complainant name..... Date of birth.....Age.....

Police or self-referral

Police reference.....SARC Number.....

Caller's name.....Caller's designation .....

Contact telephone number and email (more than one if possible).....

**Please advise complainant / referrer that a forensic medical examination cannot be organised until the following information is provided:**

|   | Complainant | Any person planning to accompany complainant |
|---|-------------|--|
| 1. Have they had contact with a known or suspected COVID positive person in the last 14 days?   |             |  |
| 2. Do they have influenza like illness<br><br>Fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing) |             |  |
| 3. Do they feel unwell? If so, how?   |             |  |
| 4. When did they first have these symptoms?   |             |  |
| 5. Have they contacted 111? When?   |             |  |
| 6. If so, what was 111 advice?  |             |  |
| 7. The above details have been provided by whom?  |             |  |



Client Name..... SARC number.....

These details need to be discussed with a Forensic Clinician

**Name of Forensic Clinician making decision**.....

Discussion details:

Assign complainant to the following categories:

|   |  |
|---|--|
| A. Asymptomatic and no apparent risk of COVID 19          |  |
| B. Known COVID 19 or with symptoms suggestive of COVID 19 |  |

Decision after triage by Forensic Physician

| Option  | Decision | Arrangements made are: |
|---|----------|------------------------|
| Examination at SARC   |          |                        |
| Arrange for telephone consultation (police referral)                                  |          |                        |
| Arrange for telephone consultation (self-referral)                                    |          |                        |
| Client has COVID or has symptoms suggestive of COVID 19 but requires face to face FME |          |                        |
| Other   |          |                        |

Forensic Clinician Name.....GMC /NMC Number.....

Forensic Clinician Signature.....

Date & Time.....