



SARC COVID-19 Screening and 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 A NEW continuous cough OR A high temperature (37.8 degrees centigrade or higher)?		
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.....