



# SARC COVID-19 Screening and Triage Tool

08 April 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. If yes, have they been in isolation and what day are they on?		
4. Do they feel unwell? If so, how?		
5. When did they first have these symptoms?		
6. Have they contacted 111? When?		
7. If so, what was 111 advice?		
8. Are they in a group identified as being extremely vulnerable and advised to "shield" during the pandemic? <a href="https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19">https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</a>		
9. Is the client a child or a person who might struggle with self-taken swabs?		
10. 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 (refer to [FFLM SARC Requests for Forensic Medical Examination during COVID-19 Pandemic](#)):

Assign complainant to the following categories:

A.	Asymptomatic and no apparent risk of COVID-19 to them or their household	
B.	Known COVID-19 or with symptoms suggestive of COVID-19	
C.	In extremely vulnerable group that has been advised to "shield" during COVID-19 pandemic	

Decision after triage by Forensic Clinician

Option	Decision	Arrangements made are:
Examination at SARC (bearing in mind the risk of asymptomatic carriers.)		
Arrange for telephone consultation (police referral)		
Arrange for telephone consultation (self-referral)		
Client has COVID-19 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 \_\_\_\_\_