



SARC COVID-19 Screening and Triage Tool

21 May 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 high temperature OR a loss of, or change in, normal sense of taste or smell - anosmia | | |
| 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? 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 | | |
| 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 _____