

Stay safe together while staying two metres apart

Dr Shane Farrelly MFOM Occupational Health Specialist

**COVID- 19 clinical assessment form**

Date of Call: \_\_\_\_\_

<b>Surname:</b>	<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>
<b>Forename:</b>	<b>D.O.B:</b>
<b>Job Title:</b>	<b>Department:</b>
<b>Site:</b>	<b>Division:</b>
<b>Email:</b>	<b>Contact no:</b>
<b>Manager Name:</b>	<b>Contact No:</b>

	Yes	No	Date of onset
1. Do you have any respiratory symptoms or fever (e.g. cough, shortness of breath)?			
2. Do you have a household contact with symptoms or fever (e.g. cough, shortness of breath)?			
3. According to PHE, are you at increased risk of severe illness from coronavirus (COVID-19)? <a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults">https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</a>			

<b>Additional information</b>

**Outcome of clinical decision**

- Fit  
 Unfit  
 Refer to OHP – Decision after discussion with OHP .....  
 Further review required – review date:.....

**Dr S. Farrelly MFOM**  
**MCRN 04763**

**Clifton Court Medical**  
**Fitzwilliam Street**  
**Dublin 2**

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**Advice given to staff**

- Self-isolate for 7 days
- Self-isolate for 14 days
- Discuss your concerns with your manager (offer to send the 'OH report for employees at increased risk')

**Sickness absence/medical suspension related to possible COVID-19 (if applicable):**

Start Date	End date

- Manager informed by OH staff

Name of OH clinician.....

Signature.....

Date.....

Total Call Time: .....

Total Admin Time: .....

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**Individual Risk Assessment Checklist for COVID-19 for Pregnant or Other At-Risk Staff Groups**

<b>Name of Staff Member</b>	
<b>Job Title</b>	
<b>Location</b>	
<b>Name of Assessor</b>	
<b>Date of Assessment</b>	
<b>Signature of Assessor</b>	
<b>Signature of Staff Member</b>	

INDIVIDUAL HEALTH ASSESSMENT	Tick answer		Notes
	Yes	No	
Does the individual continue to fall into any of the risk groups listed?			<p><b>RISK GROUPS</b></p> <ol style="list-style-type: none"> <li>Individuals with the underlying medical conditions, such as: <ul style="list-style-type: none"> <li>Chronic lung disease</li> <li>Chronic heart disease</li> <li>Chronic kidney disease</li> <li>Chronic liver disease</li> <li>Chronic neurological disease</li> <li>Immunosuppression (whether caused by disease or treatment)</li> <li>Diabetes mellitus</li> </ul> </li> <li>Individuals who have required regular medical treatment for their asthma within the past three years.</li> <li>Pregnant women</li> <li>People aged 70 years and older</li> </ol>
OCCUPATIONAL EXPOSURES IN PATIENT AREAS	Tick answer		Notes
	Yes	No	
Does the individual's job role involve regular work in patient areas/regular patient contact?			
<p><b>If the answer is "yes" to both of the above questions, please complete the risk assessment algorithm and proceed with individual assessment.</b></p> <p><b>If the answer is "no" to one or both of the above questions, an individual risk assessment is not required but staff should follow general infection control guidance as follows: -</b></p>			
<ul style="list-style-type: none"> <li>Observe good hand hygiene, with frequent use of soap and water or alcohol-containing gel;</li> <li>Use appropriate personal protective equipment if required for clinical care</li> <li>Observe isolation requirements for known or suspected COVID-19 cases.</li> </ul>			

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INDIVIDUAL HEALTH ASSESSMENT	Tick answer		Notes
	Yes	No	
			<ul style="list-style-type: none"> <li>Ensure infection control training up to date</li> </ul> <p>You must follow the infection control precautions (hand hygiene and use of PPE) which reduce the risk of becoming infected and taking the infection home. If you have vulnerable family members living with you at home can seek further advice from OH. Contact details below.</p>

**Once checklist complete, provide a copy to the individual and file in the individual's personal file.**

**It is the manager's responsibility to keep this under review or close when no longer applicable.**