**Symptomatic worker to self-isolate for 7 days**

**Asymptomatic worker with symptomatic household member to self isolate for 14days following Health Protection Scotland guidelines.**

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| **IMPORTANT - Line Managers to complete**  **Please only refer those who meet all three criteria below** | |
| **1** | **Small team with little or no resilience to absorb the workload/replace the person** |
| **2** | **Absence is likely to risk the health of patients/wider population** |
| **3** | **Unable to work effectively from home** |

This is a urgent referral and must be sent within **72 hours** of symptom onset

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| --- | --- | --- | --- |
| **Surname:** | | **Forename:** | |
| **DOB:** | | **CHI:** | |
| **Worker** | | **Worker Profession:Transport** | |
| **Worker address:** | | **GP practice:** | |
| **Worker landline number:** | | **Worker mobile number:** | |
| **Employer/Place of work:** | | **Job Title:** | |
|  | |  | |
| **Worker self-isolating due to own symptoms or household member symptoms?:**  **Own symptoms [ ] Household Symptoms [ ]** | | **Symptom details: Fever and new cough (partner)**    **Date Symptoms started:** | |
| **Please describe how the staff member meets the priority criteria (e.g. other staff member self isolating in the department?) Please provide as much detail as possible.** | | **Details of exposure to confirmed COVID-19 cases in the workplace without appropriate PPE?** | |
| **Details of symptomatic family member to be tested**  **Name:**  **DOB:**  **CHI:**  **Contact details:** | | **Other key workers in the household:**  **Yes [ ] No [ ]** | |
| **Consent given by worker for referral:**  **Yes [ ] No [ ]** | | **Consent given by the person tested to share result with the worker referred:**  **Yes [ ] No [ ]** | |
| **Consent given to inform GP of result**  **Yes [ ] No [ ]** | | **Line/Practice Manager:**  **Telephone Number:**  **Date:**  **NAME AND SIGNATURE OF AUTHORISED APPROVER:** | |
| **By referring this member of staff you have understood that a negative test result**  **does not categorically exclude the disease** | | | |
| **To be completed by testing team:** | | | |
| **Isolation discussed with patient (signpost to NHS Inform): Yes No** | **Test required:**  **Yes No**  **DATE OF TEST**  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**  **TESTING TEAM STAFF MEMBER NAME:** | | **Person(s) tested & CHI/s** |
| **Fit and able to driveother household member able to drive?**  **Yes No**  **Driver required: Yes No** |
| **Car make/model:** |
| **Car colour:** |
| **Car registration:** |
| **To be completed by testing team for result and communication** | | | |
| **Result & information given to person tested:**  **Yes No**  **Date:**  **Result & information given asymptomatic worker:**  **Yes No N/A** | **Continuing isolation:**  **Yes No**  **Onward Communication issued to:**  **GP: yes No**  **Occupational Health: yes No………N/A** | | |
| **Staff Member Name:**  **Signature:**  **Date:** | | | |