

**Referral Date:**

**Taken by:**

#

# Coronavirus Referral Details

|  |  |
| --- | --- |
|  |  |
| Referral made by – Name  | Tel No | **Role / Position** |
| **Verbal consent to pass these details to Volunteer Cornwall which will be put on our databases. Written consent will be taken at the first meeting with a volunteer.**  |
| **Client’s Name** | **G.P. or other health/care professional involved?** |
| **Address** | **Contact Details** |
|  |  |
|  | Any underlying health or care issues? |
| **Post Code Phone Numbers** |
| Age |  | Lives alone? Y / N | Gender M / F |
| **Next of kin:** | **Contact details** |
| **Does client have a carer? Y / N (circle)** | **Does client have a disability?Y / N (circle)**

|  |  |
| --- | --- |
| Physical Disability  | Learning Disability  |
| Mental Health  | Autism  |
| Sensory |

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| Any Mental Health Issues? | Any Communication Problems? |
| Any Safeguarding concerns? |  |
| **Health & Safety Issues: (Y / N circle appropriately) Weight > 16st (102 kg) Y / N****Client’s Mobility – Frame used Y / N, Stick/Crutches used Y / N, Support needed when walking Y / N****Wheelchair needed Y / N Able to get in/out of a car Y / N Continence problems Y / N****Access at Home:** **Will be met at home Y / N Keys with----------------Key safe no---------------Entrance on ground level /****1st floor / 2nd floor, other specify, steps / pathway / level / steep** |
| Reason for Service / Significant medical history / Infection risks**Coronavirus Diagnosed – Y / N** **Had Contact with persons diagnosed with Coronavirus? – Y / N** **Self-isolation on medical advice – Y / N**  |
| **Details of actual service required**…………………………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |
| **Volunteers tried** |  |
|  |  |

Risk Assessment

Assessing Risk for Volunteer Involvement

Suitable for any volunteer BUT

* Remind volunteers to wash hands before & after visit
* Limit contact to 15 mins if entering the house

Volunteers should:

* Not volunteer if they have any of the symptoms of the virus themselves
* Raise any safeguarding concerns with Volunteer Cornwall immediately following the visit
* Be reminded that receipts are required for any expenditure incurred other than travel (which can be paid at 42p/mile)
* Wash their hands before & after each visit
* Make volunteer aware
* Use volunteers with no underlying health condition of their own
* Suggest phone contact preferable
* Limit Contact (if needed)

<15 mins if well spaced

<2 mins in close proximity

* Wash hands before & after visit
* Do not ‘re-use’ volunteer for at least 5 days

No

Take precautions as if person diagnosed with Corona unless been in isolation for 7 days+ with no symptoms then treat as “No”

Yes

Connected to someone diagnosed?

No

Yes

Person diagnosed with Corona?