

**Referral Date:**

**Taken by:**

# 

# Coronavirus Referral Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| 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 | | | |
| 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** | | | |  | |
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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?