

**COVID-19: guidance for Managers who have staff that phone in sick with symptoms of Covid-19**

Questions to ask in the event that a member of staff contacts you with concerns that they may have Covid-19.

Completed forms should be sent to Self.Isolation@sthk.nhs.uk Forms will be reviewed and a decision made as to whether the staff requires self-isolation and or swabbing.

Please ensure staff are made aware that due to the national pandemic concerns this form and the results of any swab may be discussed in order to retain staff in work or expedite their return to work to support the hospital and its patients. This will be on a strictly need to know basis and no other health conditions will be shared.

The Trust also offers the opportunity for co-habitants to be tested for COVID-19 to assist staff back to work. Permission **MUST** be obtained from the person(s) to do this and in the case of minors this **MUST** be from the parent or guardian of the child(ren). If your member of staff requests for co-habitants to be tested please complete the Part 2 section below and they will be contacted to make arrangements to attend. This permission will be classified as consent for co-habitant testing.

**After 10 days of self-isolation, people who feel better and no longer have a high temperature can return to their normal routine.**

**Cough may persist for several weeks in some people, despite the coronavirus infection having cleared. A persistent cough alone does not mean someone must continue to stay at home for more than 10 days.**

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| **PART 1 - STAFF MEMBER DETAILS** |
| **Name** |  | **Department** |  |
| **Job Title** |  | **Manager** |  |
| **Date of Birth** |  | **Contact Number (MOBILE)** |  |
| **Email Address** |  |  |

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| **Date form completed** |  | **The self-isolation team will triage this form and send advice back to manager. If the staff member fits the criteria HWWB will contact them directly and advise. Staff member mobile needs to be on this form.** |
| **Is this form being completed in relation to:****(Please circle)** | Staff Member | Household Member |

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|  | **STAFF ONLY - PHE SURVALLIENCE**  |  |
|  | **YES**  | **NO**  |
| **Have you had a recent COVID-19 vaccination** |  |  |
| **Have 10 days passed since your COVID-19 vaccination?**  |  |  |
| **Do you want to partake in PHE surveillance if you test positive for COVID?**  |  |  |

The Public Health England (PHE) Immunisation Department is conducting [enhanced surveillance](https://www.gov.uk/government/publications/covid-19-enhanced-surveillance-of-cases-in-vaccinated-individuals) of cases of infection in vaccinated individuals in England, in order to confirm infection, identify risk factors and outcomes, and monitor phenotypic and genetic characteristics of SARS-CoV-2 isolates and to compare these cases to those in unvaccinated individuals. By agreeing to participate you give consent for STHK to share information with Public Health England.

If **YES** please complete **Part A** and **Part B** of this form.

If **NO** please Complete to **Part A** only.

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| **PART A - DETAILS OF SYMPTOMS** |
| **1** | **Description of symptoms** | **Mark “x” those that apply** | **Comments**  |
| A new continuous cough  |  |
| High temperature (of 37.8 degrees centigrade or higher) |  |
| A loss or changed sense of normal smell or taste (anosmia) |  |
| **Describe any other symptoms:** |
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| **2** | **Date symptoms started** |  |  |
| **3** | **Date of last working day** |  |  |
| **4** | **Date expected back to work** |  |  |
| **5** | **Have you been advised by a medical professional that you are immunosuppressed.**  |  |  |

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|  |  |  **PART B –PHE SURVALLIENCE DETAILS** |
| **1** | **GP Name** **GP Practice Name** **GP Addresses**  |  |
| **2** | **Number of doses of COVID-19 vaccine received** |  |
| **3** | **Brand of First Vaccine Dose****Date of First Vaccine Dose (dd/mm/yyyy** |  |
| **4** | **Brand of Second Vaccine Dose****Date of Second Vaccine Dose (dd/mm/yyyy)** |  |

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| **Where the symptoms relate to an STHK member of staff the absence, unless they are working from home, should be recorded on Health Roster/ESR following the information published on the manager’s hub of the intranet.** |
| **HWWB will contact staff members regarding the outcome of their test if positive. In order for the HWWB team to provide the results to the Line Manager, Trust and Public Health England the below consent box must be completed.** |
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| **Date of conversation:** |  | **Consent obtained to share results:** | **Yes** |  | **No** |  |
| **Name of Person who obtained consent:** |  | **Job Title:** |  |

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| **PART 2 CO-HABITANT TESTING DETAILS** |
| **Full Name** |  | **DOB(s)** |  |
| **Address** |  | **Contact Number:****(MOBILE)** |  |
| **Email Address** |  | **Sex** |  |
| **GP Surgery** |  | **GP Address** |  |