Medical procedure Covid 19 risk assessment form

Covid-19 is the disease caused by infection from coronavirus-19. It is a highly infectious disease that can result in significant illness and death. Coronovirus-19 is spread via droplets and is more likely to be spread during activities that cause more forceful breathing. It is unsafe to undergo medical procedures that cause forceful breathing whilst being infected with coronavirus-19. Therefore, for our safety, we need to undertake this risk assessment prior to your undertaking this medical procedure.

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| --- | --- | --- | --- | --- |
| Date |  | | | |
| Patient name |  | | | |
| Patient NHS number |  | | | |
| Procedure |  | | | |
|  | | | | |
| **Patient declaration**  In the last 72 hours, I **HAVE** suffered from | | | | |
| * Covid-19 | Yes | | No | |
| * A fever (T=> 38C) | Yes | | No | |
| * A new cough | Yes | | No | |
| * A loss of sense of taste or smell | Yes | | No | |
| * New-onset muscle and joint aches | Yes | | No | |
| * New-onset shortness of breath | Yes | | No | |
| Note – if there is a “yes” declaration to any of the above, the procedure must **NOT** be performed. | | | | |
| Staff agreement to proceed. | | Yes | | No |
| Staff name |  | | | |
| Signature |  | | | |