

Angelcare UK Ltd  
North Wing Hopehall, 35 Clare Road, Halifax, HX1 2JP

COVID-19 Admission Assessment	Y	N
Has the Service User recently recovered from a confirmed diagnosis of COVID-19		
Has the Service User been nursed on a ward or area where there are confirmed cases of COVID-19?		
Does the Service User have any of the following symptoms at the time of admission? <ul style="list-style-type: none"> <li>• High temperature</li> <li>• Cough</li> <li>• Shortness of breath (even mild)</li> </ul>		
Does the Service User need to be shielded due to any of the following underlying conditions? <ul style="list-style-type: none"> <li>• Those who have had an organ transplant and remain on ongoing immunosuppression medication</li> <li>• Those with cancer who are undergoing active chemotherapy or radiotherapy</li> <li>• Those with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment</li> <li>• Those with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)</li> <li>• Those with rare diseases that significantly increase the risk of infections such as SCID and homozygous sickle cell</li> <li>• Those with severe diseases of body systems, such as severe kidney disease (dialysis)</li> </ul>		
Does the Service User rely on visitors to meet their care or support needs (over and above what Angelcare UK Ltd staff can accommodate), which could pose a risk to other Service Users?		
Is the Service User aware of the need to self-isolate for 10 days, and that the status of Angelcare UK Ltd currently includes that we cannot accept visitors at this time?		
Does the Service User lack the capacity to agree to self-isolation? E.g. presents with walking with purpose		
Any other risk areas present, please detail:		

The assessor must discuss any areas of concern with the Registered Manager to determine the suitability of admission. Staff must ensure that they explain the principles of social distancing and shielding to the Service User as part of this checklist.

Please sign and date below to confirm that the information supplied above is correct	
Print name: _____	
Signature: _____	Date: _____