



SOP Number 1

**SOP Title Occupational Health Management of Healthcare Workers
for COVID-19**

| | NAME | TITLE | SIGNATURE | DATE |
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| Author | | | | |
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1. PURPOSE

The purpose of this document is to guide the management of healthcare workers who have been exposed during the treatment of a confirmed COVID-19.

2. INTRODUCTION

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. In humans, the transmission of COVID-19 can occur via respiratory droplets directly (through droplets from coughing or sneezing) or indirectly (through contaminated objects or surfaces). The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient and those who care for such patients.

Healthcare workers (HCW's) often have extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCW monitoring and restriction from work must be taken to quickly identify early symptoms of COVID-19, to treat early and to prevent transmission from potentially contagious HCW to other HCW, patients, and visitors.

3. SCOPE

The scope of this document is to detail the procedures to be undertaken in the management of Healthcare workers whom become ill during the treatment of confirmed COVID-19 cases.

4. RESPONSIBILITIES

The Infection Prevention and Control Committee in each hospital must take responsibility for the documentation and monitoring of HCW who become sick during the care and management of COVID-19.

The IPCC must arrange for consultation with an assigned physician.

The IPCC must keep the administration of the health facility abreast of the number of persons who are being monitored and the treatment advised.

Where there is no active IPCC in hospital or health department, arrangements must be immediately made for an interim Committee to be formed. The head of this Committee is to be either a Senior Physician or Nurse.

4.1 Chief/Principal Investigator

The Infection Control Physician or Senior Clinician along with the Senior Medical officer of Health from the Health Department are the principle investigators and should conduct case surveillance and contact tracing within the healthcare facility.

5. SPECIFIC PROCEDURE

Infection control personnel should establish points of contact between the organization, healthcare personnel, and the local health departments in the location where personnel had the exposure.

This communication should result in agreement on a plan for medical evaluation of all personnel who develop fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat) during the engagement of treating COVID-19.

The plan should include:

- Instructions for notifying IPCC and the local public health department
- Instructions for sampling of the Healthcare worker.
- Process of admission or transportation arrangements to a designated hospital for isolation, if medically necessary, with advance notice if fever or respiratory symptoms occur.
- The supervising organization must remain in contact with HCW through the monitoring period.

****Note**, inter-jurisdictional coordination will be needed if HCW live in a different parish than where the healthcare facility is located.

5.1 Identification of Cases

The Infection Control Doctor or Nurse must identify all personnel assigned to the management of COVID-19 within their facility.

- The IPC Team must conduct periodic rounds of all facility isolation units and review the staff register to ensure that staff are compliant with documentation and procedures.
- A roster of all categories of staff assigned to isolation unit must be submitted to the IPCC at the beginning of each week for follow-up.

Case definitions

Close contact for healthcare exposures is defined as follows:

- a) Being within approximately **6 feet (2 meters)**, of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within **6 feet** of the patient in a healthcare waiting area or room);
or
- b) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

High-risk exposures

HCW who have had prolonged (greater than fifteen minutes) close contact with patients with COVID-19 who were not wearing a facemask while HCW nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.

Low-risk exposures

Brief interactions (<fifteen minutes) with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

5.2 Assessment of Healthcare worker status

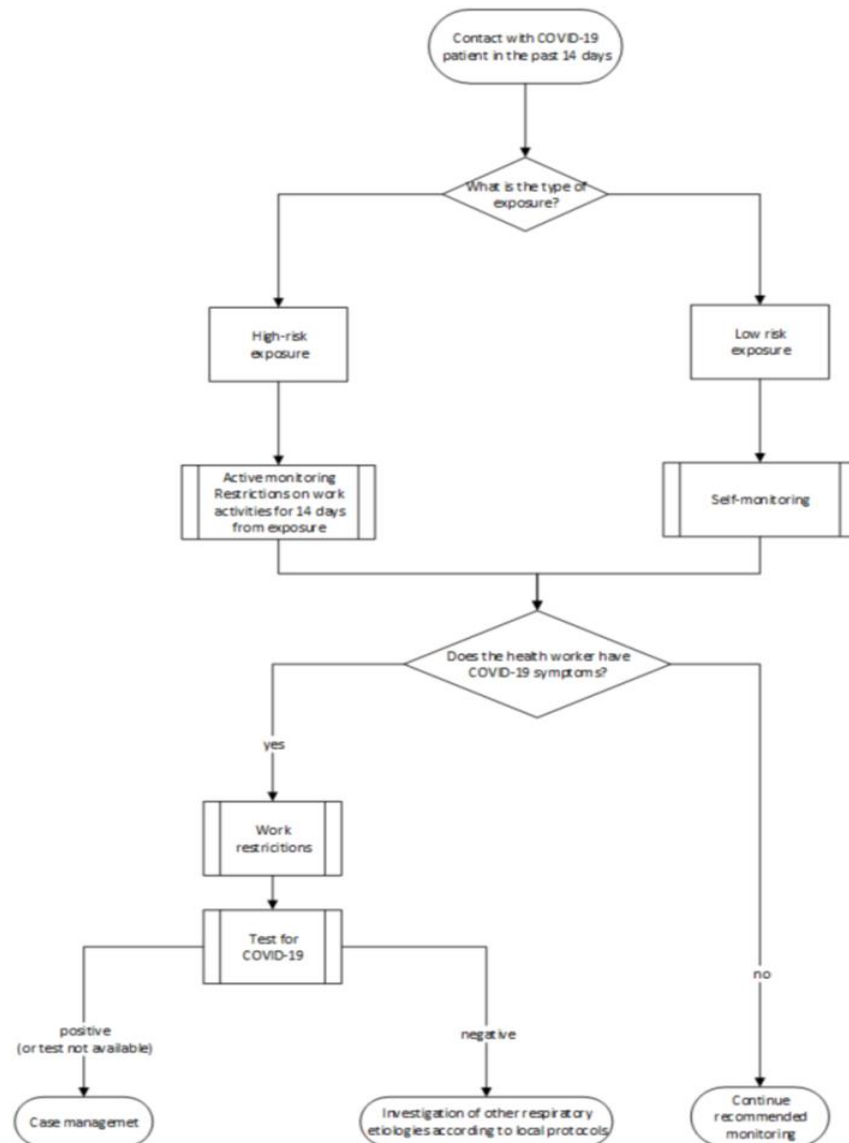
- All Healthcare workers must be offered a mask prior to being interviewed.
- A secure location within the facility must be identified to allow for the healthcare workers to be assessed by the IPC Doctor or Senior Physician.
- The **HEALTH WORKERS EXPOSURE RISK ASSESSMENT TOOL AND MANAGEMENT IN THE CONTEXT OF COVID-19** approved by the MOHW should be used to assess all staff noted to be complaining of symptoms of COVID-19.
- Staff who will conduct must be able to don the appropriate PPE as required for droplet and contact precautions.
- The affected HCW must have a history taken and medical examination.
- A Class 1 notification is to be completed for the HCW.

5.3 Decision matrix

- On completion of the risk assessment tool the ICP team will have a bipartite discussion with the Health Department on the management of cases.
 - If HCW is considered Low risk, then Self-Monitoring will be implemented.
 - If HCW is considered High risk then further assessment is required to discern if person is Symptomatic or Asymptomatic.
 - Symptomatic persons will require admission and isolation. Nasopharyngeal and Oropharyngeal Sampling will be undertaken in isolation.
 - Asymptomatic persons will require quarantine



Figure 1 – Management flow for health workers exposed to COVID-19



Source: PAHO, adapted from (9) and (10).

Table 1 – Actions to take when a health worker has been exposed to COVID-19 in health facilities

| Exposure risk | Health status | Actions | |
|--|---------------|--|---|
| | | Sick leave from work | Surveillance / Monitoring of signs and symptoms |
| Health worker with low-risk exposure in health facilities | Asymptomatic | Not indicated. | Monitor appearance of respiratory symptoms and/or fever; self-monitoring. Seek medical care if signs and symptoms appear. Report to supervisor. |
| Health worker with high-risk exposure to a COVID-19 patient in the health service. | Asymptomatic | Indicated. Stop working for 14 days from last exposure. | Monitor appearance of respiratory symptoms or fever. Active monitoring. Screen if signs and symptoms appear. Home quarantine. (b) |
| Health worker is a contact of someone with confirmed COVID-19 at home | Asymptomatic | Indicated. Stop working for 14 days from last exposure. | Monitor appearance of respiratory symptoms or fever. Active monitoring. Screen if signs and symptoms appear. Home quarantine. |
| Health worker with low- or high-risk exposure in health facilities or at home | Symptomatic | Indicated. Stop working until remission of symptoms and two negative PCRs 24 hours apart. If PCR testing is not available, 7 days after remission of symptoms. (b) | Clinical case management (c) according to local protocols. (a) |

Comments

(a) Except for pregnant women, people over 60 years of age, and people with diseases that cause current immunosuppression or people with decompensated chronic diseases, who should be evaluated by the attending physician and by the workplace physician.

(b) Restrict contact between health workers and immunocompromised patients until 14 days following remission of symptoms. For more information on quarantine, consult: *World Health Organization. (2020). Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): interim guidance, 19 March 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/331497>. License: CC BY-NC-SA 3.0 IGO.* (c) For more information on clinical management of COVID-19, consult <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>.

5.4 Referral Pathways

HCW with Low risk exposure (Asymptomatic)

- HCW will not be required to miss any time from work.
- The IPCC should engage the HCW either physically or via phone for 14 days regarding signs and symptoms of COVID-19
- IPCC should engage the HCW in continued learning sessions regarding proper IPC measures for COVID-19.

HCW with High risk exposure (Asymptomatic)

- If the decision to self-monitor is made then the ICP clinician will inform the Senior Medical Officer for the facility
- Generate a list of persons for this classification needs to be referred to the Health Department for home visits or monitoring by phone.

HCW with High risk exposure (Symptomatic)

- If the decision to isolate is made then the ICP clinician will inform the Senior Medical Officer for the facility and the attending Medical Consultant on duty.

- The facility of admission may be internal (Referral Form B) or external (Referral Form A) and would require case discussion through the routine referral pathways from referring Consultant to receiving Consultant.
- **Case is to be discussed under strict confidentiality**
- Healthcare worker should be admitted to a single room where applicable or an open ward with screens drawn.
- The symptomatic HCW must remain compliant at all times with wearing a mask to reduce transmission.
- The ICP Clinician or Nurse may continue to round physically if HCW is admitted internally or by phone with the medical team or the health department.
- Medical management of the HCW will be by the facility medical team.

5.5 Sick Leave

- Health professionals should be evaluated prior to being given sick leave.
- If HCW is admitted then sick leave will be written up by the team medically managing.
- If the HCW is not admitted then the IPC Clinician must generate a list of persons who are for self-monitoring and refer item to the Health Department. Sick leave will be written by the Health Department.

6. FORMS/TEMPLATES TO BE USED

THE HEALTH WORKERS EXPOSURE RISK ASSESSMENT TOOL AND MANAGEMENT IN THE CONTEXT OF COVID-19 version 2

| 1. Interviewer information | |
|---|--|
| A. Interviewer name: | |
| B. Interviewer date (DD/MM/YYYY): | __/__/__ |
| C. Interviewer phone number: | |
| D. Does the health worker have a history of staying in the same household or classroom environment with a confirmed COVID-19 patient? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Does the HCW have history of traveling together in close proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the HCW answers yes for questions 1 D – 1E it is considered a community exposure to COVID-19 virus and health workers should be managed as such.



| 2. Health worker information | |
|-----------------------------------|---|
| A. Last name: | |
| B. First name: | |
| C. Age | |
| D. Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer |
| E. City: | |
| F. Country: | |
| G. Contact details: | |
| H. Type of health care personnel: | <input type="checkbox"/> Medical doctor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Assistant nurse, nurse technician (or equivalent) <input type="checkbox"/> Radiology /x-ray technician <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Nutritionist/dietitian <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy technician or dispenser |



MINISTRY OF HEALTH & WELLNESS

| | |
|--|---|
| | <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Admission/reception clerk <input type="checkbox"/> Patient transporter <input type="checkbox"/> Catering staff <input type="checkbox"/> Cleaner <input type="checkbox"/> Other (specify): |
| I. Health care facility unit type in which the health worker works? | <i>Tick all that apply:</i> <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Medical unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Cleaning services <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify: |
| 3. Health worker interactions with COVID-19 patient information | |
| A. Date of health worker first exposure to confirmed COVID-19 patient: | Date (DD/MM/YYYY): __/__/____ <input type="checkbox"/> Not known |
| B. Name of health care facility where case received care: | |
| C. Type of health care setting: | <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Primary health centre <input type="checkbox"/> Home care for mild cases <input type="checkbox"/> Other: |
| D. City: | |
| E. Country: | |
| F. Multiple COVID-19 patients in health care facility | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Number of patients (approximate if exact number not known): |



| 4. Health worker activities performed on COVID-19 patient | |
|---|--|
| A. Did you provide direct care to a confirmed COVID-19 patient? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Did you have face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in a health care facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Were you present when any aerosol generating procedures (AGP) was performed on the patient? <i>See below for examples</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| - If yes, what type of AGP procedure? | <input type="checkbox"/> Tracheal intubation <input type="checkbox"/> Nebulizer treatment <input type="checkbox"/> Open airway suctioning <input type="checkbox"/> Collection of sputum <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) <input type="checkbox"/> Other, specify: |

| | |
|--|---|
| D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| E. Were you involved with health care interaction(s) (paid or unpaid) in another health care facility during the period above? | <input type="checkbox"/> Other health care facility (public or private) <input type="checkbox"/> Ambulance <input type="checkbox"/> Home care <input type="checkbox"/> No other health care facility |

Exposure of health workers to COVID-19 virus

If the health worker responds 'Yes' to any of the Questions 4A – 4C, the health worker should be considered as being **exposed to COVID-19 virus**

| 5. Adherence to infection prevention and control (IPC) during health care interactions | |
|---|---|
| <p>For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.</p> | |
| A. During the period of a health care interaction with a COVID-19 patient, did you wear personal protective equipment (PPE)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, for each item of PPE below, indicate how often you used it: | |
| - 1. Single gloves | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time (50% or more but not 100%) <input type="checkbox"/> Occasionally 20% to under 50%) <input type="checkbox"/> Rarely (less than 20% of the time) |
| - 2. Medical mask | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 3. Face shield or goggles/protective glasses | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 4. Disposable gown | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| B. During the period of health care interaction with the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)? | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| C. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| D. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time |



| | |
|---|--|
| before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc.)? | <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| E. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after exposure to body fluid? | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| F. During the period of health care interaction with the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc.)? Note: this is irrespective of wearing gloves | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| G. During the period of health care interaction with the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)? | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |



6. Adherence to infection prevention and control (IPC) when performing aerosol generating procedures (e.g. Tracheal intubation, nebulizer treatment, open airway suctioning, collection of sputum, tracheostomy, bronchoscopy, cardiopulmonary resuscitation (CPR) etc.)

For the following questions, please quantify the frequency you wore PPE, as recommended: 'Always, as recommended' should be considered wearing the PPE when indicated more than 95% of the time; 'Most of the time' should be considered 50% or more but not 100%; 'occasionally' should be considered 20% to under 50% and 'Rarely' should be considered less than 20%.

| | |
|--|--|
| A. During aerosol generating procedures on a COVID-19 patient, did you wear personal protective equipment (PPE)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, for each item of PPE below, indicate how often you used it: | |
| - 1. Single gloves | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 2. N95 mask (or equivalent respirator) | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 3. Face shield or goggles/protective glasses | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 4. Disposable gown | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| - 5. Waterproof apron | <input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |



| | |
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| <p>B. During aerosol generating procedures on the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc)?</p> | <p><input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely</p> |
| <p>C. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after touching the COVID-19 patient? NB: Irrespective of wearing gloves</p> | <p><input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely</p> |
| <p>D. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. inserting: peripheral vascular catheter, urinary catheter, intubation, etc.)?</p> | <p><input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely</p> |
| <p>E. During aerosol generating procedures on the COVID-19 case, did you perform hand hygiene after touching the COVID-19 patient's surroundings (bed, door handle, etc)? Note: This is irrespective of wearing gloves</p> | <p><input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely</p> |
| <p>F. During aerosol generating procedures on the COVID-19 case, were high touch surfaces decontaminated frequently (at least three times daily)?</p> | <p><input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely</p> |



| 7. Accidents with biological material | |
|---|--|
| <p>A. During the period of a health care interaction with a COVID-19 infected patient, did you have any episode of accident with biological fluid/respiratory secretions? <i>See below for examples</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>- If yes, which type of accident?</p> | <p><input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of eyes <input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose <input type="checkbox"/> Splash of biological fluid/respiratory secretions on non-intact skin <input type="checkbox"/> Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions</p> |

Risk categorization of health workers exposed to COVID-19 virus (Please Check)

| High risk for COVID-19 infection | | Low risk for COVID-19 infection | |
|--|--|--|--|
| <ul style="list-style-type: none"> The health worker did not respond 'Always, as recommended' to Questions 5A1 – 5G, 6A – 6F <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> responded 'Yes' to 7A | | <p>All other health workers should be considered low risk for COVID-19 virus infection</p> | |



SELF MONITORING ASSESSMENT FORM

Annex 1 – Form for self-monitoring or active monitoring

| Name of the exposed professional | | | | | | | | | | | | | | | |
|----------------------------------|------|------|-------------|--------------------------------|-------|-------------|----------------------|--------|------------|-------------|----------------|--------------------|----------|------|-------|
| Telephone | | | | | | | | | | | | | | | |
| email | | | | | | | | | | | | | | | |
| Health institution | | | | | | | | | | | | | | | |
| Work unit in the institution | | | | | | | | | | | | | | | |
| Profession/ employment | | | | | | | | | | | | | | | |
| Date of last exposure | | | | | | | | | | | | | | | |
| | | | | Symptoms (mark all that apply) | | | | | | | | | | | |
| days since last exposure | date | time | temperature | temperature not taken | cough | sore throat | difficulty breathing | chills | runny nose | muscle pain | abdominal pain | nausea or vomiting | diarrhea | none | other |
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APPENDIX 6: REFERRAL FORM A

| REFERRAL FORM A TO BE COMPLETED IN TRIPLICATE | |
|---|---|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">TREATMENT REQUIRED(TICK ONE BOX) <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</div> | |
| <i>When making a referral, please send both the white and blue copies of this form with the patient.</i> | |
| Part 1. TO BE COMPLETED BY PERSON REFERRING | |
| TO: Date of Referral: Hosp/H.C. | |
| Name or Position of Individual | |
| FROM: | PARISH: |
| Health Facility/Dept/Staff | |
| Patient Name: Medical Record No. | |
| To be used for requesting, consultation, investigation, diagnosis treatment, admission. | Sex M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: / / Age: |
| DD MM YR | |
| Complaints/Findings: | |
| Investigations done and Results: | |
| Provisional Diagnosis: | |
| Treatment given to date: | |
| Reason for Referral: | |
| Name of person referring patient: (Print) Status: Signature: | |
| PART II. TO BE COMPLETED BY RECEIVING HEALTH CARE FACILITIES/DEPARTMENT/STAFF AND RETURNED TO REFERRING HEALTH CARE FACILITY | |
| Receiving Centre Medical Record No: | |
| Complaints: | |
| Findings: | |
| Results of Investigation: | |
| Diagnosis : | |
| TREATMENT GIVEN AT RECEIVING CENTRE: | |
| Treatment to be given: | |
| Remarks/follow-up required: | |
| Patient to return in Weeks/Months. Appointment not given/given date: | |
| Attending Clinician (Print) Signature: | |
| HEALTH CARE FACILITY: Date: | |
| RETURN WHITE COPY WITH THE COMPLETED PART 2 TO REFERRING HEALTH CARE FACILITY | |
| Do not remove upper portion of form | |
| MR. 23a REV. 1/94 | |

7. INTERNAL AND EXTERNAL REFERENCES

7.1 External References

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