

Submitting a COVID Risk Assessment

Louise Breen – Operations Manager



Key Contacts

CMO – Alasdair Emslie

Clinical Operations Manager – Helen Bendelow

Operations Manager – Louise Breen

Customer Associate Team – Sheri Titherly and Rebecca Dorrill

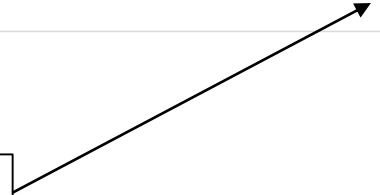
Nuffieldteam@healthpartners.uk.com

01273 443757

All queries to be routed through to the Customer Associate Team who will refer appropriately

Welcome to the Client Portal

Click Register



To register please visit <https://portal.healthpartners.uk.com/#/>

User Registration

Please enter your email address and the registration code for your company in order to register for HPOnline.


E-mail:

*

Registration Code:

*

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

[Continue](#)

Please use your work email address – this must be using the domain @nuffieldhealth.com

The registration code is 8NrSMqKB

User Registration

Your account registration has been successful!

In order for us to verify your email address, you will shortly receive an account activation link.

Once your account has been activated you will be able to log into the site.

Dear Jane Doe,

Your account is almost ready. In order to complete the registration, please verify your email address by clicking on the link below:

<https://project16-clientportal.azurewebsites.net/#/verify/6ced9ba6538f47d99f51957b453e206a>

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.

You will then receive a verification email. Please click on the link within the email to complete your registration

User Registration

Please enter a password to use for this site.

Password:	<input type="password" value="Password"/>	*
Confirm Password:	<input type="password" value="Password"/>	*

[Back](#)[Continue](#)

Please select a password, this must be at least 8 characters in length and contain a mix of upper and lower case letters, numbers and symbols.

User Registration

Please enter the following information.

Title:	<input type="text"/>	*
Forename:	<input type="text"/>	*
Surname:	<input type="text"/>	*
Job title:	<input type="text"/>	*
Telephone number:	<input type="text"/>	*
Mobile number:	<input type="text"/>	*
Division:	<input type="text" value="Select a division"/>	*
Location:	<input type="text" value="Please select a <i>division</i> before selecting a location"/>	*
Department:	<input type="text" value="Please select a <i>location</i> before selecting a department"/>	*

[Back](#)

[Register](#)

This information is only requested at your first log in and will be saved. You can amend this at any point once logged in.

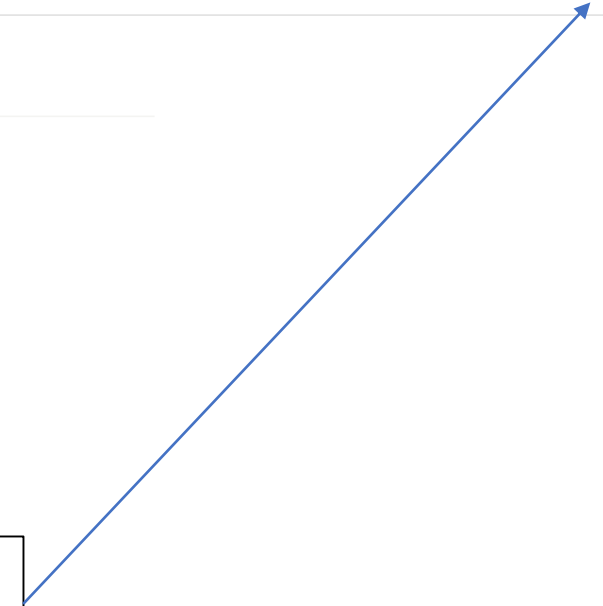
Account Verification

Your account has been successfully verified!

You will shortly be redirected to the login page where you can login and access your account.

If you are not automatically redirected, please click [here](#).

If this does not automatically take you to the Login page, you can click Login in the top right hand corner



Click "Launch" on the
COVID Risk Assessment

Recent Notifications

You currently have no outstanding notifications.

How to Make a Good Referral



Library and Information

Forms

Referral
Management Referral

Launch

Screening
PPQ - Nuffield Health

Launch

Screening
COVID Risk Assessment

Launch

Partially Completed Forms

Created	Form	Action
No records to display		

Case Tracking Expand

Select a Column ▾

Search term

Search / Refresh

Reset

Export

No records to display.

Last Updated: -

COVID19 RISK Vulnerability Questionnaire

Introduction

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This questionnaire should initially be completed by the Human Resources Department. The form is confidential on completion by the colleague and will form part of their occupational health record.

Save

Next

COVID19 RISK Vulnerability Questionnaire

Colleague's Details

2 / 2

Forename

*

Surname

*

Known as (if different)

Date of Birth



*

Job Title

*

Division



*

Location

Please select an option above

*

Department

Please select an option above

*

Purchase Order or Cost Centre Number

Contact number

*

Email Address

*

Address Line1

*

Address Line2

*

Address Line3

County

Postcode

*

You will now need to complete the colleagues details - It's important the email address provided here will be the one used by the employee to register to the online portal and complete the questionnaire

Back

Save

Complete

COVID19 RISK Vulnerability Questionnaire

Form Successfully Submitted!

Your form has been successfully submitted and will be processed shortly.

You will be automatically re-directed in 5 seconds, if you are not redirected automatically, please [click here](#).

Case Tracking									
<div> <div> Select a Column ▼ </div> <div> Search term </div> <div> Search </div> <div> Reset </div> <div> Export </div> </div>									
	Case Reference	Name	Submitted	Status	Outcome Documents	Sharing	Referrer	HR Referrer	
▶	Not Assigned	Deeks, Natalie		Form not complete (employee)		0 ↗	Portal, Example (me)		✉ 🗑 ➡

The form will now appear in your dashboard home page under Case Tracking

The Employee Portal

Step 1

This is what the colleague will receive within moments of you submitting the questionnaire, enabling them to register and log in to complete their part



noreply@duradiamondhealth.com

Occupational Health - Account Registration Required

Dear Mark Stock,

Further to your recent referral to the Occupational Health Service, a screening questionnaire has been started which requires your input to complete.

Please copy and paste the link below into a web browser where you can create an account in our employee portal and complete the remainder of the screening questionnaire.

<https://project16-employeeportal.azurewebsites.net/#!/signup/k8k6lcoVQmRAKnggTWCQRheXySEqHVWALtwdd9r8spdNzpazGew%2FNj0N6Yi2rsWLCsXuUIHm3vy85igUICoGyw%3D%3D>

Please note, that any information you provide is returned directly to the Occupational Health service and not your employer. The Occupational Health service will only ever release summarised medical information to your employer, or future employer if you are going through pre-placement screening, with your consent.

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.


Step 2

User Registration

Please enter your email address and date of birth to begin the account registration process

Email Address:

Date of Birth:



Continue

The colleague needs to use the email address you provided in the first section of the questionnaire and ensure the correct date of birth is inputted

Step 3

User Registration

Please enter a password that you will use to log into this site.

Password:

Confirm Password:

Back

Continue

Step 4

Account Information

Please enter the following information.

Title:

Forename:

Surname:

Back

Register

Step 5

Your account registration has been successful!

In order for us to verify your email address, you will shortly receive an account activation link.

Once your account has been activated you will be able to log into the site.

Step 6

Occupational Health - Verify Your Email Address

Dear N Deeks,

Your account is almost ready. In order to complete the registration, please verify your email address by clicking on the link below:

<https://project16-employeeportal.azurewebsites.net/#/verify/4c0a4fad9ded4bf5a6573704355a19f5>

Kind Regards,

The Occupational Health Service

This email was sent from an unmanned mailbox.

Like your own log in,
the colleague will have
to verify their email
address before they
are fully registered

Employee Portal

Building Healthy Business

Employee needs to
click “Open” to launch
the questionnaire

Notifications

21/05/2018 @ 14:45

A new screening questionnaire has been started which requires your input to complete.

[Open](#)

Appointment Details

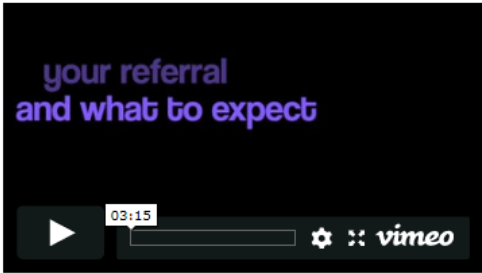
No appointments

Outcome Documents

No Outcomes

Information About Your Assessment

Referrals - What to Expect Next



Guides and Information

 [Your Guide to Consent and Medical Ethics](#)

 [Your OH Referral Guide](#)

 [Your Data Protection, Privacy and Subject Access Rights](#)

The purpose of this questionnaire is to establish if you are at increased risk of severe illness in the event that you were to contract coronavirus infection. Your risk of severe illness will depend on a variety of things: your age, sex, ethnicity, weight, and your medical circumstances. Therefore this questionnaire asks you about all these things.

The questionnaire is used to help us assess your risk as being low ('green'), medium ('amber') or high ('red').

If we assess you as being 'high risk', this means we judge that you are in a group that the government has described as 'extremely vulnerable'. People who are extremely vulnerable are subject to 'shielding arrangements', which means they should stay at home. They are only able to work, therefore, if they have a job that can be undertaken from home. The government website gives more advice about this here - <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

People who are at low or medium risk are able to attend the workplace if their job cannot be done from home. For colleagues who are low risk, the standard measures that your employer has put in place in the workplace - to protect people doing your role - should be sufficient. For colleagues who are medium risk, we recommend that your employer puts in place additional safeguards to protect you. That might mean keeping you in your current role but changing the way that you work, or it might mean moving you to a different role. Only your employer can know what arrangements will be feasible as the best way to keep you safe, so if you have questions about what happens next (when your employer has received our advice about your level of medical risk), please speak to your manager.

Please complete the following information in full and then submit the questionnaire. For some medical conditions, the more detail you can give us the better: for example if you are a diabetic and know your last HbA1C result, or you have kidney disease and know what stage it is. You may have copies of outpatient letters and test results that contain this information.

The OH Service will treat the information you give us as confidential and we confirm it will not be shared without your consent.

Please be aware that at the end of this form you will be asked to declare that all the statements you make are true to the best of your knowledge.

[Save](#)[Next](#)

COVID19 RISK Vulnerability Questionnaire

About You

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Please answer the questions below. If you tick yes to any question except the first, please give details in the additional information box.

How old are you?



How much do you weigh? (please state if kgs/stone)



How tall are you? (please state if cms, feet)



What is your biological sex? (please answer male or female)



Are you currently pregnant?

☐ Yes ☐ No

Are you BAME (Black, Asian or Minority Ethnic)?

☐ Yes ☐ No

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Save

Next

Please answer the questions below. If you tick yes to any question except the first, please give details in the additional information box.

Have you had a solid organ transplant (e.g. liver, kidney, heart, lung)? ☐ Yes ☐ No

*

Do you have cancer? ☐ Yes ☐ No

*

Have you had a bone marrow or stem cell transplant in the last 6 months (or are you still taking immunosuppressive drugs after such a transplant)? ☐ Yes ☐ No

*

Do you have a chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis, cystic fibrosis? ☐ Yes ☐ No

*

Do you have asthma? ☐ Yes ☐ No

*

Do you have chronic heart disease, such as angina, an abnormal heart rhythm, or a previous heart attack or heart failure? ☐ Yes ☐ No

*

Have you ever had a stroke? ☐ Yes ☐ No

*

Have you been diagnosed with dementia? ☐ Yes ☐ No

*

Do you have a chronic neurological condition other than stroke or dementia, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy? ☐ Yes ☐ No

*

Do you have chronic kidney disease? ☐ Yes ☐ No

*

Do you have chronic liver disease, such as hepatitis? ☐ Yes ☐ No

*

Do you have diabetes? ☐ Yes ☐ No

*

Do you have problems with your spleen, e.g. disease or if you have had your spleen removed? ☐ Yes ☐ No

*

Do you have a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy? ☐ Yes ☐ No

*

Do you have a rheumatic condition (e.g. rheumatoid disease, SLE)? ☐ Yes ☐ No

*

Do you have a rare disease, such as an inborn error of metabolism, that significantly increases the risk of infections: such as SCID, or sickle cell disease (not sickle cell trait)? ☐ Yes ☐ No

*

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Save

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COVID19 RISK Vulnerability Questionnaire

Declaration

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☐ I declare that all foregoing statements are true to the best of my knowledge. I further declare that I have not omitted or falsified any material facts or details, which could have a bearing on the assessment.

☐ I understand that I may be required to attend a medical consultation and/or undergo a physical examination, subject to further consent.

☐ I understand that although this form will be treated in medical confidence, further medical information may be requested from my Doctor or Treating Specialist, if considered necessary, subject to further consent.

☐ I consent to the results of the assessment to be processed and a certificate being provided to a nominated individual within my employer which describes my vulnerability to severe coronavirus illness in terms of 'low', 'medium' or 'high'

☐ I consent for the OH Service to process my personal information, as defined by the current data protection legislation.

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Save

Complete

All declarations must to be ticked and then the colleague can submit by clicking complete

You will be notified once the questionnaire has been assessed and be able to view the outcome document here

Client Portal

Building Healthy Business

Recent Notifications

21/05/2018 @ 14:19

A new outcome report has been published for DEMO/WS/18/1

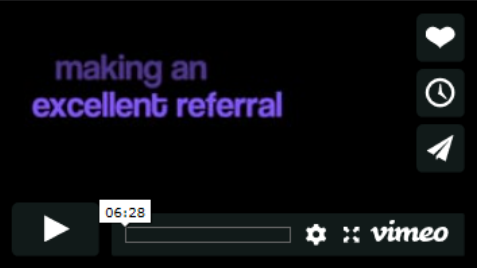
View

21/05/2018 @ 14:14

The 'Management Referral' case for Danielle Thomson has been triaged and assigned a reference of DEMO/WS/18/1.

21/05/2018 @ 14:12

How to Make a Good Referral



Library and Information

Your Guide to Consent and Medical Ethics

Your OH Referral Guide

Your Data Protection, Privacy and Subject Access Rights

Forms

Referral

Management Referral

Launch

Referral

Workstation Assessment

Launch

Referral

IHR Referral

Launch

Screening

Pre-Placement Questionnaire

Screening

Night Worker/ Working Time Directive Form

Screening

DWFRS Night Worker Form

Partially Completed Forms

Created	Form	Action
No records to display		

Case Tracking

Select a Column ▾

Search term

Search

Reset

	Case Reference	Name	Submitted	Status	Outcome Documents	Referrer	HR Referrer	
▶	Not Assigned	Jones, David	21/05/2018 14:27	Waiting to be triaged		Doe, Jane (me)		
▶	DEMO/WS/18/1	Thomson, Danielle	21/05/2018 14:14	Closed	View	Doe, Jane (me)		
▶	DEMO/MR/18/13	Payne, Robert	21/05/2018 14:11	Report Pending		Doe, Jane (me)		
▶	DEMO/MR/18/12	Blunt, Emily	21/05/2018 14:08	Triaged		Doe, Jane (me)		
▶	Not Assigned	Smith, John		Form not complete (employee)		Doe, Jane (me)		

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Page 1 of 1.

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⏭

5 total records.