Visiting Proforma

**Visits will take place in [insert location, e.g. the sunroom area at the front of the care home].**

This reduces risk of someone who is asymptomatic inadvertently taking the virus deeper into the care home. This is a critical safety measure to protect your loved one, the other residents and our staff.

You are asked to read the information below and agree to the necessary actions that are being asked of you. Please answer each question and sign the document at the bottom.

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1. Have you been feeling unwell recently?
2. Have you had recent onset of a new continuous cough?
3. Do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff.
4. Have you noticed a loss of, or change in, normal sense of taste or smell?
5. Have you tested positive for COVID-19 in the past 10 days?
6. Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19. If yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?
7. Have you returned from an overseas visit recently and are you still in the quarantine period?

Name

…………………………………………………………………………………………...

Home or Mobile Number

…………………………………………………………………………………………...

Address

…………………………………………………………………………………………

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## **Lateral Flow Tests (LFTs)**

Lateral Flow Tests (LFTs) are rapid COVID-19 tests which can be used for:

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| * Scheduled visitor testing; * Increased resident testing; and * Increased staff testing. |

LFTs are a new technology which enable rapid display of COVID-19 test results within 20 to 30 minutes and do not require a lab to process. LFTs can be self-administered via nasal and throat swabs, similar to the current tests already in place in the NHS Test and Trace network.

You will be required to complete an LFT before your visit can take place. We ask that when you arrive at our home, you:

* Go to the [insert location, e.g. the sunroom area at the front of the care home] entrance, where you can put on PPE before interacting with others.
* You will be required to go to the [insert location, e.g. the sunroom area at the front of the care home], where you will be able to wait for your test result.

If your test results are negative, you will be able to conduct your visit. If you test positive, you will be requested to leave the home and self-isolate.

By signing this proforma, you agree that you will follow the Infection Prevention and Control procedures that we have in place here at [name of care home].

Thank you for your support.

Name:

Date: