

COVID-19 TESTING CONSENT AND DATA PROTECION (Family Visitors, Agency Staff & Contractors)



In order to facilitate visits to Wellcome Care Homes and to support the NHS Test, Trace and Protect (TTP) programme, we are taking contact details (name, telephone number and email address if applicable) for all visitors, as well as recording times entering and leaving the premises. We will also require a negative Covid-19 test before entry to designated visiting area. We are currently providing Lateral Flow Device (LFD) testing, using the Welsh Government supplied test kits.

In line with guidance issued by the Department for Health and Social Care, we will keep your details safely and in compliance with GDPR legislation for 21 days before securely disposing of or deleting them.

We will only share your details with NHS TTP, if asked, in the event that it is needed to help stop the spread of coronavirus. We will not use your details for any other purposes or pass them on to anyone else.

Further details about privacy relating to Covid-19 testing can be found can be found at <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information/testing-for-coronavirus-privacy-information--2>

If you agree to providing your information for this reason and consent to a Covid-19 test, please complete the short form below.

Thank you for your understanding.

Registered Manager

By signing this form you also agree to abide by any restrictions and limitations detailed in the visitors guidance, including the wearing of the required level of Personal Protective Equipment (PPE) in force at the time, as detailed by the person in charge of the home.

Forename(s): _____

Surname: _____ **D.O.B** _____

Telephone Number: _____ **Email Address:** _____

(Mobile preferred for SMS Result notification)

ORGANISATION _____ (Contractors)

First Line of Address _____ **P/Code** _____

Signed: _____ **Date:** _____ **Time:** _____

OFFICE USE ONLY:

KIT ID _____ Time _____ RESULT: Negative/ Inconclusive/Positive* TESTED by: _____

REGISTERED BY _____ On _____ LOG UPDATED _____ POS result notified to Manager/On-Call/ RI

If POSITIVE, ISSUE POSTAL PCR KIT and ask to isolate till PCR confirmatory result.

POSTAL KIT issued: YES/ NO/ _____ *