

Family Visiting – April 2021



Coronavirus (COVID-19) Visiting Arrangements and Agreement

The measures we have taken thus far is designed to ensure safety and well-being of our residents and staff. We therefore require your cooperation, assistance and compliance with our policy and procedures aimed at minimising the risks of the virus being brought in or spreading through Wellcome and beyond. We ask your strict observance at all times. Please therefore confirm your agreement to abide by our preventative measures which modify our open visiting policy.

AGREEMENT & UNDERTAKING BY FAMILY VISITORS /PERSONAL FRIENDS

I/We confirm receipt of a copy of the FAMILY VISITING POLICY UPDATED Coronavirus Information Bulletin from Wellcome Care Homes. I/We understand the seriousness of the risks this COVID-19 virus poses to us all, in particular, the vulnerable residents at the care home and agree to observe the following:

- Arrive 40 minutes prior to the designated visiting time to complete visitor questionnaire, sign visitor agreement and undertake Lateral Flow Device Test (LFD).
- Observe time limits and accept that late arrival will result in visit being curtailed or cancelled.
- Arrive wearing own face covering, notify your arrival by dialling numbers listed below and wait in your car.
- *Complete a pre-visit screening questionnaire and sign consent form to undertake LFD test.*
- Once temperature checks are made and reconfirmed questionnaire responses you will provide your own throat and nose swab sample for test validation.
- Please remove your face covering and take your swab sample in the presence of a staff member who will test your sample. *Please wear your face covering and wait in your car till advised.*
- Once the result is negative, you will be escorted to the visitor centre wearing the face covering.
- Use hand sanitizers provided upon entering the visiting room and on exit. You may remove your face covering once inside the designated room to aid better visual and communication.
- Visitors may not have access to any part of the care home premises but only to designated meeting space in the visitor centre.
- Avoid any physical contact and maintain 2M social distancing at all times.
- Agree for a staff member to be present with your friend or relative during the visit unless our risk assessment permits withdrawal of staff from the room.
- Agree that the visit may be cancelled or terminated at the discretion of the care home.

I/We further confirm that I /we do not have any symptoms for cold, common flue and Covid-19 (a high temperature 37.7°C or above, a cough, as well as for softer signs such as shortness of breath, loss of appetite and/or sense of smell, confusion, diarrhoea or vomiting) and no one in my household is symptomatic, isolating or tested positive for Covid-19 in the last 14 days

I/We have*/have not* been abroad in the past 14 days preceding the visit. [* delete one]

I /We agree to abide by the requirements stated above and understand that my/our visit may be terminated without notice at the discretion of the care home.

Signed _____ PRINT NAME _____ DATE _____

Signed _____ PRINT NAME _____ DATE _____

Friend/ Relative of _____ STAFF Name _____ DATE _____