

## **Professional and Social Visitors Declaration and Consent Form**

In order for us to be able to facilitate face to face visits with patients, we have introduced a number of measures to keep visitors, staff and patients safe.

It is very important that you read and understand the contents of this declaration and consent form. You must sign and date it before you will be allowed to visit a patient.

### **COVID-19: Changes to visiting arrangements**

At West London NHS Trust we take your personal protection very seriously. Due to the COVID-19 outbreak, we have made various changes to comply with UK Government and Public Health England guidelines on social distancing as far as is reasonably practicable and to reduce the risk of transmission of COVID-19 within the hospital.

- Each visitor will have their temperature tested, using a non contact thermometer at reception. If the temperature is 37.8 degrees or above, the visitor will be unable to enter the hospital.
- We will provide Personal Protective equipment (PPE) i.e., facemasks to all visitors. Visitors will be expected to put masks on in the reception area and to wear the masks throughout the visit to the hospital. If a further mask is required, this will be provided by the hospital. Instruction on the appropriate use of facemasks will be provided. We will dispose of all facemasks safely and in line with guidance.
- If visitors have a medical condition that prevents them from wearing facemasks, the hospital will provide visor protection.
- Each visitor will be required to sanitise their hands before/as they enter the hospital and wall mounted hand sanitisers are available throughout the hospital.
- Visitors will not be allowed within a metre of a patient, throughout the visit and there will be no physical contact between visitors and patients, unless as part of a clinical procedure.
- If visitors do not comply with the above, then the visit will not proceed or will be ended early.
- Visitors will be asked to dispose of facemasks or visors in the bins provided when leaving the hospital.

## Informed Consent

Please read the following statements and sign and date the form below.

- I understand that I will be asked to have my temperature taken and will comply with this and will follow the advice of staff if it is raised.
- I understand that I will be asked to wear face masks throughout my visit and that this will be provided by the hospital.
- I understand that I will not be allowed within a metre of a patient and will have no physical contact with a patient, unless as part of a clinical procedure.

By signing this form, I confirm that:

- I do not currently have any symptoms of COVID-19 such as a fever or a dry, continuous cough or a loss of, or change in, normal sense of taste or smell;
- I have not had any symptoms of COVID-19 in the last three weeks and am not currently recovering from a known COVID-19 infection;
- I do not reside with anyone who currently has symptoms of COVID-19 or self-isolating;
- To the best of my knowledge, I have not been in contact with anyone who has been infected with COVID-19;
- I am not currently subject to quarantine rules e.g. due to a visit to certain countries;
- I will promptly report any new symptoms to the hospital;
- I confirm that I have read this form and voluntarily consent to the procedures outlined above;
- I understand that I am free to withdraw my consent at any time.

Signed:

.....

Print Name:

.....

Dated: .....

Notes:

1. Completed forms will be retained securely by the hospital reception for a period of 6 months.
2. A new form must be completed for each visit