

NI Lateral Flow COVID-19 Self-Testing Programme for Visitors to Hospices

Consent form

Rapid testing has been identified as an appropriate non-clinical intervention (NCI) to identify cases of COVID-19 which may be asymptomatic.

This initiative which is supported by the Department of Health (DoH) is being led by the Public Health Agency.

The programme involves offering visitors to hospices the opportunity to self-test in their own home using a Lateral Flow Device (LFD) test twice a week. Lateral Flow Device (LFD) testing is a fast and simple way to test people who do not have symptoms of COVID-19, but who still may be positive and be spreading the virus.

You will be given a leaflet to explain how the test will work and you can find out more about the tests at the following link or by asking a Hospice staff member.

[Testing for visitors to hospices | HSC Public Health Agency \(hscni.net\)](#)

This letter outlines how and why the hospice will record your consent to participate in the programme as the process involves processing personal data under data protection laws.

To enable us to comply with our obligations under General Data Protection Regulation, we are required to obtain express consent for the use of your personal information for participation in NI Lateral Flow COVID-19 Testing Programme for visitors to hospices.

Without your consent we will not include you in the programme and will not issue you with Lateral Flow Device Tests.

Taking part in testing is voluntary. There is no expectation or obligation to participate. Nobody should be required to undergo testing without consent and nobody will be excluded from visiting if they do not wish to test.

Whilst testing is voluntary the more people who participate in the testing programme the more likely we are to identify those who may be positive but not have symptoms. Regular self-testing using LFDs can help us slow the spread of COVID-19 by identifying those who are infectious so that they can isolate promptly.

Please complete the form on page 2 of this letter and return it to a hospice staff member.

Visitor Consent for NI Lateral Flow COVID-19 Self-Testing Programme for Visitors to Hospices

Hospice Name: _____

Please read the following conditions carefully and provide your consent as appropriate by circling either 'yes' or 'no' for each criterion.

Consent

I consent to participating in this testing programme	YES	NO
I understand that my data will be held and shared in accordance with data protection laws.	YES	NO
I agree that if my LFD test results are confirmed to be positive, I will isolate at home and inform the Hospice to support risk assessment and contact tracing	YES	NO
I agree that if my LFD test results are confirmed to be positive, I will also take a PCR test to confirm my result and inform the Hospice of the result of the PCR test to support risk assessment and contact tracing	YES	NO
I agree to accurately record all of my test results at www.gov.uk/report-covid19-result or by calling 119 where staff will register test results on my behalf.	YES	NO
I understand that by participating, I am agreeing to use the test kits according to the instructions included.	YES	NO
I have had the opportunity to consider the information provided to me by the Hospice about the LFD testing programme and am content to proceed	YES	NO

Name of Visitor (please print) _____

Signature _____

Date _____

Contact telephone number _____

Staff Name (please print) _____

Staff Signature _____

Date _____