

## COVID-19

# Sampling Process For Care Homes

# BEFORE YOU START

## TEAM

**TWO** healthcare staff are required to undertake the Covid-19 sampling process

### Swabbing Person:

Will take the sample

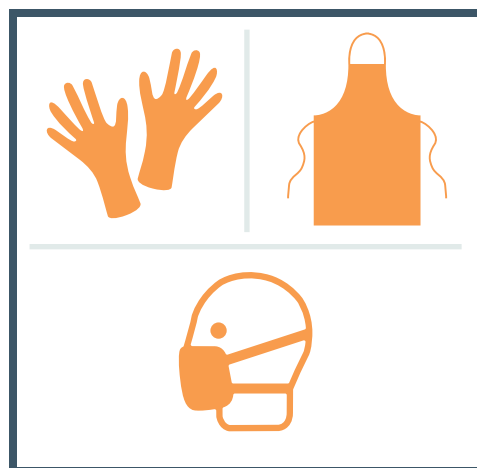
### Buddy:

Will ensure contamination risk is minimised



**SWABBING PERSON**

**BUDDY**



## PPE PERSONAL PROTECTIVE EQUIPMENT

### Swabbing Person:

- Gloves
- Apron
- Fluid resistant mask
- Eye shield\*

### Buddy:

- Gloves
- Apron
- Fluid resistant mask

\*Dependent on care home risk assessment

### PPE DONNING & DOFFING

Please, watch the PPE Donning (putting on) and Doffing (taking off) video prior to undertaking COVID-19 sampling

Always check each other's PPE is fitted correctly before you start taking samples

Follow usual Infection Prevention Control Procedure at all times



Watch PPE Video



[bit.ly/Covid19 PPEvid](https://bit.ly/Covid19PPEvid)

**COVID-19  
Sampling Process  
For Care Homes**

# EQUIPMENT CHECKLIST

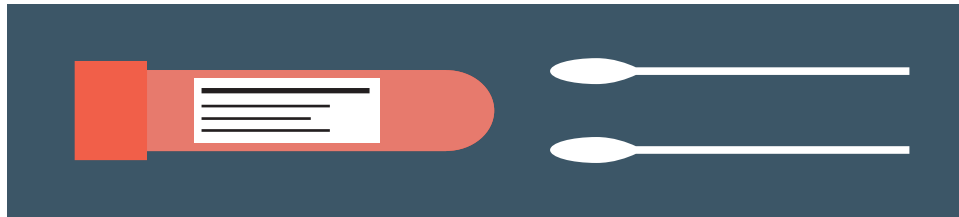
## SWAB KIT

Sampling Pack:

- 2 X Swabs
- 1 X Red Tube with liquid medium inside

Sample Box:

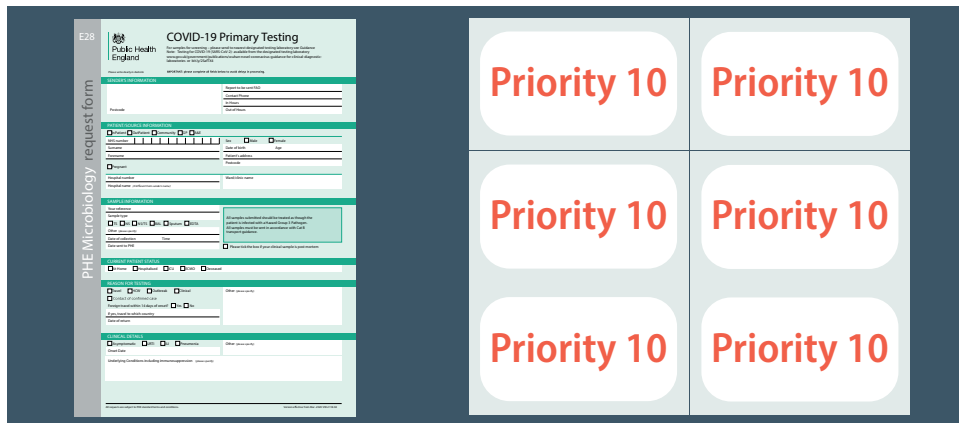
- Box       Bio Bottle
- Bubble Wrap Bag
- 2 X Clear Bags



## EXTRA ITEMS

Make sure you have:

- E28 Sample Form (download link on p.3)
- Priority 10 Label (download link on p.4)
- Alcohol/Detergent Wipes
- Alcohol Gel
- Hand Washing Sink



## COVID-19

# Sampling Process For Care Homes

## E28 FORM

Make sure you include at least:

- Sender's Information (PCW details)
- Patient Name
- Patient DOB
- Swab Site Address
- Symptoms

## PCW DETAILS

COVID-19 SAMPLING  
COORDINATION TEAM

PRIMARY CARE WIRRAL

THE ORCHARD SURGERY

BROMBOROUGH VILLAGE  
ROAD, WIRRAL

CH62 7EU

# SAMPLING E28 FORM

E28



## COVID-19 Primary Testing

For samples for screening – please send to nearest designated testing laboratory see Guidance Note: Testing for COVID-19 (SARS-CoV-2) - available from the designated testing laboratory [www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories) or [bit.ly/25aFTX4](http://bit.ly/25aFTX4)

Please write clearly in dark ink

IMPORTANT: please complete all fields below to avoid delays in processing.

### SENDER'S INFORMATION

COVID-19 SAMPLING COORDINATION TEAM  
PRIMARY CARE WIRRAL  
THE ORCHARD SURGERY  
BROMBOROUGH VILLAGE ROAD, BIRKENHEAD, WIRRAL  
Postcode CH62 7EU

Report to be sent FAO  
Contact Phone  
In Hours 0151 294 3322  
Out of Hours 0749 9668 1331  
EMAIL - [pcw.fed@nhs.net](mailto:pcw.fed@nhs.net)

### PATIENT/SOURCE INFORMATION

InPatient  OutPatient  Community  GP  A&E

NHS number 1 2 3 4 5 6 7 8 9 0

Surname JOHN

Forename SMITH

Pregnant

Hospital number IF YOU HAVE THIS

Hospital name (if different from sender's name)

Sex  Male  Female

Date of birth 01/01/1940 Age 80

Patient's address CARE HOME ADDRESS, WIRRAL

Postcode CH99 9HC

Ward/clinic name

### SAMPLE INFORMATION

Your reference

Sample type

TS  NS  NS/TS  BAL  Sputum  EDTA

Other (please specify)

Date of collection 01/04/2020 Time 09.00

Date sent to PHE 01/04/2020

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance.

Please tick the box if your clinical sample is post mortem

### CURRENT PATIENT STATUS

At Home  Hospitalised  ICU  ECMO  Deceased

### REASON FOR TESTING

Travel  HCW  Outbreak  Clinical

Contact of confirmed case

Foreign travel within 14 days of onset?  Yes  No

If yes, travel to which country

Date of return

Other (please specify)

### CLINICAL DETAILS

Asymptomatic  URTI  ILI  Pneumonia

Other (please specify) \*

Onset Date \*

Underlying Conditions including immunosuppression (please specify)

COMPLETE THIS SECTION IF POSSIBLE

All requests are subject to PHE standard terms and conditions.

Version effective from Mar -2020 VW-2118.04

PHE Microbiology request form

Download E28 Covid-19 Sampling Form

[bit.ly/Covid19SwabForm](http://bit.ly/Covid19SwabForm)

## COVID-19

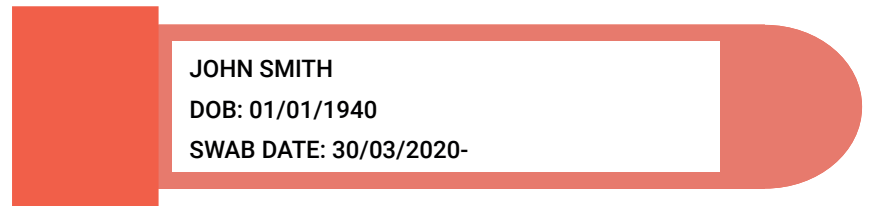
# Sampling Process For Care Homes

# DATA & LABELS

## SWAB TUBE

Label the swabbing red tube with:

- Patient Name
- Patient DOB
- Swab Date



Download Priority 10 Label

  
[bit.ly/Covid19Labels](https://bit.ly/Covid19Labels)

## BOX

Label the box with:

- Priority 10 Label

Complete fields on the side of the box as follows:

### 'To (consignee)'

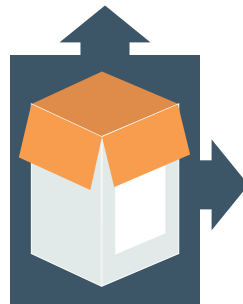
- Manchester Covid-19 Lab Address

### 'From (shipper)'

- PCW Address

### 'Emergency Contact'

- PCW Contact



## BIO-BOTTLE

### TO (CONSIGNEE):

MANCHESTER COVID-19 LAB  
M13 9WL

### FROM (SHIPPER):

PRIMARY CARE WIRRAL  
THE ORCHARD SURGERY  
BROMBOROUGH VILLAGE ROAD, BIRKENHEAD  
WIRRAL  
CH62 7EU

### EMERGENCY CONTACT:

PERSON: PCW COVID-19 SAMPLING  
COORDINATION TEAM

PHONE: 0749 9668 1331

PERMIT NUMBER (IF APPLICABLE): LEAVE EMPTY

COVID-19

Sampling Process  
For Care Homes

# SWABBING PROCESS 1

## PREPARATION

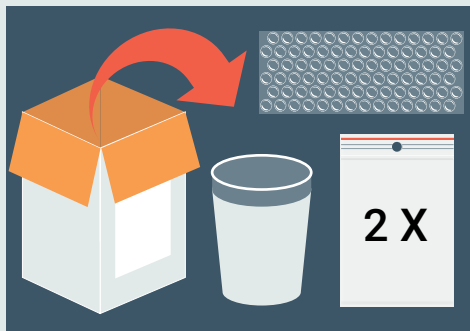


DO NOT PROCEED  
WITHOUT  
**PPE**

Don Personal Protective Equipment (PPE) if you have not done so already, following the video instructions (see p.1)



1



Open the sample box **outside the room** where swabbing will take place  
Remove all items



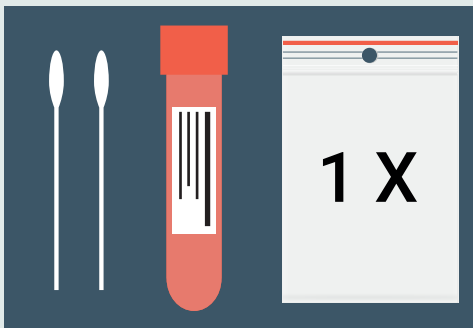
2



Buddy stays **outside the room** where the resident will be tested



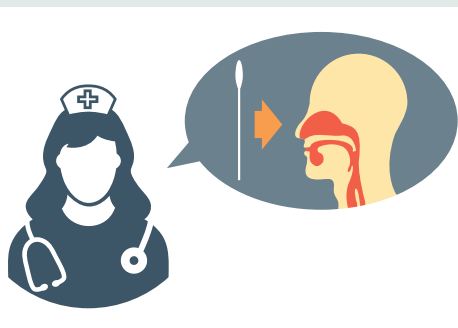
3



The swabbing person takes one bag and swab kit (red top tube and two swabs) to the room where the resident will be tested



4



Advise resident of the procedure



5



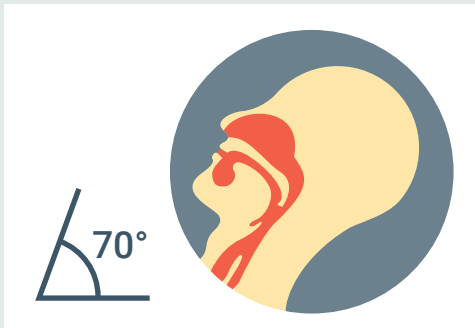
Gain consent - apply best interest decision if resident does not have capacity

# SWABBING PROCESS 2

## NASO/ORO PHARYNGEAL SWABBING



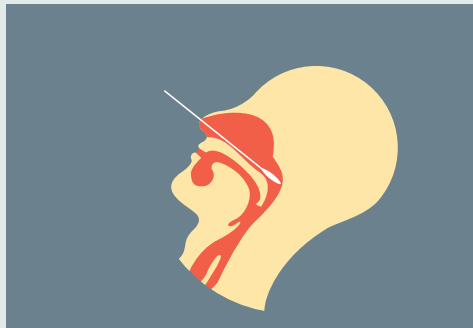
6



Ask the resident to tilt their head back about 70 degrees



7



Gently insert the first swab into the nostril  
Slide along the floor of the nasal cavity in parallel to the palate until resistance is encountered (at least 1 inch)



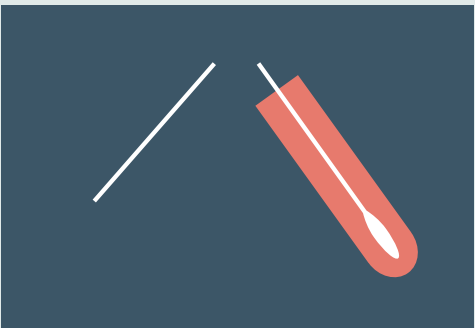
8



Rotate gently 5 times  
Withdraw, and repeat the process in the other nostril with the same swab, to maximise absorption of secretions



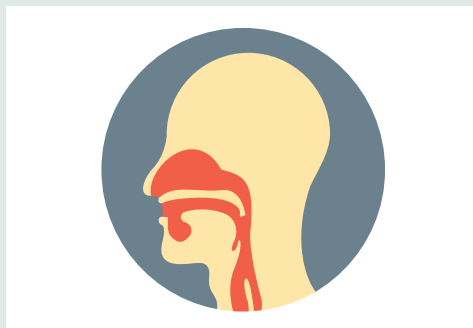
9



Place the swab into the container and snap its end off



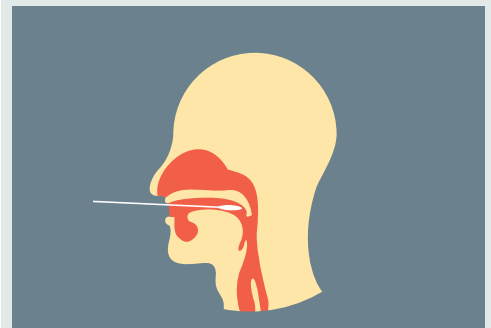
10



Ask the resident to open their mouth



11



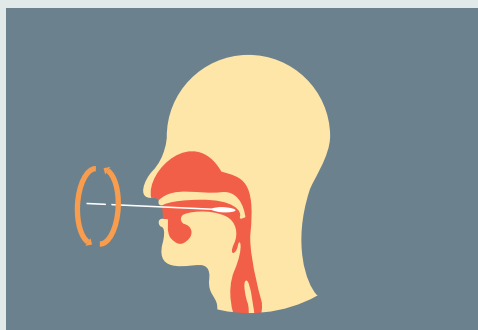
Insert the second swab straight into the back of the throat/mouth (behind uvula)

# SWABBING PROCESS 3

## NASO/ORO PHARYNGEAL SWABBING (cont.)



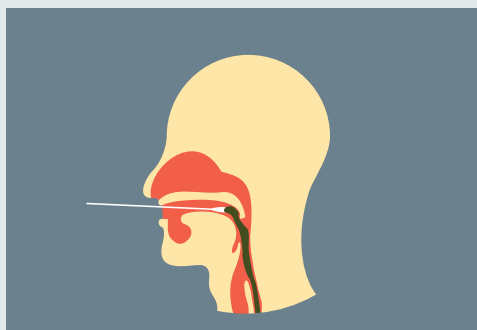
12



Rub several times across the tonsils area  
Try to remove swab before resident gags



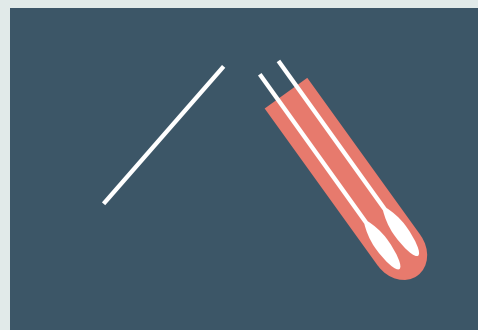
13



If the resident vomits and this comes into contact with the swab, repeat the process with a new swab



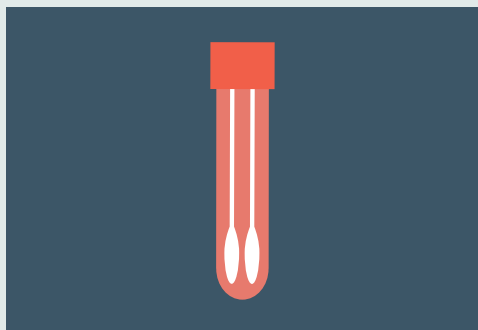
14



Place the second swab into the tube and snap its end off



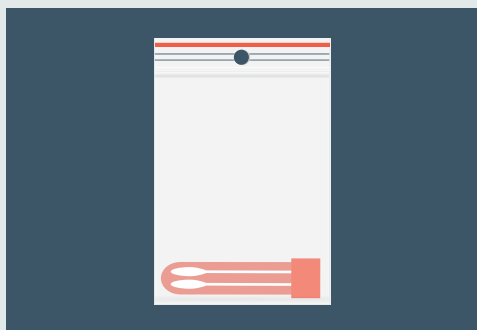
15



Tightly replace the red lid, ensuring it is closed correctly



16



Place the tube inside the bag



17



Ask your buddy to pass you a fresh alcohol/detergent wipe

COVID-19  
Sampling Process  
For Care Homes

# SWABBING PROCESS 4

## SWAB SEALING & PACKING



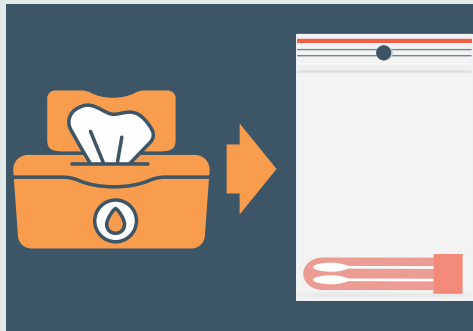
18



Without entering the room, your buddy passes you an alcohol/detergent wipe



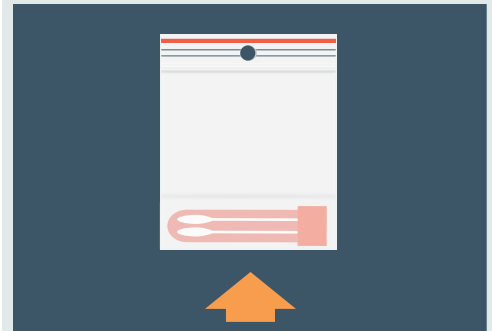
19



Take the alcohol/detergent wipe and clean the bag



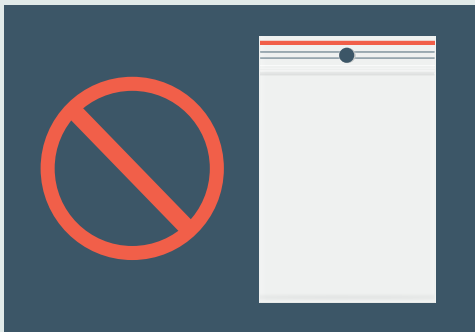
20



Seal the bag and roll up



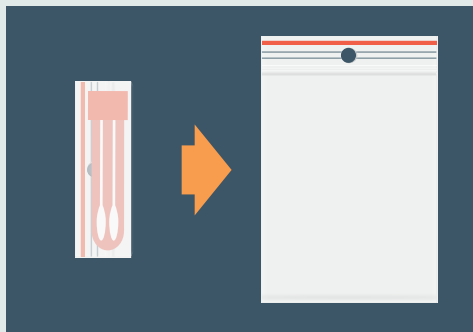
21



The buddy waits by the doorway with the second clear bag



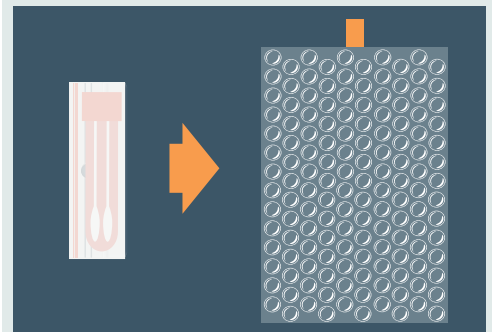
22



The swabbing person drops the rolled up bag into the second bag the buddy is holding open



23



Seal and roll the second bag  
Introduce the second bag inside the bubble wrap bag



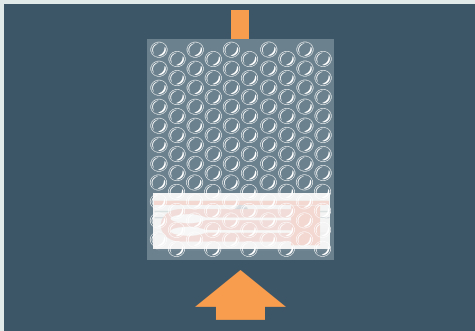
COVID-19  
Sampling Process  
For Care Homes

# SWABBING PROCESS 5

## SWAB SEALING & PACKING



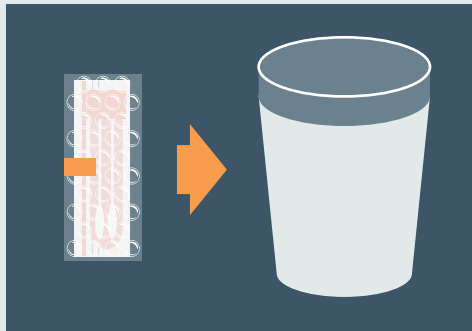
24



Seal the bubble wrap bag with the sticker  
Roll the bubble bag up



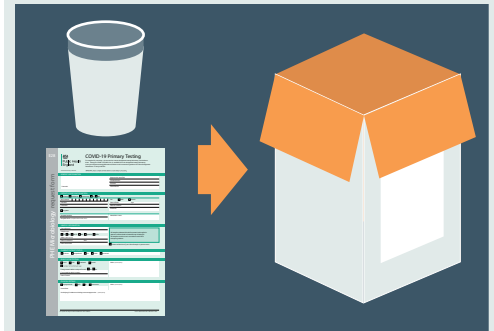
25



Open the bio bottle  
Place the bubble wrap bag inside the bio bottle  
Tightly replace the lid



26



Put the bio bottle inside the cardboard box along with the E28 form (folded to fit)



27



Close the box and seal it with a Priority 10 sticker



28



When you have taken samples (**maximum of 3**) contact courier for collection (find details on p.10)



SAFELY  
REMOVE  
**PPE**

Do Personal Protective Equipment (PPE), following the video instructions (see p.1)

## COVID-19

### Sampling Process For Care Homes

# SENDING SAMPLES

## CONTACT COURIER

Once you have collected your samples contact the courier for collection

Be aware a minimum of **TWO hours notice** will be required for pick up





COURIER  
**City Sprint**

TELEPHONE  
**0117 304 1374**

NHSE ACCOUNT  
**M70065**

## CONTACT PCW

Once samples have been collected and sent, **contact PCW** Covid-19 Sampling Coordination Team

PCW will receive the results and communicate them to care homes, patient's GP and IPC



Primary Care  
WIRRAL

EMAIL ADDRESS  
**pcw.fed@nhs.net**

Include:

- Care Home Name
- Sample Date
- Resident Name
- Resident DOB
- Sample Taker