

COVID-19

**Sampling Process
For Care Homes**

BEFORE YOU START

TEAM

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

Sample Taker:

Will take the sample

Buddy:

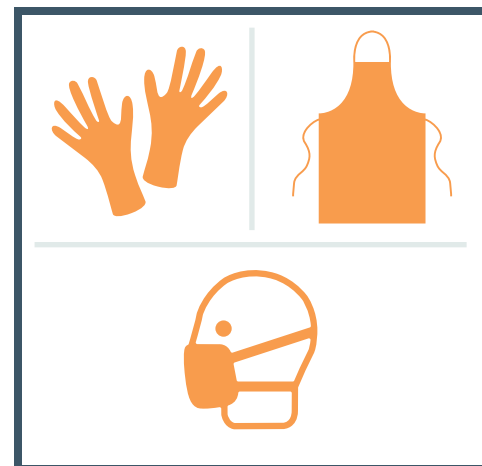
Will ensure contamination risk is minimised



SAMPLE TAKER



BUDDY



PPE PERSONAL PROTECTIVE EQUIPMENT

Sample Taker:

- Gloves
- Apron
- Fluid Resistant Mask
- Eye Shield*

Buddy:

- Gloves
- Apron
- Fluid Resistant Mask

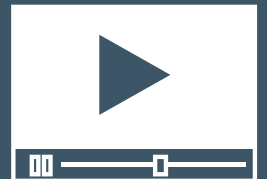
*Dependent on care home risk assessment

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

SWABBING KIT

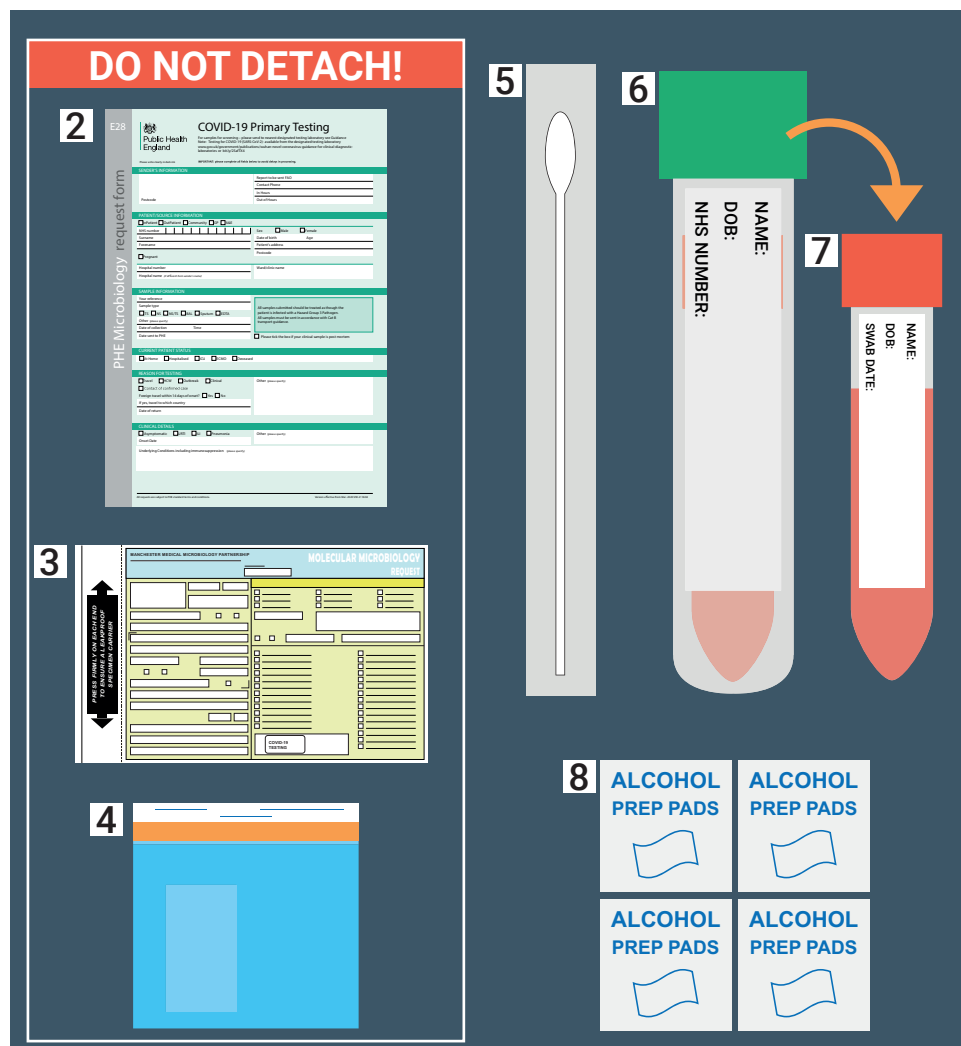
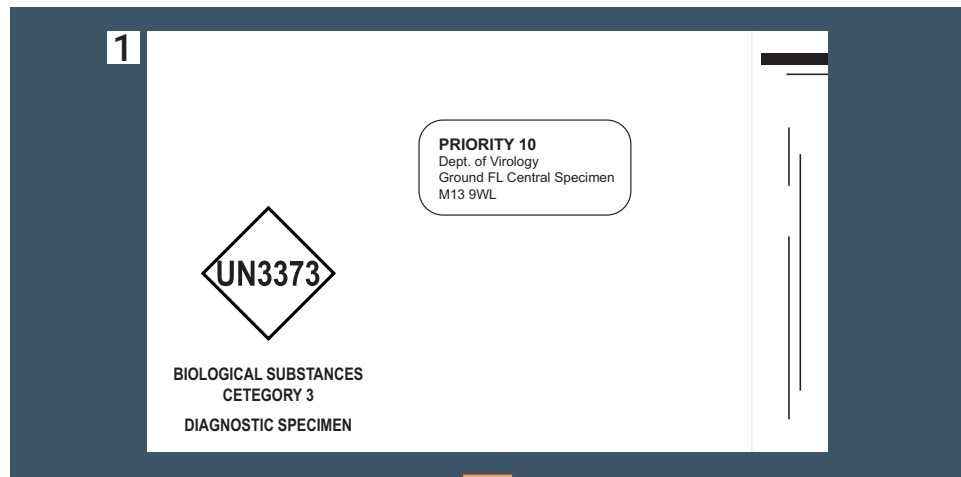
The swabbing kit is contained inside a:

- White Envelope (1)

This includes:

- 1 X E28 Sample Form (2)
- 1 X Lab Form (3)
- 1 X Specimen Bag (4)
- 1 X Swab* (5)
- 1 X **Green Top Tube** (6)
- 1 X **Red Top Tube** with liquid medium - inside Green Top Tube (7)
- 4 X Alcohol Prep Pads (8)

* Swab comes inside a packet which contains a small sample tube. This sample tube IS NOT for Covid-19 testing purposes. Please, discard sample tube in this packet



COVID-19

Sampling Process For Care Homes

E28 FORM

E-28 Form is partially pre-populated by PCW with (**IN BLUE**):

- PCW Location Code
- PCW Covid-19 Coord. Team Contact
- Sampling Site Details
- ILog Number


Make sure you include at least (**IN RED**):

- Patient Name
- Patient DOB
- Date of sample collection
- Date sample is sent to PHE
- Symptoms

SAMPLING E28 FORM

PHE Microbiology request form

E28



**Public Health
England**

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 or bit.ly/25aFTX4

Please write clearly in dark ink IMPORTANT: please complete all fields below to avoid delays in processing.

SENDER'S INFORMATION

**Location: MPCWI
Primary Care Wirral**

Postcode

Report to be sent FAO

Contact Phone

In Hours **0151 294 3322**

Out of Hours **0749 9668 1331**

EMAIL - pcw.fed@nhs.net

PATIENT/SOURCE INFORMATION

InPatient OutPatient Community GP A&E

NHS number | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

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 **SAMPLING SITE, 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)

ILog Number: 123456

CLINICAL DETAILS

Asymptomatic URTI ILI Pneumonia

Onset Date *

Underlying Conditions including immunosuppression (please specify)

COMPLETE THIS SECTION IF POSSIBLE

Other (please specify) *

All requests are subject to PHE standard terms and conditions. Version effective from Mar-2020 VW-2118.04

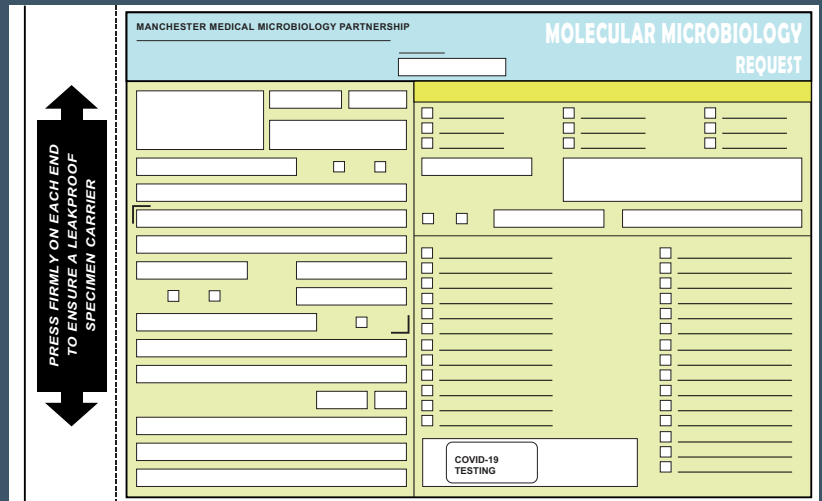
COVID-19

Sampling Process For Care Homes

LAB FORM & LABELS

LAB FORM

DO NOT populate this document



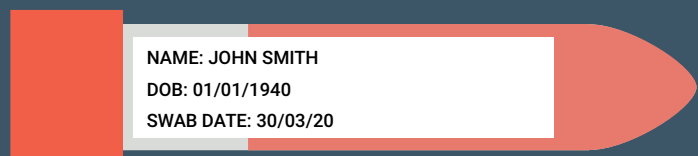
SWABBING TUBES

Label the swabbing **Green Top Tube** with:

- Patient Name
- Patient DOB
- Patient NHS Number

Label the swabbing **Red Top Tube** with:

- Patient Name
- Patient DOB
- Swab Date



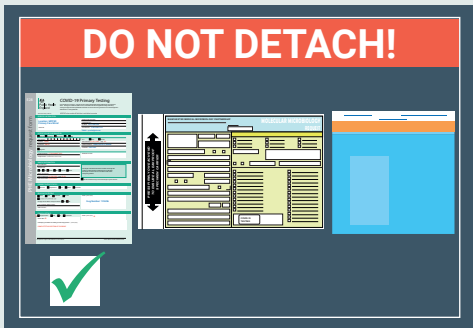
COVID-19
Sampling Process
For Care Homes

SWABBING PROCESS 1

DO NOT UNDERTAKE SAMPLING UNTIL REGISTERED NURSE HAS SPOKEN TO PCW NURSE VIA PHONE OR ARRANGED VIDEO CALL



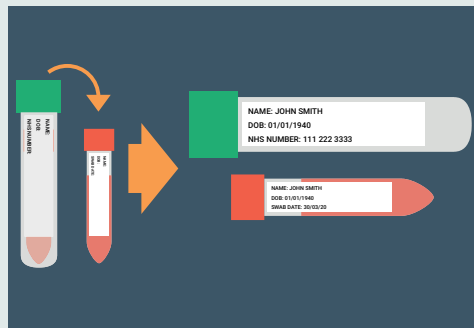
1



DO NOT detach E28 Form and Lab Form from Specimen Bag
Complete **E28 Form** and ensure patient details are correct



2



Remove **Red Top Tube** from **Green Top Tube**
Complete labels on both tubes and ensure patient details are correct



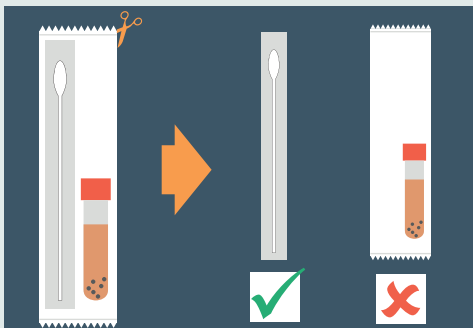
3

DO NOT PROCEED WITHOUT PPE

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



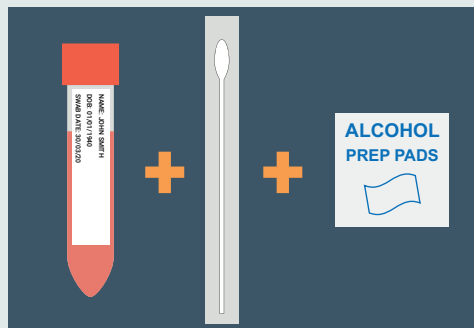
4



Sample Taker removes swab from swab packet and discards accompanying test tube



5



Sample Taker takes Swab, **Red Top Tube**, and one **Alcohol Prep Pad** to the room where swabbing will take place



6



Buddy stays **outside the room** where swabbing will take place

SWABBING PROCESS 2

NASO/ORO PHARYNGEAL SWABBING



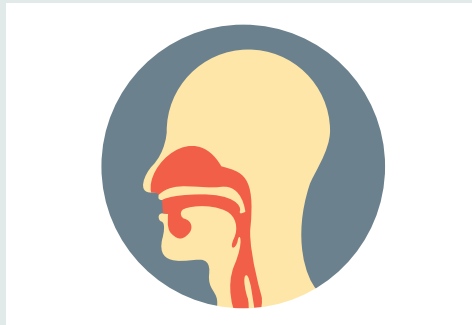
7



Advise patient of procedure
Gain consent - apply best
interest decision if patient
does not have capacity



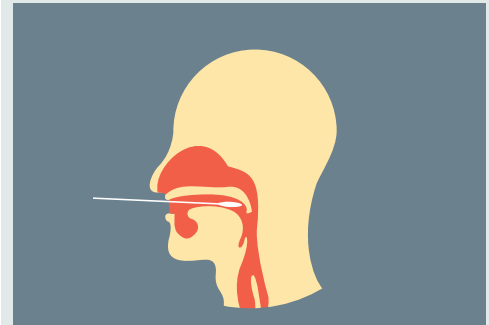
8



Ask the patient to
open their mouth



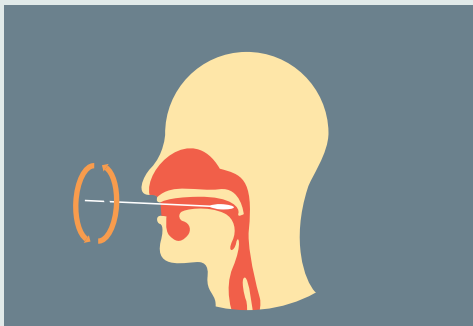
9



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



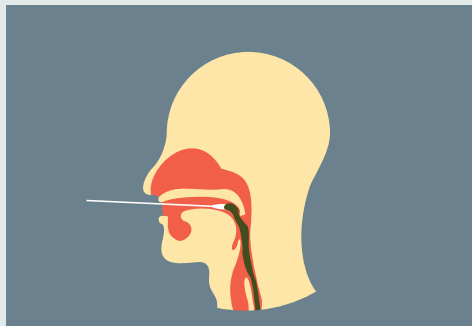
10



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



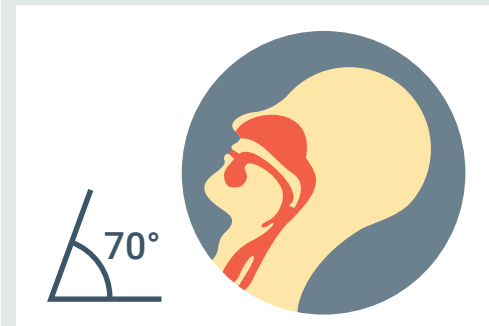
11



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



12



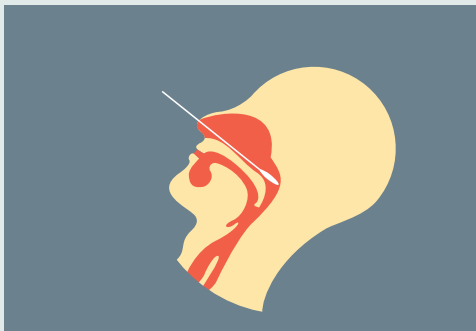
Ask the patientt to tilt
their head back about
70 degrees

SWABBING PROCESS 3

NASO/ORO PHARYNGEAL SWABBING (cont.)



13



Gently insert the same 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)



14



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



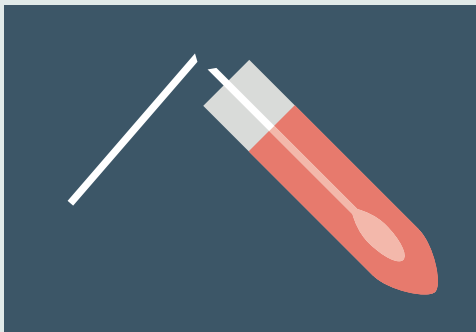
15



Once you have finished, open **Red Top Tube** and place the swab inside it



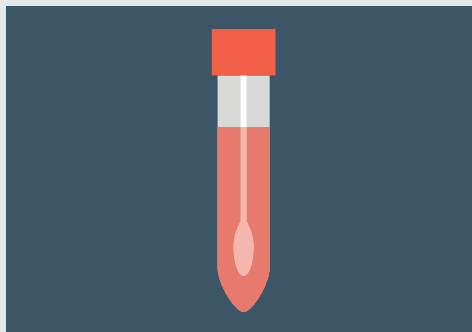
16



Carefully snap the end of the swab



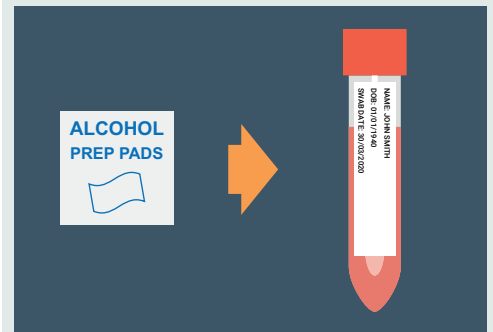
17



Tightly replace the red lid, ensuring the tube is closed correctly



18



Wipe **Red Top Tube** with an **Alcohol Prep Pad**
Ensure you do not wipe off patient details

COVID-19
Sampling Process
For Care Homes

SWABBING PROCESS 4

Lorem ipsum

SAMPLE SEALING



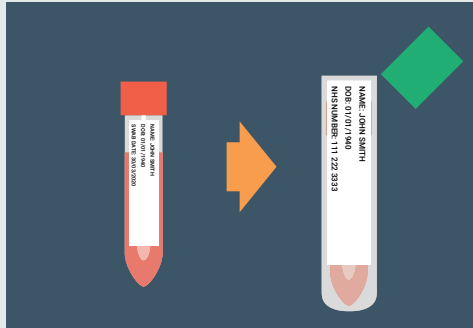
19



Buddy opens the **Green Top Tube** and waits by the doorway of the room where swabbing has taken place



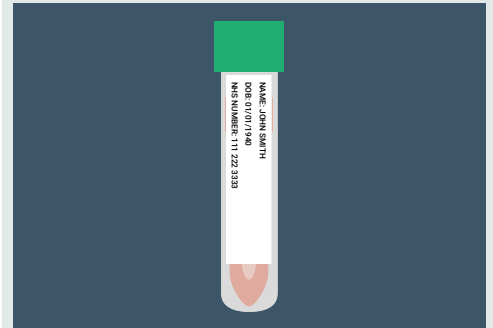
20



Sample Taker walks to the doorway and drops the **Red Top Tube** inside the **Green Top Tube** held by **Buddy**



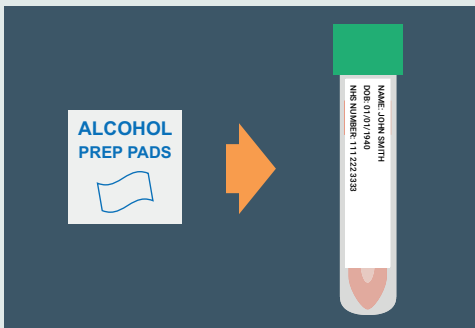
21



Tightly replace the green lid, ensuring the tube is closed correctly



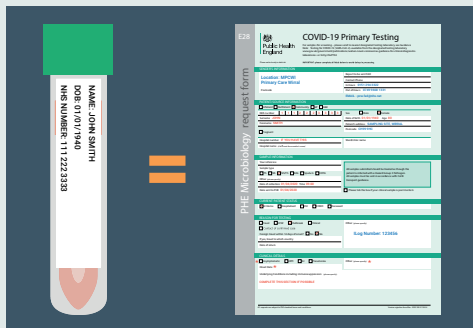
23



Wipe **Green Top Tube** with an **Alcohol Prep Pad**
Ensure you do not wipe off patient details



24



Check patient details on **Green Top Tube** are correct and match **E28 form**



25



Place **Green Top Tube** inside **Specimen Bag** and seal it fully

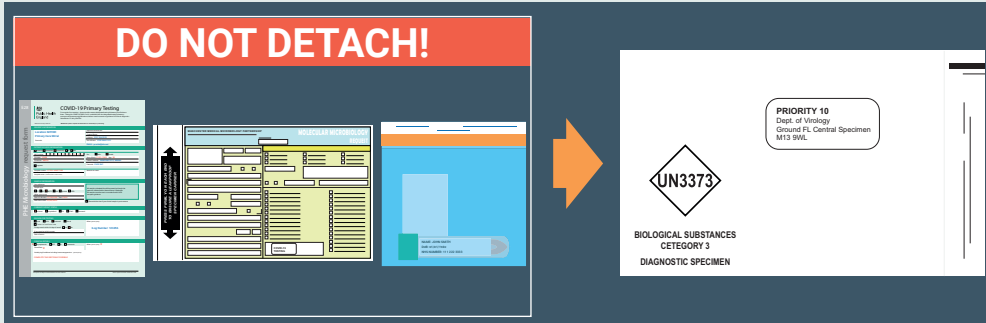
**COVID-19
Sampling Process
For Care Homes**

SWABBING PROCESS 5

SAMPLE PACKING & KEY CONTACTS



26



Ensure **E28 Form** and **Lab Form**
are securely attached to the
Specimen Bag
Place items inside the
White Envelope



27



Seal **White Envelope**



28



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



29



Once samples are taken
(maximum of 3), **ring courier**
to arrange collection
See details on page 10



30



Once samples have been
collected by courier,
email PCW
See details on page 10

COVID-19

Sampling Process For Care Homes

SENDING SAMPLES

CONTACT COURIER

Once you have taken 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



EMAIL ADDRESS
pcw.fed@nhs.net

Include:

- Care Home Name
- Sample Date
- Sample Taker
- Patient Name
- Patient DOB
- Patient NHS Number
- Patient GP Surgery