

COVID 19 Swabbing Audit Tool for Managed Isolation Facility

MIQF Name: _____

Date: _____

Domain	Audit Domain	Audit Criteria	Met/Not Met	Comments
Health and Safety	Demonstrate relevant health and safety knowledge to protect self and returnees/community cases whilst undertaking COVID-19 swab testing.	<p>Demonstrates the following:</p> <ul style="list-style-type: none"> • Cohort requirements in the swabbing area and when completing • Process for managing returnees/community cases who decline a test <p>Demonstrates understanding of safe room set up with the following:</p> <ul style="list-style-type: none"> • Shows understanding of order of returnees/community cases for swabbing (Days 12, 8/9, 5, 3, 1/0). • Discusses swabbing room set up and flow e.g. one directional flow or contingency if not possible • Discusses safety measures around seating, stations and clean person from swabbers e.g. cleaning chairs • Follows SOPs for COVID swab testing when discussing the process with returnees/community cases 		
Infection Prevention and Control	Demonstrate knowledge of PPE selection criteria, correct application and removal of PPE and IPC protocols of COVID swabbing.	Demonstrates correct order for donning and doffing PPE		
		<ul style="list-style-type: none"> • Discusses changing of PPE between cohorts and/or contamination from direct coughing or sneezing from returnees/community cases 		
		<p>Demonstrates correct fit check of N95 mask and applying eye protection, gown and gloves</p> <p>Demonstrates correct station set-up e.g. establishing a clean side and a dirty side:</p> <ul style="list-style-type: none"> • Vial racks, alcohol wipes and bins in dirty side • Chairs placed on clean side, approx 2m from station and approx. 2m spacing between chairs • Adequate number of swab sticks/barcoded vials/racks on table for numbers being tested • Keep PPE minimal on station 		

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		Demonstrates hand hygiene in between all the sessions e.g. from the start to finish of taking a swab		
		Demonstrates good phone management throughout e.g. wiping the phone down after each session and/or if contaminated during session		
		Demonstrates correct disposal of waste at end of the swabbing cohort e.g. clinical staff tying up the rubbish bags and leaving them for the hotel cleaning staff to dispose of as per SOP		
COVID-19 Swabbing	Demonstrate knowledge of the correct steps to maintain returnees/comm unity cases and Managed Isolation Facility (MIF) confidentiality	<p>Knowledge of swabbing and IPC SOPs</p> <p>Demonstrate the process for returnees/community cases data scanning for a COVID swab (As per BCMS/Eclair).</p> <p>Demonstrate the process of verifying returnees/community cases information before swabbing (As per BCMS/Eclair).</p>		
Confidentiality	Demonstrates the correct technique for the collecting of nasopharyngeal and oropharyngeal with bilateral anterior nares swabs.	<p>Demonstrates COVID swab NP procedure according to SOP:</p> <ul style="list-style-type: none"> • The correct angle and depth of inserting the swab stick, slow entry with slight rotation; 4-6cms into the nostrils; approx. ¾ of the length of the swab once resistance is felt commence slight rotation for 1 to 2 seconds to ensure the swab is at the right place for a NP swab. 10 to 15seconds in the NP with a 5 second rotation before withdrawing slowly 		
		<p>Understands when to perform oropharyngeal with bilateral anterior nares swab according to COVID swab SOPs.</p> <p>Demonstrates the correct oropharyngeal with bilateral anterior nares swab technique:</p> <ul style="list-style-type: none"> • Equipment: torch, tongue depressor, swab stick and vomit bag • Swab left and right of the tonsils by rotating the stick for 3 seconds on each side, then swab the back of the throat for 3 seconds • Avoid touching the tongue to ensure a good sample is collected 		

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Symptomatic and/or close contact returnees/community cases		<ul style="list-style-type: none"> Using the same swab, enter the left and right anterior nares until the filter is not visible, then gently rotate the swab for 10 – 15 sec in each nostril <p><i>Note if the swab stick touches the tongue it can still be sent to the lab (Heavy contamination may affect the resulting process).</i></p>		
		<p>Demonstrate the process of collecting swab from a child/infant:</p> <ul style="list-style-type: none"> Position the child in the adult's lap, face the child forwards, guide the parent/caregiver to place one hand on the child's forehead and the other across the chest to ensure that the head and arms are kept under control The correct angle and depth of inserting the swab stick, slow entry with slight rotation; 4-6cms into the nostrils; approx. 1/2 of the length of the swab once resistance is felt commence slight rotation for 1 to 2 seconds to ensure the swab is at the right place for a NP swab. 10 to 15seconds in the NP with a 5 second rotation before withdrawing slowly Awareness of the age of the child and the size of the nostrils 		
		<p>Demonstrates the correct process for symptomatic returnees/community cases swab collection by following the COVID swab procedure as per SOP</p> <ul style="list-style-type: none"> Room testing of close contact/symptomatic returnees/community cases 		
Vial integrity	<p>Post Swabbing</p> <p>Demonstrate correct process for placing the swab in the vial, placing the cap on the vial and securing in a specimen bag.</p>	<p>Demonstrates the correct swab stick sample collection e.g. place the swab in the vial and snap the swab stick at the marker</p> <ul style="list-style-type: none"> Rotate the cap to closure Visually check that the cap is level and the thread is closing the cap Visually check the swab sits in the middle of the vial before placing the vial in the rack Physically check the vial cap and visually recheck the vial before placing in the specimen bag and sealing closed 		

