Activity/ Situation	General and Clinical Activities on the Asymptomatic Testing Site					
Location		SETTLE C	OLLEGE			
Persons at Risk	Pupils ⊠	Employees⊠	Visitors □		Contrac	tors 🗆
HAZARD(S)	Note: this list is not exhaustive and must be adapted for your own needs Inadequate Staffing/Information/Instruction/Training Inadequate Infection Prevention and Control (IPC) Inadequate Setting Up Of Testing Environment and Testing Arrangements Inadequate Testing of SEND Pupils Inadequate PPE for Staff Inadequate Self-Swabbing Sample Collection Procedure Inadequate Sample Processing and Analysis Procedure					
CONTROL ME	ASURES	ADDITIONAL INFORMATION	Y	ES	NO	N/A
provided (addin	g and amending others whe	assessment to suit your owr re necessary) and then evalu	uate the overall risk for	the ac	ctivity/situation	n.
Schools <u>MUST</u> follow th Devices in Schools and indemnity perspective	e Clinical Standard Opera Colleges to ensure they a	ting Procedure (SOP) for M re administering the tests o	lass Testing with Late correctly and that the	eral Fl ey are o	ow Antigen ⁻ covered fron	Testing n an
Inadequate Staf	fing/Information/I	nstruction/Trainin	g			
School follows the Operating Procedu Testing with Latera Testing Devices in Colleges and ensuadministered corre	re (SOP) for Mass al Flow Antigen Schools and res that tests are		٥	\boxtimes		
Covid Coordinator, Duty SLT member day, supported by Whitaker via phone	allocated for that GDaley and G	Responsible for the on-site operations a site, including day-t workforce manager	at the test co-day	⅓		
The nominated Qu Daley supported by	ality Lead is G	This individual will haccountability for th	nave	₹		

	of the service within the context of a non-laboratory environment testing		
Queue Coordinator in place each day – student tests only. When only testing staff, meet and greet is within the test room	Ensures orderly entry of subjects onto the testing site	×	
Registration Assistant in place each day	Responsible for ensuring subjects have registered and providing bar code on arrival. Enusres first bar code attached to registration card and card is named.	×	
One or more Test Assistants in place each day	Gives test swab to subject. Provides guidance to subject on swabbing as requested and ensures cleaning of booths or sample collection station. Passes third bar code to Results Recorder	×	
One or more Processing Operatives in place each day	Applies second bar code to LFT cartridge. Prepares test sample for analysis and interprets result. Monitors test timings.	×	
Results Recorder in place each day	Collates results from Processing Operatives and uploads to digital solution. Assists in monitoring of test timings. Second pair of eyes on test result interpretation. Records test result on school record sheet against bar code. Scans school record sheets and emails to Quality Lead. Cleans and returns trays to Processors.	×	
Cleaner(s) in place at the time of testing	Keeps the test site clean to prevent cross contamination and Spread of Covid 19. Secures waste bags and takes to external storage area. This role is combined with Test Assistant.	×	
Appropriate training package in place for operators to be trained to be able to conduct the test in a safe and effective manner	Using PDF documents and online training videos as defined in the guidance.	×	
Staff have watched the approved video package which demonstrates how physical tests are conducted	Training Records maintained by Quality Lead.		

Staff have read through of materials outlining the infection prevention and control measures and the appropriate use of personal protective equipment, including the proper procedure for donning and doffing	Laminated guidance available in the Test Room.	×	
Staff have undertaken several tests under supervision		\boxtimes	
School conducts a regular audit of performance and overall testing process PPE, dealing with any contamination or other untoward incidents	Regular telephone and email contact between Test Team and Quality Lead.	×	
Regularly (minimum six monthly) undertaking updated online training to ensure standards are adhered to and any new requirements are included. Or as required should new training modules be provided	Next due June 2021	⊠	
Staff who are required to top up supplies within test areas should do so at the beginning of each testing group and when no subjects are present	Coordinated by Test Assistant and Site Team	⊠	
All staff are reminded of the importance of IPC guidance. Regular handwashing and consistent social distancing are key to ensuring safety for all roles		⊠	
Inadequate Infection Prevention a	and Control (IPC)		
Asymptomatic: All subjects are advised in advance not to attend if they have any symptoms of COVID 19, or live with someone who is showing symptoms of COVID 19 (including a fever and/or new persistent cough) or have been in close contact with someone who is displaying symptoms	Symptomatic individuals are advised to book a PCR test on the NHS App, online or by calling 119	⊠	
Those staff who may be exposed to symptomatic individuals will be provided with IPC advice based on government guidance for managing a Subject with possible COVID-19	https://www.gov.uk/governme nt/publications/wuhan-novel- coronavirus-infection- prevention-and-control	⊠	
All workers on site are fully briefed and trained about PPE and IPC standards, including those approved by the NHSE/I IPC Cell		×	
Guidance of IPC standards is clearly displayed	Sites will display appropriate signage, including: 1. Hand washing 2. Respiratory hygiene -	×	

	3. Personal Protective Equipment (PPE) (Donning and Doffing) 4. Social distancing: All workers should always remain 2 metres apart where possible, in accordance with government guidance 5. Equipment distancing and cleaning 6. Effective segregation and disposal of waste			
All staff members are encouraged to not neglect the importance of hand hygiene, not to touch their face whilst working with samples, and importantly stay at home if they develop COVID-19 related symptoms		⊠		
Testing booths or sample collection areas are equipped with hand sanitiser dispensers for use throughout the testing process	In accordance with guidance from the WHO 2020 – effective alcohol-based hand rub products should contain between 60% - 80% of alcohol and its efficacy should be proven according to EN1500	⊠		
Staff will focus on maintaining social distancing when communicating with subjects				
Inadequate Setting Up Of Testing	Environment and Testing A	Arrangen	nents	
On-site testing: schools establish an Asymptomatic Test Site (ATS) on the premises to test all pupils/students during their initial return. Pupils/student self-swab with the processing and reporting being undertaken by trained workforce. Confirmatory PCR requirement has been suspended where testing takes place at an ATS	Mass testing facility created within school gym	⊠		
Transition to testing at home (self-test): schools/colleges distribute test kits to pupils/students who are responsible for self-swabbing and self-reporting to NHS Test & Trace and the school/college (or with parent/carer support where appropriate). The test should ideally be done in morning of a school day and the spacing should be such that provides adequate testing coverage during the		×		

would be for testing on Monday and Thursday mornings at home prior to school start. In the event of a positive				
result from self-testing, the participant				
is required to book a Confirmatory				
PCR				
Retention of ATS: All				
schools/colleges are advised to retain				
a pared-down on-site testing facility on		\boxtimes		
an ongoing basis to assist students			_	_
who are unable to swab at home				
	See section 10.2 of the SOP			
The move to self-test has been	for exceptional			
tailored to each institution and the	circumstances where a			
specific needs of its pupil/student	pupil/student would not be	\boxtimes		
population, but should not be before	able to access testing via		_	_
the three tests in ATS mode for Test	ATS and could move to			
on Return	home testing			
It is acceptable for individuals to test	-5			
3-5 days apart using Lateral Flow				
Devices, and maximum flexibility will		5 2		
be required whilst education settings		\boxtimes		Ш
are dealing with a large volume of				
pupils/students in an ATS setting				
Testing at home does not infer the				
same constraints so a habit of testing		-		
routinely 3-4 days apart is		\boxtimes		
recommended				
Testing at the school/college				
Asymptomatic Testing Site (ATS) will				
be using on the current test kit, PPE		\boxtimes		
etc. provided previously by DHSC for				
this testing				
The self-testing/testing at home				
referred to in this SOP uses Lateral				
Flow Device (LFD) kits specifically				
designed for this purpose and issued				
by DHSC to schools/colleges, who in		\boxtimes		
turn would provide them to the eligible				
people for their personal use (not any				
other person)				
A record of each box of kits issued to				
a person for home testing will be				
recorded in the Test Kit Log for the		\boxtimes		
purpose of stock management and to				
facilitate any recall				
On-site testing: schools establish an				
Asymptomatic Test Site (ATS) on the				
premises to test all pupils/students		\boxtimes		
during their initial return.				
Pupils/student self-swab with the				
processing and reporting being				

undertaken by trained workforce. Confirmatory PCR requirement has been suspended where testing takes place at an ATS			
The ATS test kits in sets of 25 should not be repurposed for home use by schools/colleges	Specific home test kits of the Innova Lateral Flow Device will be made available for the self-test component of this programme	×	
For self-testing at home, those testing themselves and parent/carer should ensure they have duly read the instruction for use (https://www.gov.uk/government/publications/instructions-for-covid-19-self-test) and watched the approved video (https://www.youtube.com/watch?v=S9XR8RZxKNo&list=PLvaBZskxS7tzQYlVq7lwH5uxAD9UrSzGJ&index=1)which demonstrates how physical tests are conducted		⊠	
The test cartridge and extraction solution is stored at ambient temperature (2-30 degrees Centigrade)	High level windows opened slightly for ventilation but to maintain room temperature above 15°C. Oil heaters on to maintain temperature.	⊠	
The reagents and devices are at room temperature (15-30 degrees centigrade) when used for testing	As above	⊠	
The manufacturer's instructions for use are shared with all relevant members of staff	Innova SARS-Cov-2 Antigen Test IFU Separate instruction booklet provided for home testing	×	
Test Site set up in accordance with the "Rapid Testing in Schools and Colleges – How To Guide"		\boxtimes	
Test Site is separate from the main area of business operations for privacy, safe queue management, and to limit disruption to both testing and BAU activity	Student services corridor area used for queue management.	×	
Sufficient space for appropriate social distancing: Where space is limited, test queues should be managed safely to avoid disruption – for example, a waiting room may be separate and adjacent to a testing room and must allow for appropriate social distancing	As above Students tested in year groups to maintain bubbles	⊠	
Test Site contains easy to clean floor and surfaces		\boxtimes	
Test Site has resistant, non- absorbent, non-porous flooring		×	

Airflow and ventilation is natural not recirculated air		\boxtimes		
Ambient temperature of 15-30 C maintained in Test Room		×		
One-way flow from entry to exit in place as much as possible	Due to risk of room temperature becoming too low, students do not exit using fire door, they exit via same door they came in, but entry and exit is supervised by Registration Assistant		×	
Test subject chairs in the swabbing bay are a minimum of 2m apart	Chairs not provided			×
Each swabbing desk has a processing desk close by no more than 1m away		\boxtimes		
Recording desk is located close to the swabbing desks		\boxtimes		
There is clear division between swabbing and processing area	Processors are protected by a Perspex screen	\boxtimes		
Individuals being tested must not enter the processing area	Areas taped off accordingly Students guided by test assistants	×		
Clear access maintained to PPE donning and doffing area	In separate gym side store area	\boxtimes		
Ready access to hand hygiene (soap and water/appropriate alcohol-based hand rub) available	Sanitiser provided at all stages	×		
Consideration of the need for privacy for participants to self-administer a test has been given	Screening provided	⊠		
Health and safety, disability access, and fire safety regulations that govern deployment sites (Fire, health and safety, and evacuation routes should be clearly marked in line with the rest of the building)	Normal evacuation routes apply	⊠		
All surfaces are de-cluttered with no personal or non-essential equipment		\boxtimes		
Adequate space available for storage		×		
Appropriate testing site waste management arrangements in place.	Waste is bagged and taken to bins every day	×		
Participation is voluntary for the programme and consent has been received from either by participants or parents /legal guardians, as appropriate	Obtained via an emailed form	×		
School will need to identify the contacts of a confirmed case		\boxtimes		
People who are identified as close contacts of a confirmed will follow the		×		

usual national guidelines and are legally obliged to self-isolate according to the advice given to them by the NHS Test and Trace service For looked after children, local authorities may already have arrangements in place that cover medical treatment, which may extend to this sort of testing. Where that is not the case, parental consent should be secured via the child's social worker, who may need to contact the birth parents or other persons who hold parental responsibility For children or young people where it has been determined that they will be unable to swab themselves, and the parent/guardian is not swabbing, consent should be sought to enable a third party to do this. 11 year olds ATS: may self-swab under supervision of ATS staff. Self-test: should be tested by an adult who should also report their results to NHS Test & Trace and the school/college. 12-year -17-year olds ATS: may self-swab under supervision of ATS staff. Self-test: may self-test at home and report results to NHS Test & Trace and the school/college under supervision of an adult. 18 and above ATS: may self-swab in ATS without supervision of an adult. 18 and above ATS: may self-test at home without supervision and report results to NHS Test & Trace and the school/college. If the student refuses to take the test despite consent by their parent/ guardian/ carer, their wishes are respected Current advice is that for most a previous confirmed Covid-19 diagnosis in the last 90 days is likely to make testing with an LFD antiquen test not necessary. If these individuals choose to have an LFD test as part of this programme, please ensure the LFD test is not taken			Г	Г	
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ensure the LFD test is not taken					
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whilst they are within period of isolation following the last confirmed test. If symptoms persist, this could be longer than the normal 10-day self-isolation period for confirmed cases.			
Face masks: Prominent signage reminding attending subjects of the above to be displayed at the entrance to the building	Individuals should not attend a test site unless wearing an appropriate face covering. Face coverings are not required for individuals who: • cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability • speak to or provide assistance to someone who relies on lip reading, clear sound or facial expression to communicate	\boxtimes	
Face coverings/masks to be worn by subjects at all times whilst on the premises except for brief lowering at time of swabbing		×	
Requirement to wear face covering/mask to be reminded to all subjects in advance at time of test booking		×	
Compliance with wearing of face covering/mask of all subjects to be visually checked on arrival by reception / security staff		×	
Compliance with wearing of face covering/mask of all subjects to be visually checked through building by queue managers and all other staff		×	
If an individual arrives at an ATS without a face covering and indicates they are exempt in accordance to latest government guidance, they are permitted to enter the test site and perform the test		×	
All subjects to use hand sanitiser provided on arrival & adherence to this enforced by reception staff		\boxtimes	
Two metre social distancing to be maintained between subjects with measured floor markings in place to ensure compliance in addition to verbal reminders if necessary from	Crosses taped on gym floor	×	

reception, queue management & sampling staff			
One-way flow of subjects through the building is to be initiated and maintained at all times. Compliance with this is to be ensured by queue management staff		×	
Limited clutter such as chairs available only on request; no physical handing of documents to subjects except barcodes and PCR test kits for first 200 subjects		×	
There is a legal obligation to ensure all test kits are registered via the Lite Registration service	Tests can be registered via the Lite Registration service in the following timescales: ☐ up to 24 hours before a test ☐ up to 24 hours after a test for a positive or void result ☐ up to 7 days after a test for a negative result	\boxtimes	
Inadequate Testing of SEND Pupi	ls		
The setting will decide whether the pupil can reasonably provide informed consent on their own behalf and may need to consider undertaking a Mental Capacity Assessment if appropriate. Settings may draw on any MCAs completed for the student previously, including referring to parents if the parent has acted as the Appropriate Person for previous decisions. Students themselves should be given the opportunity to express their views and preferences to the extent that they are able	If school has any queries they should seek their own legal advice on the particular circumstances	×	
Schools keep a record of how the decision on consent was made		\boxtimes	
People with special needs (this could be physical or cognitive disability) might not be able to self-swab and self-test but may have the capacity to consent. They are asked if they will allow someone to help them do the test, or to allow someone to do the test for them	Students who are unable to swab themselves will be provided with home kits		⊠
Under circumstances where a subject is unable to swab or test themselves such as due to physical disability or special needs, they are swabbed, under due consent, by:	Students who are unable to swab themselves will be provided with home kits		×

Parent/guardian, guided by a Test				
Assistant				
An adequately trained school staff mamber (where permission and				
member (where permission and				
consent of the parent/ guardian has been taken as part of initial consent				
·				
process)				
trained swabbers who are part of				
testing workforce				
For children or young people where it				
has been determined that they will be	Students who are unable to			
unable to swab themselves, and the	swab themselves will be			\boxtimes
parent/guardian is not swabbing,	provided with home kits			
consent has been sought to enable a	•			
third party to do this				
Carers or other accompanying				
individuals should only be asked to				
assist or test the person if this falls				\boxtimes
into their normal responsibilities and				
they feel comfortable and confident				
on doing so				
Each case is assessed on a case-by- case basis and if required, the carer				
or family member can consult their			П	\boxtimes
physician in case specific care is		Ш		
required to swab the person				
Appropriate hand sanitisation is used				
before and after the swabbing				
process for both, the test subject and				\boxtimes
the accompanying person				
Consideration given to implementing				
traffic flow or sample collection areas				
for those who require assisted				
swabbing by a carer or family				
member to mitigate the risk to other				
subjects coming in close proximity of				\boxtimes
those individuals i.e. highlight an area				
that can be used safely, that maintain				
2 metres social distancing from				
others				
If assisted swabbing is performed by				
a family member and they are				
considered part of the person's				\boxtimes
support bubble, no extra PPE is				
required apart from a face covering				
If a pair of gloves is requested, they				
are issued with gloves to perform the				\boxtimes
<mark>swabbing</mark>				
If assisted swabbing is performed by	They may have their own			
a carer who is paid to provide care,	PPE or may need to be			\boxtimes
they need to follow their	issued with gloves to perform			
organisational policy	the swabbing			

In circumstances where a pupil/student would not be able to be tested through an ATS but who could be tested at home by a suitably competent adult, settings can provide home testing kits to them from the outset (without the pupil being tested at an ATS first), where this is appropriate for the pupil/student	This may for example be suitable for pupils/students where a parent/carer would be able to support with testing at home whereas the setting is unable to	×	
The approach should be agreed with the parent/carer and, wherever possible, the young person themselves, following a guided conversation with the school on what is best for the child, whilst ensuring the accuracy of the results		⊠	
As a minimum, the first three tests done at home (if not initially done via ATS) should be administered by the pupil/student's parent/carer (i.e. the parent/carer should do the swab as well as the other steps)		×	
If the pupil/student feels confident enough in doing so and can do it effectively, they can self-swab from the fourth test onwards as long as they are supervised by an adult		×	
When preparing to test another person the subject can watch a demonstration video at www.gov.uk/covid19-self-test-help		×	
The test kit is shown to the person and they are taken through the steps		\boxtimes	
The person is asked to open their mouth as wide as they can and say 'Ahhh' (this will make the tonsils easier to see) for as long as they can while the tonsils are swabbed (or where their tonsils would be if they have been removed)		×	
The fabric tip of the swab is rubbed over both tonsils (and where they would have been) with firm contact 4 times on each side		×	
The swab is carefully removed. (If their tonsils cannot be swabbed, both nostrils can be swabbed)		\boxtimes	
The fabric tip of the same swab is placed gently into one of their nostrils until they feel some resistance		×	

The swab is rolled firmly around the inside of the nostril, making 10 complete circles		\boxtimes	
Inadequate PPE for Staff			
School ensures that Processing Operatives wear disposable gloves, disposable plastic aprons, Fluid- resistant (Type IIR) surgical mask (FRSM) and eye protection.	Processing Operatives should wear apron/visor and mask sessionally and change gloves between samples		
School ensures that Cleaning Staff wear disposable gloves, disposable plastic aprons, Fluid-resistant (Type IIR) surgical mask (FRSM) and eye protection.	Cleaners need to change gloves and apron if cleaning a spillage	×	
School ensures that Test Assistant(s) wear Fluid-resistant (Type IIR) surgical masks (FRSM)	In this SOP the Test Assistant is not administering the swab and is only supervising, therefore Test Assistants do not need to wear apron, gloves and visor, but they need immediate access to gloves if intervening	×	
School ensures that the Covid Coordinator / Team Leader wears Fluid-resistant (Type IIR) surgical masks (FRSM)		×	
School ensures that Registration Assistant(s) wear Fluid-resistant (Type IIR) surgical masks (FRSM)		×	
School ensures that the Results Recorder wears Fluid-resistant (Type IIR) surgical masks (FRSM)		×	
If Results Recorders handle LFD cartridges, they wear gloves on sessional basis		×	
School ensures that the Supplies Coordinator wears Fluid-resistant (Type IIR) surgical masks (FRSM)		⊠	
School ensures that the Queue Coordinator wears Fluid-resistant (Type IIR) surgical masks (FRSM)		×	
Disposable gloves are single use and are changed after each test		\boxtimes	
Disposable aprons are replaced after			
each testing session Fluid-resistant (Type IIR) surgical			
masks (FRSM) are replaced after each testing session			
Eye protection is replaced after each testing session		×	

PPE is changed if protective properties are compromised, if contaminated, or if suspected to be contaminated		×	
Inadequate Self-Swabbing Sampl	e Collection Procedure		
Before commencing swabbing, the process must be explained to the subject	The subject should also be informed that the swab may sometimes make them gag and they should use a sick bowl for any expectoration or vomit	×	
Subject is given a sealed sterile swab directed to a sample collection booth from the check-in zone		⊠	
Once at the sample collection station, the barcode is handed to the Processing Operative		×	
The subject should remove mask to administer swab			
The subject should open their mouth and visually identify the left and right tonsils (or tonsillar pits for subjects with the previous tonsillectomy). A mirror is provided in each booth for this		×	
The subject completes hand hygiene using the alcohol-based hand rub provided in the booth		×	
The swab is removed from sterile packaging by the subject		\boxtimes	
The swab should be kept dry before taking a sample from the back of the throat and therefore it must not touch any surfaces including the teeth, gums, and tongue or cheek surfaces when conducting the test		lacktriangle	
Holding the swab in their hand, the subject should open their	The swab will be invalid if it touches these parts during or	×	

mouth wide and rub the fabric tip of the swab over both tonsils (and where they would have been) at the back of the throat with good contact at least 3 times. Carefully remove the swab stick from the back of the throat taking care to ensure that it does not come into contact with any other structure or surface	after sampling and it must be put in healthcare (chemical) waste container and a fresh swab selected.					
In the event that a subject vomits, operations at the testing bay shall be ceased and the site personnel should follow the spillage guidelines until the area has been cleaned adequately to allow resumption		×				
The subject should then insert the same swab into one nostril. The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril. Roll the swab 5 times along the mucosa of the inside of the nostril to ensure that both mucus and cells are collected	Note: Where there are physical/medical issues or an individual has a very sensitive gag reflex that prohibits the throat swab from being completed successfully, double nasal swabbing can be undertaken. Under circumstances, where a nasal swab is not feasible (e.g. a student is prone to nasal bleeds), it is acceptable to swab only the back of the throat without nostrils	×				
The subject will be required to place their swab directly into the prepared extraction tube on the bench at the window with the cotton bud end facing down	Note: The subject should not grasp the cotton bud end, which has been in contact with the tonsils and nostril	×				
The subject will complete hand hygiene using alcohol-based hand rub in the booth		×				
If the operational model includes the subject handling any equipment (e.g. hand mirror) they should disinfect the surfaces with anti-viral wipes		×				
The subject will put back on their face covering and leave the site		\boxtimes				
Inadequate Sample Processing and Analysis Procedure						

The Processing Operative prepares the area in advance of receiving the sample and barcode from the subject		×	
The Processing Operative only processes one sample at a time and watch not more than 5-6 samples at a time		×	
The Processing Operative will receive the barcode directly from the subject		×	
The Processing Operative will remove the LFD device from the pouch and apply the barcode to the underside of the LFD cartridge	LFD cartridges should be used as soon as possible after opening the pouches in which they are supplied.	⊠	
The Processing Operative sets up the extraction tube by following these steps: a) Place the extraction tube in the tube rack with the opening facing up (or use some alternates like			
disposable cups as holders or hold the tube in hand) b) Press the extraction solution bottle to drip 6 drops of extraction solution into the extraction tube without touching the edge of the tube.	Do not let the buffer bottle touch the edge of the tube. The extraction solution bottle should be decontaminated	⊠	
c) If a rack or alternate is available, the extraction tube should be left in it on the processing bench next to the window for the subject to place the swab	with anti-viral using wipes between samples to prevent cross-contamination		
The Subject will place the swab sample into the prepared extraction tube (as described in self-swab section above) located on the table at the window (to potentially prevent the swab from drying out)		⊠	
The Processing Operative then takes the swab and commences the following steps:		×	
a) Extract: Hold and press the swab head against the wall of the tube with force while rotating the			

swab for about 10 seconds to release the antigen into the extraction solution from the swab head			
b) Remove swab: Squeeze the swab head by squeezing the lower end of the tube while removing the swab in order to remove as much liquid as possible from the swab			
c) On withdrawal, immediately dispose of the swab into the general waste bin.			
d) Install a nozzle cap onto the extraction tube			
e) Load: drip 2 drops of the sample inside the extraction tube into the sample well of the LFD cartridge			
f) Record the time of test in marker on the LFD and make sure you have set a timer to read the results at 30 minutes.			
g) Re-check that the liquid can be seen seeping through the cartridge (to ensure the drop was not an air bubble)	The LFD movement should be kept to a minimum and where it is required to be moved, keep horizontal using a tray		
h) If the cartridge appears dry, the subject will need to be recalled for a further sample to be taken.	а пау		
i) If needed, move the cartridge to a defined processing space for reading and leave for between 20- 30 minutes as below.			
j) Read the test result at 30 minutes exactly and mark the test cartridge accordingly using a permanent marker			
The sample preparation area and equipment are cleaned thoroughly with disinfectant (e.g. anti-viral wipe)		⊠	
Recording of Results			
All LFD results must be logged on the government Log Results Website	This is completed by the Results Recorder	⊠	

The LFD results are reported into the public health bodies in the UK as per the latest amendments to the Health Protection Regulations relating to notifiable diseases reporting		×		
Marked LFDs are placed into trays in batches and taken to the recording area		×		
The recorder will collect the tray, pick up the cartridge, only touching the side, and avoiding the sample well, reads the result and inputs the data		⊠		
The cartridge is disposed of in the general waste bin.		\boxtimes		
The keyboard is wiped and the wipe is disposed of as general waste		⊠		
The tray is wiped and the wipe is disposed of as general waste		\boxtimes		
When done, gloves are removed and disposed of as general waste		\boxtimes		
Negative Results				
Subjects who return a negative test result do not need to selfisolate unless:				
a) They are symptomatic (they'll need to book a PCR test)		_	_	_
b) someone they live with tests positive (or has symptoms and has not been tested yet) or				
c) they've been traced as a contact of someone who tested positive				
Invalid Results				
Subjects who return an invalid (or could not read sample) LFD result repeats the test	C C T	×		
If the second test also returns an invalid/could not read (where	https://coronavirus- yellowcard.mhra.gov.uk/			

there is no control line) LFD result, report it on the Coronavirus Yellow Card Reporting Site			
Positive Results			
In the event that a subject tests positive during on-site testing at school, the school follows the school's standard Covid response protocol for when a person becomes symptomatic on site		×	
The subject must self-isolate immediately for 10 days and everyone in their household must self-isolate in line with national policy		×	
School will identify close contacts of the case in the school setting (excluding household and social contacts outside of school) following a positive LFD case	Contacts should self-isolate from this point.	⊠	
In the event that a subject tests positive after undertaking a home LFD test, it means they are currently infected with coronavirus and risk infecting others. Positive test results are reported to the NHS and school immediately	When the subject reports their result, they will be provided with further information on the next steps to take (taking a confirmatory PCR test)		
Staff/students in these situations must not return to school			
They must use the PCR kit provided or go to https://www.gov.uk/get-coronavirus-test to book/ order PCR test immediately after receiving a positive LFD result			
Until the subject gets further advice, they must self-isolate immediately for 10 days and everyone in their household must self-isolate in line with national policy	They should only leave home for their follow-up test, if needed		
School will identify close contacts	Contacts should self-isolate from this point.		

(excluding household and social contacts outside of school) following a positive LFD case			
If the confirmatory PCR test is negative, the individual may stop self-isolating and their contacts do not need to self-isolate or be part of daily contact testing unless			
a) they are symptomatic (they'll need to book a PCR test),			
b) someone they live with tests positive (or has symptoms and has not been tested yet) or			
c) they've been traced as a contact or someone who tested positive			
If the confirmatory PCR test is negative, report it on the Coronavirus Yellow Card Reporting Site	https://coronavirus- yellowcard.mhra.gov.uk/		
Those who are found to be positive after a confirmatory PCR test, need to inform their school as soon as possible and continue self-isolating in line with the national guidance			
In the event that a subject tests positive it means they are currently infected with coronavirus and risk infecting others. Positive test results are reported to the NHS and school immediately	When the subject reports their result, they will be provided with further information on the next steps to take (taking a confirmatory PCR test)		
Travel Advice for Positive Results	S		
Where a child or young person is able to wear a face covering and keep a safe distance from others they could walk or cycle home where this is possible		×	
Those who have tested positive should not travel home using public transport	Exceptionally the local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver	×	

Asymptomatic contacts of positives cases should go home as they would normally do If the contact becomes symptomatic, they should follow same travel advice as positive cases	School contacts parents to collect close contacts as soon as possible	×	
Inadequate Infection Prevention	and Control: Equipment		
All digital equipment is regularly wiped between batches of tests and at the beginning and end of each session		×	
Cleanable keyboard and mouse are used in testing areas	If a cover is used silicone option is preferable as it is more user friendly and will last longer than the plastic versions		×
The cleaning wipe used should meet the requirement set out in the Inadequate Cleaning Regime section and be effective against enveloped viruses		×	
The keyboard and mouse should be cleaned at the start of the day, after each batch of cartridge have been reviewed and uploaded and at the end of the day (and if they become contaminated with any form of spillage			×
An equipment cleaning regime is in place and clearly communicated		×	
A replacement schedule is in place to replace damaged covers and the equipment should not be used if the cover is torn/worn			×
Any trays that are used for e.g. to move LFDs for recording after reading and marking of results should be made from a material that will tolerate being cleaned with chlorine releasing agents at 1000ppm, are straight sides, and smooth		×	

Inadequate Cleaning Regime			
A cleaning schedule that ensures cleaning is generally enhanced and includes more frequent cleaning of surfaces that have been touch frequently	As a minimum frequently touched surfaces should be cleaned twice a day, and one of these should be at the beginning or the end of the working day		
Public areas where a symptomatic subject has passed through and spent minimal time, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal		×	
Cleaners should only be entering the testing area when testing activity is no longer being conducted	In accordance with NHS guidance 'Cleaning and Disinfection process COVID - 19" there should be no subject contact within 2m	×	
In case of a spillage when they need to enter an active test area, cleaners should ensure that they have appropriate PPE		×	
When entering an active test area cleaners ensure that the listed PPE is worn	See below	⊠	
When entering an active test area to clean up spillages staff ensure they replace their PPE after cleaning		⊠	
Avoid mixing cleaning products together as this can create toxic fumes		×	
Avoid creating splashes and spray when cleaning		×	
Any cloths and mop heads used must be disposed of as general waste			
The minimum specifications stipulated by the government for surface disinfectant wipes, is that the disinfectant is effective against envelop viruses		⊠	
It is recommended were possible that combined detergent and disinfectant wipes is used, as they will both clean and sanitise the surface at the same time		⊠	
If a disinfectant wipes are used, it is important to note that they do not contain a detergent. If this method is used, it is important that the area is cleaned properly with a detergent, rinse before a disinfectant wipe is used		×	
Spillages			

All surfaces that the Subject has come into contact with must be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as handles, light switches, telephones, and the surfaces that the subject may have had contact in between each individual that is tested		×			
Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction and place in the general waste bin		×			
Any cloth and mop heads used for cleaning must be disposed of and should be placed into the general waste bin		×		l	
Surfaces will require to be cleaned at the end of the session before the next session starts i.e. in between test group batches of Subjects		×		l	
D10 is used to disinfect the area		\boxtimes			
Inadequate Waste Management					
The waste contractor is required to extend their current collection of general waste from the school, to include the waste generated from asymptomatic testing. As part of this, the waste collector may be asked by a school to: □ Provide extra wheelie bins for waste storage □ Provide extra bin bags, as required □ Collect waste regularly (frequency to be agreed with individual school)	Waste declassified (by DEFRA) from clinical waste to general municipal waste			I	
Have you append a divide decree 1.7	and a factor of a superior of the superior of				
Have you consulted with the people/repactivity as part of the preparation of this	•	Yes [X	ı	No 🗆
What is the level of risk for this activity/situation with existing control measures			Me ⊠		Low
Is the risk adequately controlled with ex	xisting control measures	Yes 🛭	丞	1	No 🗆
Have you identified any further control the risk and recorded them in the action		Yes □ No ⊠			No 🗵

ACTION	PLAN (insert	additional rows if requ	uired)	To be actioned by					
Further co		s to reduce risks <i>so fa</i> <i>ly practicable</i>	ar as is	Name Date				9	
0(-(.:-I. II	Sourced to the tests Al	ETED involve		(
		igned to the task Al easures taken as a i			on ot	High		ed ⊴	Low
Is such a risk	level deeme	d to be as low as re	easonably pra	actical?		Yes	s 🛛	ı	No 🗆
Is activity still	acceptable v	with this level of risk	?			Yes	s 🛛	ı	No 🗆
If no, has this	been escala	ited to senior leader	rship team?			Yes	s 🗆	ı	No 🗆
Version 1.1 0	1.01.2021 2.02.2021 8.03.2021	1.0 New Risk Assessn 1.1: NYCC update to r 1.2 NYCC update – m clinical to general	eflect new guid	ance (no	longer re	equire c	onfirmat	ory P(of wa	CR tests) aste from
Assessor(s): Position(s):	G DALEY	ILITIES AND PREMISES	Signature(s):	: G DALEY				
Date:	0	8.03.2021	Review Da	ate: 08.09.21					
Distribution: PUBLISHED ON WEBSITE; SHARED BY EMAIL WITH TEST TEAM									

Risk rating	Action
HIGH	Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)
MEDIUM	Review/add controls (as far as reasonably practicable) & monitor
LOW	Monitor control measures

				POTENTIAL OUTC	OME				
POTENTIAL OUTCOME		LIKELIHOOD		Catastrophic					
Catastrophic	Fatal injury/permanent disability	Highly likely	More likely to occur						
Major	RIDDOR reportable Specified Injury/ Disease/Dangerous Occurrence	Likely		Major					
Moderate	RIDDOR reportable over 7 day injury	Possible		Moderate					
Minor	Minor injury (requiring first aid)	Unlikely		Minor					
Insignificant	Minor injury	Remote	Less likely to occur	Insignificant					
					Remote	Unlikely	Possible	Likely	Highly Likely
					LIKELIHOOD				