LFT ASYMPTOMATIC TESTING GUIDEBOOK

VERSION 3.3

NHS Test and Trace

OVERVIEW:

PURPOSE OF ASYMPTOMATIC TESTING

Asymptomatic testing sites are set up **solely** for testing asymptomatic test participants.

Any test Participants, **or site staff,** displaying symptoms of COVID-19 should leave the site immediately and follow the national guidance for getting tested. More information can be found here:

https://www.gov.uk/get-coronavirus-test

The purpose of asymptomatic testing is to identify individuals within the population who are positive for COVID-19 but do not present symptoms.

Identifying asymptomatic positive cases and informing them to self-isolate will reduce the spread of the virus.

Your organisation will use Lateral Flow Devices(LFD) to test Participants for coronavirus who are not displaying symptoms.

TEST TYPE	HOW IT WORKS	SUITABILITY	SAMPLE TYPE	ANALYSIS TIME
Lateral flow test	looks for parts of the surface of the virus (antigen)	Asymptomatic participants	Throat and nose	30 mins
Rt-PCR test	PCR Test - looks for the virus's genetic material (RNA)	Symptomatic participants To confirm positive LFD results	Throat and nose Double nasal	Up to 2 days

The government will be publishing findings related to LFD here:

• https://www.gov.uk/government/publications/evidence-on-the-accuracy-of-lateral-flow-device-testing

This page will be kept up to date with findings and research papers from the DHSC.

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0.0.2 OVERVIEW:

TESTING PROCESS OVERVIEW

This five-stage guide will help you setup and manage testing at your Organisation.

1

BEFORE YOU START:
Inform your Participants of your test site and its purpose, share related materials with them, explain the testing process and ask them to provide consent to participate in your test site.

2

SET UP TEST SITE & STAFF:
Identify the space for your test site and set up according to guidance in this document. Mobilise and train test site support staff, and organise your Participants for testing.

3

ORDER TEST KITS & PREPARE FOR TESTING:
Organise your test kit delivery in advance. If you've not already received your test supplies, your DHSC service support team will organise this for you. Communicate your testing slots to your Participants.

4

TESTING AND SAMPLE ANALYSIS:
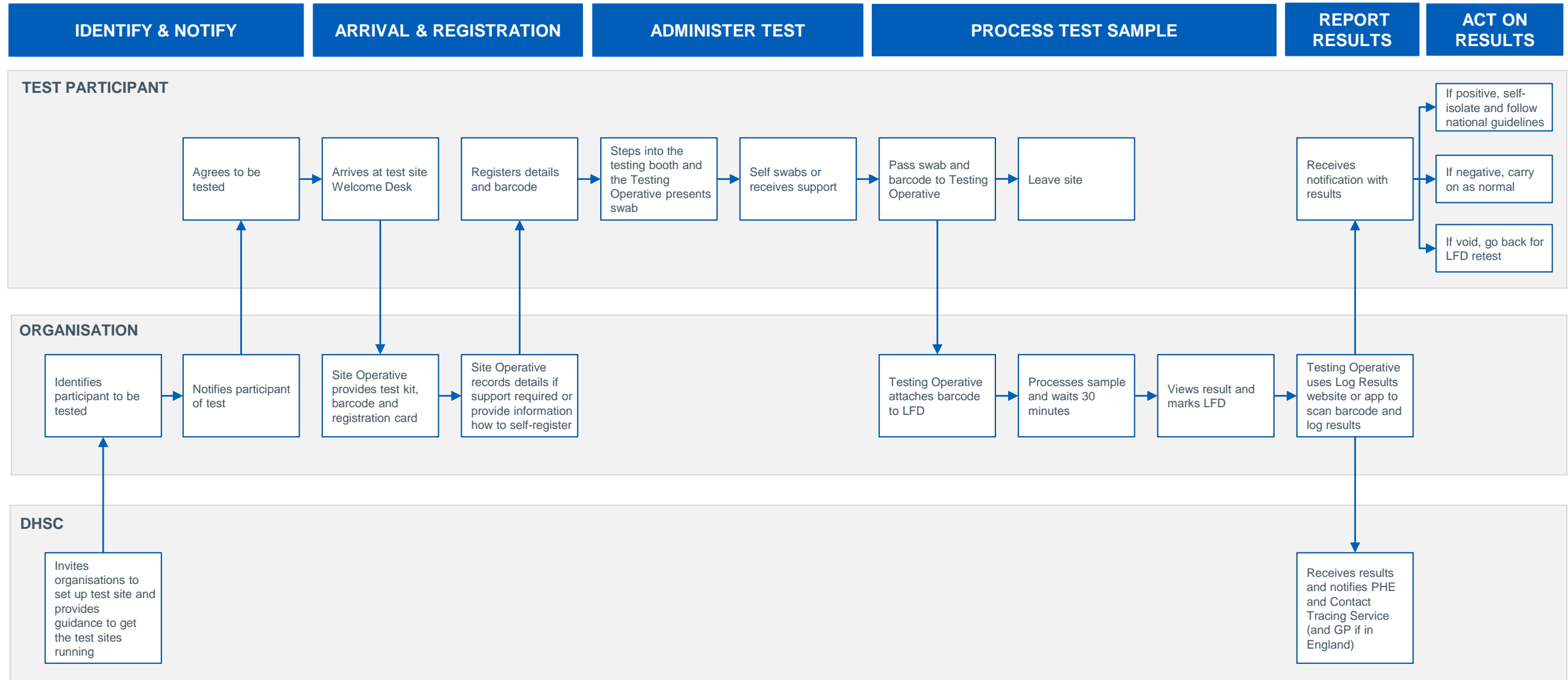Begin testing Participants, process their test samples and upload their test results.

5

RESULT NOTIFICATION & FOLLOW UP:
Your Participants will receive their results to the contact details they provide when they register.

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0.0.2 OVERVIEW:

ASSISTED TEST SITE SIMPLIFIED USER JOURNEY

IDENTIFY & NOTIFY	ARRIVAL & REGISTRATION	ADMINISTER TEST	PROCESS TEST SAMPLE	REPORT RESULTS	ACT ON RESULTS

TEST PARTICIPANT

- Agrees to be tested
- Arrives at test site Welcome Desk
- Registers details and barcode
- Steps into the testing booth and the Testing Operative presents swab
- Self swabs or receives support
- Pass swab and barcode to Testing Operative
- Leave site
- Receives notification with results
- If positive, self-isolate and follow national guidelines
- If negative, carry on as normal
- If void, go back for LFD retest

ORGANISATION

- Identifies participant to be tested
- Notifies participant of test
- Site Operative provides test kit, barcode and registration card
- Site Operative records details if support required or provide information how to self-register
- Testing Operative attaches barcode to LFD
- Processes sample and waits 30 minutes
- Views result and marks LFD
- Testing Operative uses Log Results website or app to scan barcode and log results

DHSC

- Invites organisations to set up test site and provides guidance to get the test sites running
- Receives results and notifies PHE and Contact Tracing Service (and GP if in England)

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INCIDENT MANAGEMENT & EVALUATION:

SUPPORT CONTACTS CHEAT SHEET

ISSUE TYPE	NEXT STEPS	SUPPORT CONTACT DETAILS
I have **supply and delivery issues** or **clinical questions relating to the SOP** or similar.	• Refer to their SOP, ATS Guidebook and local processes • Organisations / testing sites should provide as much information as possible about the issue or incident, providing their site ID and any relevant details when escalating.	testing.incidents.LFD@dhsc.gov.uk
I have issues with the **LogResults website.**	• Refer to the "**Digital**" section of the guidebook • Read the "**technical support and troubleshooting guide**" • If your issue is not resolved, contact the Log Results Support team	0203 281 6468
I need to report **adverse incidents**.	Submit the spreadsheet either to their SPOC (such as a University SPOC overseeing several ATS, or an organization's SPOC overseeing several testing sites) or directly to integrator@dhsc.gov.uk by COP every Friday.	integrator@dhsc.gov.uk
I have questions about **training**.	• Go to the "**Workforce**" section of the guidebook • Read the training FAQs in the **Workforce Appendix**	testertraining@dhsc.gov.uk 0161 903 1032
I have a query about **site materials from the DHSC approved supplier**	• Go to the "**Site Layout Options**" Section • Read the guidance, complete the provided 'Bill of Materials' and contact "Speedy"	covidsupplies@speedyservices.com 01332 850 004 (Option 4)

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INCIDENT MANAGEMENT & EVALUATION:

REPORTING ADVERSE INCIDENTS

Organisations are required to record and report adverse incidents to MHRA.

OVERVIEW:

Adverse incident reporting is a Medicines and Healthcare Products Regulatory Agency (MHRA) regulatory requirement, and all sites should record and report this as part of their day to day running. The team leader is responsible for reporting all adverse incidents to MHRA.

REPORTING INCIDENTS WHICH ARE RESOLVED LOCALLY:

The Site Manager will need to capture these incidents in a spreadsheet on a daily basis, submitting it to integrator@dhsc.gov.uk by COP every Friday

- If your organisation manages multiples sites, consider having a single point of contact provide a collated log for all your testing sites

- An example reporting template is available for use through Egress, titled 'Incident Management Spreadsheet'

IF AN INCIDENT CANNOT BE RESOLVED LOCALLY:

- **The incident should not be recorded.** It should instead be escalated to the testing.incidents.LFD@dhsc.gov.uk immediately or as soon as possible

- Examples of adverse incidents which should be escalated include something breaking during use i.e., a swab.

GUIDEBOOK SECTIONS

The guidebook has six sections followed by an Appendix

1 **CLINICAL PROTOCOL & POLICY:**
Common for all use cases, it lays out the testing process as well the legal and clinical requirements organisations are required to meet

2 **TEST KITS & LOGISTICS:**
Information regarding the test kits themselves, their contents, method of ordering and storage conditions

3 **SITE LAYOUT OPTIONS:**
Testing site blueprints for different layout options available, as well as details on the ordering of the equipment required for site setup

4 **WORKFORCE:**
The roles and responsibilities required to run a site and some example workforce models for different site sizes, throughputs and available workforce sizes

5 **DIGITAL:**
Guidance on the use of the digital solutions included in the ATS model, the Lite Registration process and the Log Results app, as well as information on managed devices

6 **COMMMS & ENGAGEMENT:**
Guidance on the types of communications material that you may need to get your testing operation running.

1

CLINICAL, PROTOCOL AND POLICY

CONTENTS

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1.0
OVERVIEW

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GETTING STARTED WITH CLINICAL, PROTOCOL & POLICY

REVIEW MATERIALS	PREPARE DOCUMENTATION	INFORM AND GATHER CONSENT	SET UP SITE	REFER TO GUIDANCE

DHSC TEAM

Review, update or complete DPIA
10+ Days **S 1.8**

ORGANISATION LEADERS

Review SOP and Guidebook to understand daily operation and clinical procedures.
Section 1.1-1.7
2+ hours

Review Organisation obligations and responsibilities
S 1.8

Complete site risk assessment
S 1.8

Communicate purpose of testing to Participants and direct them to the Data Privacy Notice
S 1.8

Does the Organisation want Participants to share all their test results with them?
S 1.8

Yes → Gather additional consent to receive and store results
S 1.8

No

Set up site and workforce ready for testing according to the other sections of the guidebook
S 2 - 6

TEAM LEADERS

KEY
Guidebook section
Estimated time it takes

Review reporting in Overview pack and quality and risks slides in Section 1.8
1+ Hours **S 0.1 & 1.8**

Refer new site staff to sections 1 – 7 throughout their training
5+ Hours **S 1.1-1.7**

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1.1

CLINICAL PROTOCOLS

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REGULAR & DAILY CONTACT TESTING

There are two types of test-to-find testing, both aim to find positive cases in asymptomatic patients:

1. **Regular testing** – the regular testing of members of an organisation to screen for positive cases

2. **Daily contact testing** - an alternative to self-isolation for the contacts of positive cases, involving daily testing

Each testing site may choose to select and use one or both of the following testing types, which will determine the frequency of testing:

REGULAR TESTING:
- This type of testing has been used at ATS sites across the country
- Involves **a group of asymptomatic participants getting tested regularly**, at a frequency which will depend on their circumstances

DAILY CONTACT TESTING:
- When identified as close contacts of a positive case, Participants can be given the option of undergoing daily contact testing instead of self-isolating
- When a positive case has been found, close contacts will be required to test each morning for 7 days – the organisation is responsible for ensuring compliance
- Individuals who continue to test negative will be able to operate as per the Covid-19 guidelines from their local authority
- If a participant is unable to test on any of the 7 days (for example if the ATS site is closed on the weekend or the test Participant has time off work), they will be required to self-isolate until they are able to take another test

Both types of testing can be used in conjunction with each other i.e. Regular testing can be used to identify positive asymptomatic cases in Participants that have not been reported to NHS Test and Trace, and daily contact testing can be used to minimise the loss to productivity through preventing a daily testing close contact group's need to self-isolate.

NOTE: USE OF DAILY CONTACT TESTING IS RESTRICTED TO ORGANISATIONS ACCEPTED UNDER THE DAILY CONTACT TESTING PROGRAM

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TEST TYPE COMPARISON

	REGULAR TESTING	DAILY CONTACT TESTING
Trigger	Participant opts into the programme with agreed frequency of testing	Participant has been in contact with positive COVID-19 case
Testing frequency	Determined by setting (often once per week)	Daily for 7 days
Trace	Contacts of positive PCR cases are asked to self-isolate	If someone in a daily contact testing close contact group has a positive PCR case, the clock will restart on the 7 days of testing for their contacts
Duration	30 minutes	30 minutes, daily for 7 days
Logistics	Delivered through standard ATS	Delivered through standard ATS
Test kits	Innova - 25 kits	Innova - 25 kits
Clinical process	• Participant self-swabs • Operative processes test • Operative reads results	• Participant self-swabs • Operative processes test • Operative reads results
Digital process	• Participant registers on Lite Reg, at this stage the Participant indicates that they are undergoing regular testing • Operative enters results through Log Results Website, or the App on a managed device	• Participant registers on Lite Reg, at this stage the Participant indicates that they are undergoing daily contact testing • Operative enters results through Log Results Website or the App on a managed device
Comms	• DHSC comms team creates comms which are shared with organisations • Organisations are able to refine comms material received from DHSC	• DHSC comms team creates comms which are shared with organisations • Organisations are able to refine comms material received from DHSC

NOTE: USE OF DAILY CONTACT TESTING IS RESTRICTED TO ORGANISATIONS ACCEPTED UNDER THE DAILY CONTACT TESTING PROGRAM

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1.2
TESTING PROCESS

PROCESS FOR TEST OPERATIVES

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PROCESSING PREPARATION

1 **PREPARE EXTRACTION TUBE:**
Place the extraction tube into the tube rack or hold the tube upright with the opening facing up.
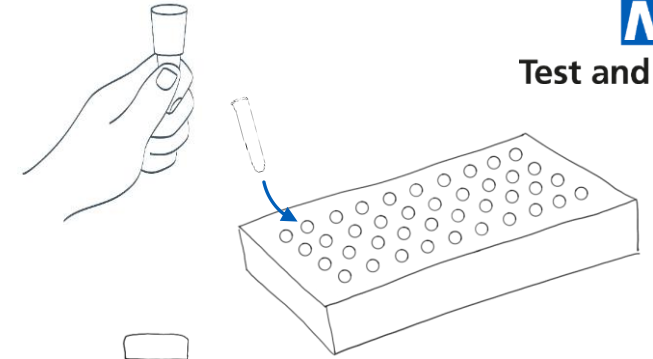
2 **PREPARE EXTRACTION SOLUTION:**
Add **6 drops** the extraction solution / buffer solution into the extraction tube.
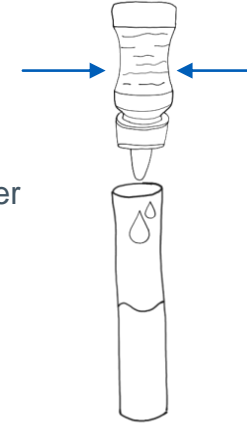
3 **PREPARE LFD CARTRIDGE:**
Remove the LFD cartridge from it's original packaging and stick a copy of the Participant's unique test barcode on the back of the LFD cartridge.
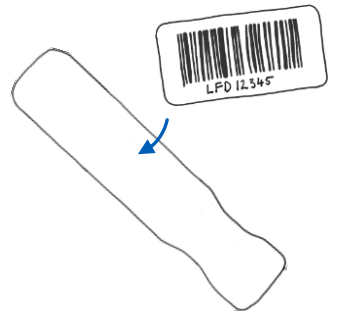
4 **SWAB SAMPLE HANDOVER:**
Take the used swab sample from the testing Participant

SAMPLE ANALYSIS

5

INSERT SWAB:
Insert the used swab (fabric tip first) directly into the extraction tube.

6

PROCESS SWAB:
Hold and press the swab head against the wall of tube with force while rotating the swab. Follow the rotation process for approx. 10 seconds, then squeeze the swab head by squeezing the extraction tube several times.
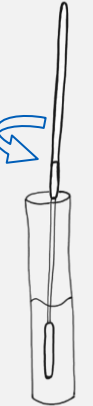
7

REMOVE SWAB:
Squeeze the swab head while removing the swab in order to remove as much liquid as possible from the swab. Dispose of the swab according to waste management guidelines.
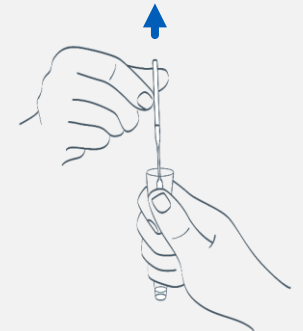
SAMPLE ANALYSIS

8

INSTALL NOZZLE CAP:
Place the nozzle cap onto the opening of the extraction tube. Ensure that there is a tight fit.
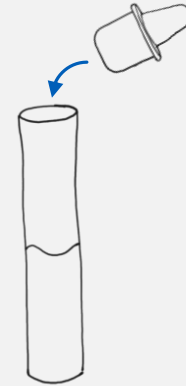
9

LOAD SOLUTION ONTO LFD:
Add **2 full drops** (do not add any more) of the solution to the sample well of the LFD and record the time of the drop on the LFD (for example "**HH:MM**").

Bubbles that occur in the extraction tube can lead to inaccurate results. If you are unable to create sufficient drops, this may be caused by clogging in the dispensing nozzle. Shake the tube gently to release the blockage until you observe free drop formation.

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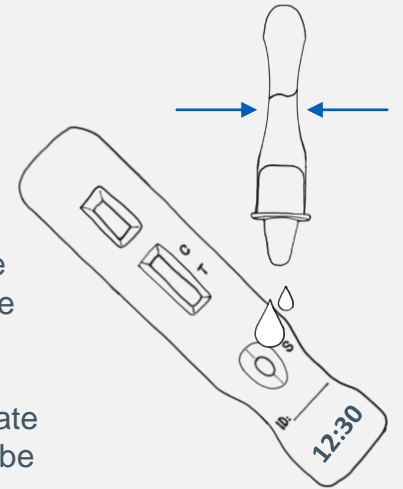
RESULTS ANALYSIS

10

START TIMER:
Start a timer to track the development of the LFD. A positive result will appear and can be reported between 20-30 minutes. If a positive line does not appear, you must wait until the 30 minute mark to report it as negative or void.

11

READ RESULTS:
Examine the presence of coloured lines on the LFD and mark the results on the LFD with a permanent marker. Guidance is available in section "**1.4 Results interpretation**"

12

LOG RESULTS:
Upload the results to the national Test and Trace database using the Log results App or Web service. Guidance is available in section "**5 Digital"** of this Guidebook.

13

DISPOSE LFD:
Dispose of the used LFD according to your local regulations and biohazard waste disposal protocol.

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1.3
SELF ADMINISTERING A SWAB TEST

OVERVIEW

RECEIVING THE SWAB

- Participants will be given a sealed sterile swab at the welcoming desk and will be directed to a sample collection booth from the check-in zone.

- A crowd control system should be in place to ensure the Participant is only sent into a booth when the Sample Processing Operative is ready to receive the swab.

PREPARING PARTICIPANTS FOR SWABBING

- The Participant should have been asked to avoid eating or drinking for at least 30 minutes before taking the test to reduce the risk of spoiling the test.

- Before commencing swabbing, the Test Supervising Operative will explain the process to the Participant.

- The Participant will also be informed that the swab may sometimes make them gag and they should use a sick bowl for any expectoration or vomit and guidance will be given regarding what to do with this if used.

YOUNG PEOPLE & CHILDREN

- Young people aged 16-17 can self-swab

- If the subject refuses to take the test, their wishes should be respected

ADMINISTERING A SWAB SAMPLE

If the Participant has additional needs and cannot swab themselves, a family member or carer can do it for them (they should only do this if they are comfortable and confident with the swabbing process and falls into their normal responsibilities).

Family members or carers should consult the Participant's doctor if they have any doubts or queries regarding the swabbing method.

CONSIDERATIONS:

- If assisted swabbing is performed by a family member and they are considered part of the person's support bubble, no extra PPE is required apart from a face covering

- Appropriate hand sanitisation is needed before and after the swabbing process. If a pair of gloves is requested, they should be issued with gloves to perform the swabbing

1 Participants will use hand sanitiser to clean their hands
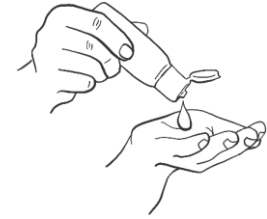
2 Participants will gently blow their nose into a tissue. Throw the tissue into the clinical waste bin provided.

This is so that they get rid of excess mucus.

3 They will look inside their mouth, and find their tonsils at the back of the throat. They can use the mirror to help.
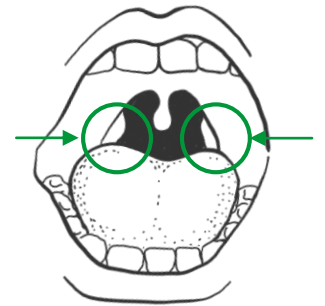
Their tonsils, or where they would have been, (if they are removed) are where they will swab their sample.

4 The Participant should identify the soft, fabric tip of the swab its sealed, sterile packaging, peel open the packaging and gently remove the swab whilst taking care to not touch the soft, fabric tip of the swab
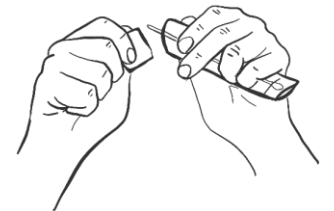
ADMINISTERING

A SWAB SAMPLE

5 Holding the swab between fingers, they will open their mouth wide and rub the fabric tip of the swab over both tonsils (or where they would have been) at the back of their throat, **at least 4 times on each site** (they can use a mirror to help them do this). If the Participant is unable to take a throat swab, they can swab both nostrils instead.
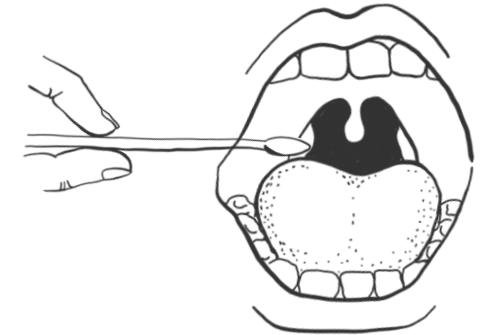
Carefully remove the swab stick from the back of their throat.

6 Put the same end of the same swab gently into one nostril until they feel a slight resistance (about 2.5cm up the nose). Rotate the swab 10 times and slowly remove it.

They only need to sample one nostril. If the Participant has a nose piercing, swab the other nostril. If pierced on both sides, remove the piercing on one side before swabbing. If nasal swabbing is not possible because the Participant has unhealed wounds or fresh piercings on both nostrils, throat only swabbing can be used.

7 They place their swab directly into the pre-prepared vial in the test tube rack.

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1.4
RESULTS INTERPRETATION

RESULTS INTERPRETATION
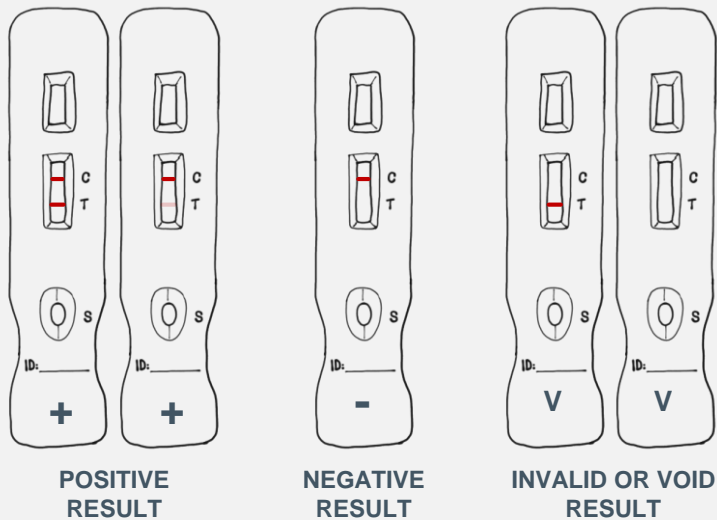
- All results must be reported after 30 minutes of development

- LFDs with positive lines that appear before 30 minutes can be reported after 20 minutes of development (positive results will not turn negative)

- LFDs that appear negative after 20 minutes of development may still become positive, so they can only be declared as negative after 30 minutes of development

- If a positive line appears after 30 minutes, it **should not be reported as positive**

- Line C must be coloured to have a valid test result. It is designed to indicate that the test strip does not have a mechanical fault, not to confirm if the sample applied is valid. Therefore, it is vital that the instructions for collection and preparation of the Participant's sample are followed precisely

- **All** LFDs must be disposed of once the results have been reported

POSITIVE RESULT

NEGATIVE RESULT

INVALID OR VOID RESULT

Positive result:
Any visible coloured line on "C" and "T", which may be faint

Negative result:
Coloured line on "C" only

Invalid or void result:
No coloured line on "C"
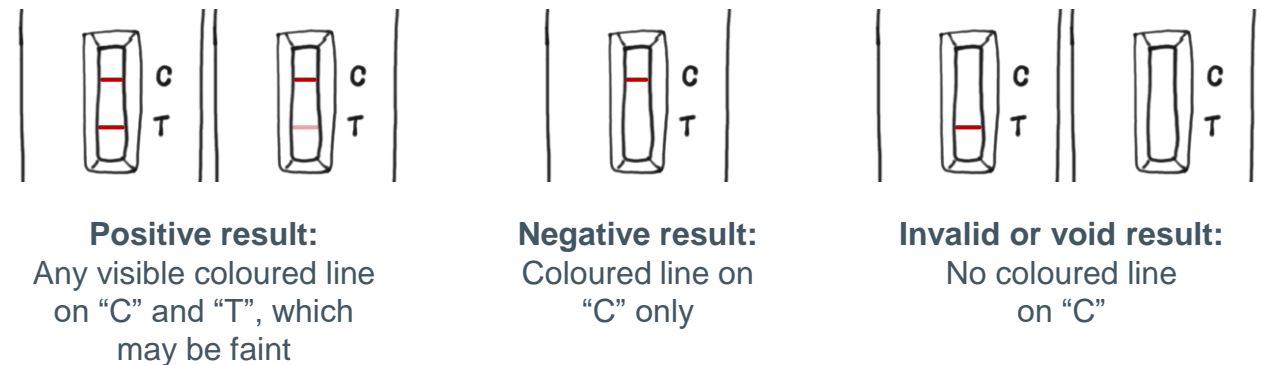
RESULTS VARIATIONS

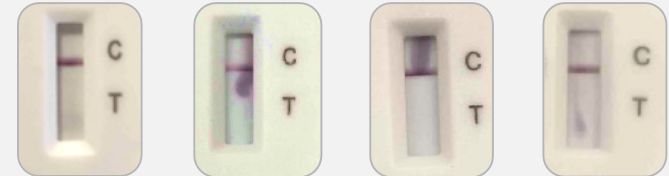Results interpretation may not be as clear-cut as the examples shown on the previous page.

Results lines may appear smudged or faint, but they are still valid results and must be reported. You may find it helpful to refer to these images to help interpret 'smudged negatives' and 'faint positives'.

NEGATIVE RESULTS VARIATIONS:

CLEAR RESULT:
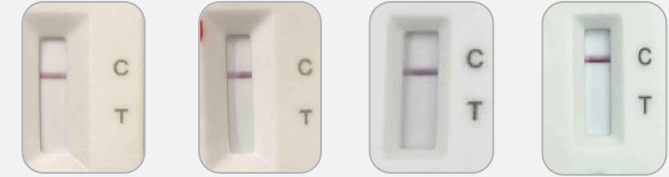
SMUDGED RESULT:

POSITIVE RESULTS VARIATIONS:

CLEAR LINES:

FAINT LINES:

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1.5
TEST RESULTS

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WAITING AREA FOR TEST RESULTS

Organisations can set up waiting areas for their test Participants whilst they wait for their results. This is optional and can be set up if needed. The area should be designated for Participants to wait on-premises while results are processed, social distancing must be maintained in the area at all times.

Sites using a waiting area should contact the Workforce team for implementation to work through implications for each site.

OVERVIEW:

If the site has a waiting area, there should be clear reinforcement of the requirements for 2m social distancing, wearing face coverings and other control measures throughout the end-to-end process.

• There should be a robust process for assurance of these measures.

• There should be a designated individual with the responsibility to ensure these measures are being adhered to and to collate a daily report on this.

Additional team members may be needed to manage the flow of people in this area and to answer questions when the testing Participant gets their result. This approach may be useful to direct Participants with a void result to take a new test immediately.

If giving the result in person, this needs to be delivered using a prepared script, and people will be advised to contact one of the NHS T&T nurses for further advice if necessary.

THE SCRIPT SHOULD INCLUDE:

• Detail of the result (negative, void, positive)

• Instructions on what to do for void results (retest LFD, register for home PCR)

• Instructions on what to for positive results (go home immediately and follow self-isolation guidelines)

• Travel advice for Participants

• How to register for a confirmatory test

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NEGATIVE TEST RESULTS

REGULAR TESTING NEGATIVE RESULT:

- Participants can continue to interacting with their Organisation as usual and are informed of their next testing slot

- Participants who return a negative test result do not need to self-isolate unless: a) they are symptomatic (they'll need to book a different 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.

- Individuals who have a negative test result must continue to follow all national guidance including social distancing and the use of face coverings.

DAILY CONTACT TESTING NEGATIVE RESULT:

- Until they have tested negative for 7 consecutive days, the Participant will need to return the following day for testing. They will be able to interact with their organisation as normal, following other existing guidelines it has in place, provided they can prove their negative result

- Once they have tested negative for 7 consecutive days, they will be able to return to their usual test cycle (if there is one in place), or to life as "normal" (remaining conscious of currently government social distancing and hygiene guidelines)

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NOTE: USE OF DAILY CONTACT TESTING IS RESTRICTED TO TEST SITES ACCEPTED UNDER THE DAILY CONTACT TESTING PROGRAM

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VOID TEST RESULTS

INVALID OR VOID TEST RESULT:

- Participants should be re-tested ASAP using an LFD test if they are near to the ATS and operationally feasible.

- If their re-test result is still invalid or void, they must organise a test through the national testing service (https://www.gov.uk/get-coronavirus-test)

- If the Participant has left the testing site and it is operationally more feasible, it is acceptable to retest with a confirmatory test after the first invalid result. Participants should be directed to go to www.gov.uk/get-coronavirus-test and choose 'home testing' (do not choose a test site).

- They can continue interacting with the Organisation until they receive their test results

- While awaiting a follow-up test, they'll only need to self-isolate if: a) they are symptomatic (they'll need to book a different 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 – **this applies to those who are part of a daily contact testing programme**

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POSITIVE TEST RESULTS

OVERVIEW:

- The guidance for what to do after a positive LFT result depends if you are in England, Northern Ireland, Scotland or Wales

- Guidance for each authority is available on the following slides

GUIDANCE FOR ORGANISATIONS:

- Organisations are responsible for taking action if one of their Participants informs them they have received a positive result

- They will be encouraged to contact PHE and/or their local authority to seek guidance or support contact tracing

GUIDANCE FOR THOSE PARTICIPATING IN DAILY CONTACT TESTING:

- If a Participant tests positive, then all those who have been identified as contacts by the organisation must begin their 7-day daily contact testing period again

NOTE: USE OF DAILY CONTACT TESTING IS RESTRICTED TO TEST SITES ACCEPTED UNDER THE DAILY CONTACT TESTING PROGRAM

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POSITIVE TEST RESULTS:

GUIDANCE FOR ENGLAND

OVERVIEW:

- The requirement to take a follow-up confirmatory test following a positive LFD result has been temporarily suspended commencing 27th January, 2021

- Under the new system, a positive LFD result will trigger: the legal duty to self-isolate; eligibility for support payments; and contact tracing for those who do not report their own LFD results in England.

- This suspension does not apply to testing in the Devolved Authorities

- The policy has been signed off by the Secretary of State and will be continually reviewed in consideration of prevalence rates and operational systems

GUIDANCE FOR PARTICIPANTS:

- the Participant should self-isolate for 10 full days and follow the latest government guidance from the date of their latest test, before they can return to usual activities in line with government guidance

- 3 days after the LFD positive result the Participant will receive a follow-up text message to ensure they and everyone in their household continue to self-isolate for 10 days

- If they or anyone in their household get symptoms, they should self-isolate from the day symptoms started and for the next 10 full days

- Participants are encouraged to inform their Organisations if they get a positive result

- The Participant can return to work the day after they finish self-isolating if they have not had a high temperature in 48 hours, even if they still have a cough (they should contact their Organisation first)

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POSITIVE TEST RESULTS:

RETURNING HOME

Positive testing participants should be advised to return home as soon as possible following the provided guidance.

Participants should try to have arrangements in place to travel home safely in the event they test positive.

PARTICIPANTS SHOULD:

- Travel home immediately, wearing a face covering, if possible, in their own vehicle, walking or cycling

- If they are not able to do so they should arrange for a member of their household to pick them up

- Positive cases should follow national guidance provided by the Department for Transport when travelling home

- 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.

- It is especially important that people follow Government guidance on hygiene, including hand washing before leaving, throughout the process of attending a testing site.

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POSITIVE PCR TEST RESULT

OVERVEIW:

☐ Participants that have tested positive by PCR for COVID-19 are exempt from routine re-testing by PCR or LFD tests within a period of 90 days from their initial illness onset or test (if asymptomatic) unless they develop new COVID-19 symptoms

☐ If a Participant decides to take part in testing within the 90-day period, they should follow the latest government guidance:

   ☐ For management of staff and exposed patients or residents in health and social care settings: https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings

   ☐ For household settings: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

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1.6

HAND HYGIENE AND PPE GUIDANCE

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HAND HYGIENE

Performing hand hygiene means the physical removal of visible dirt, blood and body fluids as well as microorganisms, it has a dual role in protecting others and the member of staff from acquiring microorganisms, which may cause them harm.

TEST SITE STAFF MUST:

- Follow the principles of bare below the elbow, while in the testing zone. Ensuring wrists and forearms are exposed, removing any items that may hinder the process for hand hygiene including wrist watches, rings with stones in (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene, bracelets, friendship bands, long sleeved clothing.

- Ensure fingernails are clean and short, and do not wear artificial nails

- Any cuts and abrasion on the hands or arms must be covered with a waterproof dressing

- Any skin condition such as boils, abscesses, eczema or psoriasis must be reported to the organisational Occupation Health

WHEN TO PERFORM HAND HYGIENE:

Hand hygiene must be undertaken at critical points in order to prevent cross transmission, following World Health Organization (WHO) '5 Moments' principles, including before putting on and after removing gloves and other levels of personal protective equipment:

- Before touching a Participant

- Before carrying out a procedure

- After body fluid exposure risk

- After touching a Participant

- After touching Participant's immediate surroundings

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HAND CLEANING TECHNIQUES
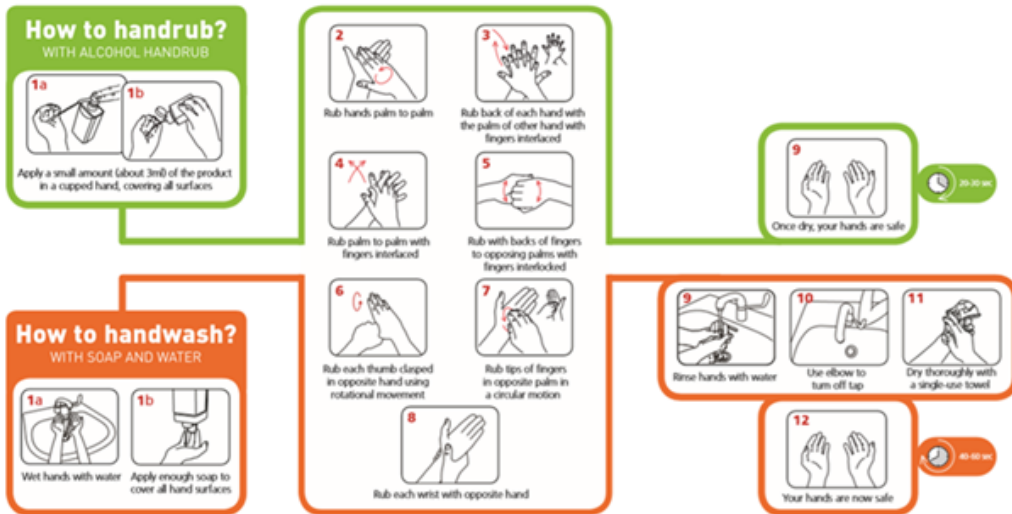
HOW TO PERFORM HAND HYGIENE?

Wash hands with non-antimicrobial liquid soap and water if hands are visibly soiled or dirty, or have interacted with a Participant who has vomited. In all other circumstances use an alcohol-based hand rub. Where running water is unavailable or hand hygiene facilities are lacking, staff may use hand wipes followed by alcohol-based hand rub, and must wash their hands at the first opportunity (NHSE/I 2019)

- **Preparation:** Wet hands under warm running water prior to applying one dose of liquid soap

- **Washing:** Hands must be vigorously rubbed together following the hand washing technique. Rinse off the liquid soap under running water

- **Drying:** Effective hand drying is essential to prevent damage to skin integrity, use good quality disposable absorbent paper towels

- **Moisturisers:** Intact skin is a natural barrier to infection; staff should protect and maintain skin integrity through regular use of moisturiser (do not use or provide communal tubs of hand cream due to the high risk of contamination and cross transmission)

- **Alcohol based hand rub**: It is critical for Test Sites to ensure that guests and staff are maintaining regular hand sanitisation as prescribed in this document and the testing procedures. Testing booths or sample collection areas should be 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

HAND CLEANING TECHNIQUES

PUTTING ON (DONNING) PPE

Make sure you perform hand hygiene. Use alcohol hand rub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings. This is guidance for full PPE donning, some of the steps may not be relevant for certain roles. Role specific guidance for PPE for staff can be found in the **workforce section**.
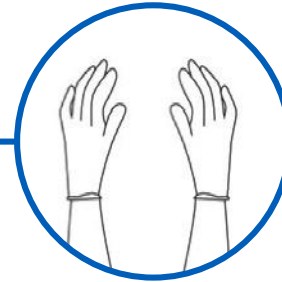
Put on plastic apron, making sure it is tied securely at the back.	Put on surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover mouth and chin.	Put on eye protection if there is a risk of splashing.	Put on gloves.	You are now ready to enter the testing area.

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REMOVING (DOFFING) PPE

Surgical masks are single session use, gloves and apron should be changed between test Participants. All used PPE must be discarded as category B clinical waste in the clinical waste bins. This is guidance for full PPE donning, some of the steps may not be relevant for certain roles. **Role specific guidance for PPE for staff can be found in the Workforce section.**

Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.

Perform hand hygiene using alcohol hand gel or rub, or soap and water.

Snap or unfasten apron ties the neck and allow to fall forward. Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste

Once outside the testing area. Remove eye protection

Perform hand hygiene using alcohol hand gel or rub, or soap and water.

Remove surgical mask.

Now wash your hands with soap and water.

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1.7
CLEANING & WASTE MANAGEMENT

CLEANING GUIDELINES

CONSIDERATIONS:

- 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 offensive waste bin (tiger bag)**

- If disposal wipes are used, if a disinfectant wipe i.e. alcohol wipe is used, the area must be cleaned with a detergent first (see below) to enable the disinfectant to achieve the outcome required

- Any cloth and mop heads used for cleaning must be disposed of and should be placed into the offensive (tiger bag) waste bin provided

- 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

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CLEANING DETERGENTS

OPTIONS TO USE:

- A combined detergent and disinfectant at a dilution of 1000 parts per million (ppm) available chlorine (ppm av.cl). Referred to as a stage one process, as the area is cleaned and disinfected at the same time. The area must be left to air dry, to enable the disinfectant to have the required contact time.

- A household detergent followed by disinfection (1000 ppm av.cl). Follow manufacturer's instructions for dilution, application and contract times for all detergents and disinfectants. This is referred to as a two-stage process, the area needs to be cleaned with a detergent, rinsed and dry, then the disinfectant can be applied and left to air dry, to achieve the correct contact time required.

- If an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses, be this a combined product or a stand-alone disinfectant.

CONSIDERATIONS:

- 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 and should be put into the offensive waste stream (tiger bag) as outlined in this document

- 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.

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DISPOSABLE CLEANING WIPES

CONSIDERATIONS:

- Where possible use a combined wipe (wipes that contain a detergent and disinfectant combined)

- For all wipes it is important that the manufacturer's instructions are followed in relation to the contact time required. It is advisable where possible to purchase packets that have a reliable closure mechanism to ensure wipes do not dry out between uses, as this will affect their ability to be effective against the virus.

IF USING DISINFECTANT ONLY WIPES:

Disinfectant wipes do not contain detergent, additional steps must be followed to clean the surface.

1. Clean the area properly with a detergent rinse

2. Dry the surface

3. Wipe the surface with the disinfectant wipe

WASTE MANAGEMENT

All areas have a waste management 'Duty of Care' and are responsible for undertaking a local WM3 assessment for the classification of the waste that they will generate (if not identified in the table), this assessment must be documented.

A Duty Care Waste Transfer Note must be completed before waste is removed from site and records kept for minimum of 2 years.

CONSIDERATIONS:

- All waste from the site itself should be treated according to the waste categorisation for the item

- Please be aware that waste management guidance may differ in the Devolved Authorities, so for those test sites please seek local guidance regarding waste management.

- The Environment Agency has published RPS C23 Incinerating specified healthcare wastes at a municipal waste incinerator: which can provide an option of disposing of these wastes via municipal waste incinerators, even if they do not have the appropriate waste codes on the permit.

- Please be aware that it is not acceptable to store Chemical or Offensive waste for a prolonged period of time e.g. 72 hours and then dispose of via municipal route. Waste in these categories must be treated in accordance with the instructions above

WASTE CONTAINERS IN THE TESTING AREA SHOULD:

- Have a lid, that is operated 'hands free' (e.g. with a foot pedal)

- Made with a surface that can be cleaned without compromising the integrity of the container

- Have as little as possible nooks and cranny's as possible (to avoid debris getting stuck)

- Be fire retardant

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WASTE CLASSICATION & MANAGEMENT

ITEM	SAMPLE	WASTE CATEGORISATION	EUROPEAN WASTE CODE (EWC)	LIKELY MANAGEMENT ROUTE / WASTE HIERARCHY	HEALTH TECHNICAL MEMORANDA (HTM) 07.01 PACKAGING	ILLUSTRATION (When using the first disposal option)
General Waste	Sandwich wrapper	Domestic/ recycling	20 03 01	1st Option: Materials Recovery Facility 2nd Option: Energy from waste 3rd Option: Landfill	Not applicable	
All packaging	Outer packaging on equipment	Domestic / recycling	15 01 01 15 01 02 15 01 05 15 01 06	1st Option: Materials Recovery Facility 2nd Option: Energy From Waste 3rd Option: Landfill	Use existing municipal route	
Swabs	Absorbent pads Vials Tissues	Chemical	18 01 07 Plus 18 01 04	1st Option: Energy from Waste 2nd Option: Municipal Incineration 3rd Option: Clinical Waste Incinerator	1st Option: Unmarked yellow neutral container/bag 2nd Option: White / clear container/bag 3rd Option: Tiger bag Do not use hazardous waste packaging	
Cartridges / Devices	LFT cartridge	Chemical	18 01 07 Plus 18 01 04	1st Option: Energy from Waste 2nd Option: Municipal Incineration 3rd Option: Clinical Waste Incinerator	1st Option: Unmarked yellow neutral container/bag 2nd Option: White / clear container/bag 3rd Option: Tiger bag Do not use hazardous waste packaging	
Personal Protective Equipment	Apron Face mask Gloves	Offensive	18 01 04	1st Option: Energy for waste 2nd Option: Municipal Incineration 3rd Option: Landfill (last resort)	1st Option: Tiger bag	

1.8
QUALITY & RISK

QUALITY & RISK MANAGEMENT

CLINICAL GOVERNANCE AND QUALITY MANAGEMENT (IN THE CONTEXT OF TESTING INCLUDES):

- Keeping the environment safe

- Making sure staff are trained and competent

- Performing testing audits and monitoring KPIs to ensure clinically accurate testing is delivered

- Maintaining a positive experience and outcome for Participants

- Communicate the purpose of testing and the testing journey

RISK AND ISSUE MANAGEMENT

The identification of risks and appropriate plans to avoid or reduce the risks. Effective management of quality and risks at a testing station is important to:

- Mitigate risks

- Manage adverse events safely, and openly investigate

- Learn and improve

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RESPONSIBILITIES

Clinical governance and quality assurance accountabilities should be defined before starting the testing

WHO IS RESPONSIBLE:

Everyone involved in testing has a responsibility to maintain quality and manage risk, however the Team Leader is ultimately responsible.

A designated team member will need to act as the Quality and Governance Lead, who can be the Team Leader, and have accountability for the clinical quality and risk management of the service.

KEY ACTIVITIES:

It is expected that good quality and risk management processes are put in place covering areas such as:

- Managing the completion daily and weekly site setup checklist

- On-going availability of training materials for site operators

- Monitoring of key results and KPIs applicable to the testing site

- Managing health & safety and security of site

- Clear and communicated point of escalation for issues on site, and a route to escalating to local public health officials as appropriate

- Ensure adherence to the Standard Operating Procedure

- Respond to any data privacy concerns as directed

SUGGESTED PRACTICES & TOOLS

Each site should develop a plan on how they will go about managing quality, risks and issues. The below are common practices and tools that can be used to deliver the plan.

QUALITY CONTROLS:

- **Operational checklist:** A daily/weekly checklist for team leaders to use to ensure test site materials and procedures are ready for safe testing

- **Workflow reviews:** Assessment of relevant workflow on a periodic basis and following any incidents

- **Staff training:** Observational assessment of staff carrying out the testing process and completion of training records, including updates to training

- **Monitor void tests:** Investigating reasons where occurring, especially in cases of repeated occurrences or higher than usual numbers

- **Incident reporting:** Defined incident reporting process and log – see appendix for incident log template and DHSC contact points

RISK ASSESMENT & REGISTER:

- All sites should conduct a risk assessment completed prior to launch. The assessment will be specific to the circumstance of the testing operation and should identify the nature of the risk, severity and likelihood of it occurring and the actions to mitigate.

- All sites should have a risk register that is maintained, updated and reviewed regularly (typically daily), ideally by the Team Lead. The register should build on the initial risk assessment.

SAFETY & INFECTION PREVENTION RISKS

CONSIDERATIONS:

- Ensure the area and equipment cleaning is carried out thoroughly between each sample

- A healthcare waste bin is nearby, easy to reach, fire retardant and have smooth surfaces to prevent debris formation

- All cleaning equipment and a supply of fresh replacement PPE are present and ready for use

- PPE is donned fully and correctly

- Infection prevention and control procedures are in place and understood

- Social distancing is maintained throughout the operation

- Hand-washing and cleaning procedures are carried out

- Adequate signage to ensure Participants comply with one-way flow and socially distanced queueing.

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TESTING

PROCESS RISKS

CONSIDERATIONS:

- The 30-minute reading is a strict deadline. Reading results after 30 minutes can give a false positive.

- Do not let the extraction fluid bottle touch the extraction tube when adding the 6 drops (to prevent cross-contamination)

- Do not touch the sample well at any point – this is a specific risk during the application of the barcode label on the back of the cartridge

- Check the cartridge is in date

- Ensure you complete 10 seconds' worth of extraction of the sample

- Ensure the 2 drops of extracted sample fluid are bubble-free before releasing them into the sample well

- The recording of results is double-checked before submitting

- The LFD is stored on a flat surface while processing and not moved

- The LFD devices and reagents need to be stored between 15 and 30°C during use. Appropriate temperature monitoring and control will be necessary to ensure this

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TEAM & RUNNING THE SITE RISKS

CONSIDERATIONS:

- Self-swabbing and testing overall may be a new experience for many people and they may be anxious. Participants should not be hurried and swab at their own pace

- Testing and operations teams understand and self-enforce rules related to eating and smoking while on breaks

- The testing team are aware of how to raise risks or issues

- No one associated with BAU activity should be permitted access to the test site unless they are involved in the day-to-day running of test site operations

- Social distancing is maintained throughout the testing operations by both Participants and testing teams

- Where space is limited, test queues are 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

- The testing area, sample collection stations and privacy booths should be easy to clean and sterilise

2

TEST KITS & LOGISTICS

CONTENTS

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2.0
TEST KIT OPTIONS AVAILABLE

TEST KIT OPTIONS AVAILABLE

1

Innova test kits
Includes LFD, buffer solution, swabs, extraction tubes, barcodes, & registration cards.

This page will be updated as more test kits become available

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2.1
TEST KITS

TESTING TECHNOLOGY

Innova Lateral Flow Antigen testing involves processing a throat and nasal swab sample with an extraction fluid and a Lateral flow device (LFD).

The LFD detects a COVID-19 antigen that is produced when a person is infected with COVID-19. If this antigen is present, then **two coloured strips** will appear on the LFD, indicating a positive result. Results can be analysed in 20-30 minutes after the sample is loaded onto the LFD.

The testing technology used in Innova test kits contains products derived from animal cells, this is in common with similar tests of its kind. During development, at no time have any component parts been tested on animals.

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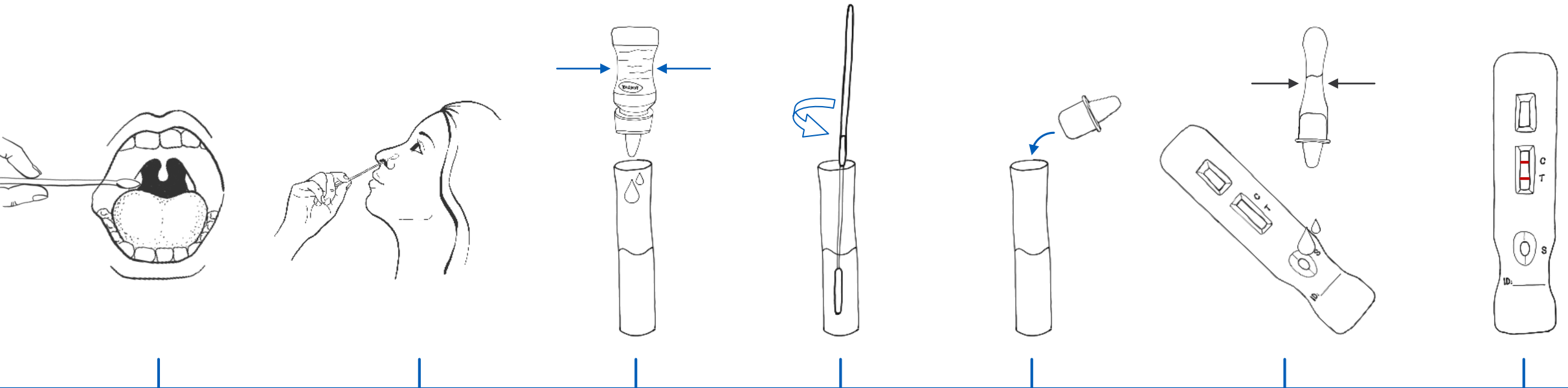
INNOVA LFT ACCURACY

Evaluations from Public Health England and the University of Oxford show LFD tests are accurate and sensitive enough to be used in the community and are suitable for identification of true positives in asymptomatic people and surveillance.

ACCURACY	DEFINITION	RESULTS (as of 12/2020) Based on ongoing review in real time for the Innova SARS-CoV-2 Antigen Rapid Qualitative testing
Specificity	The measure of how good the test is at detecting negative cases	99.68% (i.e. a false-positive rate of 0.32%)
Sensitivity	The measure of how good the test is at detecting positive cases	Overall sensitivity of 76.8%. 95% sensitivity for those with high viral loads.

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INNOVA TEST KITS CONTENTS

For illustration purposes only, the items you receive may look slightly different.

SWAB
Inside a sealed
wrapper (Swabs
are latex free)
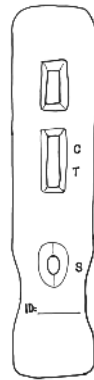
LFD CARTRIDGE
Where the sample is
analysed

EXTRACTION SOLUTION
Used to prepare the swab
before results analysis
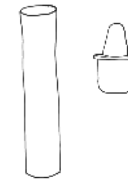
EXTRACTION TUBE
Where the swab is processed
before the sample is analysed

STORING TEST KITS AND REAGENTS

Regular temperature checks should be made to check that the conditions are within the manufacturer's acceptable range. You should follow the storage instructions provided by the manufacturer.

REQUIREMENTS:

- The LFD devices and reagents must be stored between 2°C and 30°C
- LFD devices and reagents must be stored between 15°C and 30°C when used for testing and sample processing
- LFDs must be kept out of direct sunlight
- The shelf life of test kits is 24 months from the date of manufacture

OTHER DHSC PROVIDED ITEMS

For illustration purposes only, the items you receive may look slightly different.
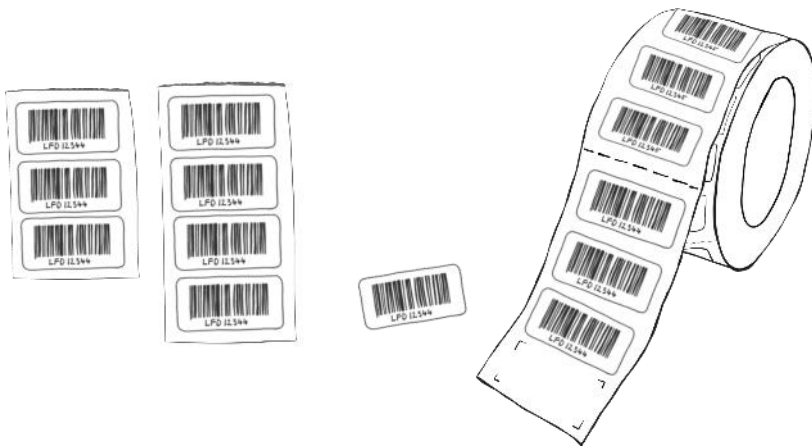
UNIQUE TEST BARCODES

Unique barcodes come in sets of 3 or 4. They are used to match Participants to their test sample. **Barcode sets cannot be shared or re-used, they are unique to the individual Participant.**

- **Barcode 1**: For the Participant to stick onto their test registration card
- **Barcode 2**: For the sample Processing Operative to stick onto the Participant's LFD
- **Barcode 3 or 4**: Spare barcodes in case the other barcodes are damaged (unused barcodes must be discarded – they must not be reused)

Participant Registration cards
A reference card for the Participant to keep as a record of their test.

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2.2

PERMANENT TEST SITE CLOSURE

RETURNING UNUSED TEST KITS

If the DHSC provided your Organisation with PPE, this must also be returned.

OVERVIEW:

When a test site permanently closes all DHSC provided items must be returned.

The Organisation must email control@dhsc.gov.uk to initiate the return request, specifying:

- What needs to be returned

- The quantity needing return

- When the site will be permanently closed, and therefore when the stock must be returned

The DHSC team will provide a checklist to help sites initiate the return and will assist in the return process.

The DHSC team will then arrange a collection for the unused test kits. It may take up to **5 days** for the DHSC to process and arrange the collection for the test kits.

3
TESTING CHANNEL

CONTENTS

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3.0
OVERVIEW

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SETTING UP YOUR TEST SITE PROCESS

PLAN SITE	ORDER MATERIALS	BUILD SITE	MANAGE INVENTORY

ORGANISATION MANAGER

Read through the document to understand different site configurations and the setup process
Section 3.1-3.5

Consider the specific requirements of your participant population and what accessibility considerations may be relevant to your site
S 3.2.6

Plan your site layout, according to your available space with the aid of the example layouts
1+ Days S 3.3

SITE LEADER

Determine and order required site materials using the Bill of Materials
3+ Days S 3.4

Order replacement supplies from BoM when required
S 3.4

SITE STAFF

Build the site according the planned layout

Manage site inventory to ensure consumable materials are tracked
S 3.4

KEY

Guidebook section
Estimated time it takes

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3.1
OPTIONS AVAILABLE

OPTION A:
SINGLE PRIVACY
BOOTH

Flatpack partitions, flooring as required, accessories, chair/tables & signage. Deployed between 1-5 booths.

OVERVIEW:

- Offers privacy for testing and fully accessible (e.g., for wheelchair users)

- Healthcare waste bins should be accessible by both Participants and staff

- Can be combined with option 2 to provide privacy facility

- **Low throughput space requirements**: Small or mid-size room suitable for the construction of a single or several booths

SINGLE PRIVACY BOOTH

Use this layout to set up a single accessible privacy booth. Refer to the "**5. Example layouts**" section for examples of how to combine and scale this layout.

KEY FEATURES:

- Flat pack self-assembled testing booth with built in panels for swab sample handover

- Physical barrier between Participant and Test Operatives

- Wheelchair accessible

- Provides complete privacy for the Participant

- Floor tape used to mark out barriers for Test Operatives
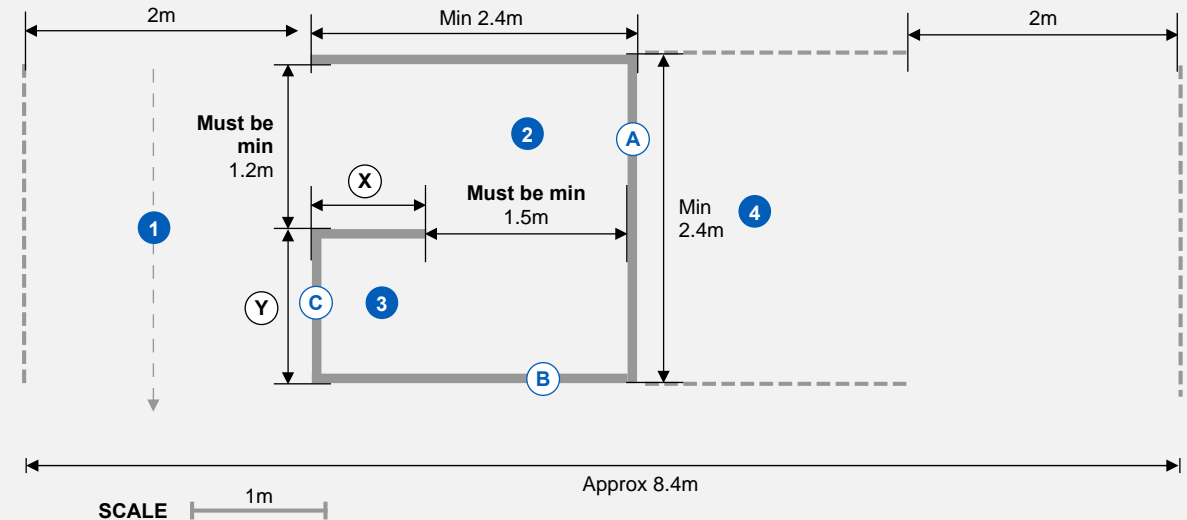
Wheelchair accessibility

To be compliant with building regulations, the entrance of the testing booth must be 1.2m wide (to allow for entry and exit) and the booth must include a 1.5m diameter turning circle (to allow wheelchair users to complete a full circle turn).

X   The length of this depends on the overall outer dimensions

Y   The length of this depends on the overall outer dimensions

COMPONENTS

A   See through panel with opening (where the swab sample is handed over)

B   Mirror - Seated height (for wheelchair users)

C   Mirror - Standing height (for non wheelchair users)

AREAS

1   One-way walkway

2   Accessible test booth

3   Standing area for non-wheelchair users who require privacy

4   Sample processing, results analysis and upload area

KEY

- - - - -   Floor tape

———   Test booth

- - - →   Flow of people

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FRONT PANEL DIMENSIONS

Clear Panel

376mm

Hatch

Shelf

300mm

1990mm

200mm

472mm

200mm

880mm

1200mm

1200mm

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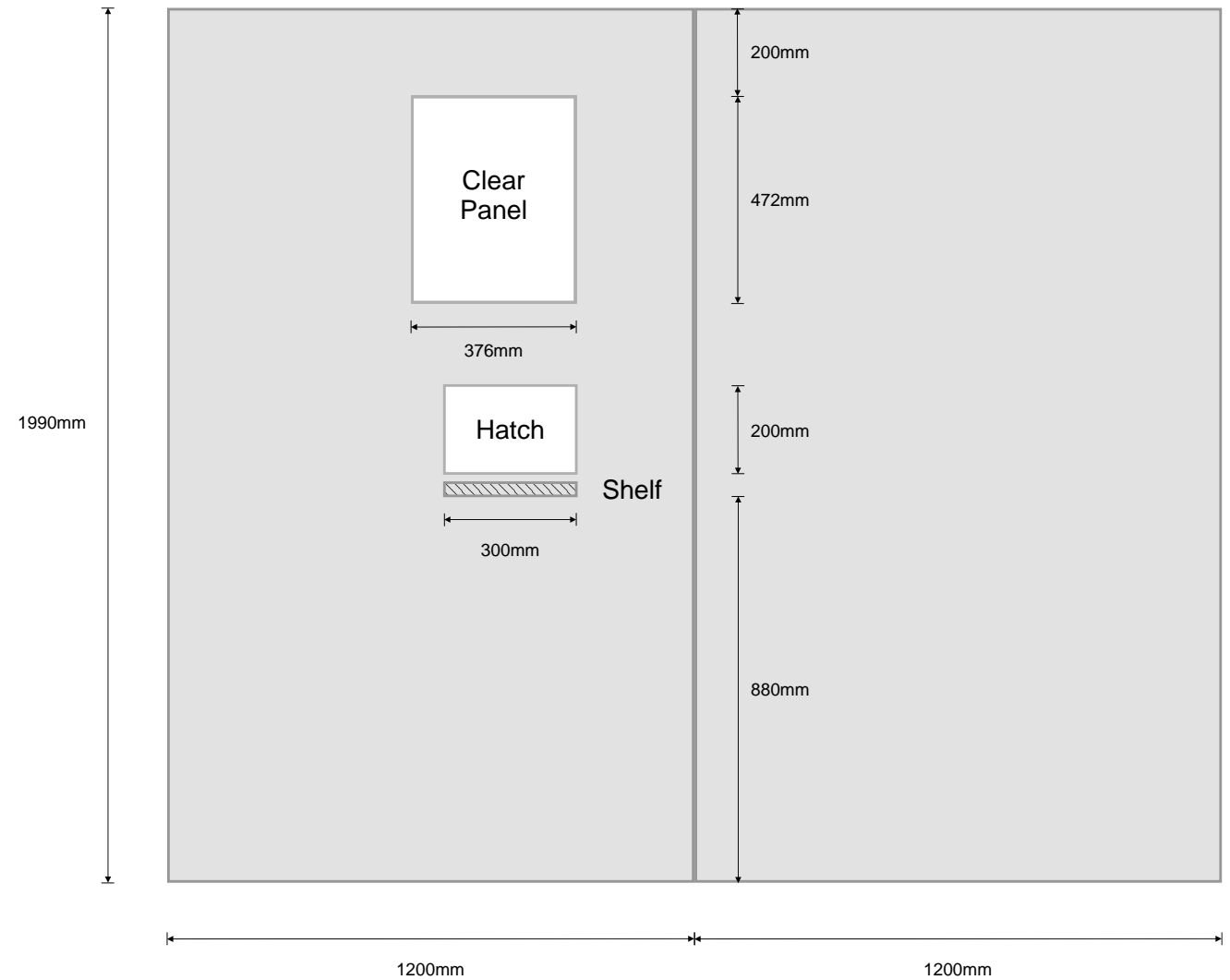
OPTION B:
OPEN PLAN

Desk screens, taped floor markings and partitions (if required). Scalable 1 to many stations.

OVERVIEW:

- Single or multi-table layout in an open plan space

- Requires more space than a booth layout due to social distancing requirements

- Chairs are required for the Participants to sit during testing (the height limitations of the protective screens do not allow for effective infection control if the Participants stand)

- If space is limited, partitions can be provided to separate test stations and maintain effective infection control

- Suitable for single room/office space, or large testing site area that can be demarcated with tape

- Screen is clinically and operationally advisable but not mandatory

- Note, can be combined with option 1 to provide privacy facility

- **Low throughput space requirements**: Small room for single test and analysis table

- **High throughput space requirements**: Large open test area for multiple tables

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OPEN PLAN LAYOUT

Use this layout to set up an open plan testing area with partitions between Participants. See the "**5. Example layouts**" section for examples of how to combine and scale this layout.

KEY FEATURES:

- Physical partition / barrier between Participants to remove the need for social distancing between test spaces

- Floor tape used to mark out barriers

- 2m social distancing for Participants outside of the sample collection area to ensure effective infection control

- Testing site staff should try to maintain 2m social distancing with each other where possible, however, social distancing can be reduced if they are wearing full PPE
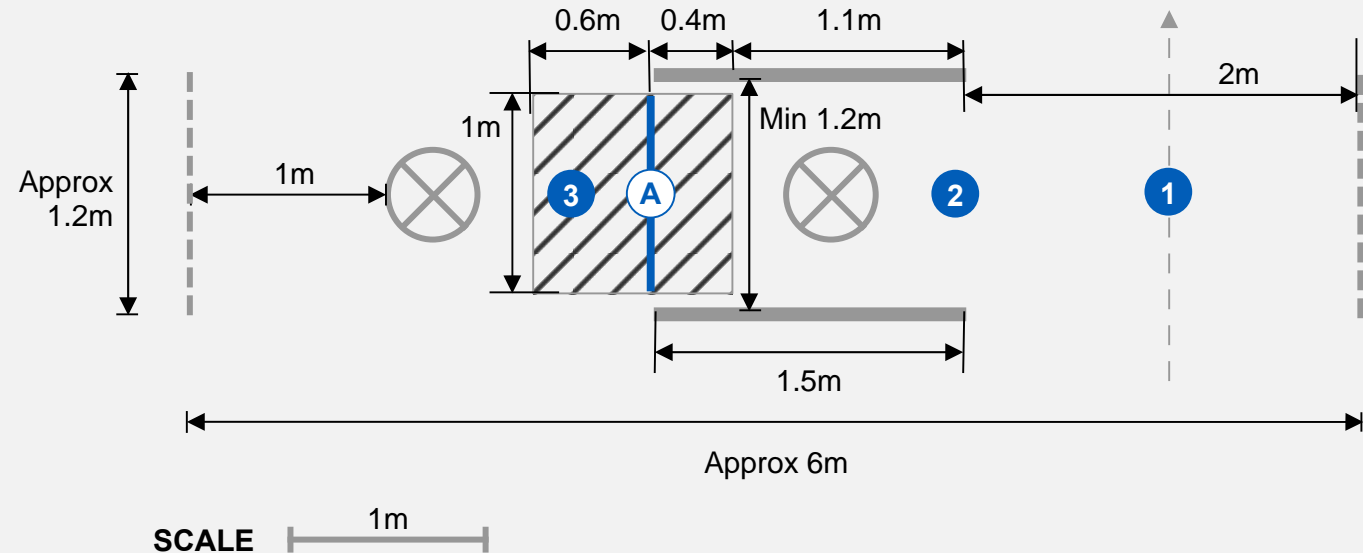
AREAS

1. One-way walkway

2. Test space

3. Sample processing, results analysis and upload desk

KEY

- Table (1x1m)
- Chair
- Floor tape
- Protective clear screen or tape to mark barrier
- Partition (W1.5m xH2m)
- Flow of people

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OPEN PLAN: DESK SCREEN DIMENSIONS Ⓐ
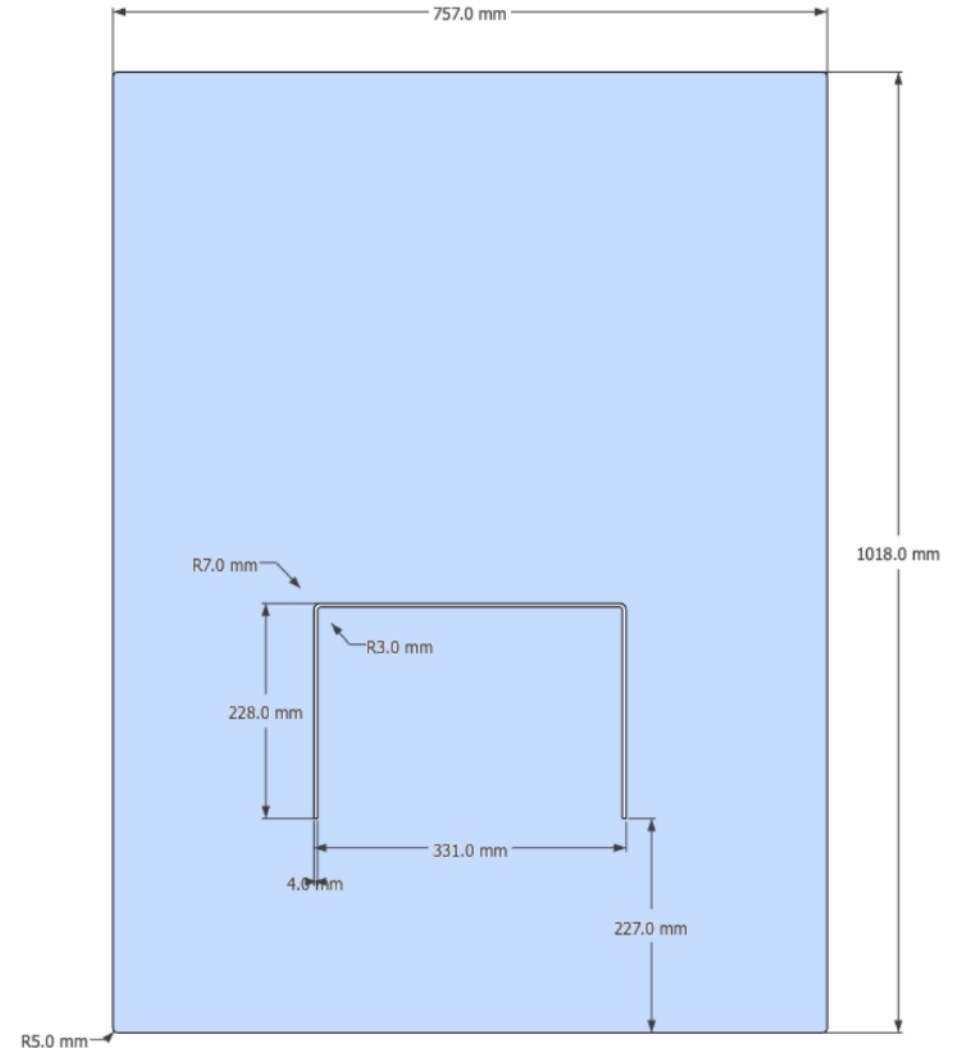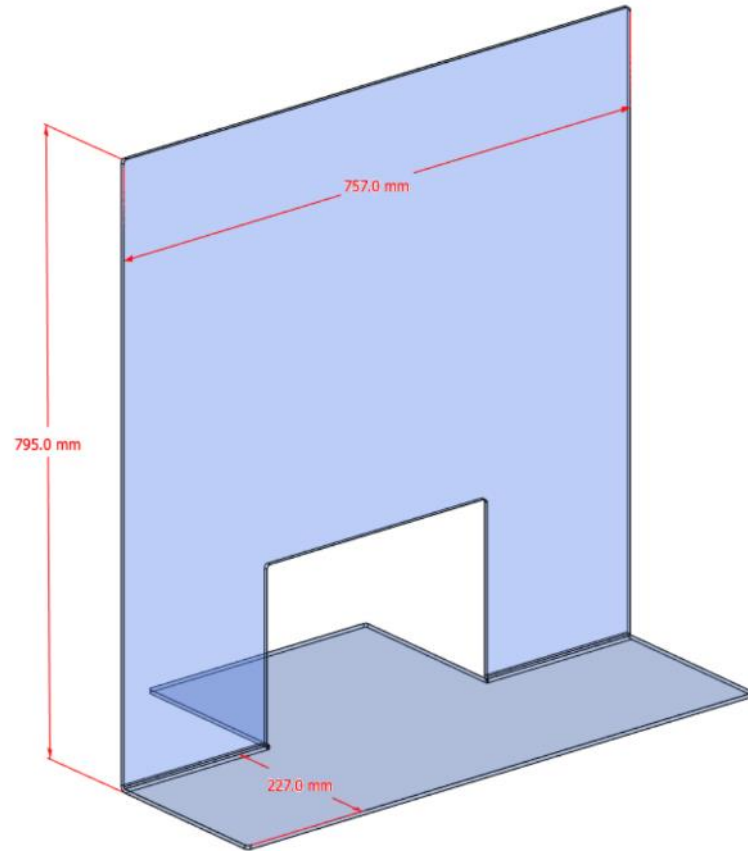
- All external corners to be 5mm radius cut
- 4mm router cut slot
- 90 degree folds must be parallel
- Stand must be stable with no wobble
- All sharp edges to be deburred/finished to prevent risk of injury

3.2 COMPARISON OF SITE OPTIONS

Factors	Option 1 – Single Privacy Booth	Option 2 – Open Plan
Space	Small space requirement	Flexible to space requirements
Typical Target Population	Small	Scalable as per number booths
Infrastructure	Partitioned booth, flatpack booth	Desk, taped floor markings, screen (clinically and operationally advisable), partitions if required
Privacy / Accessibility	Full privacy and wheelchair accessible	No privacy / accessibility in open plan model, unless combined with option 1
Build Requirement	Self-assembly	Self-assembly
Maximum Throughput Per Booth	**Per 1 Booth Per Hour:** 10 tests **Per 8 hour day:** 80 tests *Assumption: 1 test per person - 6 mins*	
Supply Delivery Lead Time	*Lead time dependent on level of required infrastructure, site location and customer priority. However, please leave a minimum of 5 days' notice*	

3.2

CONSIDERATIONS WHEN SETTING UP A SITE

TESTING SITES SHOULD BE:

- Large enough to permit social distancing. 2m social distancing should try to be maintained at all times, however, can be reduced with complying with the requires PPE guidance.

- Over 2.5m in height

- One-way systems to manage the flow of people

- Accessible to all test participants e.g., wheelchair accessible, ground floor location

- Fully cleanable across all surfaces (e.g., hard, non-porous flooring)

- With adequate supply of fresh airflow and/or a non-recirculation mechanical air conditioning system to reduce risk of transmission

- With accessible washroom facilities, changing rooms and hand hygiene facilities (soap and water/appropriate alcohol-based hand rub)

- With mains power or a temporary generator power supply

- Adequately lit

- Reliably connected to the internet connection for registration and result capture

- With a legal agreement allowing testing operations (if space not owned by the organisation)

- With secured storage spaces with spaces for 15-30 degree temperature control

- Signed off from a Fire safety, health and safety, mechanical and electrical and security perspective

- With an appropriate space for clinical waste bins, accessible by waste collection services

- With an appropriate reception space to maintain social distancing

SCALING &

COMBINING THE

BUILD OPTIONS

The site layout options are **modular** and **scalable**.

Organisations should build testing sites considering the **number of booths** required and the **privacy needs**, and scale accordingly.

Note that **options can be combined**. For example:

- If a testing site needs an open plan, high throughput testing site with privacy facilities, they should **combine options 1 and 2**

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PARTICIPANT ARRIVAL AREA
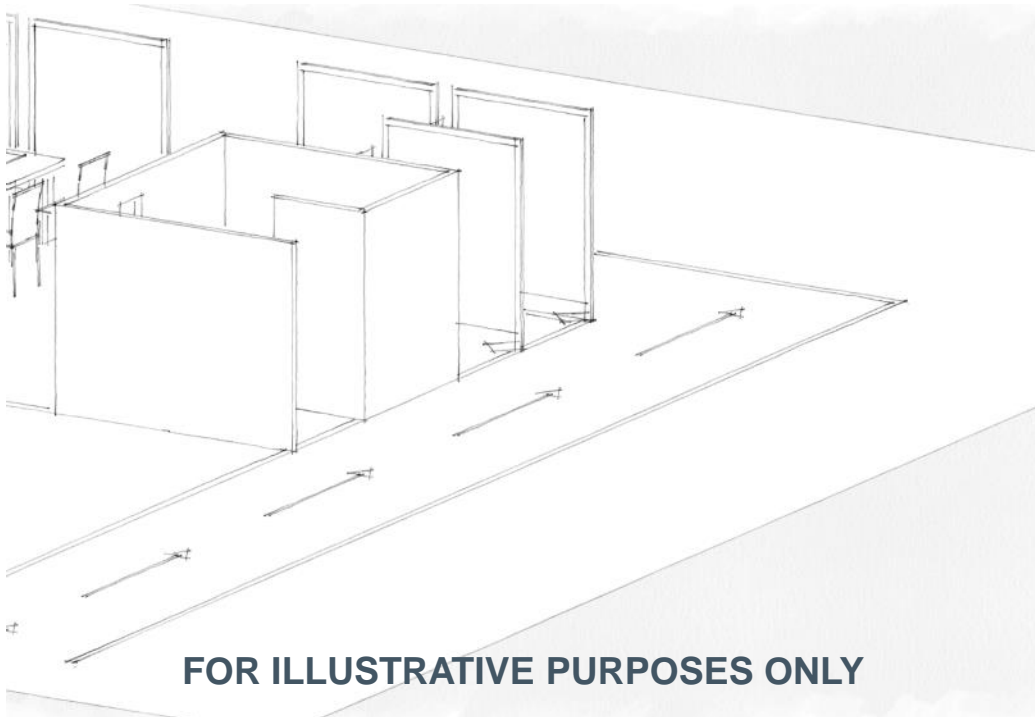
FOR ILLUSTRATIVE PURPOSES ONLY

WHAT IS THIS AREA:

- The entrance to the testing site which can be indoors or outdoors

- This area may contain a socially distanced queue system as appropriate for the organisation's specific testing site location

- The initial point of contact between the Participant and the testing site

FEATURES OF THIS AREA:

- Demarcated one-way system for Participants

- Hand sanitiser station(s) on entry / in arrival area

- Check-in point or system to allow Participants to receive their test kit and bar code

TESTING STATIONS

FOR ILLUSTRATIVE PURPOSES ONLY
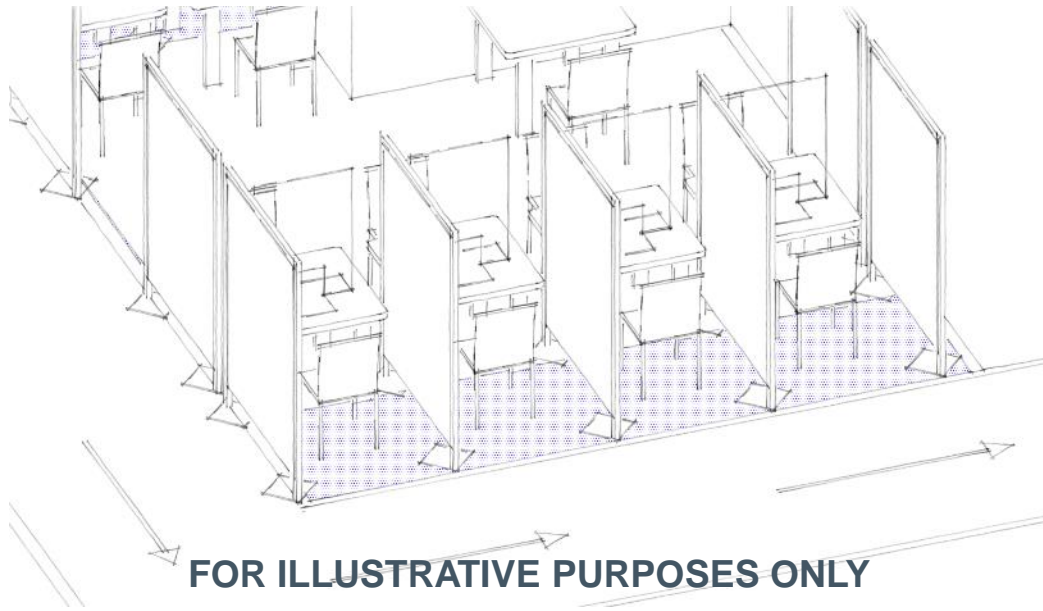
WHAT IS THIS AREA:

- The dedicated zone(s) on the site for the Participant to collect their swab sample

- This area may contain a booth, table, a marked zone, or multiples of these depending on the organisation's choice

- It might be useful to reserve a test station for first time Participants, as they are likely to take longer to complete the testing process

FEATURES OF THIS AREA:

- Hand sanitiser station(s) in the sample area

- Testing guidance and supervision for Participants

- A system for the Participant to pass their sample for analysis, such as a hatch or open space

- Demarcated one-way exit route

ACCESSIBILITY:

- The sampling area should have an accessible sample collection booth if required

PROCESSING & RESULTS AREA
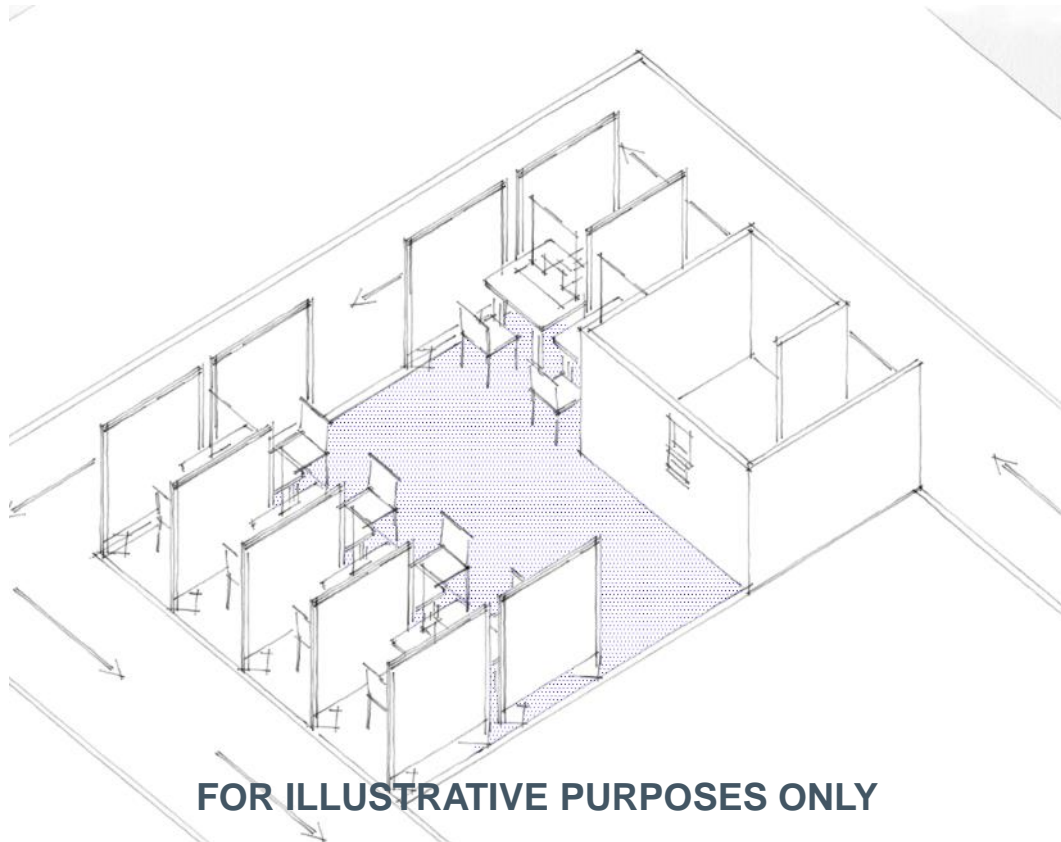
FOR ILLUSTRATIVE PURPOSES ONLY

WHAT IS THIS AREA:

- The zone where Participant samples are received and analysed, where each device is developed until a result is available

- The space where the results are recorded

FEATURES OF THIS AREA:

- Desks for receiving and processing Participants' samples

- Access to PPE and hand sanitiser station(s) for testing site staff

- Waste management for the used materials

3.3

ACCESSIBILITY CONSIDERATIONS

PHYSICAL REQUIREMENTS

- Wheelchair access, including wheelchair height for reception desks and boxes to deposit tests

- Hearing Loops

- Varied seating options for people with different physical needs (seats with arms, seats without arms etc.)

STORAGE REQUIREMENTS

- Easy Read

- Large Print

- Braille

- Translations

- Clear Masks

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PHYSICAL ACCESSIBILITY CONSIDERATIONS

It's critical to consider accessibility from the outset when setting up a site – both to avoid unnecessarily excluding people that need a test and to avoid a timely and possibly expensive refitting exercise to do so retrospectively.

The following slides detail a checklist for physical accessibility requirements for testing sites designated for use only by asymptomatic people. Social distancing requirements remain in place nevertheless. Please ensure that these points have been factored when designing the layout of the ATS.

(1)

BUILDING ACCESS:

1. **How easy is it for users to get to your site?**
   - Is there accessible public transport to the testing site?
   - Are the pavements leading to the venue in good condition with dropped kerbs?
   - Are there accessible road crossings with warning texture and crossing systems?

2. **Is there disabled parking at or near the testing site?**
   - How many spaces are there?
   - Is it within 50 metres uncovered or 100 metres covered to an accessible entrance?
   - Is there lighting from the accessible parking to accessible entrance?

3. **Is the main entrance easy to recognise, which can be defined by a unique physical feature or colour?**
   - If dark outside, is there appropriate lighting?

4. **Is the entrance accessible?**
   - If there is a ramp, does it have a levelled area at the top?
   - If the doors are closed, can they be opened unaided by a person in a wheelchair i.e. lightweight door (try opening it with one finger), low door handle, or automatic button?
   - Are steps and floor level changes clearly marked with a bright contrast edging?

5. **Is there an entrance lobby where a wheelchair user can move clear of one door before using the next one?**
   - Does the lobby door have space to be fully opened?
   - Is there a trip hazard?
   - Is there a see-through, visual panel so you can see someone approaching?

6. **Is there a reception area?**
   - Is there the reception desk at a suitable height for wheelchair users to see over?

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PHYSICAL ACCESSIBILITY CONSIDERATIONS

2

FACILITIES AND SERVICE:

1. **Is there clear access to the testing area?**
   - Wide doors?
   - Wide corridor?
   - No obstacles in the way e.g. rubbish bin, etc…
   - If the doors are closed, can they be opened unaided by a person in a wheelchair e.g. lightweight door (try opening it with one finger), low door handle, automatic button?

2. **Is there colour contrasting in the building so that the doors and fixtures are easy to distinguish?**
   - Does the furniture contrast with the surroundings so that sighted and partially-sighted people can detect it and be less likely to bump into it?

3. **Are the floor surfaces non-slip?**
   - Does the floor surface create a glare?

4. **Is there hearing loop support at your site?**
   - Are staff aware of how and when to use hearing loops?

5. **Is there a private assistance area for people who may need additional assistance with registration? e.g. non-digital / assisted digital areas?**
   - Is this area private / out of view for those who may not want to expose their need for support?
   - Is this area accessible for wheelchair users?
   - Does this area have basic furniture (table, chairs) that is both accessible and not causing an obstruction?
   - Does this area have varied seated options for people with different physical needs (e.g. seat arms attached, no seat arms)?

6. **Is there clear signage?**
   - Is only the first letter of each word capitalised?
   - Is the font simple or plain, such as Arial or Helvetica?
   - Is there colour contrasting, such as black & white or yellow & dark blue

3

EVACUATION PROCEDURES
1. **What is the evacuation procedure for assisting wheelchair users out of the building?**

85

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3.4 EXAMPLE LAYOUTS

MULTI OPEN PLAN LAYOUT EXAMPLE – WITH PARTITIONS

KEY FEATURES:

- Example for 7 testing stations

- Partitions remove the need for social distancing between testing stations, allows for more testing stations to be set up be set up in a smaller area

- Participants follow a one-way system around the testing site to enter and exit

- Test Operatives should wear full PPE as there is limited space for social distancing

- May need extra partitions if Organisations want to reduce the social distancing space between the Test Operatives and the one-way walk-way for Participants

MULTI OPEN PLAN LAYOUT EXAMPLE – WITH PARTITIONS

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AREAS

1 One-way walkway

2 Wheelchair accesible test booth

3 Testing stations with partitions

4 Sample processing, results analysis and upload desk

COMPONENTS

A See through panel with opening (where the swab sample is handed over)

B Mirror - Seated height (for wheelchair users)

C Mirror - Standing height (for non wheelchair users)

D Desk screen or tape to mark barrier

KEY

▨ Table (1x1m)	Ⓓ Protective clear screen or tape to mark barrier	
⊗ Chair	▬ Partition (W1.5m xH2m)	
--- Floor tape	--→ Flow of people	

Approx 7m

Approx 12m

2m   2m   1m   1m   2m   2m

SCALE |— 1m —|

88
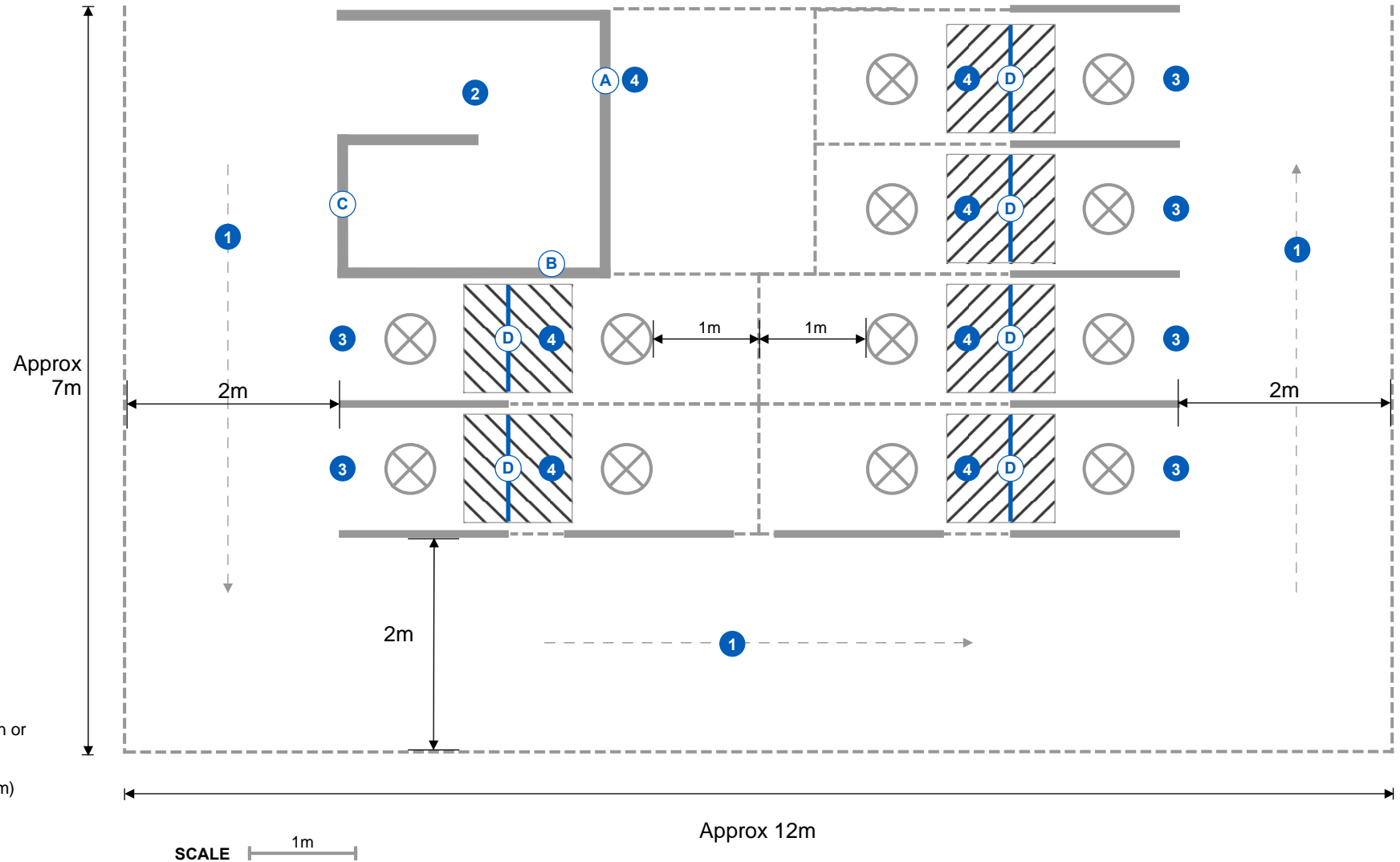
MULTI OPEN PLAN LAYOUT EXAMPLE – WITH PARTITIONS - 3D MODEL
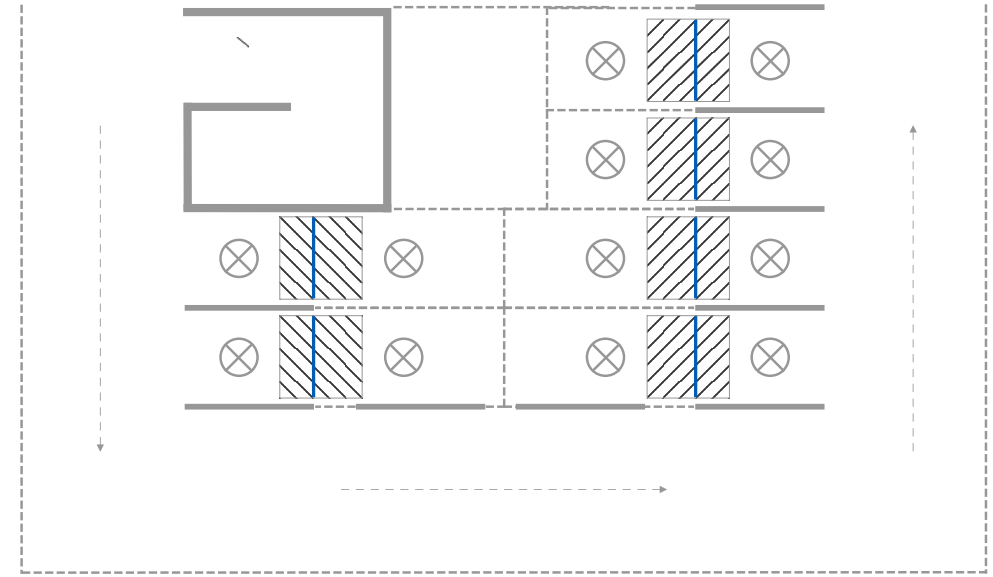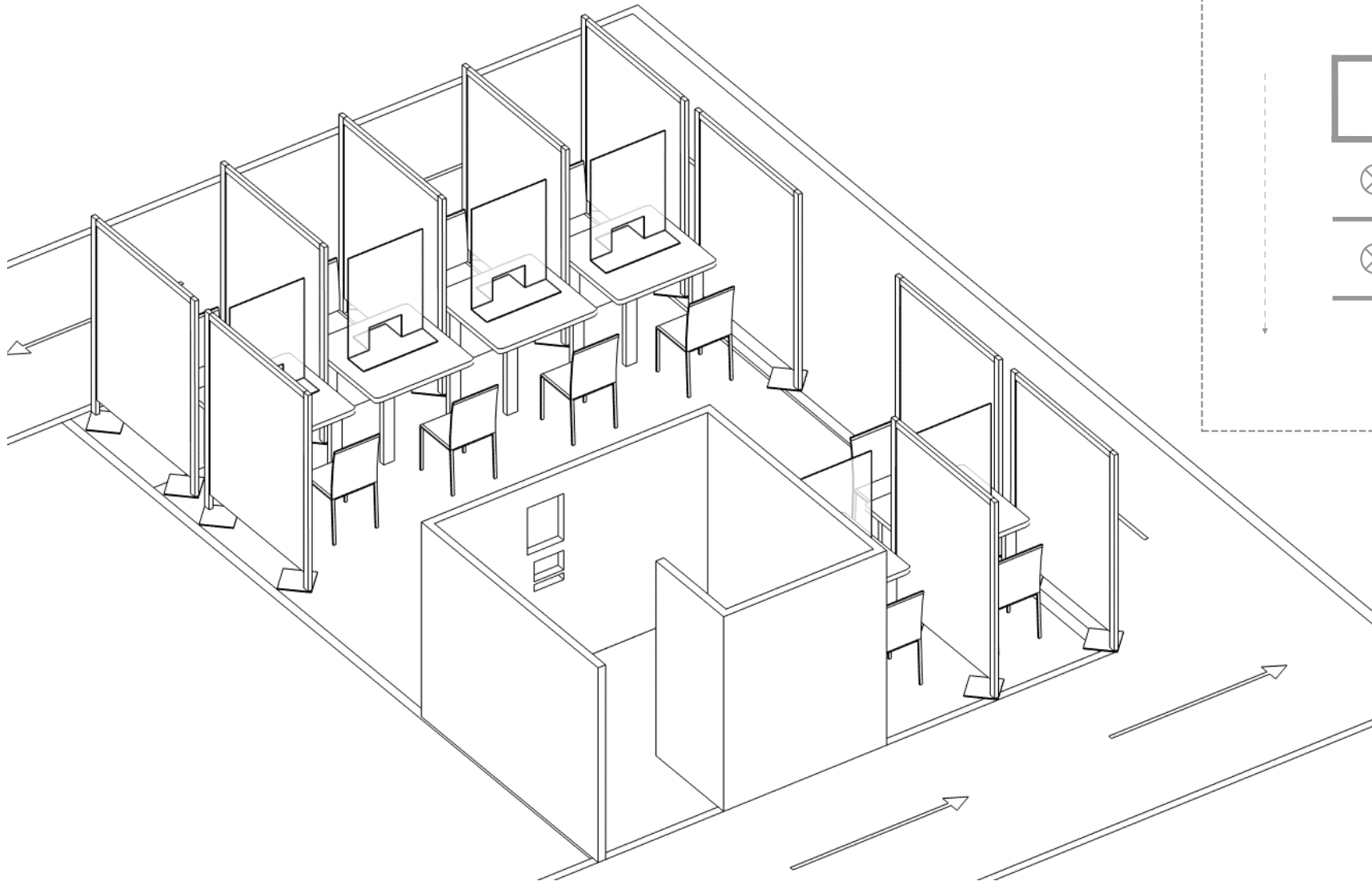
MULTI OPEN LAYOUT EXAMPLE – NO PARTITIONS
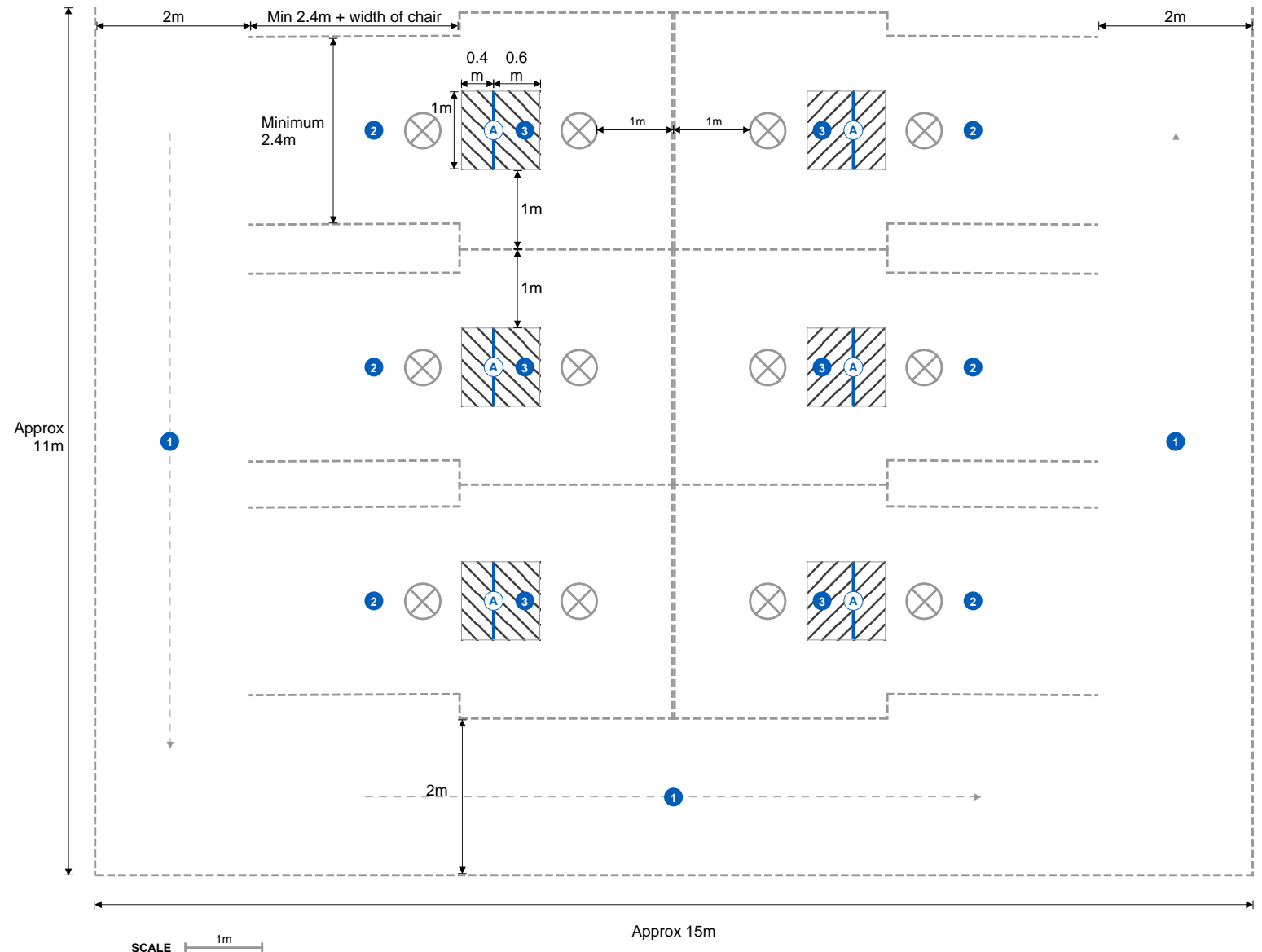
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KEY FEATURES:

- Example for 6 testing stations

- No physical barriers between Participants

- Requires a much larger space than "partitions" as social distancing is required

- Participants follow a one-way system around the testing site to enter and exit

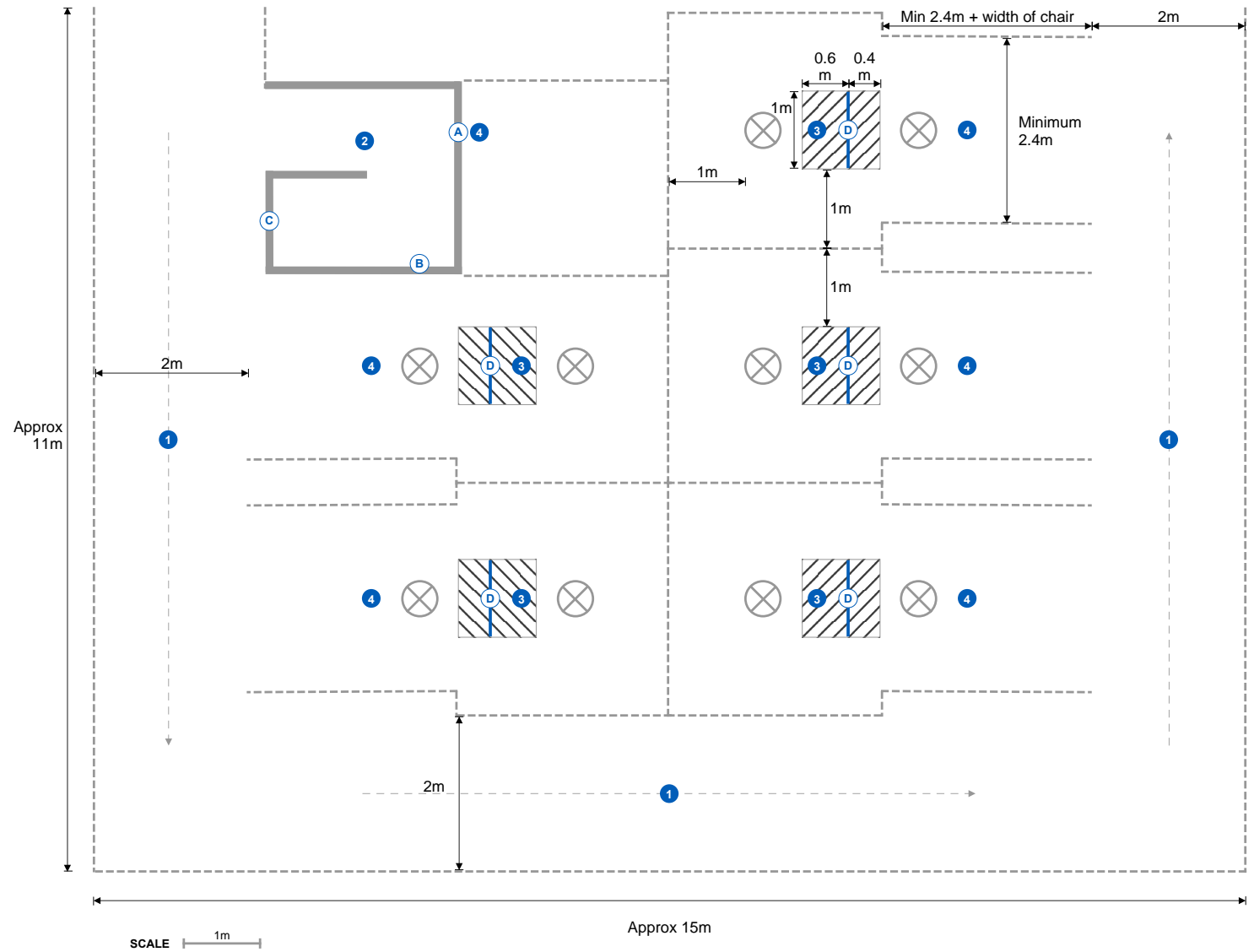- Test Operatives have enough space to socially distance themselves

AREAS

1 One-way walkway

2 Accessible test space (minimum 2.4x2.4m)

3 Sample processing, results analysis and upload desk

KEY

▨ Table (1x1m)

⊗ Chair

---- Floor tape

── Ⓐ ── Protective clear screen or tape to mark barrier

- - ▶ Flow of people

90

SCALE |—1m—|

Approx 15m

Approx 11m

2m   Min 2.4m + width of chair   2m

0.4m 0.6m

Minimum 2.4m

1m   1m   1m   1m   1m

2m

MIXED LAYOUT EXAMPLE

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KEY FEATURES:

- Example for 6 testing stations (1 single Privacy booth and 5 open plan with social distancing)

- Provides Participants a private testing space if they need one

- Requires a larger space to set up

- Participants follow a one-way system around the testing site to enter and exit

- Test Operatives have enough space to socially distance themselves

AREAS

1. One-way walkway

2. Wheelchair accesible test booth

3. Testing stations with social distancing

4. Sample processing, results analysis and upload desk

COMPONENTS

A. See through panel with opening (where the swab sample is handed over)

B. Mirror - Seated height (for wheelchair users)

C. Mirror - Standing height (for non wheelchair users)

D. Desk screen or tape to mark barrier

KEY

- ▨ Table (1x1m)

- D — Protective clear screen or tape to mark barrier

- ⊗ Chair

- – – –▶ Flow of people

- - - - - Floor tape

Min 2.4m + width of chair — 2m

0.6 m — 0.4 m

1m

Minimum 2.4m

1m

Approx 11m

2m

1m

1m

2m

Approx 15m

SCALE ├─ 1m ─┤

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3.5 SITE BUILD & CLEANING MATERIALS

USING THE BILL OF MATERIALS

The Bill of Materials is a separate spreadsheet file that accompanies this Guidebook. It tells you what materials you need to run a testing site and calculates the quantity of each item based on the number of testing booths/spaces. This spreadsheet can be used as a reference to manage inventory levels. Screenshots overleaf show the quantities required for one testing station.

1

PLAN SITE LAYOUT:
Decide on the type of testing site layout using 'Single privacy booths', 'open plan' testing spaces or a combination of both and how many testing stations are needed. These are needed to calculate the type and quantity of testing site materials.

2

USE THE SPREADSHEET:
Open the latest Bill of Materials spreadsheet.

3

TYPE OF TESTING SITE:
Use the tabs at the bottom of the spreadsheet to see the list of materials needed for the different types of testing site layouts.

01. Single Privacy Booth	02. Open Plan (Single or Multi)	+
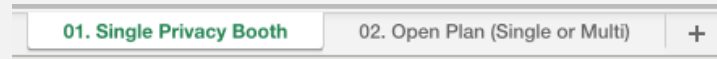
4

NUMBER OF TESTING STATIONS:
Enter the number of testing stations required for the chosen testing site layout. The spreadsheet will calculate the quantity of each item based on this.

Single Module Booth Layout - Bill of Materials
Please note distinction between Single Fill and Weekly level items. Replenishment items are expected to deteriorate over time and as such should be replaced as requried, but on no fixed cadence.
Key:
User = Organisation e.g. University
SOP = Standard Operating Procedure

Number of Booths	1

5

ORDER MATERIALS:
Items in the Bill of Materials can either be; procured through Speedy (DHSC approved supplier, ordering process outlined on the following slide) or procured by the Organisation independently.

Check the "supplier" column in the spreadsheet to see who is responsible for each item. More information about ordering materials is available on the next page.

OPTION A: BILL OF MATERIALS FOR SINGLE MODULE BOOTH

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Single Module Booth Layout - Bill of Materials
Please note distinction between Single Fill and Weekly level items. Replenishment items are expected to deteriorate over time and as such should be replaced as required, but on no fixed cadence.

Key:
User = customer e.g. University
SOP = Standard Operating Procedure

Number of Booths						
						1

Category	Item	Cadence	Per Booth	Total Quantity	Supplier	Comments
Single Fill Items						
Booth Screen	Front panel with clear screen and postbox (C) - W2m x H 2m	Single Fill	1	1	Speedy	
Booth Screen	Side panel (B) - Screen W 2m x H 2m	Single Fill	2	2	Speedy	
Booth Screen	0.8m nib (D) - Screen W 0.8m x H 2m	Single Fill	1	1	Speedy	
Infrastructure	Heras Fencing	Single Fill	N/A	As Required	Speedy	
Infrastructure	Pedestrian Barrier	Single Fill	N/A	As Required	Speedy	
Infrastructure	Tower Lighting	Single Fill	N/A	As Required	Speedy	
Infrastructure	Traffic Management Signage	Single Fill	N/A	As Required	User	Responsibility of the user to provide
Infrastructure	Window opaque screen	Single Fill	N/A	As Required	Speedy	
Infrastructure	Protective Flooring (Antinox/Buffalo, non-porous)	Single Fill	N/A	As Required	Speedy	Flooring will only be required where there is no non-porous alternative available, or where additional protection is mandated.
Cleaning	Biohazard Spill Kits	Single Fill and Replenishment	N/A	6	Speedy	For the disposal of human waste.
Cleaning	Cleaning Cloth - Blue	Single Fill and Replenishment	N/A	12	Speedy	
Cleaning	Cleaning Cloth - Red	Single Fill and Replenishment	N/A	12	Speedy	
Cleaning	Hand Sanitiser Pump Bottle (Booth and processor) - 500ML Refillable (min 70% alcohol content)	Single Fill	2	2	Speedy	As mandated in the Clinical SOP v2.4
Cleaning	Hand Sanitiser Pump Bottle (Other areas) - 500ML Refillable (min 70% alcohol content)	Single Fill	N/A	4	Speedy	1x Collection, 1x Dropoff, 1x Don on/off, 1x Results reporter
Cleaning	Mop Bucket - Red	Single Fill	N/A	1	Speedy	
Cleaning	Mop Bucket - Blue	Single Fill	N/A	1	Speedy	
Cleaning	Mop Handle	Single Fill	N/A	2	Speedy	
Cleaning	Sick Bowls - Disposable	Single Fill and Replenishment	N/A	20	Speedy	As mandated in the Clinical SOP v2.4
Cleaning	Squeegee	Single Fill and Replenishment	N/A	1	Speedy	Recommended item for efficiency in cleaning panelling or partition.
Cleaning	Wet floor signs	Single Fill	N/A	4	Speedy	
Furniture	Processor Chair - plastic, non-porous, wipeable and can withstand chlorine solution	Single Fill	1	1	Speedy	
Furniture	Staff Chair - plastic, non-porous, wipeable and can withstand chlorine solution	Single Fill	N/A	5	Speedy	1x collection, 1x dropoff, 1x cleaner, 1x results, 1x spare (accessible)
Furniture	Processor Table (2m x 1m) - non-porous, wipeable and can withstand chlorine solution	Single Fill	1	1	Speedy	Please see Product Overview for specifications dependant on AT model.
Furniture	Staff Table (2m x 1m) - non-porous, wipeable and can withstand chlorine solution	Single Fill	N/A	5	Speedy	1x Collection, 1x cleaning, 1x drop off, 1x don on/off, 1x results table
Printing	A2 Self Test Instruction Posters - Laminated	Single Fill	1	1	DHSC	
Printing	ATS Signage pack - Laminated	Single Fill	N/A	1	DHSC	
Staff	Digital Thermometer for Screening Staff	Single Fill	N/A	2	Speedy	Recommended item for best practice in ensuring staff are not displaying symptoms.
Stationery	Clock Batteries (sets)	Single Fill	N/A	2	Speedy	
Stationery	Digital Clock	Single Fill	1	1	Speedy	Required for processing tables for noting time on LFD devices.
Stationery	Double Sided Tape - 50M	Single Fill	N/A	1	Speedy	Required to display the essential signage.
Stationery	Hazard Tape - 50M	Single Fill	N/A	4	Speedy	Required to mark out booth separation for staff and subjects.
Stationery	Plastic Crate - 35 Litre	Single Fill	N/A	6	Speedy	Recommended item for movement of PPE/test kits from the central secured stockroom.
Stationery	Plastic Wallets	Single Fill	N/A	20	Speedy	Recommended item for collation of invoices, incident reports, staff rota etc.
Stationery	Scissors	Single Fill	N/A	1	Speedy	
Stationery	Wipeable Plastic Trays	Single Fill	1	1	Speedy	Required to move LFD devices between tables.
Stationery	Self Adhesive Coat Hooks	Single Fill	1	1	Speedy	
Stationery	Self Adhesive Mirrors	Single Fill	2	2	Speedy	Required for subjects to locate the correct area to swab. 2 per booth to accommodate different heights
Waste	Clinical Waste Bins (booths and processor)	Single Fill	2	2	Speedy	1x booth, 1x processor
Waste	Clinical Waste Bins (staff)	Single Fill	N/A	2	Speedy	1x Results, 1x don on/off
Waste	Clinical Waste Mass Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Waste	Recycling Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Waste	Small General Waste Bin (Processors)	Single Fill	1	1	Speedy	
Waste	Small General Waste Bin (Other areas)	Single Fill	N/A	2	Speedy	1x don on/off, 1x collection
Waste	General Waste Mass Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Weekly Items					**Adjust quantities accordingly due to actual usage**	
						Required for mop and floor cleaning solution. Adjust quantity according to floor size. Alternative products available, please consult the Clinical SOP.
Cleaning	Chlorine Tablets	Weekly	N/A	14	Speedy	
Cleaning	Mop Heads	Weekly	N/A	2	Speedy	
Cleaning	Paper Towels	Weekly	N/A	500	Speedy	
Cleaning	Hand Soap bottle with pump (500ml)	Weekly	N/A	3	Speedy	
Cleaning	Selgiene Ultra 750 ml Bottle - Mixed	Weekly	N/A	2	Speedy	
Cleaning	Boxes of Tissues - 100 Count	Weekly	N/A	20	Speedy	
Cleaning	Hand Sanitiser - 5L	Weekly	N/A	2	Speedy	To refill the 500ml hand sanitiser pump bottles
Cleaning	Disinfectant Spray Bottle	Weekly	N/A	2	Speedy	
Cleaning	Biodegradable Virucidal Wipes	Weekly	N/A	200	Speedy	Required for the cleaning and sanitising of devices on changeover and start/end of day.
Cleaning	Paper Towel Roll	Weekly	N/A	2	Speedy	
Waste	Black Waste Binbags (rolls)	Weekly	N/A	3	Speedy	
Waste	Orange Clinical Waste Binbags (rolls)	Weekly	N/A	5	Speedy	
Waste	Yellow Biowaste Seal Tags	Weekly	N/A	100	Speedy	

OPTION B: BILL OF MATERIALS FOR SINGLE OR MULTI OPEN PLAN LAYOUT

Single or Multi Open Plan Layout - Bill of Materials
Please note distinction between Single Fill and Weekly level items. Replenishment items are expected to deteriorate over time and as such should be replaced as required, but on no fixed cadence.

Key:
User = customer e.g. University
SOP = Standard Operating Procedure

Number of Booths					1	
Category	**Item**	**Cadence**	**Per Booth**	**Total Quantity**	**Supplier**	**Comments**
Single Fill Items						
Booth Screen	Acrylic protective clear screen - W 0.76m x H 0.796m	Single Fill	1	1	Speedy	
Infrastructure	Heras Fencing	Single Fill	N/A	As Required	Speedy	
Infrastructure	Pedestrian Barrier	Single Fill	N/A	As Required	Speedy	
Infrastructure	Tower Lighting	Single Fill	N/A	As Required	Speedy	
Infrastructure	Traffic Management Signage	Single Fill	N/A	As Required	User	Responsibility of the user to provide
Infrastructure	Window opaque screen	Single Fill	N/A	As Required	Speedy	
Infrastructure	Protective Flooring (Antinox/Buffalo, non-porous)	Single Fill	N/A	As Required	Speedy	Flooring will only be required where there is no non-porous alternative available, or where additional protection is mandated.
Infrastructure	Partition	Single Fill	2	2	Speedy	Optional Partition that allows for reduction of distancing between stations
Cleaning	Biohazard Spill Kits	Single Fill and Replenishment	N/A	6	Speedy	For the disposal of human waste.
Cleaning	Cleaning Cloth - Blue	Single Fill and Replenishment	N/A	12	Speedy	
Cleaning	Cleaning Cloth - Red	Single Fill and Replenishment	N/A	12	Speedy	
Cleaning	Hand Sanitiser Pump Bottle (Booth and processor) - 500ML Refillable (min 70% alcohol content)	Single Fill	2	2	Speedy	As mandated in the Clinical SOP v2.4
Cleaning	Hand Sanitiser Pump Bottle (Other areas) - 500ML Refillable (min 70% alcohol content)	Single Fill	N/A	4	Speedy	1x Collection, 1x Dropoff, 1x Don on/off, 1x Results reporter (if 3+ testing booths then formula will add an extra for a second results reporter)
Cleaning	Mop Bucket - Red	Single Fill	N/A	1	Speedy	
Cleaning	Mop Bucket - Blue	Single Fill	N/A	1	Speedy	
Cleaning	Mop Handle	Single Fill	N/A	2	Speedy	
Cleaning	Sick Bowls - Disposable	Single Fill and Replenishment	N/A	20	Speedy	As mandated in the Clinical SOP v2.4
Cleaning	Squeegee	Single Fill and Replenishment	N/A	1	Speedy	Recommended item for efficiency in cleaning panelling or partition.
Cleaning	Wet floor signs	Single Fill	N/A	4	Speedy	
Furniture	Booth Chair - plastic, non-porous, wipeable and can withstand chlorine solution	Single Fill	2	2	Speedy	
Furniture	Staff Chair - plastic, non-porous, wipeable and can withstand chlorine solution	Single Fill	N/A	5	Speedy	1x collection, 1x dropoff, 1x cleaner, 1x results (2x if 3+ test booths), 1x spare (accessible)
Furniture	Processor Table (1m x 1m) - non-porous, wipeable and can withstand chlorine solution	Single Fill	1	1	Speedy	Please see Product Overview for specifications dependant on AT model.
Furniture	Staff Table (2m x 1m) - non-porous, wipeable and can withstand chlorine solution	Single Fill	N/A	5	Speedy	1x Collection, 1x cleaning, 1x drop off, 1x don on/off, 1x results table (2x if 3+test booths)
Printing	A2 Self Test Instruction Posters - Laminated	Single Fill	1	1	DHSC	
Printing	ATS Signage pack - Laminated	Single Fill	N/A	1	DHSC	
Staff	Digital Thermometer for Screening Staff	Single Fill	N/A	2	Speedy	Recommended item for best practice in ensuring staff are not displaying symptoms.
Stationery	Clock Batteries (sets)	Single Fill	N/A	2	Speedy	
Stationery	Digital Clock	Single Fill	1	1	Speedy	Required for processing tables for noting time on LFD devices.
Stationery	Double Sided Tape - 50M	Single Fill	N/A	1	Speedy	Required to display the essential signage.
Stationery	Hazard Tape - 50M	Single Fill	N/A	4	Speedy	Required to mark out booth separation for staff and subjects.
Stationery	Plastic Crate - 35 Litre	Single Fill	N/A	6	Speedy	Recommended item for movement of PPE/test kits from the central secured stockroom.
Stationery	Plastic Wallets	Single Fill	N/A	20	Speedy	Recommended item for collation of invoices, incident reports, staff rota etc.
Stationery	Scissors	Single Fill	N/A	1	Speedy	
Stationery	Wipeable Plastic Trays	Single Fill	1	1	Speedy	Required to move LFD devices between tables.
Stationery	Self Adhesive Coat Hooks	Single Fill	1	1	Speedy	
Stationery	Self Adhesive Mirrors	Single Fill	2	2	Speedy	Required for subjects to locate the correct area to swab. 2 per booth to accommodate different heights
Waste	Clinical Waste Bins (booths and processor)	Single Fill	2	2	Speedy	1x booth, 1x processor
Waste	Clinical Waste Bins (staff)	Single Fill	N/A	2	Speedy	1x Results (2x if 3+ test booths), 1x don on/off
Waste	Clinical Waste Mass Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Waste	Recycling Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Waste	Small General Waste Bin (Processors)	Single Fill	1	1	Speedy	
Waste	Small General Waste Bin (Other areas)	Single Fill	N/A	2	Speedy	1x don on/off, 1x collection
Waste	General Waste Mass Container (Large external)	Single Fill	N/A	1	User	Responsibility of the user to provide
Weekly Items						**Adjust quantities accordingly due to actual usage**
Cleaning	Chlorine Tablets	Weekly	N/A	14	Speedy	Required for mop and floor cleaning solution. Adjust quantity according to floor size. Alternative products available, please consult the Clinical SOP.
Cleaning	Mop Heads	Weekly	N/A	2	Speedy	
Cleaning	Paper Towels	Weekly	N/A	500	Speedy	
Cleaning	Hand Soap bottle with pump (500ml)	Weekly	N/A	3	Speedy	
Cleaning	Selgiene Ultra 750 ml Bottle - Mixed	Weekly	N/A	2	Speedy	
Cleaning	Boxes of Tissues - 100 Count	Weekly	N/A	20	Speedy	
Cleaning	Hand Sanitiser - 5L	Weekly	N/A	2	Speedy	To refill the 500ml hand sanitiser pump bottles
Cleaning	Disinfectant Spray Bottle	Weekly	N/A	2	Speedy	
Cleaning	Paper Towel Roll	Weekly	N/A	2	Speedy	
Cleaning	Biodegradable Virucidal Wipes	Weekly	N/A	200	Speedy	Required for the cleaning and sanitising of devices on changeover and start/end of day.
Waste	Black Waste Binbags (rolls)	Weekly	N/A	3	Speedy	
Waste	Orange Clinical Waste Binbags (rolls)	Weekly	N/A	5	Speedy	
Waste	Yellow Biowaste Seal Tags	Weekly	N/A	100	Speedy	

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SOURCING MATERIALS

Speedy are an approved supplier to purchase the clinically approved equipment on the Bill of Materials to set up Asymptomatic Testing sites.

PROCESS FOR ORDERING:

1. Complete the "Bill of Materials" spreadsheet and send with contact details to covidsupplies@speedyservices.com

2. Speedy will contact you to confirm the equipment items, prices and quantities with you and will also arrange payment and equipment delivery

SPEEDY DEDICATED SUPPLY SUPPORT TEAM:

- 01332 850 004 (Option 4)

- covidsupplies@speedyservices.com

ESCALATION CONTACTS:

- James O'Sullivan - Account Manager james.osullivan1@speedyservices.com 07515 052 260

- Jeremy Jowett - Commercial Director jeremy.jowett@speedyservices.com

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3.6 PERMANENT SITE CLOSURE GUIDELINES

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GENERAL CONSIDERATIONS

The following provides the recommended guidelines for closure of asymptomatic testing sites (ATS). The contents were accurate at the time of publication, however, are subject to change based on learning from testing sites and policies of the National Testing Programme. This is not considered to be final and must be considered with the latest clinical guidance.

CLEANING/INFECTION CONTROL
All materials must be sufficiently cleaned to adhere to the clinical SOP for decontamination.

HEALTH CARE WASTE
All health care waste to be disposed of according to the latest waste guidance in the Master Clinical SOP.

CLOSURE DATE
Leave a minimum of 5 days' lead time to inform all relevant groups (internally and externally) to prepare and decommission the site*, including mobilising appropriate logistics required for storage, waste or recycling

Extensions to closure date – inform all relevant parties regarding digital, logistics and suppliers. Check stock levels and contact relevant supply channels for further supplies to meet the extended run phase.

INVENTORY
All infrastructure and re-usable items to be included in a closure condition report, clearly identifying when items would not be fit for re-use. Remaining fit-for-purpose items can be stored and re-used if clinical cleaning and decontamination protocols are adhered to.

SITE LEASE / USAGE AGREEMENT
Refer to any site lease, usage agreement (or other formal agreement) that acknowledges the responsibilities of the customer and ensure there are no outstanding or pending liabilities ahead of handing back to the site owner.

OTHER CONSIDERATIONS

INFRASTRUCTURE:
- Infrastructure constitutes, but is not limited to; Partitions, Perspex screens, flooring, tables and chairs. Please check the associated BOM specific to your site model specifications to accurately cross reference.
- All infrastructure must be cleaned, in-line with the clinical guidelines, in-situ ahead of dismantlement. All infrastructure items must then be carefully dismantled, stacked and stored in a clean environment that permits re-use.
- It is recommended that any items that are no longer of use to the user should be recycled or disposed of responsibly.

GENERAL SUPPLIES:
- All other items that are not Kits can be kept, re-used in-line with clinical decontamination guidelines or recycled.

TESTS AND PPE:
- Provide an inventory of remaining test kits (incl. type(s)) and barcodes. Ensure and confirm that tests are, and have been, stored throughout within the temperature dependency limits so that they may be re-distributed and are fit for future purpose.
- 5 days' lead time to contact and arrange for collection of test devices with the supply team.

4

WORKFORCE

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OVERVIEW

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SETTING UP WORKFORCE

PREPARATION	RECRUITMENT	TRAINING	START TESTING

ORGANISATION MANAGER

Read guidance on what the workforce blueprint is and what the required roles and responsibilities on site are.
Section 4.2.1-4.2.3

Use the "ATS Workforce Calculator" to determine the daily testing capacity and required roles to operate the site.
S 4.2.1 & Excel file

Recruit the staff needed to run the test site. Job descriptions are available to support with this.
2+ Weeks* **S 4.4.1**

Organise classroom and practical training for test site staff to take them through the end to end testing journey.
S 4.2.4

Request access to the online training platform for staff members.
S 4.2.4

Check that staff have passed all their online training by reviewing their certificates.
S 4.2.4

TEST SITE STAFF

Complete online training modules and download certificate of the 'pass confirmation'. (Test Operatives must complete additional training modules).
3+ Hours **S 4.2.4**

Complete practical training, dry runs, 'what if' scenarios at the test site
3+ Hours **S 4.2.4**

Start testing Participants

DHSC TEAM

Set organisation up on the online training platform and provide log in credentials.
S 4.2.4

KEY

Guidebook section
Estimated time it takes

Recruiting an external workforce may take over 2 weeks, as you need to consider job advertisements etc

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4.1 ROLES, POSITIONS AND RESPONSIBILITIES

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ROLES, POSITIONS AND RESPONSIBILITIES:

CORE ROLES

These roles represent the jobs that people will arrive at sites having been brought in for. The next 3 slides explain the position that people within these roles are then expected to be trained in. It is presumed that each person within a role will be able to fill in any of the positions but will be expected to carry out one position at any given time. Full job descriptions can be found in the appendix

ROLE	KEY RESPONSIBILITIES
Team Leader	Responsible for the overall on-site operations at the testing site, including day-to-day workforce management. Several Supervisor or Deputy Team Leader roles may be needed for larger sites – this should be designed at a site level. It is advised the span of control does not exceed 15 people on per supervisor role.
Site Operative	Helping manage the site and supporting Participants through the testing process. From queue management, to registration and supporting testing. The role has three positions: Queue Coordinator, Registration Assistant, and Test Assistant.
Testing Operative	Conducting the processing and analysis of tests to ensure the process is conducted accurately and uploaded to the system. The role has two positions: Processing Operative, and Results Recorder. Results will be passed on to existing Local Contact Tracers or coordinated with the national programme.

ROLES, POSITIONS AND RESPONSIBILITIES:

TEAM LEADER

Roles, positions and responsibilities may need to be adapted on a site-by-site basis depending on the size and target throughput of your testing sites. Roles and positions can be performed by the same person (if appropriate).

STAFF POSITION	KEY RESPONSIBILITIES
Team Leader Several Supervisor or Deputy Team Leader roles may be needed for larger sites – this should be designed at a site level. It is advised the span of control does not exceed 15 people on per supervisor role	**Responsible for the overall on-site operations at the testing site, including day-to-day workforce management** • Running day-to-day operations including adverse incident reporting, on-site workforce management, managing site health & safety and receiving and managing stock • Point of escalation for any issues on site, and escalates to local public health officials as appropriate • Ensure adherence to SOP and clinical guidance is maintained throughout operations • Responsible for safety and security of the site • If Participants raise any data privacy concerns, directs Participants to the Data Privacy Notice which explains how we will use their data (https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information) • Responsibility for the quality and risk management of the testing and regularly checking that the site meets the standards required

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ROLES, POSITIONS AND RESPONSIBILITIES:

SITE OPERATIVE

Roles, positions and responsibilities may need to be adapted on a site by site basis depending on the size and target throughput of your testing sites. Roles and positions can be performed by the same person (if appropriate).

STAFF POSITIONS	KEY RESPONSIBILITIES
Queue Coordinator	**Ensures orderly entry of Participants onto the testing site.** • Ensures crowd control and social distancing is maintained in Participant queueing areas • Monitor Participants in the queue who are showing symptoms of COVID and acts accordingly if they are • In case of long queue, encourages people in line to start registering online • Supports general site set up, including appropriate signage to manage Participant flow
Registration Assistant	**Responsible for ensuring Participants have registered and are eligible for testing.** • Greets Participant at arrival, asks them to sanitise hands and ensures the Participant is eligible for asymptomatic testing • Aids the Participant in registering for the test if they are unable to • Provides assistance for people who might not have the relevant digital information such as phone number and email address • Guides people who are coming and for a valid reason need to test anonymously • 'Drip feeds' Participants into testing area, ensuring testing area does not exceed maximum capacity • Communicate to test Participants the purpose of participating in testing at your site and the testing journey.
Test Assistant	**Provides guidance to Participants on swabbing as requested and ensures cleaning of booths.** • Directs Participant to available testing stations and directs them to the exit when they are finished • On hand to provide Participant with additional verbal instructions if required • Provides regular cleaning to testing stations throughout day (Participants are also ask to self-clean between each test)

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ROLES, POSITIONS AND RESPONSIBILITIES:

TESTING OPERATIVE

Roles, positions and responsibilities may need to be adapted on a site by site basis depending on the size and target throughput of your testing sites. Roles and positions can be performed by the same person (if appropriate).

STAFF POSITIONS	KEY RESPONSIBILITIES
Processing Operative	**Prepares test sample for analysis and interprets result.** • Sets up sample for analysis, and pipettes reagent to sample • Times the sample analysis • Await and read result displayed, and mark it on device* • Provides to Results Recorder to upload to digital platform *At most sites, the Processing operative will oversee around 4 to 6 LFDs developing at any one time*
Results Recorder	**Collates results from Processing Operatives and uploads to digital solution.** • Reads test result outcome (marked by Processing Operative) • Enters result onto a managed device, including scan of QR code (result is automatically sent to Test & Trace)

ROLES, POSITIONS AND RESPONSIBILITIES:

PPE REQUIREMENTS

PPE should be changed whenever staff members leave and re-enter the testing site area (per session) or if protective properties are compromised or contaminated.

Processing Operatives must change gloves between samples.

Position	Disposable gloves	Disposable plastic apron	Fluid-resistant (Type 11R) surgical mask (FRSM)	Eye protection (Goggles or visor)
Registration Assistant	✗	✗	✓	✗
Test Assistant	✗	✗	✓	✗
Processing Operative	✓	✓	✓	✓
Results Recorder	✗	✗	✓	✗
Queue Coordinator	✗	✗	✓	✗

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4.2 WORKFORCE CONSIDERATIONS

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CONSIDERATIONS:

GENERAL

There are general consideration that should be made for the site

- Staff should disable the Test & Trace app when working on the testing site.
- There will be no reporting facility for sites to extract training data for privacy reasons. Instead, staff can take a screenshot upon completing/passing the assessment as proof of training completion.
- For staff onsite it is a suggested that they are marked as staff using badges or hi-vis but this is at the discretion of the site to work out how best to show someone is staff in the context of the site and if it is needed

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CONSIDERATIONS:

SUPPORTING TEST PARTICIPANTS WITH ACCESS NEEDS

STAFFING CONSIDERATIONS:

Skillset
- For recruitment we suggest ideally aiming to recruit staff who speak multiple languages, especially the languages predominant in the locality

Attire
- A visual indicator (e.g. badge, sticker) of additional languages spoken
- Appropriate Personal Protective Equipment (PPE)

Mindset
Staff should consider the following when interacting with individuals, who may have physical, sensory or cognitive disabilities:
- To offer assistance when someone appears lost or confused or where people clearly have a disability or indicate that they have a hidden one
- Find out what assistance they need and avoid rushing them through the process

Training
- Staff should know how to support people with language / communication barriers
- They should also be trained to support non-digital customers through the journey
- More information on the varied needs of users is available on the following slides

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CONSIDERATIONS:

SUPPORTING BLIND & PARTIALLY SIGHTED TEST PARTICIPANTS

A blanket, one-size-fits-all approach will not work for all people with additional accessibility requirements. This page outlines some measures which could be helpful for specific groups. Please always consider the needs of individuals on a case by case basis.

SUPPORTING BLIND OR PARTIALLY SIGHTED PEOPLE:

Tips to help communicate with a person with sight loss who attends an ATS:

1. Gain the person's attention by speaking to them
2. Introduce yourself and what you do
3. Always talk to the person directly, rather than their sighted companion
4. Use verbal responses, avoid nods and head shakes
5. Verbalise your actions
6. Inform people when you are walking away from them or leaving the room
7. Remember if someone is blind, it doesn't always mean they have no sight at all
8. In a group conversation, always make it clear who you are and who you are speaking to
9. Provide information in an alternative/accessible way such as digital, audio, large print or braille
10. If someone is struggling with the self-test and has attended with a companion carer, friend or family member, if the user would prefer this and the companion is happy to do so, allow the companion to 'self-test' the user

FURTHER INFORMATION
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CONSIDERATIONS:

SUPPORTING EMPLOYEES WITH HIDDEN DISABILITIES

A blanket, one-size-fits-all approach will not work for all people with additional accessibility requirements. This page outlines some measures which could be helpful for specific groups. Please always consider the needs of individuals on a case by case basis.

SOCIAL DISTANCING WEARABLES
Disabled people, people with sight loss, older people and people with mobility issues may find social distancing challenging. It is not always easy to identify such individuals, however, there are a number of wearable products that people may use to indicate to others that they want to maintain their distance but find this difficult. Further info from: https://pleasegivemespace.uk/ and https://www.bevancommission.org/distance-aware

HIDDEN DISABILITIES
These are generally not identifiable, however some people with hidden disabilities may display a sun flower lanyard.
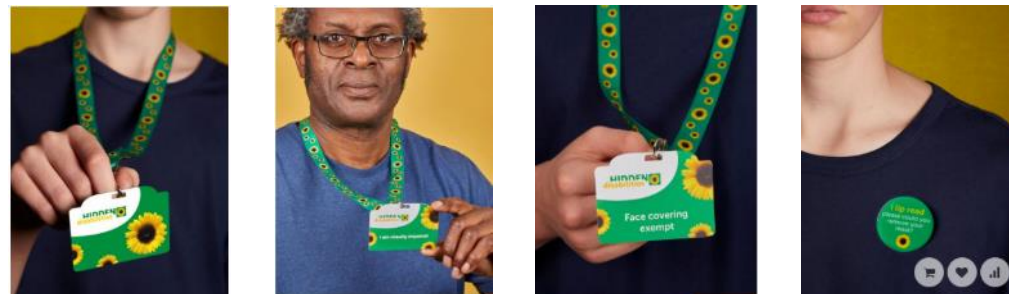
CONSIDERATIONS:

SUPPORTING

EMPLOYEES WITH

OTHER NEEDS

A blanket, one-size-fits-all approach will not work for all people with additional accessibility requirements. This page outlines some measures which could be helpful for specific groups.

Please always consider the needs of individuals on a case by case basis.

PEOPLE WITH AUTISM:
- Some people with autism may struggle with the self-swabbing. A potential solution would be to allow the user's carer to swab' the individual.

PEOPLE WITH ANXIETY:
- Some people may get anxious at the testing site. In these circumstances, please allow the person to wait until they feel more settled, and/or to recover in a private area.

PEOPLE WITH LEARNING DISABILITIES:
- Some people, who are unable to 'self-test' themselves may prefer their carer or someone who they know to 'self-test' them rather than a tester who they do not know.

LANGUAGE BARRIERS:
- Ensure you have accessible testing instructions in a range of languages and formats, including easy-read and British Sign Language and braille.

DIGITIALLY EXCLUDED:
- People who lack digital skills or who do not have a smartphone / email address will need a tailored service. For more information, please go to the 'Testing for non-digital participants' section on page 152.

FACE MASK EXEMPTION:
- In many UK public settings some people may be exempt from wearing a face covering e.g. if they have sight loss or specific health conditions. They may carry a card, badge or wear a Sunflower lanyard to signal a hidden disability. This is a personal choice and is not required by law https://hiddendisabilitiesstore.com/.
- The Standard Operating Procedures (SOP) for Local Testing Sites and Mobile Testing Units state that the only exemption from wearing a face covering is for children aged under 3. This clinical policy is in place to minimise the risk of passing on the virus in (typically indoor) settings where symptomatic people may be present.

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4.3 WORKFORCE BLUEPRINT & CALCULATOR

WORKFORCE BLUEPRINT & CALCULATOR:

USING THE WORKFORCE BLUEPRINT

The workforce blueprints are designed to complement any ATS SOPs or operating manuals. They also act as a guide to identify the workforce requirements and numbers. Sourcing, training and wider end-to-end workforce management (e.g. payroll) will also need to be considered.

UTILISE THE WORKFORCE BLUEPRINT BY:

1. Understanding the daily testing demand and testing site capacity targets over time

2. The main blueprints and ratios are based on a 100% capacity site (10 per hour, per bay). We expect the ratios and total FTE to be reduced at sites expecting lower throughput. Tables showing these have been included in the appendix and the accompanying excel can have different capacities.

3. Identifying the workforce requirement for a single ATS by:

   a) Identifying an ATS archetype of a similar size and use the workforce blueprint to understand resourcing requirements; OR

   b) Input the desired ATS variables (size and throughput) in the calculator to understand the workforce requirement

4. The workforce blueprint and calculator give static numbers required to operate all positions at a given time. Consider whether an uplift in numbers is needed to cover breaks and absences (c. 15% recommended)

5. Multiplying the workforce requirement for a single ATS by the total number of ATS over time

6. Review the workforce numbers and localise to accommodate any setting specific requirements

WORKFORCE BLUEPRINT & CALCULATOR:

SMALL ATS 100% THROUGHPUT

SIZE OF ATS	Small (1 Testing Station)
DAILY CAPACITY	80
THROUGHPUT	Maximum (100%)
STATIC WORKFORCE FTE	3

Key

- Team Leader
- Testing Operative
- Site Operative

Site Management

Team Leader
(1 FTE)

Registration & Testing Coordination

Registration Assistant /Test Assistant
(1 FTE)

Sample Analysis

Processing Operative/Results Recorder
(1 FTE)
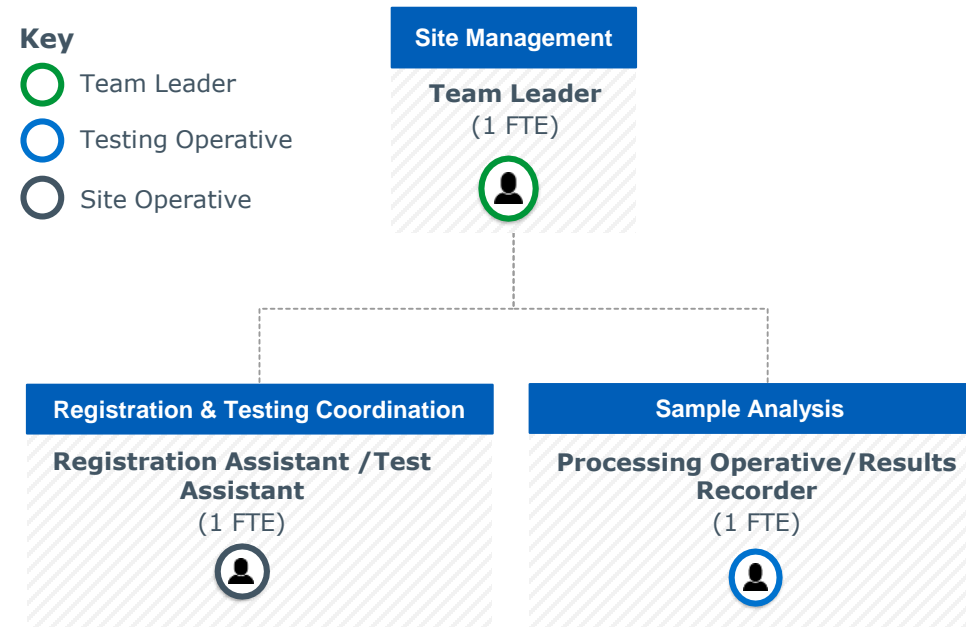
Role Adaptation 1 - Registration Assistant: On this smaller scale site, registration assistant and test assistant have been combined as one front of house role

Role Adaptation 2 – Results Recorder: The results recording can then be done by the processing operative and/or the site lead which some testing sites have done to help with the process flow

Roles provided above are static workforce numbers required to operate all positions at any given time. It is recommended that staff rotate across multiple positions throughout the day, with breaks staggered to ensure no disruption to operations whilst providing all staff equal break time.

WORKFORCE BLUEPRINT & MODEL:

MEDIUM ATS 100% THROUGHPUT

SIZE OF ATS	Medium (6 Testing Stations)
DAILY CAPACITY	480
THROUGHPUT	Maximum (100%)
STATIC WORKFORCE FTE	12 (+2 break/absence cover)

Key
- Team Leader
- Testing Operative
- Site Operative

Site Management
Team Leader (1 FTE)

Registration & Testing Coordination
Registration Assistant (1 FTE)
Test Assistant (2 FTE)

Sample Analysis
Processing Operative (6 FTE)
Results Recorder (2 FTE)
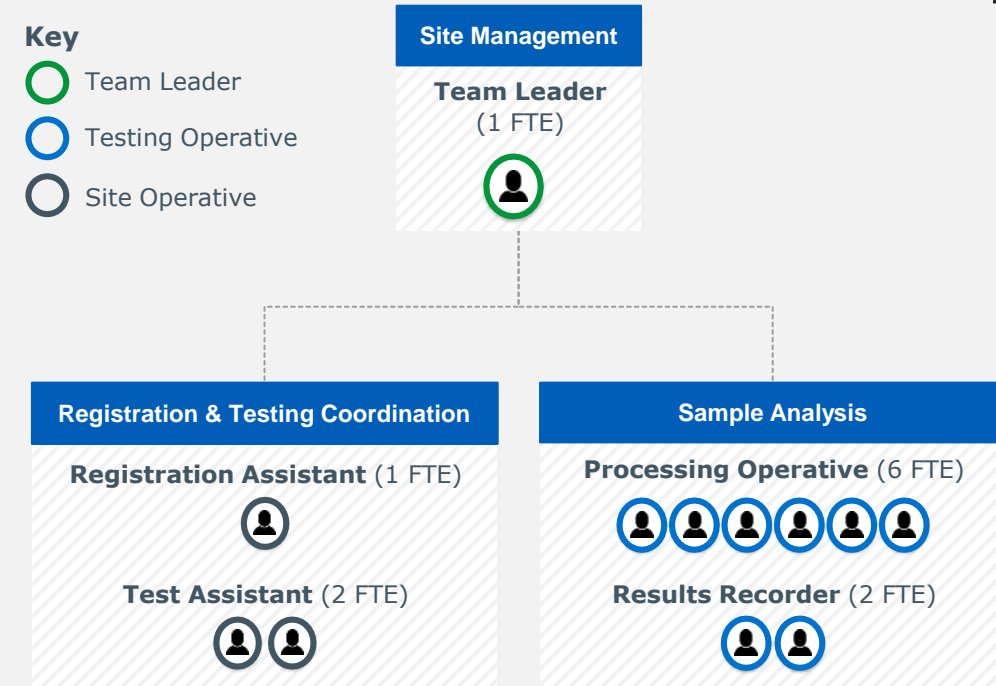
Role Adaptation - Queue Coordinator: At this scale of site a queue coordinator is not specified, however if queues need to be managed and this would be done by the registration assistant and test assistant depending on where the queues formed on the site.

Roles provided above are static workforce numbers required to operate all positions at any given time. A 15% uplift in workforce is recommended to cover staff breaks and absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks staggered to ensure no disruption to operations whilst providing all staff equal break time. To alter this view for capacities other than 100% please see the supporting excel calculator or see appendix to this PPT.

WORKFORCE BLUEPRINT & MODEL:

LARGE ATS 100% THROUGHPUT

SIZE OF ATS	Large (24 Testing Stations)
DAILY CAPACITY	1920
THROUGHPUT	Maximum (100%)
STATIC WORKFORCE FTE	44 (+7 break/absence cover)

Key
- Team Leader
- Testing Operative
- Site Operative

Site Management
Team Leader (1 FTE)

Queue Support
Queue Coordinator (3 FTE*)

Registration & Testing Coordination
Registration Assistant (5 FTE)
Test Assistant (6 FTE)

Sample Analysis
Processing Operative (24 FTE)
Results Recorder (5 FTE)
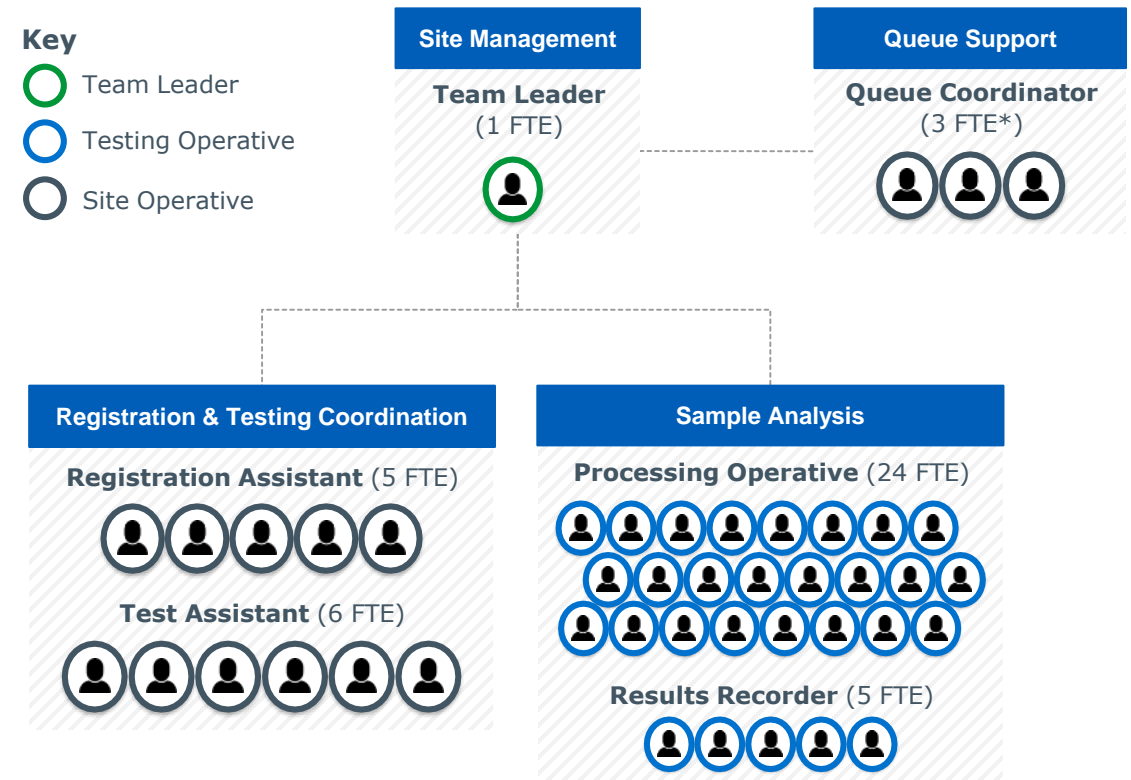
Role provided above are static workforce numbers required to operate all positions at any given time. A 15% uplift in workforce is recommended to cover staff breaks and absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks staggered to ensure no disruption to operations whilst providing all staff equal break time. To alter this view for capacities other than 100% please see the supporting excel calculator or see appendix to this PPT.

WORKFORCE BLUEPRINT & CALCULATOR:

WORKFORCE

BLUEPRINT

ASSUMPTIONS

This calculator is based on a number of assumptions:

- Ratios and FTE counts based off of 100% capacity, reduction will be made for lower throughput
- Assumes the Innova SARS-Cov-2 Antigen Test Devices in use at ATS only. Further iterations will baseline against future technologies
- Assumes that self-swab only at the ATS, with samples always processed by dedicated resource (non-Participant sample processing)
- Does not consider infrastructure or real estate constraints, including those needed to accommodate social distancing
- Assumes that sufficient measures are taken to ensure the ATS is not clinically classified as a lab, which would therefore entail additional workforce requirements
- Does not include specific ancillary roles, such as security etc
- Assumes the sample must rest for at least twenty minutes before analysis
- As more testing sites are delivered we expect the calculators and number to iterate in response to lessons learned.

All ratios are based on maximum site capacity (10 tests per test station per hour). Should throughput be lower than this, workforce should be reduced – see workforce calculator for guidance.

Workforce should be flexibly resources across positions depending on site by site requirements. The above is indicative guidance to support calculating workforce, but is not a definitive allocation of resource for every site. Team Leaders should make management decisions on site to ensure adequate resource are position across the testing site.

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WORKFORCE BLUEPRINT & CALCULATOR:

WORKFORCE POSITION VALIDATION FROM PILOTS

A key consideration when defining the specific roles and numbers, of workforce for an individual testing site is the ratio of certain roles to testing stations. Based on several pilots, below is a guide to the ratio's to consider for a site with 100% capacity testing demand and a medium to large site.

ROLE	FTE	RATIONALE	VALIDATION AND FEEDBACK	PILOT FEEDBACK LOCATIONS
Team Leader	1 FTE per site	A leadership role needed on all sites for smooth operations. However, role can be combined with Results Recorder for small sites	-	-
Queue Coordinator	1 FTE per 600 daily capacity	Assumed estimate based on average throughput per hour. Appropriate number likely to be influenced on site infrastructure.	• Queue can become long and management of them in needed • Pre existing queuing infrastructure can be used • The queues for sites can often stretch into areas not in the site limits so need management	Liverpool
Registration Assistant	1 FTE per 5 Testing Stations	Based on numbers currently in operation at existing testing sites. Assumes a moderate number of Participants need registration support.	• On the ground feedback that the process often requires guidance from staff • The expectation that not all Participants will come with a device capable of registration • Guidance can be given to multiple Participants at once	JLP/ Liverpool/ DMU
Test Assistant	1 FTE per 4 Testing Stations	Based on numbers used for early ATS pilots, including Liverpool mass testing. Assumes sporadic cleaning to test booths (due to self-clean).	• Participants sometimes need help with the test in the booths • There is a need to coordinate people entering the booths • Requirement to observe when deep cleans need to happen in bays from possible bodily fluid transfers	Liverpool/ DMU
Processing Operative	1 FTE per 1 Testing Stations	Conservative estimate on number of individuals need to for sample analysis. Assumes 6 minutes per test for operative to prepare and read sample.	• The job requires focus and multiple steps so focusing on one test at a time is preferred • Often gives guidance to the Participant, especially when the bays have Perspex • May be flexed with Results Recorder position should task delineation change	Liverpool/ DMU
Results Recorder	1 FTE per 5 Testing Stations	Based on learnings from pilots and current workforce allocation at pilots. Should task delineation with Processing Operative be adjusted, workforce may need to be flexed across these roles (see note below)	• The process of recording can be quick but more time is allocated to make sure results are accurate • The role is limited by the devices on site	Liverpool/ DMU

Consideration 1: There are other roles a site might want to consider e.g. Cleaners, supply, security, assisted, etc. that organisations might want to consider when planning workforce

Consideration 2: When capacity is reduced the calculator reduces the FTE requirement by the same percentage up until it gets to the minimum staff of Team Lead, Test Assistant and Processing Ops, as seen on the 1 booth calculator

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WORKFORCE BLUEPRINT & CALCULATOR:

WORKFORCE RESOURCE REQUIREMENTS PER 100% CAPACITY TESTING SITE SIZE (1/2)

- The table below outlines the indicative number of staff needed to operate a testing site per shift to maximum capacity, there is further slides in the appendix showing a medium and low capacity.
- This is based off an 8 hour day and a 10 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time

Role	Position	Number of Testing Stations (Testing Site Size)													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Team Leader		1*	1*	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	**Queue Coordinator****	0	0	0	0	0	0	0	1	1	1	1	2	2	2
	Registration Assistant	0	0	1	1	1	1	1	2	2	2	2	2	3	3
	Test Assistant**	1	1	1	1	1	2	2	2	2	3	3	3	3	4
Testing Operations Role	**Processing Operative**	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Results Recorder	0	0	0	1	1	2	2	2	2	2	3	3	3	3
Break & Absence Cover (8 hrs operations)		0	1	1	1	1	2	2	2	3	3	3	3	4	4
	Total (8 hrs operations)	3	5	7	9	10	14	15	18	20	22	24	26	29	31
	Daily Capacity (8hr operations)	80	160	240	320	400	480	560	640	720	800	880	960	1040	1120

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
*** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure*
Note: Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing
Note: Assumes sufficient workforce to deliver maximum potential capacity (1 test every 6 minutes per testing station)
Note: Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time

WORKFORCE BLUEPRINT & CALCULATOR:

WORKFORCE RESOURCE REQUIREMENTS PER 100% CAPACITY TESTING SITE SIZE (2/2)

- The table below outlines the indicative number of staff needed to operate a testing site per shift to maximum capacity, there is further slides in the appendix showing a medium and low capacity.
- This is based off an 8 hour day and a 10 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time

Role	Position	Number of Testing Stations (Testing Site Size)													
		15	16	17	18	19	20	21	22	23	24	25	26	27	28
Team Leader		1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	**Queue Coordinator****	2	2	2	2	3	3	3	3	3	3	3	3	4	4
	Registration Assistant	3	3	3	4	4	4	4	4	5	5	5	5	5	6
	Test Assistant***	4	4	4	5	5	5	5	6	6	6	6	7	7	7
Testing Operations Role	**Processing Operative**	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	Results Recorder	3	4	4	4	4	4	5	5	5	5	5	6	6	6
Break & Absence Cover (8 hrs operations)		4	5	5	5	5	6	6	6	6	7	7	7	8	8
	Total (8 hrs operations)	32	35	36	39	41	43	45	47	49	51	52	55	58	60
	Daily Capacity (8hr operations)	1200	1280	1360	1440	1520	1600	1680	1760	1840	1920	2000	2080	2160	2240

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure
***Note**: Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing*
***Note**: Assumes sufficient workforce to deliver maximum potential capacity (1 test every 6 minutes per testing station)*
***Note**: Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time*

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4.4 WORKFORCE TRAINING

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TRAINING OVERVIEW

Organisations should dedicate a full day to train your testing site staff and should take place either in a classroom setting or at your physical testing site. Organisations should train their testing site staff a few days before they start testing their participants as this will give them time to familiarise themselves with their roles and responsibilities.

For questions specifically about training content, email testertraining@dhsc.gov.uk

For technical queries about the training platform contact 0161 903 1032 (Mon-Fri 8:30-18:00, Sat-Sun 10:00-16:00, including bank holidays)

1 **END TO END PROCESS:**
Take your test staff site through the end to end testing process

2 **ONLINE TRAINING:**
Staff will need to complete the relevant online training modules relevant to their roles and responsibilities. They will also be required to complete an online assessment and read the guidance materials in the Resources section

3 **PRACTICE:**
After completing the online training for test processing, trainees are encouraged to practice using the testing device by swabbing themselves and processing the results.

4 **DRESS REHEARSAL:**
Take your testing site staff to your testing site and run a series of "dress rehearsals" to simulate what they will experience when they start testing your Employees. This will help your testing site staff to put in practice everything they have learned so far. Use role play to pretend to be Employees getting tested.

5 **"WHAT IF" SCENARIOS:**
Take your dress rehearsals to the extreme by simulating situations that your testing site staff may experience, for example, what if:

- someone becomes physically ill in the test booth?
- someone receives a positive notification on the testing site, and needs support?
- someone is feeling highly anxious about the testing process, and needs support?
- someone needs support to fill in their digital registration form?
- a test kit becomes contaminated (e.g. someone drops their swab?)

ONLINE TRAINING PLATFORM

OVERVIEW:

- The online training platform is tailored for workforces who are running asymptomatic testing sites using "Innova Lateral Flow Technology test kits" (additional training will become available when other test kits become available)

- Testing site workforce will have access to a selection of online modules and assessments, testing site staff will need to review the content of these modules and complete the assessments

- Testing site staff should complete their online training before they start practical training

ONLINE TRAINING MODULES (1/2)

The table to the right provides a breakdown of the modules available on the online learning platform. Each of the modules provides information and guidance in a differing section of the testing journey, On the following slide, we have indicated which staff members will require completion of these specific modules.

Module	Topics
Module 1: LFD Process	• Checking you're using the right device • Checks before you start • A step-by-step process on how to use the device • Reading the result • Marking the device with the result • FAQ's
Module 2: LFD results recording	• Inputting a positive, negative or void result into the recording application • How the Participant's testing data is used in the T&T system
Module 3: PPE and Infection Control	• PPE donning and doffing • PPE adjustments • Infection prevention measures • Hygiene and cleanliness
Module 4: Guiding the Participant through swabbing	• Verbal support • Instructions for the Participant • Handling Participant concerns • Options when nasal and throat swabs become infeasible
Module 5: Meet and Greet	• Greeting the Participant at the entrance • Assessing Participant eligibility for testing • Handling the queuing process • Maintaining infection prevention standards during queuing • Registering the Participant and adapting for disabled Participants/Participants without personal technology
Module 6: Train the trainer	• This module includes the video introduction – to cover PPE, hand cleaning, the visual processing and analysis using LFDs and a talk-through the soft skills of delivery from a trainer. • The trainer's notes for delivery of a training session (these are very comprehensive and supportive) • PowerPoint slides to support the session • Handout to test the Sample Processor trainees' understanding of LFD results • A Sample Processors' support document • How to adjust a PPE ear-loop face mask to fit your face document • A sign-off form for the Sample Processors they have trained • Soft-skills trainers guidance

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ONLINE TRAINING MODULES (2/2)

The table to the right provides a breakdown of the modules available on the online learning platform. Each of the modules provides information and guidance in a differing section of the testing journey, On the following slide, we have indicated which staff members will require completion of these specific modules.
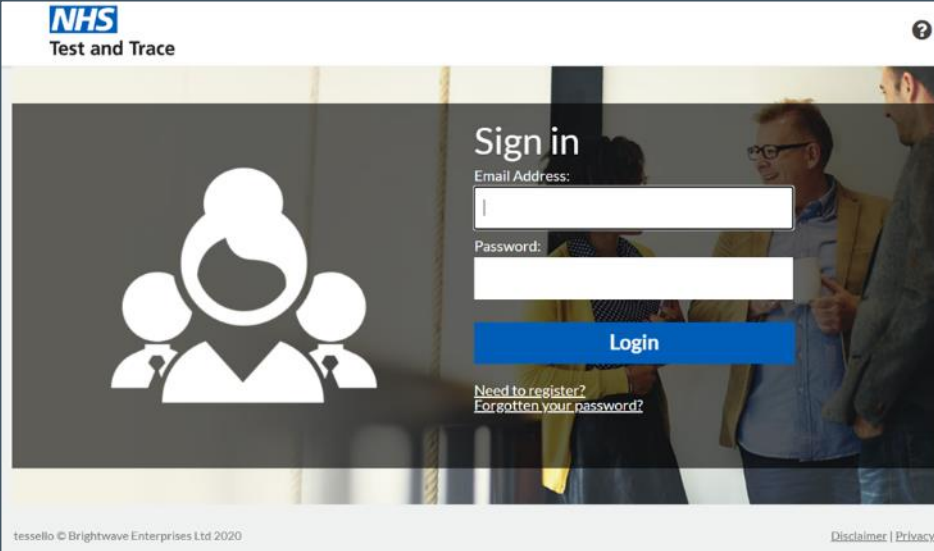
Module	Topics
Module 7: NHS Test & Trace Resources	• Assisted testing • Data Privacy • Digital results software guide • Use of PPE • Results interpretation • Testing Channel training • Train the trainer • Workforce information
Module 8: Training FAQs	• Training support • Logging into the training • Passwords • Using the training • Taking the assessments • General
Module 9: Test Operative: Using the Log Results Website	• Choosing their role • Signing in • Creating a password • Entering the test site ID • Awaiting approval from a team leader • Scanning the barcode • Submitting the result • Checking the answers
Module 10: Team Leader: Approving Test Operatives	• The process for setting up their account • Creating a password • Choosing their role • Entering the test site ID • Approving test operatives • Viewing and managing current staff
Module 11: Organisation Managers: Using the Log Results Website	• The process for setting up their account • Creating a password • Choosing their role • Creating new test sites • Adding and managing team leaders to the site

ACCESSING THE TRAINING PLATFORM

1

SET UP ACCOUNT:
Testing site staff will need to register using a unique token. The token and web link must be requested by emailing testertraining@dhsc.gov.uk. Once an account is set up, testing site staff will be able to access the online training at anytime.

Please find a token and the web link below:

Platform link: https://go.tessello.co.uk/TestDeviceTraining/
Token code: 3wkcVi4UTX

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2

TRAINING MODULES

ACCESS TRAINING MODULES:
Each module is split into two sections:

- **Information and guidance** – (written content and training videos)
- **Assessment** - multiple choice questions that the trainee will be required to answer

Each module takes approximately 15-30 minutes to complete. The questions in the assessment will test the trainee on information they have directly learnt from the information and guidance they have been provided within the module.

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3

4

COMPLETING TRAINING
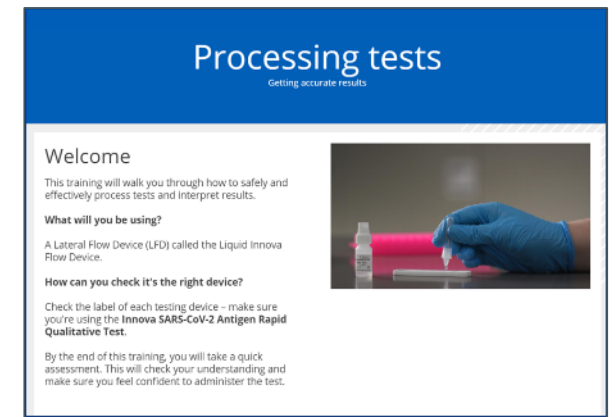
COMPLETING TRAINING:
A 100% pass mark is required for the assessments. If the trainee fails the assessment, they will be able to refresh the module and repeat the read through of the content and resultant assessment. The trainee has unlimited access to these modules and there are no restrictions upon the number of times they can be accessed.
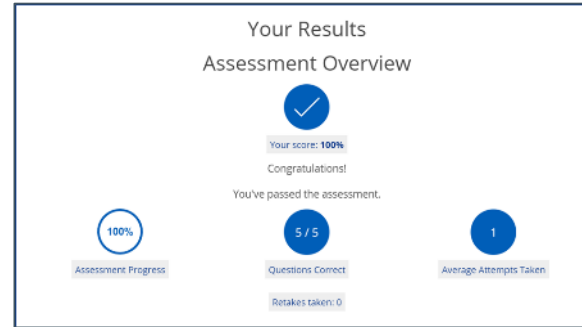
ADDITIONAL RESOURCES:
Testing site staff will have access to additional PDF resources. These files can be downloaded to the trainees platform and saved locally to their device for use offline.

These resources provide detailed content on a number of aspects that are crucial to testing and safety on site. If the trainees have any queries surrounding learnings in their module, we advise that they refer to the online resources for further information.

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REQUIRED ONLINE TRAINING

Online training modules for each staff member

	Module 1 LFD Process	Module 2 LFD results recording	Module 3 PPE & Infection control	Module 4 Guiding Participant through swabbing	Module 5 Meet and Greet	Module 6 Train the trainer
Team Leader	✓	✓	✓	✓	✓	✓
Registration Assistant	✗	✓	✓	✗	✓	✗
Test Assistant	✓	✗	✓	✓	✗	✗
Processing Operative	✓	✓	✓	✓	✗	✗
Results recorder	✓	✓	✓	✗	✗	✗
Queue Co-ordinator	✗	✗	✓	✗	✓	✗
Other Role	✗	✗	✓	✗	✗	✗

5
DIGITAL

CONTENTS

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5.0
OVERVIEW

Contents

- Options available

- Overview

OPTIONS AVAILABLE:

1

DHSC PROVIDED DIGITAL SOLUTIONS

Account setup: Organisation Admin Portal
A portal for Organisation Managers to set up test sites and invite Team Leaders to manage them

Account setup: Team Leader Admin Portal
A portal for Team Leaders to give access to Testing Operatives for each site

Site finder: Local Authorities only
An online map providing information about the location, opening times and busyness of Asymptomatic Test Sites to the public

Test registration: Lite registration
Test Participant self-registers barcode for each test using their personal device (website)

Result capture: Log Results Website
Testing Operatives entering results using website on any device

Result delivery: Test Participant only
Test Participant receives SMS and email with result. Reported to National T&T, GP and Public Health of England (PHE)

2

ORGANISATIONS USE OWN DIGITAL SOLUTIONS

Organisations can choose to use their own digital solution to support their testing operation however this will have trade-offs and additional requirements on the organisation to fulfil.

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OVERVIEW

There are several different digital solutions offered by the DHSC that work together to enable the recording, uploading and notification of results.

They are used at different stages of the testing process.

5.1 BEFORE YOU START TESTING:

- **Organisation admin portal -** A portal for Organisation Managers to create new testing sites (Site IDs) and invite Team Leaders

- **Team leader admin portal -** A portal for Team Leaders at a testing site to securely manage access for testing operatives to log results

5.2 DURING TESTING:

- **Log results website -** A website for Testing Operatives at a testing site to scan the barcode on a completed LFT test and submit its result to the relevant services.

- **Lite registration -** Used to register a lateral flow test kit at a testing site. This creates a link between the sample ID/barcode and the person's details.

5.3 NOTIFICATION OF RESULTS:

- **Test and trace -** The Test & Trace systems will link the test Participant's registration record with their test result, by using the data from the "Lite Registration" and "Log Results" services.

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SETTING UP AND USING DHSC DIGITAL SOLUTIONS

BEFORE TESTING				DURING TESTING	AFTER TESTING
REQUEST ACCESS	ORGANISATION ADMIN SET UP	TEAM LEADER SET UP	TESTING OPERATIVE SET UP		

DHSC

Send email invitation to Organisation Manager to create an Organisation admin account.
2+ Days

Automatic email invitation sent to Team Leader to create a Team Leader account.

Send test results to Participant via email or SMS

ORGANISATION MANAGER

Request access to use the Log Results service using the provided template.
Section 5.2.1.A

Follow instructions in the invitation email and set up an **Organisation Admin account**.
S 5.2.1.B

Create test sites
S5.2.1.B

Add Team Leaders.
S5.2.1.B

TEAM LEADER

Follow instructions in the invitation email and set up a **Team Leader Admin account**.
S 5.2.1.C

Select the Test Sites that they manage.
S 5.2.1.C

S 5.2.1.C
Approve Test Operatives access to the Test Site.

TESTING OPERATIVE

Create a Test Operative **Log Results Website account**.
S 5.2.2.A

Enter site ID of their test site, request access and wait for approval.
S 5.2.2.A

Log into the Log results website, start scanning barcodes and uploading results.
S 5.2.2.A

Sign out of account at the end of the shift
S 5.2.2.A

TESTING PARTICIPANT

S 5.2.2.C
Receive unique test barcode & complete LFT swab test

Log into **Test Registration account (lite reg)** and enters barcode details
5 mins **S 5.2.2.C**

Completes registration "as a guest", enter barcode details and all personal details each time
10 mins **S 5.2.2.C**

Create an account, enter barcode and personal details so that barcode registration is quicker next time
12 mins **S 5.2.2.C**

Receive test results & wait until next LFT test
S 5.2.3
< 1 Day

KEY
Guidebook section
Estimated time it takes

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5.1
BEFORE YOU START TESTING

Contents

- Overview
- Onboarding
- Organisation admin portal (For Organisation Managers)
- Team Leader admin portal (For Team Leaders)
- Internet connectivity on site

OVERVIEW

Once digitally onboarded, organisations can set up new sites using the DHSC provided digital solutions.

There are two parts to this:

1. Use the '**Organisation Admin Portal**' to setup your testing sites and Team Leaders

2. Use the '**Team Leader Admin Portal**' to approve Testing Operatives, who will be recording test results at each site

NHS
Test and Trace
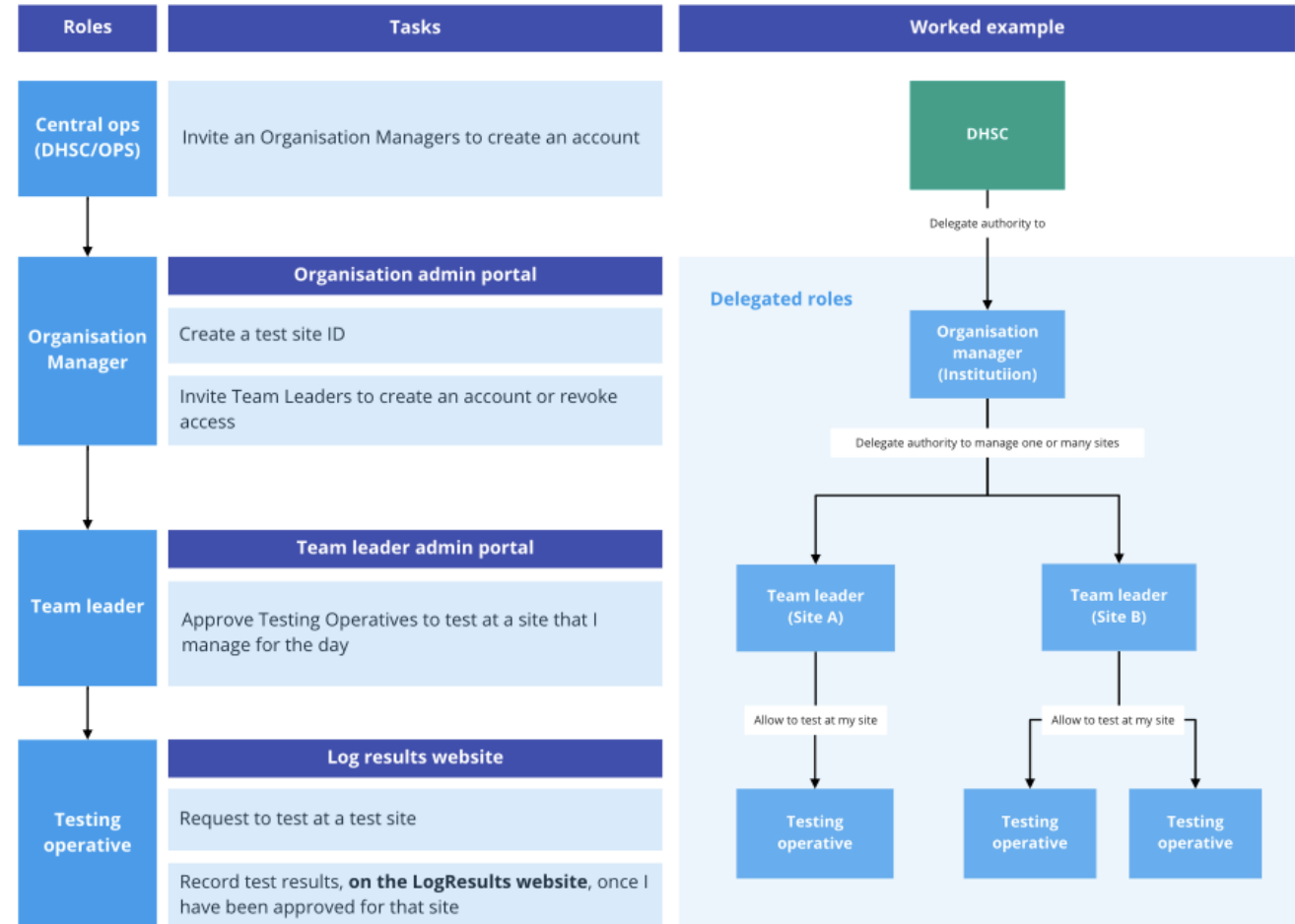
OVERVIEW:
ADMINISTRATION SYSTEMS

	LOG RESULTS – ORGANISATION ADMIN PORTAL **For Organisation Managers** A portal for Organisation Managers to Create new testing sites (Site IDs) and invite Team Leaders.	**LOG RESULTS – TEAM LEADER ADMIN PORTAL** **For Team Leaders** A portal for Team Leaders at a testing site to securely manage access for testing operatives to log results.
WHAT DOES IT DO?	• Allows setup of a new site in the digital systems – allows selecting that site when registering and logging results • Allows organisations to invite Team Leaders to administer a site	• Enter a testing site ID • Approve or revoke a "Testing Operative" to record results at their site
WHEN DO YOU USE IT?	• When setting up a new testing site • When onboarding new Team Leaders • When managing existing Team Leaders	• When a new Testing Operative joins the team
HOW DO YOU START USING IT?	• Receive an email invitation to the service from DHSC • Click a link to activate account (by resetting password)	• Receive an email invitation to the service from their Organisation Manager • Click a link to activate account (by resetting password)
HOW DO I ACCESS IT?	Visit http://log-coronavirus-test-site-results.service.gov.uk/ and select "I'm an Organisation Manager"	Visit http://log-coronavirus-test-site-results.service.gov.uk/ and select "I'm a Team Leader"

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DEVICE SECURITY

TEAM LEADER DEVICES

As Team Leaders can enable scanning operative accounts, the devices used by administrators pose an additional risk. Therefore, the following criteria **must** apply to the devices of Team Leaders.

NOTE: As Site Managers are automatically added as Team Leaders, this also applies to their devices.

REQUIRED DEVICE SECURITY CRITERIA:

- The device is up to date (released within the last 2-3 years with the latest update applied)

- The browser used on the device is up to date (the latest available update is applied)

- The device is not compromised (e.g. "jailbroken" for iOS and "rooted" for Android).

- The device is locked with a password, pin or biometric (e.g.. finger print or facial recognition).

- The device is configured to time-out and lock after a period of inactivity.

- The device is registered with a service that allows it to be found and/or wiped if lost or stolen

LOST OR STOLEN DEVICES:

Consideration for actions to be taken when a device is lost or stolen should be made as part of the site risk assessment.

Lost or stolen devices should be reported to the Site Manager as soon as possible and the account associated with the device deactivated.

INTERNET CONNECTIVITY ON SITE

INTERNET ACCESS:

- Mobile data should be used by default

- Wi-Fi may be used if mobile data is not available

WI-FI CONSIDERATIONS:

- If you are setting up a new Wi-Fi network, we suggest using a SSID that not does not identify this is being for Testing activities.

- Additional guidance can be found at https://www.gov.uk/guidance/sharing-workplace-wireless-networks

BEFORE YOU START TESTING:

ORGANISATION ADMIN PORTAL (FOR ORGANISATION MANAGERS)

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1

ORGANISATION ADMIN PORTAL:
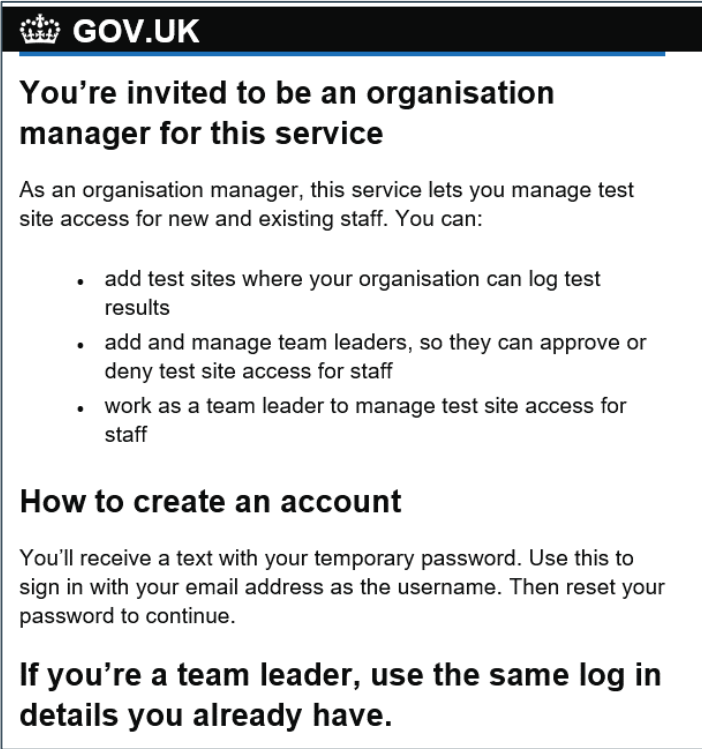
INVITATION

RECEIVE INVITE FROM THE DHSC:
Receive an email invite from DHSC to create an account for your organisation, along with a text message confirming the temporary password for the account.

Selecting the link in the email will open the Test Site Results service.

Note: It is very important that the Organisation Manager account belongs to an individual and is not shared between several people at an organisation

👑 GOV.UK

You're invited to be an organisation manager for this service

As an organisation manager, this service lets you manage test site access for new and existing staff. You can:

- add test sites where your organisation can log test results
- add and manage team leaders, so they can approve or deny test site access for staff
- work as a team leader to manage test site access for staff

How to create an account

You'll receive a text with your temporary password. Use this to sign in with your email address as the username. Then reset your password to continue.

If you're a team leader, use the same log in details you already have.

📶 vodafone UK 🔋

12:29
Monday 14 December

💬 MESSAGES   now
NOTICE
Log test site COVID-19 results service
Sign in with d.montgomery@kainos.com and
temporary password: QW$muan0

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2

ORGANISATION ADMIN PORTAL:

FIRST TIME ACCOUNT SET-UP
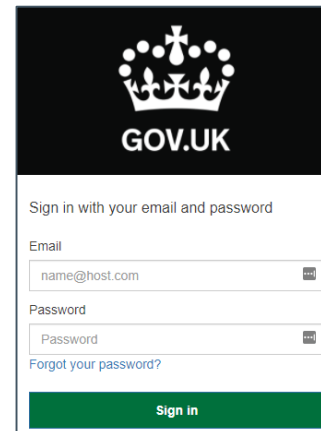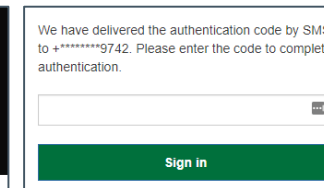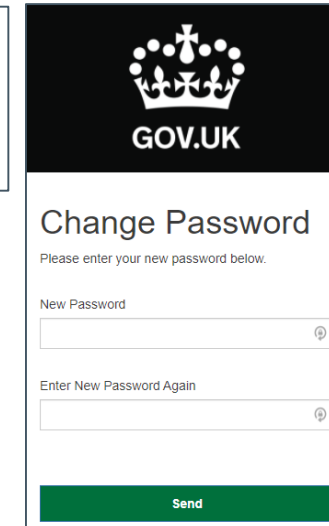
LOGIN AND UPDATE PASSWORD:
Log into the Organisation Admin portal with the temporary password received in the text message. First time users will need to change their password to complete setup of their account. A code will then be sent to your mobile number for authentication.

Passwords must contain:
- A lower case letter
- An upper case letter
- A special character
- A number
- At least 8 characters

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CHOOSE ORGANISATION TO MANAGE:
Organisation Managers can be assigned to multiple organisations and have the option to search for and choose which organisation they want to manage.

If an Organisation Manager only belongs to one organisation, this step will be skipped.

ORGANISATION ADMIN PORTAL:

CHOOSE ORGANISATION

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ORGANISATION ADMIN PORTAL:

ORGANISATION OPTIONS

(4)

MANAGE ORGANISATION OPTIONS:
Organisation Managers have the option to create new test sites or to add and manage Team Leaders.

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ORGANISATION ADMIN PORTAL:

ADDING TEST SITES

⑤

ADD TEST SITES:
Organisation Managers can add new test sites to their organisation. This will generate a Site ID and allows test Participants to select the test site during registration. Site IDs may take a few hours to become active in Lite Registration.

If you have a Unique Organisation Number (UON), adding it when creating the site will allow test participants to enter the UON when registering instead of the Site ID.

IMPORTANT GUIDANCE ON SITE IDs

1. A unique site ID must be created for each physical location where a test is conducted.

   • It is not permitted to use a single site ID for a mobile testing operation

   • This ensures that the appropriate action can be taken to trace contacts and contain outbreaks

2. Multiple Site IDs can be created for the same physical site if it is shared between multiple testing operations e.g. two schools testing in the same school hall

   • The appropriate operational guidance needs to be provided to ensure results are logged and Participants register with the correct site ID

◄ Back

12 test sites

Coventry University

Add new site

| Department of physics | 55 hackford road Univerisityland SW90ED England | Test site ID: DK12234 UON: 145623 | ACTIVE |

You've added a test site

Coventry University - Department of Physics
UON: 123456
Test site ID: SWF1223
Status: Active

What happens next?

You've added a test site where your organisation can log test results.
You've also generated a 4 character test site ID.

Add another test site   Finish

Add a test site

Test site name
For example, department of physics

Do you have a unique organisation number for this test site (UON)?
If you do not know the UON, look it up

◉ Yes

Enter the 8 digit UON
For example 12345678

○ No

Test site address

Building and street

Town or city

Postcode

Country

○ England
○ Wales
○ Northern Ireland
○ Scotland

Save and continue   Cancel

6

ORGANISATION ADMIN PORTAL:

ADDING TEAM LEADERS

ADD TEAM LEADERS:
Organisation Managers can add new Team Leaders to their organisation. Team Leaders can manage testing operatives at test sites within the organisation.

Organisation Managers can search for Team Leaders' emails to find them in the list. The 'Invited' status is displayed for newly added team leaders until they have logged in for the first time using their temporary password.

Additionally, Organisation Managers are automatically allocated as a Team Leader.

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ORGANISATION ADMIN PORTAL:

MANAGING TEAM LEADERS

UPDATE TEAM LEADERS:
Organisation Managers can update information about existing Team Leaders within their organisation by selecting the 'Manage' link next to the Team Leader.

Saving a Team Leader as inactive (by deselecting the 'Active' radio button) will restrict them from logging into the Team Leader Admin Portal.

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ORGANISATION ADMIN PORTAL:

SEND NEW TEMPORARY PASSWORD

8

SEND NEW TEMPORARY PASSWORD:
An Organisation Manager can send a new temporary password to Team Leaders within their organisation that haven't yet accepted their invitation.

This option is available when managing a Team Leader that has logged into the Test Site Results service and remains active, otherwise the option will not be displayed.

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BEFORE YOU START TESTING:

TEAM LEADER ADMIN PORTAL (FOR TEAM LEADERS)

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TEAM LEADER ADMIN PORTAL:

INVITATION
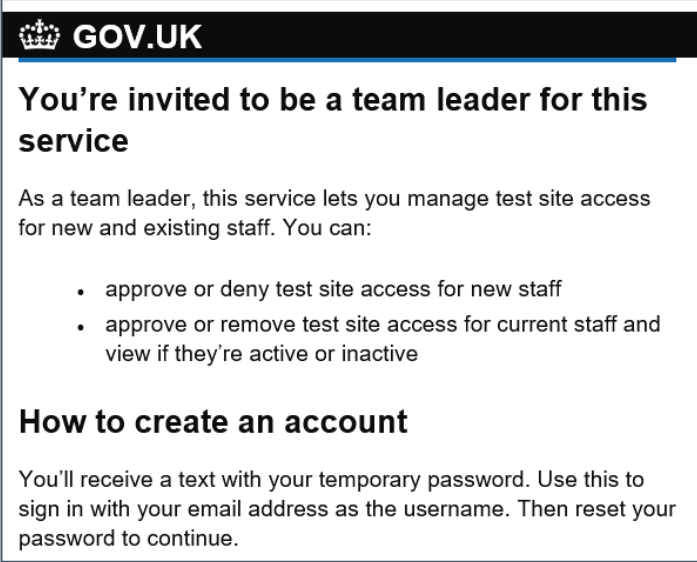
1

RECEIVE INVITE FROM ORGANISATION MANAGER:
A Team Leader will receive an email invitation when they are added by the Organisation Manager. The email will contain instructions to access the Log Results Team Leader Admin Portal, along with a text message confirming the temporary password for the account.

Selecting the link in the email will open the Test Site Results service.

Note: It is very important that the Team Leader account belongs to an individual and is not shared between several people at an organisation

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TEAM LEADER ADMIN PORTAL:

ACCOUNT SET-UP

2

LOGIN AND UPDATE PASSWORD:
Log into the Team Leader Admin portal with the temporary password received in the text message. First time users will need to change their password to complete setup of their account. A code will then be sent to your mobile number for authentication.

Prior to initial login your Organisation Manager can send you a new temporary password, if required

Passwords must contain:
- A lower case letter
- An upper case letter
- A special character
- A number
- At least 8 characters

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TEST SITE SELECTION:
Enter the site ID of one of the organisation's test sites and select 'Continue' to manage it.

A Team Leader has permission to manage any site within their organisation.

TEAM LEADER ADMIN PORTAL:

TEST SITE SELECTION

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TEAM LEADER ADMIN PORTAL:

TEST SITE MANAGEMENT

④

MANAGE TEST SITE OPTIONS
Team Leaders have the option to manage new Testing Operative access requests for the site, as well as to view and manage the Testing Operatives who currently have access to the test site.

HAWK - 10018356 - Hawkinge House

Manage new staff site access (4 requests)
Approve or deny test site access requests for new staff.

View and manage current staff (1 staff)
See if staff are active or inactive and approve or remove their test site access.

---

⑤

TESTING OPERATIVE SITE ACCESS REQUESTS
Team Leaders can view, approve and deny new site access requests from Testing Operatives. If approved, the user's access will be displayed in the Current Site Staff list.

---

4 requests

HAWK - 10018356 - Hawkinge House

Brian Smith
brians   DENIED

Undo

Drew Montgomery
drewm   ACTIVE

Undo

Karen Watson
kwatson

Approve

Deny

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TEAM LEADER ADMIN PORTAL:

MANAGING CURRENT SITE STAFF

CURRENT SITE TESTING OPERATIVES

Team Leaders can view, remove and re-approve site access for current Testing Operatives, with the current status of each operative shown via inline 'Approved' or 'Inactive' status.

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5.2

DURING TESTING

Contents

5.2.1 DURING TESTING:

OVERVIEW

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OVERVIEW

There are two digital solutions that support the testing process when Organisations open and run their test sites:

1. **Log Results Website**: For Testing Operatives to upload a Participant's test results to the national T&T programme

2. **Lite Registration**: For Participants getting tested to register their unique sample ID/barcode

	UPLOADING TEST RESULTS	TEST KIT REGISTRATION
	LOG RESULTS WEBSITE **For Testing Operatives** A website for Testing Operatives at a test site to scan the barcode on a completed LFT test and submit its result to the relevant services.	**LITE REGISTRATION** **For testing participants** Used to register a lateral flow test kit at a test site. This creates a link between the sample ID/barcode and the person's details.
What does it do?	• Request approval to log results at a test site • Record test results, once approved	• Register their test kit • Provide personal and contact details to be notified of their test result
When do you use it?	• During shift at test site	• Each time they are tested at a test site (can be fast tracked with an NHS account)
How do you use it?	• Visit the URL • Sign up by creating a username and password • Sign in and enter a test site ID • Request and await access to the start logging results	• Visit URL given at test site (on registration card) • Assistance can be provided for individuals who need help

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5.2.2 DURING TESTING:

UPLOADING TEST RESULTS (FOR TEST OPERATIVES)

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UPLOADING TEST RESULTS:

LOG RESULTS WEBSITE OVERVIEW

The log results website will **only work with Testing Operative's accounts.** The Organisation Manager and Team Leader accounts **will not work** with the Results logging virtual tools.

LOG RESULTS WEBSITE:

The "Log Results" website is accessible via laptop, tablet or smartphone; enabling Testing Operatives to input and communicate results to participants and mandatory organisations

DEVICE OPERATING REQUIREMENTS:

- Staff can use any smartphone, tablet or laptop that is securely connected to the internet (a camera is preferable to enable quicker results submission, but it is not mandatory)

- The device may be provisioned by the organisation (e.g. a council) or by the testing operative, e.g. using a personal device by a staff member

- As each testing operative will need a device whilst working their shift to access the Log Results Website, the number of devices required for the site is dependent on the size of the workforce

MINIMUM BROWSER REQUIREMENTS

DESKTOP	MOBILE (ANDROID)	MOBILE (IOS)
Chrome 57+	Chrome 59+	-
Safari 11+	-	Safari 11+
Firefox 52+	Firefox 55+	-
Opera 44+	-	-
	-	-

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LOGGING TEST RESULTS PROCESS:

PREPARING THE DEVICE

1 **LOG RESULTS WEBSITE:**
The Test Site Operative must choose 'I'm a test site operative' on the starting page (http://log-coronavirus-test-site-results.service.gov.uk/) and proceed to 'Sign in' using their username and password. If it is their first time accessing the website, they will need to select "Sign up" to create their username and password.

Note: It is very important that the Testing Operative account belongs to an individual and is not shared between several people at an organisation

2 **TEST SITE LOCATION:**
The Test Site Operative then selects the test site location they will be logging results at on the selected day. This is a 4-character Site ID and will be provided by the Team Leader. Confirming this will send a request through to the Team Leader to approve.

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3

LOGGING TEST RESULTS PROCESS:

WAIT FOR APPROVAL

GETTING APPROVAL
The 'Awaiting approval' page will be updated automatically when the user has been given access by their Team Leader. It will then allow them to start logging test results.

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SCAN BARCODE:
The Test Site Operative positions the device scanner so that the barcode sits within the box. When the barcode is scanned successfully, they will be directed to the next page to log result.

There is an option to enter the barcode manually if the scanner is unable to capture the barcode. The user will have to enter the barcode twice to ensure data accuracy.

LOGGING TEST RESULTS PROCESS:

SCANNING RESULTS

LOGGING TEST RESULTS PROCESS:

SUBMITTING RESULTS

5 **ENTER RESULTS:**
The Test Site Operative selects the result of the test, and selects continue.

6 **REVIEW AND SUBMIT RESULTS:**
A summary of the test result is shown to the Test Site Operator before they can submit the result. The Test Site Operative can change both the barcode and the Test result using the 'change' buttons. Once they are confident with the result they can 'Save and continue' and will be shown a successful 'Test result logged' page if the result was successfully submitted.

6

LOGGING TEST RESULTS PROCESS:

SIGNING OUT

SIGN OUT:

When the Test Site Operative finishes their shift or hands the device over to another Test Site Operative they must Sign Out. This can be seen at the top left of each screen
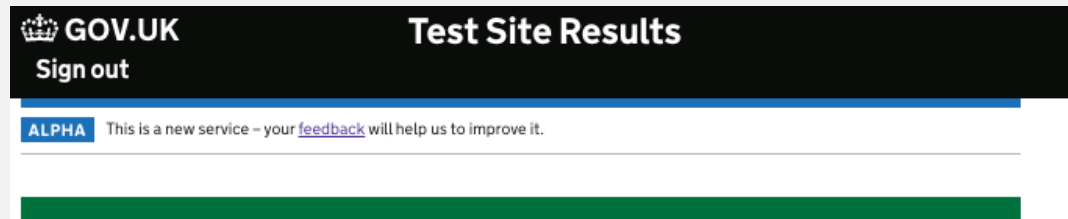
5.2.3 DURING TESTING:

TEST KIT REGISTRATION (FOR PARTICIPANTS)

TEST KIT REGISTRATION:

LITE REGISTRATION OVERVIEW

- *Lite Registration* is the digital solution for matching Test Participants to their LFD result

- Participants are required to access the dedicated URL and enter their personal details and test kit barcode each time they are tested https://gov.uk/enter-lateral-flow-test

- Participants can create accounts that save their details, so that they do not need to enter them the next time they get tested

- Participant registration may take between 5-15 mins per participant depending on the questions that they have to answer for their circumstance, their digital literacy, and whether they have a "NHS Login" account or not.

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TEST KIT REGISTRATION:
WHEN TO HAVE THE PARTICIPANTS REGISTER

The registration system has been designed to allow test sites to decide when is best to have the subject register their details for a test. There are operational considerations for each.

	BEFORE TESTING Participants receive their barcodes and reg cards on arrival and register whilst in a Queue or before entering the testing area	**DURING TESTING** Participants receive their barcode with their swab kit and perform registration in the test area (in the testing booth)	**AFTER TESTING** Participants complete their test, receive their barcode and register in their own time after leaving the site. Participants have up to 7 days to register in the system to get their result.
PROS	• Ensures that every participant registers their test and receives their result prior to providing a sample	• Participant is supported through registration by testing operative • Ensures every participant registers their test before leaving • No issue with misplaced barcodes	• Highest testing throughput option, no need to wait for subjects to register before providing their swab. • No workforce required to support registration
CONS	• Additional workforce may be required to issue registration codes and barcodes in the queue • There have been instances where participants have lost their barcode when they have been issued too far in advance and need to re-register when they get to the test site	• Increases the time participants must spend in the testing area significantly, reduces site throughput	• Participant can forget or choose not to register their test kit once they leave the test site. If this happens, they will not receive their result. • Participants have no support whilst completing registration process

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TEST KIT REGISTRATION:

REGISTRATION DEVICES

Registration devices are optional devices that Organisations can provide for Participants to register their test kit barcodes during the testing process.

OVERVIEW:

• Participants are encouraged to use their own mobile devices for the registration process

• Organisations themselves can choose to provide devices for registration

• Registration can be completed on any device (Computer, tablet, phone) with an internet connection and browser

• The device should be corporation managed and configured so Participants cannot use it for any other purpose

DEVICE SETTINGS

• Any device used to support the registration process will have to be operated in 'incognito' mode (this is to protect the privacy of the participants, as it will prevent users going back to previous form entries or seeing form auto-fills with personal information)

• The device browser should also have form auto-fill disabled, to prevent past Participants' data showing up in forms if the incognito windows isn't closed

• Devices should have antivirus software installed if possible

• Where possible, devices should be operated in "Kiosk mode" to prevent them being used for any other purpose

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START REGISTRATION:
Participants need to register their unique barcode at http://gov.uk/enter-lateral-flow-test. This process will link them to their test sample and collect their contact details. Participants should the guidance and tap "Start now".

Register a coronavirus test (lateral flow test)

This type of test checks if you're currently infectious with coronavirus. It's called a lateral flow test.

Your sample will be taken and tested at the site and you'll get your results the same day.

To complete this form, you'll need:

- the barcode for the test you're registering (it starts with the letter 'L')
- a mobile number (for you or the person you're registering it for)

❗ Only use this service if the barcode on your test kit starts with the letter 'L'. If your barcode does not start with 'L', you need to register your test kit using a different service.

Start now ❯

How we use your data

To find out how we use your personal data when you register for a coronavirus test, read the coronavirus privacy note.

LITE REGISTRATION PROCESS:

ONLINE PORTAL

2

REGISTRATION TYPE:
Participants can register a test kit for themselves or on behalf of another Participant.

Who are you registering a test for?

◯ Myself

◯ Someone else

Continue

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3

ACCOUNT REGISTRATION:
Participants can create and account or log into their account by tapping "NHS Continue with NHS login". If the Participant does not want to create an account, they can tap "Continue without NHS login".

By creating an account participants can **save 5 minutes** every time they register a test as they will not have to re-enter their details

LITE REGISTRATION PROCESS:

ACCOUNT REGISTRATION

Register faster with a Test and Trace account

A Test and Trace account enables you to save your details, so you do not need to enter them next time.

You just need an email address and a mobile number to create an account. Or you can use your existing NHS login details, if you have them.

NHS Continue with NHS login

Continue without NHS login

Participants who do not want to create an account can skip to step 6.

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NHS LOG IN:
If a Participant continues to "NHS Log in", they will be asked to enter their email address. The system will check if the Participant has an account. If they have an account they will be asked for their password.

If they do not have an account, they will need to provide their mobile number to complete account registration.

LITE REGISTRATION PROCESS:

NHS LOGIN PORTAL

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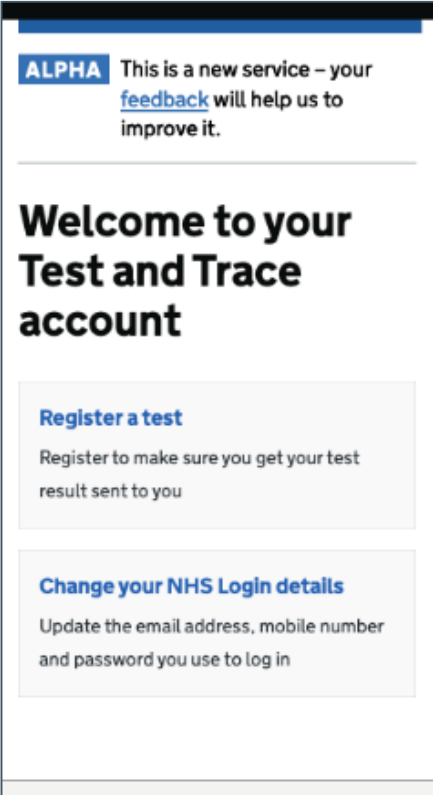
5

LITE REGISTRATION PROCESS:

ACCOUNT HOMEPAGE

ACCOUNT HOMEPAGE:

After the Participant logs into their account, or completes their NHS account registration, they will be taken to their account homepage. From here they Participants can register their latest test kit.

LITE REGISTRATION PROCESS:

TEST SITE SELECTION

6

TEST TYPE:
Participants need to select "At a test site".

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TEST SITE ID:
Signage with the site ID should be put up around the site to support the Participants as they register, they will be asked to enter the site's ID to confirm the test site they tested at. A Unique Organisation Number can also be entered here for sites that were created with a UON.

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LITE REGISTRATION PROCESS:

BARCODE AND TEST DETAILS

UNIQUE BARCODE:
Participants then need to scan or manually enter their unique test barcode, this will link the participant's test sample to their personal details.

Enter your unique test kit barcode

Use the camera on your phone or computer to scan your test kit barcode.

Or you can manually enter the 11 character reference below the barcode.

If you're using a home test kit, you'll find the identical barcodes inside your home test kit, either attached to the plastic vial, biohazard bag and return box or loose for you to stick on yourself (please read instructions).

These are different from your pre-paid Royal Mail return package barcode on your box.

If you have a Randox test kit, manually enter the 9 or 10 character unique reference number (URN) on the label.

▶ What does the barcode look like?

▶ What does the Randox URN look like?

Scan my barcode

Test kit barcode reference or URN

Confirm test kit barcode reference or URN

Continue

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LITE REGISTRATION PROCESS:

BARCODE AND TEST DETAILS

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DAILY CONTACT OR REGULAR ASYMPTOMATIC TESTING:
Participants then need to select whether they are testing as part of a daily contact or regular asymptomatic testing regime, more details on this can be found in the "Clinical, protocol & policy" section of the Guidebook

Are you doing 7-day repeat testing?

If you're a contact of someone who tested positive for coronavirus (COVID-19), your organisation may have invited you to take a test every day for 7 days instead of self-isolating. If so, you can select 'Yes'.

○ Yes

○ No

○ I do not know

Continue

10

DATE AND TIME OF TEST:
The Participant will then be asked to enter the date and time that they are taking the swab sample.

Participants with accounts, who have previously gone through this process and registered a test kit can skip to step 12.

LITE REGISTRATION PROCESS:

ADDITONAL DETAILS

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ADDITONAL PERSONAL DETAILS:
Participants will need to provide the following details:
- Name
- Gender
- Date of birth
- Ethnic group
- Details of recent travel to work or place of education

Depending on what a Participant answers to certain questions, they may be required to answer additional questions.

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COVID SYMPTOMS:
Participants need to confirm if they have COVID symptoms.

Participants with accounts, who have previously gone through this process and registered a test kit can skip to step 14.

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CONTACT DETAILS:
Participants will need to provide the following details:
- Contact email
- Contact mobile phone number
- Home address

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REGISTRATION COMPLETE:
The Participant has now completed registration for their test kit.
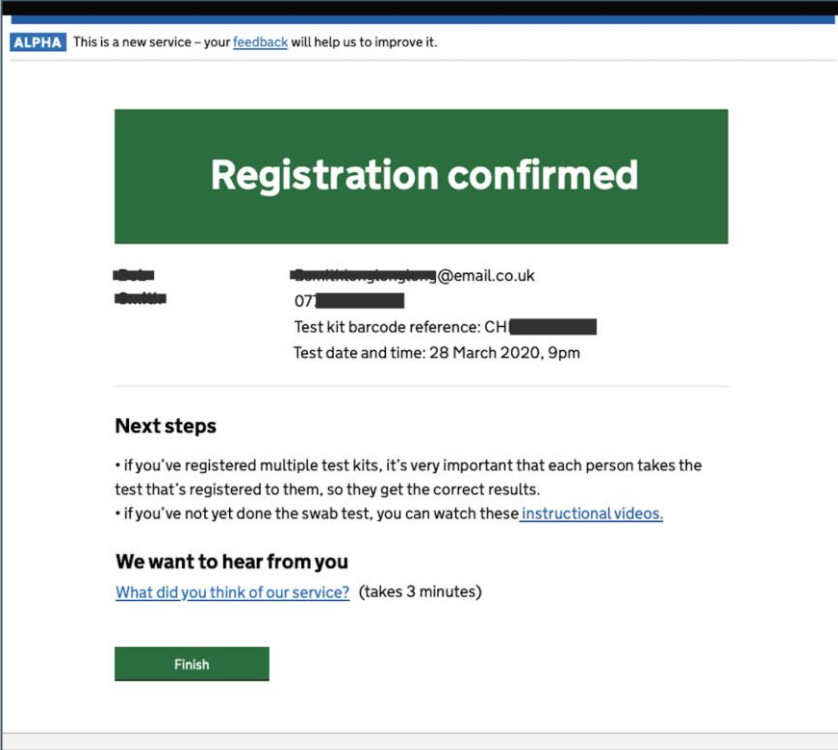
LITE REGISTRATION PROCESS:

TEST KIT REGISTRATION COMPLETE

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5.3

NOTIFICATION OF TEST RESULTS

Contents

- Overview

- Positive Test Result

- Negative Test Result

- Void or Invalid Test Result

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NOTIFICATION OF TEST RESULTS:

OVERVIEW

The Test & Trace systems will link the test Participant's registration record with their test result by using the data from the "Lite Registration" and "Log Results" services.

RECEIVING THE RESULT:

- Results will be sent to the Participant via SMS and/or e-mail

- Results will be communicated within a day of the test

- If Participants have registered online and do not receive their results within a day of the test, they should get tested again and ensure their contact details are correct

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NOTIFICATION OF TEST RESULTS:

POSITIVE TEST RESULT

SMS AND EMAIL CONTENT:

Dear **(Full name)**

Birth date **(Date of birth)**

Test date **(Date of test)**

Your coronavirus lateral flow test result is positive. This means it's likely you had the virus and were infectious when the test was done.

You and everyone you live with must self-isolate immediately for 10 days. This includes the day of your test and the next 10 full days.

If you or the people you live with get symptoms, self-isolate from the day symptoms started and for the next 10 full days.

For medical help, contact 111. In an emergency dial 999.

See www.gov.uk/coronavirus for more advice.

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NOTIFICATION OF TEST RESULTS:

NEGATIVE TEST RESULT

SMS AND EMAIL CONTENT:
Dear: **(Full name)**
Birth date: **(Date of birth)**
Test date **(Date of test)**

Your coronavirus lateral flow test result is negative. It's likely you were not infectious when the test was done.

Keep following coronavirus advice including:

• regular handwashing
• social distancing
• wearing a face covering where recommended

You only need to self-isolate if:

• you get symptoms of coronavirus – you'll need to book a different test at www.gov.uk/get-coronavirus-test
• someone you live with tests positive, or has symptoms and has not been tested yet
• you've been traced as a contact of someone who tested positive

For medical help, contact 111. In an emergency dial 999.

See www.gov.uk/coronavirus for more advice

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NOTIFICATION OF TEST RESULTS:

VOID OR INVALID
TEST RESULT

SMS AND EMAIL CONTENT:
Dear: **(Full name)**
Birth date: **(Date of birth)**
Test date **(Date of test)**

We could not read your coronavirus lateral flow test sample. This means it's not possible to say if you had coronavirus or were infectious when the test was done.

We're sorry, you'll need to take another test as soon as possible. Go to www.gov.uk/get-coronavirus-test to book a follow-up test, unless you have already repeated it.

You only need to self-isolate if:
• you have or get symptoms of coronavirus – you'll need to get another test at www.gov.uk/get-coronavirus-test
• someone you live with tests positive, or has symptoms and has not been tested yet
• you've been traced as a contact of someone who tested positive

For medical help, contact 111. In an emergency dial 999.
See www.gov.uk/coronavirus for more advice

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5.4
DIGITAL
ACCESSIBILITY

Contents

- Overview

- Engagement Channels

- Assistance Organisations Can Offer

- Services Available

- Protocol For Providing Assistance

DIGITAL ACCESSIBILITY:

OVERVIEW

A significant number of people (approx. 15 – 20%) have to been excluded from testing services due to being digitally excluded.

Non-digital access to the service is essential to ensure these groups have equal access to testing. A number of participants are more susceptible to being excluded of the digital testing services.

A SUCCESSFUL DEPLOYMENT CONSIDERS THOSE WITH:

- Low digital literacy
- Low English literacy
- No access to a phone or email
- A diversity of physical and mental conditions
- Low confidence and propensity to isolate

THE LATEST KEY STATISTICS SHOW THAT:

- 10% of households have no internet access
- 7.5% of people have never used the internet
- 4% of UK adults do not have a phone
- 22% of UK adults do not have essential digital skills for day-to-day life

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DIGITAL ACCESSIBILITY:

ENGAGEMENT CHANNELS

Research shows that, to date, the most effective way of communicating with digitally excluded participants is to use more traditional media in more languages.

GENERAL GUIDELINES:

- Clearly communicate the rationale and the importance of regular testing
- Clearly communicate how the testing process works and what is involved
- Assure participants on data and physical security measures in place

EXAMPLE MEDIA:

- Analogue news media
- Printed media
- Trusted communities
- GPs/ 119 advice
- Local amenities

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DIGITAL ACCESSIBILITY:

ASSISTANCE ORGANISATIONS CAN OFFER

A range of services should be provided to (but not limited to) digitally-excluded participants across their testing journey.

FACE TO FACE ASSISTANCE:

- A private, secure area, should be in place to allow for face to face assistance
- Staff on site should assist participants by entering data into the digital registration journey on their behalf (with consent)
- Ideally staff on site will cover a diverse set of languages

LENDING DEVICES:

- Spare electronic devices (smartphone, tablet or PC with internet connectivity) should be on hand to lend to participants to complete registration
- Offering sanitiser and regularly wiping the device will help minimise the spread
- Personal data must **not** be saved on the device

TRANSLATED PRINT MEDIA:

- Media on site should be translated into various languages, some of these are available centrally (see Comms & Engagement section)
- Laminating and regularly wiping the print can help minimise the spread

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SERVICES AVAILABLE

The telephone services are provided enhanced support to digitally-excluded participants across their testing journey, including translation services and sign language

119 HELPLINE:

- The telephone helpline offers assistance with test registration, contact tracing, results, self isolation guidance and general inquiries

    - For test participants in England, Wales or Northern Ireland call 119 (this is a free service)

    - For test participants in Scotland call 0300 303 2713 (standard call rates apply)

- People with hearing or speech difficulties can call 18001119. This service is available to assist someone through the process of booking and taking a test but cannot provide clinical advice

- There is a service for deaf people to speak to the Contact Centre using a sign language interpreter. This operates via a video link. You can find out how to access the service at www.interpreternow.co.uk and that we have an interpreter service for those where English is not their first language.

TRANSLATION SERVICE:

- An over-the-phone translation offering, and a mobile device to lend to people to make such calls, should be in place to assist non-English speaking people Potential suppliers:

- 119 have translation and simultaneous translation services and are available for support throughout the testing process. 119 are able to support in up to 650 languages, including British Sign Language (BSL).

- The Big Word

- Language Line

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DIGITAL ACCESSIBILITY:

PROTOCOL FOR PROVIDING ASSISTANCE

The protocol applies when a participant arrives with:

- No digital device
- No email or mobile number or is unwilling to give this information

Managing people who do not have a mobile number or are unwilling to provide a mobile number:

- You should always encourage use of mobile number if possible, telling them is the best way to **get their result quickly**
- They can also use the mobile number of a **trusted person** who will receive their result for them

If the participant does not want to do the above, the following process should be followed:

- Person must be escorted to an area where they can be assisted privately
- Ask permission from that person to enter their personal details on their behalf
- Take their details verbally and input into the registration form on a managed device
- Enter 07818 485409 in the mobile field
- Enter testresults@nhs.net in the email field
- Submit as usual
- Tell them they can call 119 the next day to get their result (if they provide a home phone number, 119 will attempt to contact them)
- They need to keep hold of their test barcode reference to get their result
- Any issues, they can call 119, free to call from any phone (119 is open 7am to 11pm)

5.5

TECHNICAL SUPPORT

& TROUBLESHOOTING

Contents

- Overview
- Contacting Support
- Digital Contingency Process
- Troubleshooting Guide
- Repeat LFT Results

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TECHNICAL SUPPORT & TROUBLESHOOTING:

OVERVIEW

OVERVIEW:

- Testing Operatives are encouraged to firstly seek local assistance with any issues relating use of devices and connectivity, logging in to the web service and the recording of results (e.g., the organisation's help desk)

- Before reaching out for support, please ensure that your device is operating as expected in the first instance, and that it has a good data and/or wi-fi connection

- The end of this section contains a troubleshooting guide that provides advice for a range of issues. Please refer to this FAQ before contacting support

- If you are unable to resolve the issue locally, you can either contact Support via email or by phone, the details of which are covered on the following slides

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TECHNICAL SUPPORT & TROUBLESHOOTING:

CONTACTING SUPPORT: EMAIL

EMAIL HELPDESK:

If unable to resolve an issue relating to the digital solutions locally, then site staff can send an email to the Serco helpdesk lftadminoperations@timeforstorm.com

• The email helpdesk is open Mon – Sun, 09:00 – 17:00.

• The email should include the following details:
  Role *(Organisation Manager/Team Leader/Test Operative)*
  First name: *that the account is registered to*
  Surname: *that the account is registered to*
  Email: *that the account is registered to*
  Phone Number : *that account is registered to*
  Organisation: *that the account is registered to*
  Site Name: *(If applicable)*
  Site URN: *(If applicable)*
  Site ID: *the 4-digit alphanumeric reference*
  Incident Description: *an explanation of the issue with detailed guidance how to reproduce the issue*

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TECHNICAL SUPPORT & TROUBLESHOOTING:

CONTACTING SUPPORT: PHONE CALL

FIRST LINE SUPPORT:

Phone call "1st Line" support is also available. If unable to resolve an issue relating to the digital solutions locally, then site staff can call 1st Line Support on **0203 281 6468**

• Staff with more urgent issues may prefer this option as responses are likely to be more rapid.

• Operating hours are 07:00 – 20:00

• You will need to provide the following summary information:

> **Reporter Name:** *your name*
> **Reporter Organisation:** *your organisation's name*
> **Reporter Tel:** *your mobile or landline number*
> **Reporter Site ID:** *the 4-digit alphanumeric reference*
> **Incident Description:** *an explanation of the issue with detailed guidance how to reproduce the issue*

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TECHNICAL SUPPORT & TROUBLESHOOTING:

DIGITAL CONTINGENCY PROCESS

WHAT TO DO WHEN:

You are unable to use all or parts of the digital solution because:

*   The system is offline temporarily

*   You are not able to get access

OVERVIEW:

In the event of the digital solution being unavailable, there are three components that can be operated in an offline contingency process;

1. Participants are unable to register their barcode and personal details

2. Test operatives are unable to submit results

3. Results cannot be delivered to Participants due to either 1, 2 or an issue with the results delivery service

Temporary outage (e.g. Short term downtime or temporary no access)

*   Majority of operational processes remain the same with registration and results uploaded retrospectively once access is regained to the digital systems.

*   Record results manually offline

*   Operational process changes are required to deliver results directly to Participant in-person or record registration details offline to deliver results manually

Longer term outage (e.g. multiple days of no access)

*   All positive results must be reported within 24 hours

*   For outages longer than 24 hours, positive results must also be reported directly to Public Health England via the Laboratory Reporting process

Note: When using the contingency process, test results will be recorded at the time of retrospective entry rather than the actual date and time of the test. This impacts the reporting of national test results and therefore this should not be used as a "Business as Usual" process.

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TECHNICAL SUPPORT & TROUBLESHOOTING:
DIGITAL CONTINGENCY PROCESS

PARTICIPANT REGISTRATION	TEST RESULT CAPTURE	RESULT NOTIFICATION
When to move to this contingency process • The Light Registration website is down or can't be accessed by the Participant • The Participant cannot access the website at the point of care (e.g. there is no internet)	**When to move to contingency process** • The Log results website is down • Lack of devices or equipment failure • You have been unable to setup Org manager, Team leader or Test operative accounts in time	**When to move to contingency process** • When the Participant Registration contingency process is in place • When the Test result capture contingency process is in place
Operational process 1. Give the Participant a registration card with their barcode on it to take away 2. Instruct the Participant to follow the instructions on the card and attempt to register as frequently as possible until successful	**Operational process:** 1. Continue to mark the test result with a marker on the LFD when reading the result 2. Transcribe the barcodes and results into the Contingency process spreadsheet and store offline temporarily	**Operational process option 1 - hold Participants for results** 1. As digital result delivery will be delayed, a process must be put in place to hold Participants after providing the test sample 2. Keep the Participant and the LFD where the sample was taken until a result can be read 3. Provide the test result verbally and visually at the point of test to the Participant with the current guidance on next steps (see section 3) **Operational process option 2 – manual result delivery** 1. The testing sites can manually record the personal details of the Participant and their test barcode offline (e.g. spreadsheet containing name, barcode, result and contact details at a minimum) 2. Once a result is known, Test Operatives can contact the Participant and inform them of their result manually
Retrospective recovery process • Participants can register their test retrospectively, even after the result is submitted by the testing site • The system will hold unmatched test results for up to 7 days while waiting for the Participant to register	**Retrospective recovery process** • Once you have gained access to the Log results websites, enter the test results from the Contingency process spreadsheet. • Positive results must be retrospectively uploaded within 24 hours. • For outages longer than 24 hours, positive results must also be reported directly to Public Health England via the Laboratory Reporting process	**Retrospective recovery process** • Once a Participant has been retrospectively registered and a result entered, the result will still be delivered digitally • The Participant must be informed that a digital confirmation will follow, after they have been communicated their manual result

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TECHNICAL SUPPORT & TROUBLESHOOTING:

RISKS USING THE CONTINGENCY PROCESS

RISK	MITIGATION
Data privacy If using option 2 for result delivery, the testing site must consider how this handling of personal data impacts their current privacy statement.	For a testing site to store the personal details of a Participant offline (outside of NHS systems), they will need to consider a revised Privacy Statement and put in place the appropriate process in place to handle this data.
Human error – Data entry into spreadsheet When entering data such as barcodes and results it can be easy to make errors.	Testing sites should put in place a process to double check data entered into the contingency spreadsheet with a second Test Operative to minimise the risk of mismatched data. Testing sites should stop using the contingency process ass soon as the digital solution is available to use.
Human error - Result delivery from spreadsheet If results are being delivered from a spreadsheet, there is a risk that similar data or barcodes may be mismatched or mixed up, potentially causing the wrong result to be communicated.	Use option 1 for result delivery if it is operationally feasible. This allows the result to be communicated at point of care, reducing the risk of human transcription errors. If option 1 is not feasible, processes must be established to validate that the right result is being communicated to an individual.
Delayed result delivery Data entered retrospectively will appear as being done at time of entry rather than when the actual test was taken. This may have an impact on Management Information and national reporting if the contingency process is used for sustained period.	Testing sites must only use the contingency process as a last resort and must use the digital solution as soon as it is available.

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TECHNICAL SUPPORT & TROUBLESHOOTING:
TROUBLESHOOTING GUIDE 1

ISSUE	GUIDANCE	NEXT STEPS
I cannot get my device to switch on / I am having an issue with my device	Seek local support from Testing Site Team Leader or Site operator	
I cannot find the internet browser on my device		
I cannot connect to the internet		
The website will not load	Is your device connected to the internet? Is the internet / site working for other colleagues around you? Can you see any error message displayed on your device?	Seek local support from Testing Site Team Leader or Site operator. If they are unable to resolve locally then please contact 1st line support for assistance on 0203 2816468
I cannot login at login screen	Have you entered your login details correctly? These are case sensitive. If you have forgotten your login details please refer to subsequent sections of this guide	Seek local support from Testing Site Team Leader or Site operator. If they are unable to resolve locally then please contact 1st line support for assistance on 0203 2816468
I have logged in but the website says "Awaiting approval"	After you have selected your Testing Site location, a Team Leader must approve you before you can start recording test results.	Check that a Team Leader at your location has done this for you
I am logged in as a Team Leader but cannot see a list of staff under the "View Staff" option	It may be that no staff have logged in to work at your Testing Site yet. Alternatively, there may be staff members waiting for a Team Leader to approve their access to your Testing Site.	Check under the "Manage new requests" page to see if you have any staff to approve

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TECHNICAL SUPPORT & TROUBLESHOOTING:
TROUBLESHOOTING GUIDE 2

ISSUE	GUIDANCE	NEXT STEPS
I am a Testing Operative - I do not remember my user name or password	Testing Operatives cannot reset passwords currently. If you are unable to log in to your account you will need to re-complete the "Sign up" process again to create a new account. This will also mean requesting access to your testing site again	Your Team Leader should be able to view your user name within the Team Leader Webservice "View Staff" page
I am a Team Leader – I do not remember my user name or password	Follow the password reset instructions visible on the login page	If the reset process does not resolve the issue speak with your Team Leader for further assistance
I don't know the Testing Site ID	The Testing Site ID should be known by the Team Leader(s) and/or organisation responsible for the Testing Site	Speak with Team Leader and/or your organisation
I don't recognise the Site name when I enter the Testing Site ID	Ensure you have entered the Site ID correctly. The Testing Site ID should be known by the Team Leader(s) and/or organisation responsible for the Testing Site	Speak with Team Leader and/or your organisation
I have logged in but am unable to use the webservice to record test results	Have your site access request been approved by your Team Leader yet? If you see the word "pending" by your chosen site when logged in you will not be able to log test results	Speak with Team Leader and/or your organisation
I cannot scan a barcode successfully	Please ensure the camera on your mobile device is working, e.g. in other applications on your phone Please ensure the scanning area is sufficiently illuminated and the barcode is clearly readable As a workaround, you can input the barcode manually. You will have to input the barcode ID twice to ensure no spelling mistakes.	Speak with Team Leader and/or your organisation

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TECHNICAL SUPPORT & TROUBLESHOOTING:
TROUBLESHOOTING GUIDE 3

ISSUE	GUIDANCE	NEXT STEPS
I am logged in as a Team Leader but cannot see a list of access requests to approve/deny	Ensure that the testing operatives of your testing site have successfully logged onto the service, and requested approval to be part of your testing site	If the issue prevails, speak to your organisation and ensure you have been onboarded
The barcode is not being accepted when I type it in manually	You will have to input the same barcode ID twice to ensure no spelling mistakes: once in the upper text input field, and again in the lower text input field.	
I think I incorrectly logged the result for a person's test	If you believe that you incorrectly submitted a result, make a note of the barcode, and see the process for "Repeat LFT results" on the next page.	See next page.
How do I sign out from the webservice?	The Sign out link is in the top left of each page	
The camera on my device is not working / I do not have a camera I can use	You can upload results by entering the barcode manually via the keypad or keyboard of your device.	
How do I know if I'm in the Team Leader webservice or a Testing Operative webservice?	The URL for the Team Leader webservice is: http://admin.log-coronavirus-test-site-results.service.gov.uk/ The URL for the Testing Operative webservice is: http://log-coronavirus-test-site-results.service.gov.uk/	
As a Team Leader, I need to revoke a testing operative's ability to access the service on my testing site	Within your dashboard, go to "View staff". From here you can view every testing operative assigned to the testing site you manage. Team Leads can revoke access on an individual basis.	

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TECHNICAL SUPPORT & TROUBLESHOOTING:

REPEAT LFT RESULTS

WHAT TO DO WHEN:

A Lateral Flow Test (LFT) barcode/sample ID has been submitted incorrectly to the result service via the Log Results app or website.

1 **OPERATIVE ERROR RAISED:**
The operative realises a mistake has been made and asks the Team Leader to re-scan the LFD with their device.

2 **RE-SUBMIT RESULT:**
Team Leader scans the LFD barcode with a device, selects the correct result, confirms details and submits result.

(If using the Log Results app, this step will need to be performed with a different managed device than the device used to scan the original result.)

3 **CONFRIM RESUBMISSION:**
When the Team Leader submits the result again, this will update the backend systems that an error was previously made.

4 **CORRECTION OF RESULT:**
The backend systems will replace the previously incorrect result submission with the corrected result.

5 **119 CONTACTS Test Participant:**
The Participant who had an incorrect result submitted may have already been notified of their incorrect result via SMS or email. 119 will contact the and inform them of next steps.

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5.6
ORGANISATIONS USE OWN DIGITAL SOLUTIONS

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OPTION B:

ORGANISATIONS

USE OWN DIGITAL

SOLUTIONS

OVERVIEW:

- Organisations can choose to use their own digital solution to support their testing operation

- In this case, the organisation is responsible for reporting test results to Public Health England directly

TRADEOFFS WHEN USING THE PHE SOLUTION:

- Results will not be delivered to Test Participants

- Positive tests will not trigger contact tracing

- Test Participants details will not be matched to test results

- There is no support provided from the DHSC, Test & Trace or any other NHS service if the organisation uses their own digital solution

SETUP:

To use the PHE reporting solution, organisations must contact poct.contact@phe.gov.uk and SGSS.helpdesk@phe.gov.uk to discuss the best way to provide data

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COMMS & ENGAGEMENT

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PRE-APPROVED ASSETS

All 3 categories of assets have been agreed centrally as suitable across a range of use cases without the need for tailoring. All of these assets can be shared externally immediately.

APPLICABILITY

- Created and maintained centrally from insights gained across pilots

- All organisations can use these pre-approved assets immediately

MINOR MODIFICATIONS

- You can apply an organisation branding logo to the materials without seeking approval if required

- Minor modification can be made to these assets but will require final approval by the central content team before they can be issued externally

TYPES OF COMMS

1. **Instructional and process comms**: clinically-approved detailed guides for conducting testing

2. **Organisational messaging comms**: supporting organisations with Participant engagement addressing the 'why' and 'how'

3. **Public-facing campaigns**: NHS branded, large scale marketing campaigns

EXAMPLES OF MATERIALS THAT CAN BE PRODUCED:

- Adverts (marketing campaigns)

- Web banners

- Flyers

- Animations

- Storyboards

- Copy (wording for comms)

- Graphics

- Posters

- Videos ("How to swab" videos, training videos etc)

- Signage (entrance signs, exit signs, booth number signs etc)

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ENCOURAGING PARTICIPATION

BARRIERS TO TESTING	WHO IS MOST LIKELY TO BE AFFECTED? (not exhaustive)	POTENTIAL MEASURES TO COMBAT THESE BARRIERS
Practical barriers to access – e.g. ability to: access a testing site; travel to a testing site; read or engage with testing materials; book a test via digital channels	• Carers: ~10% of population • People with disabilities: ~20% of population has a disability • Vulnerable people e.g. homeless (0.5% of pop), victims of domestic abuse (~3%12), functionally illiterate (~16%13), non English speakers (0.3%14), etc.	• **Making testing sites easy to access** –increase testing site opening hours; offer access to testing in additional locations e.g. test kit distribution from GP surgeries or pharmacies / hyper-local areas; in community locations (e.g. mosque) • Design **physical sites and testing materials with accessibility at the forefront** – e.g. ramps for wheelchair users, instruction materials in multiple languages, non-digital routes to testing
Financial barriers – people are prevented from engaging with testing due to their own financial circumstances. Many may not wish to get tested out of fear of self-isolation and losing out on income	• 20% population living in poverty - some BAME groups have higher rates of poverty in working adults e.g. Bangladeshi (50%), Pakistani (~45%), Black (38%), Chinese (34%) vs. White (20%); similar issue for disabled • ~40% who don't have enough savings to live for 1m without income	• Offer **financial rewards for participation** (e.g. monetary payments, discounts or subsidised travel costs) • **Greater communication of support offers for people in self-isolation** (e.g. £500 Test and Trace support payment or locally led support networks)
Lack of knowledge to engage with Test and Trace in the desired way – e.g. does not understand why testing is important or how to access services	• Population wide issue, but likely to particularly affect people with low English or literacy skills	• More **targeted communications through community leaders** about how people can access testing services and why this is important to combat Covid • Promote **testing amongst community sites**

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ENCOURAGING PARTICIPATION

BARRIERS TO TESTING	WHO IS MOST LIKELY TO BE AFFECTED?	POTENTIAL MEASURES TO COMBAT THESE BARRIERS
Lack of trust in Test and Trace and / or the Government – e.g. does not believe that Test and Trace will work so why bother, unwillingness to share personal information with the Government	• **People who feel they have been treated badly** by state previously e.g. BAME ~14% of pop. • **People who get their news from social media** – more likely to be male (58% UK users) and young (80%+ 18-34)	• More **targeted communications** of Test and Trace success stories in local communities • **Engagement with local networks and community leaders to promote the testing service** – e.g. in sermons, churches, mosques • NHS over government branding where permitted, as they're generally more trusted
Apathy to COVID-19 – does not perceive a threat to self and / or does not care about threat to others	• Young are less likely to be very worried about COVID • Men are more likely to believe it is not a threat to them • Those who think they have already had the virus • Those who feel culturally alienated and separated from mainstream society • A small (largely anti-establishment) minority **reject the reality of COVID**	• **Targeted communications on impact of own behaviours on others** – e.g. what is the impact of mask wearing? How can apathy negatively impact on loved ones? • Greater promotion of **testing through institutions** – e.g. workplaces • Through social listening, monitor the extent to which conspiracy theories are creeping into the mainstream; develop counter narratives if gaining popularity
Distrust of results accuracy	• People who will be put out of work by a positive result, the idea of a false positive is a serious concern for them • Some are suspicious of the **government's motives** for testing and **use of personal data**	• **Express the specificity and sensitivity of the tests** and unlikelihood of false positives • Loop in with **social listening** team monitoring key new stories, to respond with appropriate Comms • **Use NHS over government branding**, as a generally more trusted source
Anxiety around the site visit	• **Physical discomfort**: many are discouraged by the prospect of an intrusive physical swab • **Safety concerns**: several reports concerns about the lack of social distancing in potential queues at test sites • **Conflicting with lockdown guidelines**: at universities, some are unsure if they can travel to the test site under lockdown rules	• **Encourage demonstrations of the physical process** by respected, relatable figures • **Produce comms about official recommendation** for testing (where relevant) and superior safety benefits • Encourage site coordinators' uptake and public use of the **online Site Finder**; helps gauge site busyness prior to visit.

ENCOURAGING PARTICIPATION

BARRIERS TO TESTING	WHO IS MOST LIKELY TO BE AFFECTED? (not exhaustive)	POTENTIAL MEASURES TO COMBAT THESE BARRIERS
Repeat testing: Some uncertainty around how the testing process works hinders repeat testing	• Some unsure if need to be **invited to the next test** • A lack of clarity around the expected **regularity of testing**	• **Encourage clear instructions on how to book the next test**, at the testing site and through popular comms channels • **Include recommended frequency of testing** in comms materials for the testing process
Previous or anticipated long / frustrating experience	• Several expect a **long process** that won't easily fit into their daily routine • For a minority, a **negative previous experience** with missing or delayed results	• **Communicate improved, swifter registration process** through NHS accounts; design research and iterations underway to improve uptake • **Conduct further research into the reasons for missing or delayed results**, for appropriate troubleshooting

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COMMUNITY ENGAGEMENT

Whilst communications and engagement will not alone generate a significant increase in the take up of testing, there are practical steps to take to better communicate its purpose to the wider public.

1

BETTER COMMUNICATION OF AVAILABLE SERVICES:

- To combat lack of awareness, the purpose and outcome of testing should be clearly communicated. For example, how someone can access a test? How does getting tested contribute to 'a return to normality'?

- There should be strong promoting and sign-posting to support services available within a local community, such as the £500 Test and Trace Support Payment for people in self-isolation https://www.gov.uk/test-and-trace-support-payment , or local support networks (e.g. buddies or food shopping help)

2

FOCUS ON 'CIVIC DUTY':

- There are benefits from generating a sense of 'civic duty' and personal and group solidarity in relation to mass testing.

- The Liverpool mass testing pilot demonstrated that messaging around protecting loved ones, 'saving Christmas' and protecting the NHS were effective lines of messaging to incentivise uptake of testing.

- Dependent on the targeted community, this line of messaging on enabling celebrations should be tailored to suit different cultural needs – e.g. Eid, Diwali, Chinese New Year

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COMMUNITY ENGAGEMENT

3

ACCESSIBLE MATERIALS:

- As discussed on earlier slides, it is important for communications to be offered in multiple languages and in accessible formats (e.g. braille, British Sign Language) to ensure penetration within certain demographics.

- If reading skills are limited, consider using audio files or videos.

4

COLLABORATION WITH LOCAL COMMUNITIES:

- The co-production of health messaging with the target community is important to ensure appropriate and tailored messaging.

- For example, case studies from the local community and relevance to cultural norms (e.g. weddings or different cultural celebrations).

- Respected community figures (e.g. local health professionals, religious leaders, charitable organisations) should be utilised to provide guidance and advice on how to reach certain communities, and promote the testing service.

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APPENDIX: LEGAL, QUALITY & RISK MANAGEMENT

DAILY CONTACT TESTING ORGANISATION OBLIGATIONS

ORGANSIATION OBLIGATIONS:

- The organisation must identify the close contacts of the positive case

- The organisation must get permission for participants who wish to be involved in daily contact testing and those that do not

- The organisation should update Trace through the service hub for participants involved in daily contact testing

- The organisation is responsible for managing the daily contact testing rota of their employees.

NOTE: USE OF DAILY CONTACT TESTING IS RESTRICTED TO ORGANISATIONS ACCEPTED UNDER THE DAILY CONTACT TESTING PROGRAM

PARTICIPANT DATA, PRIVACY & CONSENT

OVERVIEW:

Participants will be required to register their details online and give consent for NHS Track and Trace to process their data and contact them with their results.

Participants do not have to legally share their test results directly with Organisations, however they are obliged to inform their organisation if they test positive. If Organisations want Participants to share their results, they are responsible for getting their consent.

ORGANISATIONS WILL BE REQUIRED TO:

- Communicate the purpose of testing and the testing journey

- Direct Participants to the Data Privacy Notice which explains how NHS Test and Trace will use their data (https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information)

DEFINITIONS

QUALITY MANAGEMENT (IN THE CONTEXT OF TESTING INCLUDES):

- Keeping the environment safe

- Making sure staff are trained and competent

- Performing testing audits and monitoring KPIs to ensure clinically accurate testing is delivered

- Maintaining a positive experience and outcome for Participants

- Communicate the purpose of testing and the testing journey

RISK AND ISSUE MANAGEMENT

The identification of risks and appropriate plans to avoid or reduce the risks. Effective management of quality and risks at a testing station is important to:

- Mitigate risks

- Manage adverse events safely, and openly investigate

- Learn and improve

QUALITY ASSURANCE ASSESSMENT

- Each testing site will perform an agreed number of dual PCR and LFD swabs on their participants to compare the accuracy of testing

- Analysis will be performed at an aggregate level for the archetype as a whole, and not for individual sites.

- The quality assurance swabs will be sent to the laboratory for analysis and matching against the LFD results for comparison

- This quality assurance measure is completed in addition to any confirmatory PCR test that may be in place for the testing site, and may be repeated to ensure clinical assurance

RESPONSIBILITIES

Clinical governance and quality assurance accountabilities should be defined before starting the testing

WHO IS RESPONSIBLE:

Everyone involved in testing has a responsibility to maintain quality and manage risk, however the Team Leader is ultimately responsible.

A designated team member will need to act as the Quality and Governance Lead, who can be the Team Leader, and have accountability for the clinical quality and risk management of the service.

KEY ACTIVITIES:

It is expected that good quality and risk management processes are put in place covering areas such as:

- Managing the completion daily and weekly site setup checklist

- On-going availability of training materials for site operators

- Monitoring of key results and KPIs applicable to the testing site

- Managing health & safety and security of site

- Clear and communicated point of escalation for issues on site, and a route to escalating to local public health officials as appropriate

- Ensure adherence to the Standard Operating Procedure

- Respond to any data privacy concerns as directed

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SUGGESTED PRACTICES & TOOLS

Each site should develop a plan on how they will go about managing quality, risks and issues. The below are common practices and tools that can be used to deliver the plan.

QUALITY CONTROLS:

- **Operational checklist:** A daily/weekly checklist for team leaders to use to ensure testing site materials and procedures are ready for safe testing

- **Workflow reviews:** Assessment of relevant workflow on a periodic basis and following any incidents

- **Staff training:** Observational assessment of staff carrying out the testing process and completion of training records, including updates to training

- **Monitor void tests:** Investigating reasons where occurring, especially in cases of repeated occurrences or higher than usual numbers

- **Incident reporting:** Defined incident reporting process and log – see appendix for incident log template and DHSC contact points

RISK ASSESMENT & REGISTER:

- All sites should conduct a risk assessment completed prior to launch. The assessment will be specific to the circumstance of the testing operation and should identify the nature of the risk, severity and likelihood of it occurring and the actions to mitigate.

- All sites should have a risk register that is maintained, updated and reviewed regularly (typically daily), ideally by the Team Lead. The register should build on the initial risk assessment.

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SAFETY AND INFECTION PREVENTION RISKS

CONSIDERATIONS:

- Ensure the area and equipment cleaning is carried out thoroughly between each sample

- A clinical waste bin is nearby and easy to reach

- All cleaning equipment and a supply of fresh replacement PPE are present and ready for use

- PPE is donned fully and correctly

- Infection prevention and control procedures are in place and understood

- Social distancing is maintained throughout the operation

- Hand-washing and cleaning procedures are carried out

- Adequate signage to ensure Participants comply with one-way flow and socially distanced queueing.

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TESTING PROCESS RISKS

CONSIDERATIONS:

- The 30-minute reading is a strict deadline. Reading results after 30 minutes can give a false positive.

- Do not let the extraction fluid bottle touch the extraction tube when adding the 6 drops (to prevent cross-contamination)

- Do not touch the sample well at any point – this is a specific risk during the application of the barcode label on the back of the cartridge

- Check the cartridge is in date

- Ensure you complete 10 seconds' worth of extraction of the sample

- Ensure the 2 drops of extracted sample fluid are bubble-free before releasing them into the sample well

- The recording of results is double-checked before submitting

- The LFD is stored on a flat surface while processing and not moved

- The LFD devices and reagents need to be stored between 15 and 30°C during use. Appropriate temperature monitoring and control will be necessary to ensure this

TEAM AND RUNNING THE SITE RISKS

CONSIDERATIONS:

- Self-swabbing and testing overall may be a new experience for many people and they may be anxious. Participants should not be hurried and swab at their own pace

- Testing and operations teams understand and self-enforce rules related to eating and smoking while on breaks

- The testing team are aware of how to raise risks or issues

- No one associated with BAU activity should be permitted access to the testing site unless they are involved in the day-to-day running of testing site operations

- Social distancing is maintained throughout the testing operations by both Participants and testing teams

- Where space is limited, test queues are 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

- The testing area, sample collection stations and privacy booths should be easy to clean and sterilise

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APPENDIX: JOB DESCRIPTIONS

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JOB DESCRIPTIONS: TEAM LEADER

Job Title	Team Leader

Job Overview	The Team Leader is responsible for the overall on-site operations of the testing site, including delivery of testing services, ensuring adherence to health and safety protocol and day-to-day workforce management.

Responsibilities & Duties

- Opens and closes site each day, including making the daily Go/No Go on testing operations
- Runs day-to-day operations including on-site workforce management, managing site health & safety and receiving and managing stock
- Point of escalation for any issues on site, escalates to local public health officials as appropriate
- Provides people support to Site and Test Operative roles
- Ensures all resource have arrived for shift and escalates no shows
- Cascades new information to all team members
- Ensures adherence to SOP and clinical guidance is maintained throughout operations
- Responsible for the quality and risk management of the testing and regularly checking that the site meets the standards required

Preferred Experience	Desired Skills and Traits
- Experience overseeing an operational workforce and day-to-day people management - Experience in managing compliance against regulatory guidelines preferred - Experience managing operations in a Participant facing environment - Candidates with management experience at events and or in leisure and hospitality settings would be highly suitable	- Demonstrated ability to lead multi-faceted teams in a fast changing environment - Strong stakeholder management and communication skills - Problem solving skills with strong ability to make quick decisions - Ability to keep calm under pressure

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JOB DESCRIPTIONS: SITE OPERATIVE

Job Title	Site Operative

Job Overview	The Site Operative is a Participant-facing role responsible for supporting the Participant through the end-to-end testing experience and supporting wider site operations. Working across a number of positions, key activities include managing social distancing through orderly queuing, supporting Participants through registration, providing verbal guidance on the testing process and regular cleaning of the site.

Responsibilities & Duties

- Ensures social distancing is maintained in Participant queueing areas and identifies and asks symptomatic Participants to leave the site
- Greets Participants at arrival, asking them to sanitise hands and ensures the Participant is eligible for testing
- Directs Participant to available testing stations and then the following completion of swabbing
- Provide verbal instruction on how to complete self-swabbing
- Deals with Participant queries, and supports Participants with accessibility requirements as appropriate
- Supports general site set up and maintenance, including supplies management and regular cleaning of testing stations throughout the day

Preferred Experience	Desired Skills and Traits
- Experience in a fast-paced, Participant-facing environment - Experience working with members of the public/patients, preferably including crowd control - Experience working at events and leisure & hospitality	- Demonstrated strong interpersonal skills – facilitating the ability to give clear and concise instructions - Demonstrated ability to work flexibly – providing support across different roles where necessary - Strong attention to detail and communication skills - Fairly digitally savvy (for use of the on-site application) - Must be able to thrive in a fast-paced environment and physically stand for several hours

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JOB DESCRIPTIONS: TESTING OPERATIVE

Job Title	Testing Operative
Job Overview	The Testing Operative supports the preparation and analysis of test samples, and recording of results. The safety of the workforce and Participants is the foremost priority for all testing operations; full PPE and strict infection control measures will be employed in order to ensure a safe working environment at all times

Responsibilities & Duties

- Receives sample and prepares for analysis, including application of reagent
- Times sample and indicate when ready for sample analysis
- Reads the result on test device and marks result on device
- Enters result onto a digital or manual solution
- Ensure safe clinical measures, including practicing of social distancing and donning and doffing of PPE, of all times

Preferred Experience	Desired Skills and Traits
- Experience in clinical settings preferred but not essential - Experience in understand and following Standard Operating Procedures - Experience with data recording/entry - comfortable using digital technology to record results	- Strong interpersonal skills and ability to work under pressure in a fast paced environment - High attention to detail and strong time keeping skills - Ability to follow the strict guidelines and procedures required - Must be able to thrive in a fast-paced environment, including physically standing for protracted periods

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APPENDIX: WORKFORCE RESOURCE REQUIREMENTS

REQUIREMENTS PER 70% CAPACITY TESTING SITE SIZE (1/2)

- The table below outlines the indicative number of staff needed to operate a testing site per shift to 70% capacity
- This is based off an 8 hour day and a 7 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences
- It is recommended that staff rotate across multiple positions throughout the day, with breaks (all staff provided equal break time), to maintain energy levels and reduce risk of human error

Role	Position	Number of Testing Stations (Testing Site Size)													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Team Leader		1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	Queue Coordinator**	0	0	0	0	0	0	0	0	0	0	1	1	1	1
	Registration Assistant	0	0	1	1	1	1	1	1	1	1	1	1	2	2
	Test Assistant***	1	1	1	1	1	1	1	1	1	2	2	2	2	3
Testing Operations Role	Processing Operative	1	1	2	3	4	4	5	6	6	7	8	8	9	10
	Results Recorder	0	0	1	1	1	1	1	1	1	1	2	2	2	2
Break & Absence Cover (8 hrs operations)		0	0	1	1	1	1	1	2	2	2	2	2	3	3
Total (8 hrs operations)		3	3	6	7	9	9	10	12	12	14	17	17	20	22
Daily Capacity (8hr operations)		56	112	168	224	280	336	392	448	504	560	616	672	728	784

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure
***Note**: Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing*
***Note**: Assumes sufficient workforce to deliver 70% capacity*
***Note**: Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time*

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PER 70% CAPACITY TESTING SITE SIZE (2/2)

- The table below outlines the indicative number of staff needed to operate a testing site per shift to 70% capacity
- This is based off an 8 hour day and a 7 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences
- It is recommended that staff rotate across multiple positions throughout the day, with breaks (all staff provided equal break time), to maintain energy levels and reduce risk of human error

Role	Position	Number of Testing Stations (Testing Site Size)													
		15	16	17	18	19	20	21	22	23	24	25	26	27	28
Team Leader		1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	Queue Coordinator**	1	1	1	1	1	1	1	1	1	1	1	1	2	2
	Registration Assistant	2	2	2	3	3	3	3	3	4	4	4	4	4	4
	Test Assistant***	3	3	3	4	4	4	4	4	4	4	4	5	5	5
Testing Operations Role	Processing Operative	11	11	12	13	13	14	15	15	16	17	18	18	19	20
	Results Recorder	2	3	3	3	3	3	4	4	4	4	4	4	4	4
Break & Absence Cover (8 hrs operations)		3	3	3	4	4	4	4	4	5	5	5	5	5	5
Total (8 hrs operations)		23	24	25	29	29	30	32	32	35	36	37	38	40	41
Daily Capacity (8hr operations)		*840*	*896*	*952*	*1008*	*1064*	*1120*	*1176*	*1232*	*1288*	*1344*	*1400*	*1456*	*1512*	*1568*

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure
***Note**: Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing*
***Note**: Assumes sufficient workforce to deliver 70% capacity*
***Note**: Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time*

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PER 40% CAPACITY TESTING SITE SIZE (1/2)

- The table below outlines the indicative number of staff needed to operate a testing site per shift to 40% capacity
- This is based off an 8 hour day and a 4 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences
- It is recommended that staff rotate across multiple positions throughout the day, with breaks (all staff provided equal break time), to maintain energy levels and reduce risk of human error

Role	Position	Number of Testing Stations (Testing Site Size)													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Team Leader		1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	Queue Coordinator**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Registration Assistant	0	0	0	0	0	0	0	1	1	1	1	1	1	1
	Test Assistant***	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Testing Operations Role	Processing Operative	1	1	1	2	2	2	3	3	4	4	4	5	5	6
	Results Recorder	0	0	0	0	0	1	1	1	1	1	1	1	1	1
Break & Absence Cover (8 hrs operations)		0	0	0	1	1	1	1	1	1	1	1	1	1	2
Total (8 hrs operations)		3	3	3	5	5	6	7	8	9	9	9	10	10	13
Daily Capacity (8hr operations)		32	64	96	128	160	192	224	256	288	320	352	384	416	448

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
*** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure*
Note: *Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing*
Note: *Assumes sufficient workforce to deliver 40% capacity per bay*
Note: *Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time*

PER 40% CAPACITY TESTING SITE SIZE (2/2)

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- The table below outlines the indicative number of staff needed to operate a testing site per shift to 40% capacity
- This is based off an 8 hour day and a 4 throughput per testing station per hour
- Additional contingency resource has been added to cover breaks and potential absences
- It is recommended that staff rotate across multiple positions throughout the day, with breaks (all staff provided equal break time), to maintain energy levels and reduce risk of human error

Role	Position	Number of Testing Stations (Testing Site Size)													
		15	16	17	18	19	20	21	22	23	24	25	26	27	28
Team Leader		1	1	1	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	**Queue Coordinator****	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Registration Assistant	1	1	1	2	2	2	2	2	2	2	2	2	2	2
	Test Assistant***	2	2	2	2	2	2	2	2	2	2	2	3	3	3
Testing Operations Role	**Processing Operative**	6	6	7	7	8	8	8	9	9	10	10	10	11	11
	Results Recorder	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Break & Absence Cover (8 hrs operations)		2	2	2	2	2	2	2	2	2	3	3	3	3	3
Total (8 hrs operations)		13	14	15	16	17	17	17	18	18	20	20	21	22	22
Daily Capacity (8hr operations)		480	512	544	576	608	640	672	704	736	768	800	832	864	896

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

Team Leader to cover as Results Recorder for small sites
** Queue Coordinator requirements are particularly indicative and should be determined on a site by site basis, dependent on site specific requirements and local infrastructure
***Note**: Assumes all Participants to use self-swab. For minors and those unable to self-swab, assumes a guardian or career will assist with swabbing*
***Note**: Assumes sufficient workforce to deliver 40% capacity*
***Note**: Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time*

NHS
Test and Trace

APPENDIX: TRAINING FAQS

NHS
Test and Trace

TRAINING: FAQS 1

QUESTION	ANSWER
Workforce training and support provided?	The online training platform will help train staff to safely process samples. We'll also provide a guidebook and Standard Operating Procedure SOP which covers important aspects of site operations which should form part of staff training, including - infection prevention and control measures, cleaning protocols, and appropriate use of PPE in full.
What if I can't log in to the training?	Any person who is not able to log in should check if they have the correct login details with the test coordinator / supervisor and retry to login. If the problem still exists then, an email can be sent to the learning platform administrators via the shared DHSC email ID provided to the testing coordinator/supervisor.
Can I take the training multiple times?	Yes – although the training should be repeated only when the duration between the last date when the training was taken is significant or when the role of the tester has changed since the last training date.
What is available for us to use?	We have an online training platform which is to be used across the tester workforce in the United Kingdom. The online training is for individuals to use the Lateral Flow Device (LFD) deployed by NHS Test and Trace.
How long does the training take?	This will depend how many modules are needing to be taken, which is linked to which role a person is doing. Each module takes approx. 15mins, 10mins reading and 5 mins assessment.
What does the training consist of?	Each module contains 2 sections, 1) information and guidance consisting of written text and videos 2) Assessment via multiple choice questions.
Is there a pass or fail? What if someone fails?	Yes, each person must achieve 100% in the assessment. They are able to retake each module if they do not achieve this.
How do I access it?	The training is hosted online and the Senior Responsible Officer (SRO) and team Leader of each local authority will receive the link and token, then the SRO/Team Leader will circulate among their teams.
Can I organise my own training?	No. All training has been developed in line with Clinical Standard Operating Procedures and is regularly updated to ensure that the training is accurate and consistent.

TRAINING: FAQS 2

QUESTION	ANSWER
Is the training available in other languages?	The training content e.g. videos will be available in Welsh and we are considering whether training materials should be available in some of the most commonly spoken other languages.
Does the training support assistive technologies?	We are working to include sub-titles on all videos to help those with hearing difficulties. Transcripts are provided for all videos.
Can I host the training on my own LMS? (learning management system)	No. The courses/modules cannot be hosted on to other LMS systems because this would break the connectivity to report who has completed the modules and who has passed the assessments.
Is any non-IT based training available?	Everything developed to-date has been IT based. However, some of the PDF documents can be downloaded for use. We are also looking at developing Zoom sessions where people can ask frequently asked questions (FAQs).
Are there other training materials/reference documents to support the online training?	Yes, whilst the online training platform will help train staff to safely process samples. We'll also provide guidebook and the SOP which cover important aspects of site operations which should form part of staff training, including - Infection prevention and control measures, cleaning protocols, and appropriate use of PPE etc. There are also several written resources which can be downloaded and accessed offline for reference.
How much does the training cost?	The training is a DHSC resource and is free to access.
When am I required to complete the online training?	You are required to complete the online training before entering the testing site for practical training.
What if I don't have access to a computer to complete my online training?	If this is the case, please reach out to your team leader and they will provide you with a solution.
Who should take the training?	Anyone who will be involved in the testing process should take the training.

TRAINING: FAQS 3

QUESTION	ANSWER
What's the total user capacity of the training platform?	Training platform can accommodate up to 120K users but we are working to get this number increased.
What's the total concurrency capacity of the training platform?	2,400 users can access/train at one time. This is being monitored and can be increased if we notice problems with concurrency.
Do you offer additional training to help us reach under-represented groups for example?	We recognise that the best way to undertake this exercise is to be led locally, as LA's know their areas best and now which groups are prevalent within their regions. Therefore it is up to LA's to reach out to their local networks to ensure these groups are tested. As explained above, you may wish to train your workforce on cultural awareness as appropriate for your local area.
Can the training be accessed on personal devices?	Yes, a person needs the web address and token code in order to be able to commence training.
Once a person completes the online training, are they competent to begin work?	No, there are further practical elements that need to be completed. This is explained in the blueprint document.
Do staff need qualifications to undergo the training?	No, the training is suitable for all, see job roles for more specific recommendations for suitable team members.
Are we liable if a test is incorrectly administered, potentially resulting in an injury i.e. nose bleed?	It is recommended that all sites conduct a thorough risk assessment in line with their own health and safety policy and appropriate insurances.
Can your training platform cope if all Tier 3 LA's need to go-live quickly?	Our system has been robustly tested and can accommodate up to 120K users but we are working to get this number increased in time for the 3rd December.