

COVID-19 Community Sampling Guidance

Version 2.0

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Introduction

A priority for limiting spread of COVID-19 is maintaining isolation of cases and possible cases. Community sampling enables possible cases to remain isolated at home, avoiding unnecessary contact in healthcare settings and reducing the burden of transporting possible cases for testing on ambulance services.

All possible cases of COVID-19 should be discussed with the Health Protection Team or Infection Specialist (ID physician or microbiologist/virologist) to confirm testing is required. Cases that require hospital admission due to severity of symptoms should not be tested in the community.

This guidance gives details on the procedures and equipment required for community sampling in those persons who have been assessed as meeting the following criteria: -

1. The patient meets the case definition for possible COVID-19.

View the [initial investigation of possible cases guidance](#)

2. Patient is symptomatic with mild to moderate symptoms but has been assessed as clinically well and suitable to remain at home and self-isolate.

3. Does not require immediate hospital assessment.

4. Patient is able to self-isolate.

View [advice for patients and those living with patients who are self-isolating](#).

The Community Sampling Team

Community sampling teams will be identified locally and will require staff trained in the sampling techniques and the required PPE (including fit testing with FFP3). It is important there is a lead or co-ordinator for the team.

A minimum of two staff are required for community sampling and must be contactable via mobile phone at all times. Staff will be appropriately trained in:

- Putting on and removing the required personal protective equipment (PPE)
- Required sampling protocols (including packaging)
- Waste management protocols

Transport and drivers for community sampling teams should be determined locally e.g. Unscheduled Care Service (UCS) cars and drivers. Staff should not use personal vehicles.

Duty hours

There should be no requirement for out of hours/overnight community sampling. Community sampling teams operating hours should be determined locally, ideally operating 7 days per week during normal working hours and taking into account availability of local laboratory sample reception services. Possible cases identified overnight who are suitable for home isolation and community sampling should be referred to the community sampling team the next morning. Local arrangements should be in place for hand over to the community sampling team.

Equipment Required

Sampling teams should have a wipeable bag or box containing all the necessary equipment:

- recommended personal protective equipment (see below)
- alcohol based hand rub
- hand wipes
- specimen collection equipment including, swabs, lab request form and specimen packaging
- chlorine impregnated wipes (minimum strength 1,000 parts per million av chlorine)
- spill kit
- appropriate waste collection equipment including, UN approved rigid container and clinical waste bags
- indelible marker to label waste containers

Hand hygiene

Alcohol based hand rub should be available and used before putting on and following removal of PPE. If hands are visibly contaminated use soap and water or hand wipes to remove visible contamination and follow with alcohol based hand rub.

Personal Protective Equipment (PPE)

On arrival at the individual's home, identify an area for safely donning and doffing PPE ([see Appendix 1](#)). Ideally, this will be an area away from the patient (at least 2 metres) and near to the entrance of the property (entrance hall or porch). If possible, PPE should be put on before attempting to gain entry to the property. Consideration should be given to factors such as the weather and attention from neighbouring properties or passing members of the public when putting on PPE at the entrance to a household.

The required PPE for entering the premises and collecting samples is:

- long-sleeved, fluid-resistant, disposable surgical gown

- non-sterile disposable gloves
- a FFP3 respirator conforming to (EN149:2001): Fit testing must be undertaken prior to using this equipment and fit checking must be performed each time a FFP3 respirator is worn
- eye/face protection compatible with the FFP3 respirator (prescription glasses do not provide adequate protection against droplets, sprays and splashes)

Each member of the team who will enter the property and/or collect samples should be equipped with two sets of PPE per home visit only one set is required to be worn for each home visit, the additional set should remain in the vehicle as a contingency.

Clinical Assessment

The team will take a history and if appropriate perform a clinical assessment of the person being sampled. If there is clinical concern, then this should be discussed with the identified local lead consultant.

Where possible the team should avoid taking any reusable equipment into the house.

Sampling

It is essential to inform the local laboratory before samples are sent.

Sample requirements for SARS-CoV-2 (COVID-19) testing

Upper respiratory tract sample options

- combined nose and throat swab in one collection tube containing universal transport medium OR
- single swab used for throat then nose

Specimen request forms must be clearly marked with the relevant clinical and epidemiological history.

Immediately after sampling the tester should package the samples for transporting to the local laboratory.

Samples should be transported via Category B transport with packaging requirements to UN 3373 standards.

Specific requirements for samples and packaging can be accessed [on the HPS website](#):

The local laboratory will arrange for onward transfer of samples **to a specialist virology laboratory (WoSSVC or Edinburgh SVC) for SARS-CoV2 testing.**

Decontamination

The sampling team should use chlorine based disinfectant to decontaminate ([see Appendix 2](#)) the following items before leaving the home:

- The outside of the bag or box used to transport equipment required for home sampling.
- The outside of sample packaging before taking to transport.
- Any reusable equipment used during the visit.
- The outside of the waste rigid waste bin (place cloths used for decontamination in waste bag prior to closure).

Waste Management

The bin should be placed at the PPE donning/doffing area for final disposal. All waste generated as a result of sampling must be:

- Disposed of as clinical waste (orange/yellow stream) as per local policy.
- Non-sharps waste should be double bagged.
- Labelled with date/location/and name of HCW.
- Waste bags must be placed in a UN approved rigid container, either a single use container or one that can be re-used e.g. it has a temporary closure (a sharps box is not suitable).
- Transported back to hospital base in the boot of the vehicle. There should be no other items stored in the boot.
- The rigid bin should be used to transport waste once waste bags have been sealed.

Once back at base:-

- Waste should be disposed of as Category B as per local policy.
- Single use rigid containers should be disposed of as Category B. If the rigid container is re-usable, the sealed waste bag should be removed and disposed of as Category B and the container should then be decontaminated following the guidance in [Appendix 2](#).

Management of blood and body fluid spills

A spill kit must be available to manage any blood and body fluids spills that may occur as a result of sampling. Follow manufacturer's instructions for use.

Completion of Visit

Once sampling is complete and prior to removing PPE ([see Appendix 1](#)), the sampling team should ensure the patient(s) understand their responsibility for home isolation and they have been issued with [guidance for patients and those living with patients who are self-isolating](#).

The patient should be asked to seek prompt medical advice by phoning a named medical contact if their symptoms are worsening. If it is an emergency and they need to call an ambulance, the patient should be asked to inform the call handler that they are being tested for COVID-19.

There should be a protocol in place for the responsible clinician to report the result of sampling to the patient in a timely manner, whether positive or negative. The patient should be provided information on when sampling results will be available and how results will be notified to them.

PPE should not be removed until samples and waste have been appropriately packaged, and only when safe to remove e.g. in the porch/hall or after leaving the home.

PPE should be removed in an order that minimises the potential for cross-contamination ([see Appendix 1](#))

Carry out hand hygiene using alcohol based hand rub following removal of PPE.

Version History

Version	Date	Summary of changes
V2.0	03/03/20	<p>Duty Hours Update to suggested hours of operation 'ideally operating 7 days per week during normal working hours'</p> <p>Waste Management Update advising UN approved rigid container must be used when transporting sealed waste bags (a sharps bin is not suitable).</p> <p>Completion of Visit Additional text recommending a 'protocol in place for the responsible clinician to report the result of sampling to the patient in a timely manner, whether positive or negative'.</p>

Appendix 1 – Putting on and removing Personal Protective Equipment (PPE)

Putting on (donning) PPE

The community sampling team should wear the following PPE put on in the following order:

1. Inner pair of non-sterile, disposable gloves
2. Disposable, fluid-resistant gown
3. FFP3 respirator (perform a fit check)
4. Eye/face protection i.e. goggles or full facial visor
5. Outer pair of non-sterile disposable gloves worn over gown cuffs

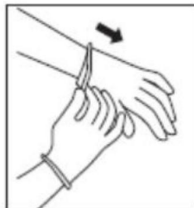
The order given above is practical but the order for putting on is less critical than the order of removal given below.

Removal of (doffing) PPE

PPE should be removed in an order that minimises the potential for cross-contamination. Gloves, gown and eye protection and respirator should be removed (in that order) and disposed of as healthcare waste. Guidance on the order of removal of PPE is as follows:

Outer gloves

- Remove outer gloves without touching the inner gloves
- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the second glove off over the first glove and discard appropriately.



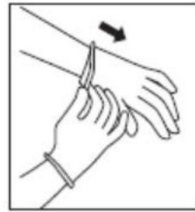
Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.



Inner gloves

- Remove outer gloves without touching the inner gloves
- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the second glove off over the first glove and discard appropriately.



Eye protection

- To remove, handle by headband or earpieces and discard appropriately.



Respirator

- **Remove after leaving clinical area**
- Stand up straight and bring the bottom strap or elastic up to meet the top strap or elastic
- Avoid bending your neck
- Lift both straps over the top of the head, allow the respirator to fall away from the face and discard appropriately.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.

Appendix 2 - Routine decontamination of reusable non-invasive patient care equipment

Routine decontamination of reusable non-invasive care equipment

- Check manufacturer's instructions for suitability of cleaning products especially when dealing with electronic equipment.
- **Wear appropriate PPE e.g. disposable, non-sterile gloves and aprons.**

