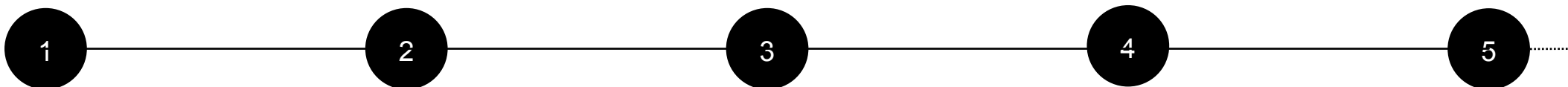


Self-administering the test (1 of 2)

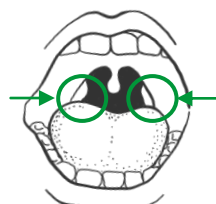


At the Registration Desk, the individual being tested (students/pupils/staff member) will be handed a barcode.

They will step up to the swabbing desk and hand the barcode to the Processor. They should **sanitise their hands** and remove their mask.



The person being tested will blow their nose into a tissue and throw the tissue into the yellow / clear waste bin. This gets rid of excess mucus.



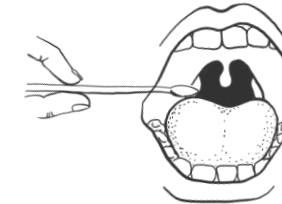
They will look inside their mouth and find their tonsils – using a mirror helps. **Tonsils, marked in green, are where to swab the sample.**

If they've had tonsils removed, the area where tonsils would have been is where to swab.

Younger pupils may find this difficult or too uncomfortable. You can support them by advising them on how to swab*.



Time to open the package and gently take out the swab. This will be used for both throat and nose.



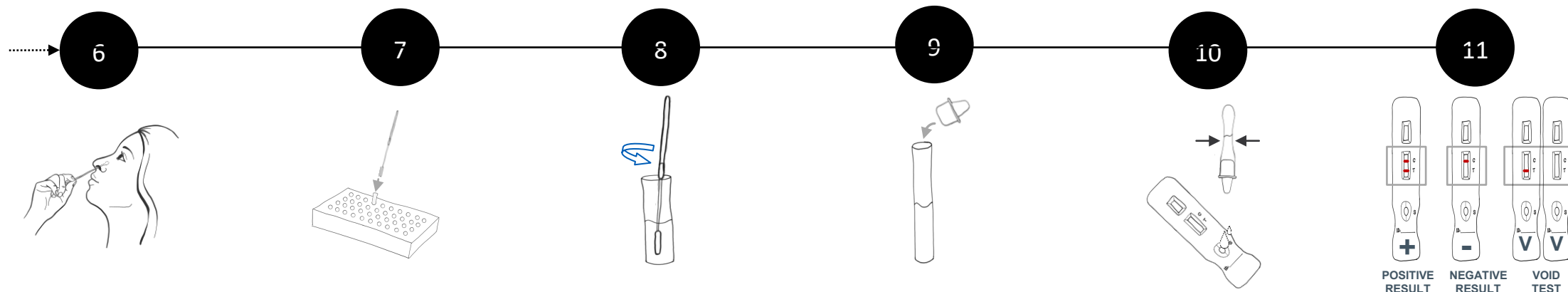
They will open their mouth wide and rub the fabric tip of the swab over both tonsils at the back of their throat **at least 3 times** (again, a mirror helps). Carefully remove the swab stick.

If the person being tested can't take a throat swab, they can swab both nostrils instead.



***If the student/pupil is unable to self administer the test, administered swabbing should be completed by a trained member of staff.**

Self-administering the test (2 of 2)



Time to swab the nose. They should **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 5 times and slowly remove it. They only need to sample one nostril except when the throat has not been tested. In this instance samples should be taken from both nostrils. Extra care is needed when interpreting results from a nasal swab.

They will place their swab directly into the pre-prepared vial in the tube rack or equivalent, with the cotton bud end facing down.

Make sure they don't grasp the cotton bud end, which has been in contact with the tonsils and nostril. That might contaminate the sample.

The Testing Processor will then pick up the extraction tube, hold and press the swab head against the wall of the tube with force while rotating the swab for about 10 seconds.

Although the Testing Processor can observe multiple tests, they should only process one at a time to avoid mixing up barcodes and samples.

The lower end of the tube is squeezed whilst the swab is removed (to remove as much liquid from the swab head as possible). The swab is then thrown away into the yellow / clear waste bin, and the cap of the extraction tube is placed onto the tube.

The barcode that was handed over at the start of the test will be attached to the bottom of the LFD device *before* the sample is dropped onto the LFD.

Two drops of the solution is squeezed onto the sample well of the LFD cartridge and the time of the test is recorded on the LFD (for example HH:MM).

Movement of the LFD cartridge should be kept to a minimum and where it is required to be moved, the LFD cartridge must be kept horizontal using a tray.

Results are analysed in 20 – 30 minutes and look like this diagram. **Two coloured lines indicate a positive test.**

The Testing Processor will look at the coloured lines and mark the result on the LFD with a permanent marker. The Results Recorder will then upload results to the national Test and Trace database.

- '+' mark for positives
- 'V' mark for invalid and void tests
- '-' mark for negatives