WSLHD COVID-19 Drive-Through Screening Clinic

New Staff Orientation Pack
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## Orientation Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff member has their Staff ID available</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2. Staff member up to date with their seasonal influenza vaccination</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. Staff member issued a copy of the orientation package</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4. Staff member has been orientated to the Drive-Through site and facilities</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Staff member is informed about the Patient Journey</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Staff member is aware of their role and responsibilities</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Staff member is informed about the opening, closing and daily routines</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Staff member is aware of who to call if unable to attend work/running late</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Staff member is aware of the process for incident management and escalation</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10. Staff member is aware of the process for the deteriorating patient</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>11. Staff member has been assessed for swabbing competency on site?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>12. Staff member has been assessed for PPE and HH competency on site?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>13. Staff member has read through the “Just Tested” brochure</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>14. Staff member has been observed providing patient health literacy on site? (Experienced RN to observe)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>15. End of day 30 minute debrief and buddy up to reflect, discuss issues or questions</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Site Coordinator confirms completion of Training Sessions**

(by Nurse Educator - Blacktown Hospital)

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Has the staff member attended ICH Classroom COVID clinic training, including: BLS, Swab, HH, PPE, Manual Handling, Health literacy, DETECT, COVID-19 session and Patient-Centred Care?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

If No was answered to any of the above actions, please advise an action plan and date for follow-up.

**Action Plan:**

<table>
<thead>
<tr>
<th>Date</th>
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</table>
General Instructions

PATIENT JOURNEY CONCEPTUAL MAP

- Request the driver to turn off vehicle engine and put on handbrake.
- Identify any additional literacy needs and respond accordingly. For those requiring interpreter services please inform the team leader to organise health care interpreter service.
- Issue each patient presenting for testing with a surgical mask, if required.
- Check for GP issued pathology swab request form. If attendee is a child, assess their suitability for swabbing (refer to 2.5 Swabbing Children of Drive-Through Manual). Only suitably experienced and qualified staff should perform swabs on children.
- If a pathology request form is not present, identify reason for attending drive through clinic (refer to 2.3 Eligibility Criteria of Drive-Through Manual).
• For attendees requiring test result travel clearance certificates please direct them to call their GP. If results have not been received within 72hrs, patients can direct enquiries about travel clearance certificates through Services NSW, on 13 77 88.

• Issue each patient presenting for testing with a pathology request form and a pen (one per vehicle), if required.

• Provide clear and concise instructions for filling out pathology request form, highlighting the appropriate areas on form to record patient details (including full name, DOB and mobile phone number).

• Inform the patient of the result notification process, reinforce self-isolation until results are received and remind them of the public health principles.

• Provide Just Tested Brochure from NSW Health to reinforce the above points.

• Check patient understanding of the procedure using the Teach Back method, and provide opportunity to raise questions or concerns. Refer to Teach Back documents (appendix).

• Advise attendee to proceed to the swabbing booth/tent/designated swabbing area where they can fill in the pathology request form and have their test.

Advice regarding patients who won’t self-isolate or decline testing:

• Obtain attendee’s permission to ask a few questions.

• Use healthcare interpreter if required.

• Explore why the attendee is reluctant to self-isolate or be tested, and if you can assist in resolving their concerns.

• Communication technique is critical - display respect, a friendly attitude and ask open ended questions (example: what would it take for you to remain by yourself at home after getting tested). Assess and assist as appropriate. Use affirmations (example: It is great to see you making the effort to drive all the way to come get tested. It shows you care about your health and about the community).

• Clinician to flag any concerns and obtain support from site coordinator, as necessary.

• If attendee is unwilling to get tested/follow self-isolation advice – Ensure your own safety first. Plant the seed about the importance of getting tested/isolating and remind them of the guidelines for self-isolation as set out in the public health act.
SWABBING PROCEDURE

- Request the driver to turn off vehicle engine and put on handbrake.
- Prepare swab items for each attendee prior to approaching car.
- Avoid touching any surface of car, change PPE if contamination occurs.
- Use verbal directions for attendee to position themselves within vehicle, for testing purposes.

Please refer to the **NSW Health Collection of nasal and throat swabs for respiratory virus testing 07/06/2020** (Appendix). In addition, please review the following:

- Swab should be attended to over the tongue on an angle – not just directly sliding across tongue to access tonsil bed.
- Sideways pressure must be applied to tonsil bed.
- Swab should be rotated using back and forth motion from fingers, swabs should be not applied using a cranking motion.
- There are variations in guidelines regarding where the swabs should be – back of throat +/- tonsils. It is ideal to achieve swabbing at back of throat and tonsil however do not risk back of throat if patient is likely to splutter or cough.
- For assessors to be wary of need for non-dominant hand swabbing depending on where passenger is seated.
- Doff gloves in lined bins immediately after each swab is completed and perform hand hygiene.
- Disinfect swabbing surfaces contaminated with patient swab/pathology forms immediately after completion.
- Perform hand hygiene prior to writing or entering data.
SITE ROUTINE

MORNING ROUTINE

- Staff Screening & Temperature Check.
- Introduce new staff. T/L to orientate staff to site facilities/relevant paperwork.
- Set up drive through. All staff are involved in setting up site: Security staff are responsible for traffic control and safety, therefore set up bollards, flags, signage and heavy equipment; Pathology collectors will usually set up all swabbing equipment in designated area; Health literacy clinicians will usually set up designated information station.
- Debrief on issues + update news and advise staff about break schedules/timing.
- Commence clinical duties as assigned by team leader.

DAILY RUNNING

- Couriers attend regularly throughout day to collect samples.
- All staff must adhere to infection control practices including set cleaning schedules which are attached to the wall of each service area; these need to be signed and validated.
- All clinical staff are encouraged to assist with restocking and informing team leader of low stock levels.
- Identification of incidents need to be reported immediately to team leader and managed according to level expected of EN/RN role standards.

BREAKS

- Dispose of All PPE (except face shield and goggles – clean using wipes) at designated doffing stations.
• Meal relief or breaks are usually divided into 2-3 time sessions. Morning tea timeframe is 20 minutes and usually commences at 0930/1000/1030. Lunch commences about 1230/1300/1330 and is 30 minutes duration.

• Staff must advise Coordinating team leader if intending to leave site during breaks.

**FINISH ROUTINE**

• Completion of service will be determined by Site Coordinator/team leader. Usually 1600hrs.

• Dispose of All PPE (except face shield and goggles – clean using wipes) at designated doffing stations.

• Ensure all equipment cleaned according new standard of practice cleaning procedure.

• Help pack away all equipment into locked storage area as per Site Coordinator instructions.

• Participate in end of day debriefing session.

• Raise any issues or concerns with group or Site Coordinator.
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- Complete at Registration Booth
- Complete at Swabbing Booth

*Note that not all pathology forms look the same however information required across all forms is similar.

- Must ensure that mobile phone number is added.
What questions will be asked about:

- your health and symptoms
- who you have been in close contact with recently
- if you have travelled recently
- if you need any support while self-isolating

This may include housing, food financial services, mental health services, family and children services and disability services.

If you have any questions, please ask a member of staff. If you need help with a Medicare card or insurance, they can help with this.

Help and support

Speak to a counsellor available 24/7:

Beyond Blue
1800 512 348

Lifeline
13 11 14


coronavirus.beyondblue.org.au

coronavirus.gov.au

Just got tested for COVID-19?

If you test positive for COVID-19, you will get a phone call from the Public Health Unit.

They will ask you questions about your health and give advice about what to do next.

Any treatment costs will be covered, even if you don’t have a Medicare card or insurance.

Information for the community

For the latest information on COVID-19, visit the NSW Government website at  nsw.gov.au
Example phrases for how to ask people to explain back in their own words

Remember: Try not to make it feel like you are ‘testing’ the person’s knowledge — you just want to be sure they have understood you, and that they know what to do.

The phrase in brackets can be changed according to the content you are teaching.

1. “Would you just mind explaining that back to me so I can check I’ve covered everything?”
2. “We’ve gone over a lot of things...just so I know I’ve explained things clearly, can you please tell me in your own words what you heard me say”
3. “I’d like to make sure I was clear about [the side effects of taking this medicine]. Can you please explain to me in your own words the things you need to watch out for?”
4. “Now that we’ve covered everything, could you run through what you are going to do if this happens again for you?”
5. “Could you tell me what you’ve understood from our meeting today?”
6. “I want to check how well I described [your treatment options, their benefits and possible problems]. Could you please explain to me, in your own words, about the options you have for [treating your lower back pain].”
7. “We’ve gone over a lot of things you can do to remember [to take your tablets]. What do you think you will do?”
8. “What will you do if [your blood sugar is low]?”
9. “Can you tell me how you will [take your pills]?”
10. “Could you [show me how you inject your insulin from the point of drawing it up into the syringe all the way to injecting it?]”
11. “People often have trouble remembering how to do this. Could you just go through how you will make it will work for you?”
12. “So that I know I’ve explained this clearly, could you explain back to me what you need to do when you go home?”
13. “What will you tell [your partner] about what we’ve gone through today?”

www.teachback.org | 2018
**Teach-Back Observational tool**

Clanician __________________________________________ Date: ______________________

Assessor __________________________________________ Time: _____________________

**Scenario:** You have given information to a 50 year old male regarding self-isolation (remaining by yourself) whilst waiting for COVID-19 test results.

Use the teach-back method to make sure the client understands what he needs to do after COVID-19 testing.

**Evaluation:**

<table>
<thead>
<tr>
<th>Did the clinician: ...</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce themselves</td>
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<tr>
<td>Use a caring tone of voice and attitude?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Display comfortable body language, make eye contact</td>
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<tr>
<td>Use language that is understandable to consumer-simple, clear, no jargon, complex words or ideas</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use teach-back method to encourage key messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Use non-shaming, open ended questions?</td>
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<tr>
<td>Avoid asking questions that can be answered with a yes or a no?</td>
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<tr>
<td>Take responsibility for making sure they were clear?</td>
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<tr>
<td>Explain and check again if the patient is unable to use teach back?</td>
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<tr>
<td>Use reader-friendly print materials to support learning?</td>
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<tr>
<td>Include family members /caregivers if they are present.</td>
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<tr>
<td>Ensure consumer is aware of future contact if any and how to request further assistance.</td>
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Assessor Feedback to Clinician

Notes

________________________________________________________________
________________________________________________________________
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<table>
<thead>
<tr>
<th>Competent or Not Yet Competent</th>
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<tbody>
<tr>
<td>Assessors’ Name</td>
<td></td>
</tr>
<tr>
<td>Assessors’ signature</td>
<td></td>
</tr>
<tr>
<td>If not yet competent, outline plan of action</td>
<td></td>
</tr>
</tbody>
</table>
10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

1 Schillinger, 2003
Collection of nasal and throat swabs for respiratory virus testing

Date updated: 7 June 2020

Obtain materials

- Personal protective equipment (PPE) for the health care worker (HCW) using contact and droplet precautions: gown, surgical mask, protective eyewear, gloves; and hand hygiene products.
- If the patient has severe symptoms suggestive of pneumonia, contact and airborne precautions should be observed. The HCW should wear a P2/N95 respirator which should be fit checked.
- Single swab for deep nasal and oropharyngeal collection (may be dacron or rayon, although flocked preferred) and transport medium (e.g. Universal Transport Medium (UTM), Viral Transport Medium (VTM), Liquid Amies). Dry swabs are not recommended.
- Note the tube contains liquid so splashes, spills and leaks in transit must be prevented.

Prepare room

- Need a wall that the patient can rest their head against when patient stands or sits.
- HCW needs enough space to be able to stand beside the patient (not in front).
- Hand hygiene: need to have facilities and products e.g. alcohol-based hand cleanser.
- Appropriate waste disposal within arm’s length from where you collect the patient’s specimen.

Prepare healthcare worker

- Perform hand hygiene, don PPE according to current NSW Health infection control guidelines.

Prepare patient

- Explain the procedure to the patient.
- Place patient with head against a wall (standing or sitting).

Specimen collection

- To conserve swabs the same swab that has been used to sample the oropharynx should be utilised for deep nasal sampling.
- Sampling both sites is recommended to optimise the chances of virus detection.
- Label the tube with the patient’s name, date of birth, collection date, specimen site (throat, nose).

Throat swab

- Stand at the side of the patient.
- Ensure the patient’s head is resting against the wall.
- Place your hand on the patient’s forehead (non-dominant hand).
- Ask the patient to open their mouth widely and say ‘argh’.
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- Insert the swab into mouth avoiding any saliva.
- Swab the tonsillar beds and the back of the throat, avoiding the tongue. Place sideways pressure on the swab in order to collect epithelial cells from the tonsillar fossa at the side of the pharynx, not the mucous.

**Deep nasal swab**
- Place your hand on the patient's forehead (non-dominant hand) and the thumb at the tip of the nose.
- Using a pencil grip and while gently rotating the swab, insert the tip 2–3 cm (or until resistance is met), into the left or right nostril, parallel to the palate, to absorb mucoid secretion.
- **Rotate the swab several times against the nasal wall.**
- Withdraw and repeat the process in the other nostril.
- Insert swab into the labelled tube (fully insert the swab into the tube, snap the swab, discard the residual shaft) and tighten the cap.

**Remove PPE**
- Remove PPE according to current NSW Health infection control guidelines.
- Perform hand hygiene.

**Specimen handling and transport**
- If SARS-CoV-2 testing is to be undertaken in a different laboratory to testing for other respiratory viruses, then the original swab and remaining eluate should be forwarded for SARS-CoV-2 testing.
- Handle specimens under PC2 conditions in accordance with AS/NZS 2243.3:2010 Safety in Laboratories Part 3: Microbiological Safety and Containment.
- Store and transport at 2-8°C.
- Transport as Biological Substances Category B (UN 3373); if by air, pack to IATA Packing Instruction 650.

**Related documents**
- PHLN guidance on laboratory testing for 2019-nCoV
- CDNA National guidelines for public health units - Coronavirus Disease 2019 (COVID-19)
## CLINICAL COMPETENCY ASSESSMENT – Collection of respiratory viral swabs from adult patients

<table>
<thead>
<tr>
<th>Candidate name:</th>
<th>Stafflink no:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td></td>
</tr>
<tr>
<td>Assessment Conducted in:</td>
<td>□ Clinical Practice  and/or □ Simulation</td>
</tr>
<tr>
<td>Date Candidate deemed competent:</td>
<td>/ /</td>
</tr>
<tr>
<td>Date entered into My Health Learning (MHL):</td>
<td>/ /</td>
</tr>
<tr>
<td>Note: Original document given to Candidate once entered into MHL.</td>
<td></td>
</tr>
</tbody>
</table>

### Underpinning Education, Training & Pre-requisite Requirements:

<table>
<thead>
<tr>
<th>Target group</th>
<th>MHL online learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses, Medical Officers or Allied Health Staff who are required to collect swabs</td>
<td>Infection Prevention and Control Practices</td>
</tr>
</tbody>
</table>

#### Classroom

- General PPE donning and doffing clinical Assessment (OHS14027) [ □ Completed Date: ]
- Donning/Removal of P2/N95 mask clinical Assessment (OHS14026) [ □ Completed Date: ]
- Hand Hygiene Technique Clinical Assessment (CSK14368) [ □ Completed Date: ]
- PPE – Donning and Doffing 4 Piece Assessment (WHS 14035) [ □ Completed Date: ]

#### Supervision at point of care

- Assessment must be completed under the direct supervision of an Educator or Clinical Nurse Consultant who has demonstrated competence in the procedure
- The candidate must complete all components of the assessment to achieve a satisfactory result
- A single completed assessment at a satisfactory level is required to obtain competency
- Assessment can be completed during a simulated event

#### Unsatisfactory Assessment

- Missed steps or the requirement for prompting to complete required steps in correct order will result in an unsatisfactory attempt.
- In the event of an unsatisfactory assessment the following must occur:
  - The candidate is provided with feedback and corrective instructions
  - A repeat assessment is undertaken within 7 days

#### Other

- The candidate will be given the opportunity to ask any questions they may have prior to commencement of the assessment
- The candidate will have the opportunity to complete each element of the assessment as a practice if requested/required **

### Confirmation of Assessment Details by Candidate

**Note:** To be completed prior to first assessment.

I confirm that:

- The purpose of this assessment has been clearly explained to me
- I am aware of the underpinning education, training and pre-requisite requirements to successfully undertake this assessment and have met all of these requirements prior to this assessment
- The performance criteria to be used in this assessment have been discussed with me and I am aware that I will be assessed against these criteria
- I have been given fair notice of date, time and venue of this assessment
- I am aware of how the assessment will be conducted and the requirements of the assessment
- I am aware of the right to change assessor.
## Confirmation of Assessor

You are required to:
- Use the Assessors guideline to help determine satisfactory results by candidate. Ensure that guideline and competency are attached together as evidence.
- Ensure that the Candidate is aware of the assessment guidelines
- Ensure the safety of the patient throughout the assessment process
- Provide the candidate with timely and effective feedback (if required) at the end of the assessment
- This competency is to be conducted in accordance to the underpinning education, training and pre-requisite and whereby reassessment of staff is required due to:
  - If unsafe practice is identified
  - Following absence of twelve months or more from Clinical Practice

<table>
<thead>
<tr>
<th>Candidate Name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor Name:</td>
<td>Signature:</td>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERION</th>
<th>PARTICIPANT PERFORMANCE</th>
<th>COMMENTS / FEEDBACK ON PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The essential actions/ outcomes which are demonstrated and assessable</td>
<td>The required performance in relevant tasks, roles and skills to demonstrate achievement of the element</td>
<td>In this column, provide specific examples of performance strengths and (if required) areas for improvement</td>
</tr>
<tr>
<td></td>
<td>*Self-assessment</td>
<td>**Practice</td>
<td>Attempt number 1</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Practical Skill

- Prepares area/room
  - Single room or screened off area selected
  - Chair and work surface cleaned prior to patient arrival

- Obtains required materials
  - Viral swab pack
  - Patient stickers x 2
  - Lab request form
  - Specimen bag
  - PPE which includes: gloves, goggles, face shield, gown and P2 mask

- Dons 4 pieces of PPE including P2 mask as per 4 piece PPE for respiratory HCID’s guidelines

- Prepares to collect swabs
  - Open swab pack ensuring swab tips do not become contaminated
  - Remove lid from swab transport vial and stand upright on table
  - Affix label to specimen tube
**ELEMENT** | **PERFORMANCE CRITERION** | **PARTICIPANT PERFORMANCE** | **COMMENTS / FEEDBACK ON PERFORMANCE**
--- | --- | --- | ---
| The essential actions/outcomes which are demonstrated and assessable | The required performance in relevant tasks, rules and skills to demonstrate achievement of the element | **Self-assessment** | **Practice** | **Attempt number 1** | **Attempt number 2** | **Attempt number 3** |
| | Date: | Date: | Date: | Date: | Date: |

**Prepares patient**
- Explains procedure and obtains consent

**Performs throat swab**
- If using 2 swab pack – uses largest swab for throat
- Stands to side of the patient
- Places non-dominant hand on forehead, asks patient to open their mouth widely and say ‘ahh’
- Inserts swab into back of mouth/throat to tonsil area avoiding any saliva
- Places sideways pressure on the swab to collect cells from the tonsillar area at the back of the throat
- If using single swab pack: proceed to collection of nasopharyngeal swab
- If using double swab kit: place used swab directly into specimen vial and snap off end of swab

**Practical Skill**

**Performs nasopharyngeal swab**
- Asks patient to cover mouth with mask
- Tilts patient’s head back slightly
- Gently inserts the swab along the nasal septum to the nasopharynx
- Continues until resistance is felt
- Rotates the swab gently around the nasopharyngeal mucosa ensuring cells are collected from both the nasal septum and the pharynx
- Gently removes the swab and places directly into specimen tube, snapping off the end of swab
- Replaces lid of vial ensuring it is tightly secured

**Post swab care of patient**
- Advise the patient of expected wait time for results and how result will be received
- Place mask back on patient and ask patient to perform hand hygiene prior to leaving the area
## WSLHD COVID-19 Drive Through EN/RN Orientation Package V1 02/11/20

### Element: The essential actions/out comes which are demonstrated and assessable

The required performance in relevant tasks, roles and skills to demonstrate achievement of the element

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>PARTICIPANT PERFORMANCE</th>
<th>COMMENTS / FEEDBACK ON PERFORMANCE</th>
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<tbody>
<tr>
<td></td>
<td><em>Self-assessment</em></td>
<td><strong>Practice</strong></td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Actions for Safe Continuity of Care/Ability to Observe, Report & Record

- Post swap care
  - Places the vial with swabs into specimen bag and seals, ensures correct labelling applied
  - Sends specimen with request form to lab for processing
  - Clean all areas that the patient has touched (chair, bench, taps) using disinfectant wipes

- Doff 4 pieces of PPE in correct order as per 4 piece PPE for respiratory HCID’s guidelines

### Overall performance: Competent (C) or Not yet competent (NYC)

- Name of Assessor & Designation:
- Signature of Assessor:
- Competency Assessed: Date:
- I have been notified of the outcome of assessment, and feedback on my performance has been provided to me. Signature of Candidate Declaration:

### References:


Throat is swabbed in the area of the tonsils.
A sterile swab is passed gently through the nostril and into the nasopharynx.
Visitors
See a nurse or midwife for information before entering room

For all staff
Contact + Droplet Precautions in addition to Standard Precautions

Before entering a room
1. Perform hand hygiene
2. Put on long sleeve impervious gown
3. Put on surgical mask
4. Put on protective eyewear
5. Perform hand hygiene
6. Put on gloves

On leaving room
1. Remove gloves and dispose
2. Perform hand hygiene
3. Remove gown and dispose
4. Perform hand hygiene
5. Remove eye protection
6. Perform hand hygiene
7. Remove mask and dispose
8. Perform hand hygiene

Follow CEC guidance in relation to extended and optimal use of PPE See page 5. of COVID-19 Infection Prevention and Control Advice for Health Workers
### WSLHD COVID-19 Drive Through Clinics

**WSLHD C19 Drive Through EN/RN Orientation Package V1 02/11/20**

### Competency for Donning & Doffing PPE

<table>
<thead>
<tr>
<th>PPE Equipment</th>
<th>Critical Components</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gown</td>
<td>- Cover all body</td>
<td>- Wear gloves</td>
</tr>
<tr>
<td>- Cap</td>
<td>- Have a mask</td>
<td>- Wash hands</td>
</tr>
<tr>
<td>- Eyewear</td>
<td>- Ensure glasses</td>
<td>- Avoid touching face</td>
</tr>
</tbody>
</table>

### Donning PPE - Practical/Skills

- **Face Mask:**
  - Place mask correctly over face, ensuring a good seal.
- **Eye Protection:**
  - Wear protective eyewear to cover eyes.

### Theory/Knowledge

- Describe the mode of transmission of the disease (e.g., PPE, practice, personal hygiene).

### Performance Feedback

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PPE wear and donning to touch-free practices</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment

- The essential assessment criteria is that candidates must demonstrate and describe their skills and understanding in the following areas:

- **Competence:**
  - Following exposure of clinical workers to in-game practice, candidates are required to:
  - Provide the candidate with an opportunity to demonstrate knowledge and skills required to:
  - Demonstrate the candidate’s ability to wear PPE correctly.

- **Observation:**
  - Use the assessment guidelines to help determine candidates' skills by observing candidates, ensuring that candidates' fundamentals are achieved as evidence.

### Signature of Assessor

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>WSLHD C19 Drive Through EVRN Orientation Package V1 02/11/20</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Localized Wearing Equipment</strong></th>
<th><strong>Performance Skill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use either mask and water or alcohol</td>
<td>- Perform hand hygiene</td>
</tr>
<tr>
<td>- Class room ни/1</td>
<td>- Dispose of gloves \ &amp; protective clothing</td>
</tr>
<tr>
<td>- If doing in one's vehicle, attach a mask to N or O</td>
<td>- Perform hand hygiene</td>
</tr>
<tr>
<td>- Remove mask prior to leaving</td>
<td>- Dispose of gloves \ &amp; protective clothing</td>
</tr>
</tbody>
</table>

<table>
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<th><strong>Localized Wearing Equipment</strong></th>
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**Performance Criterion**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>- To demonstrate application of the equipment</td>
</tr>
<tr>
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<tr>
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</tbody>
</table>

**Comments / Feedback**

<table>
<thead>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th>Participant Name</th>
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<tbody>
<tr>
<td>- To demonstrate application of the equipment</td>
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<tr>
<td>- To demonstrate application of the equipment</td>
</tr>
<tr>
<td>- To demonstrate application of the equipment</td>
</tr>
</tbody>
</table>
### WSLHD COVID-19 Drive Through EN/RN Orientation Package V1 02/11/20

#### Performance:

- Have been provided to me signatory of candidate's declaration
- I have handed off the outcome of assessment and feedback on my performance

**Overall Performance:** Competent (C) or Not Competent (NC)

#### Part 1: Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the clean, provide soap and water for hand hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform hand hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hands, dry hands and wipe off</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>(Continued)</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Part 2: PPE

- Skills: Wearing PPE
- Skills: Removing PPE
- Skills: Remove mask
- Skills: Remove gloves

#### Part 3: Comments / Feedback

- Perform the required elements
- Complete the feedback on the required elements

---

**Participant Name:**

---
WSLHD COVID-19 Drive Through Clinics

WSLHD C19 Drive Through EN/RN Orientation Package V1.02/12/20

A fit check must be performed each time a P2/ N95 mask is worn.

1. Gently inhalate then exhale through the mask.
2. Pinch the bridge of the mask over your nose then try to吸气
   then exhale through the nose. If air escapes around the edges, the
   mask does not fit correctly.
3. Hold the mask under your chin.
4. Pinch the bridge of the mask over your nose then try to
   inhale. If air escapes around the edges, the mask does not fit
   correctly.
5. Pull the elastic straps tight while holding the mask over your
   chin.
6. Place the mask over your nose and mouth.
7. Smooth out any wrinkles in the mask.
8. With your fingers, gently press the mask over your nose and
   mouth.
9. With your fingers, gently press the mask under your chin.
10. Continue inhaling until the fit is snug.

WSLHD / COVID-19 Drive Through Clinics

Principles of Fit Checking:

A P2 and N95 mask offers protection from diseases spread by airborne transmission: February 2020
KEEP YOUR FACE LOOKING HEALTHY DURING COVID-19

The coronavirus pandemic has led to increased use of face masks, not only amongst healthcare workers but also now the general public. Prolonged wearing of masks and goggles can cause adverse skin reactions such as acne, contact dermatitis and pressure effects, as well as exacerbate any underlying skin conditions.

These tips, from the Australasian College of Dermatologists and the Occupational Dermatology Research and Education Centre, based at the Skin Health Institute in Melbourne, will help you minimise skin problems while wearing a mask.

BEFORE WEARING A MASK

Use a mild skin cleanser (or soap substitute) or micellar water at the beginning and end of the day

Avoid toners, which can dry out the skin

Moisturise regularly

• Simple formulations with least ingredients are best
• Avoid fragranced products
• Start with a less greasy lotion before progressing to a greasier cream if tolerated
• Avoid greasy creams if you are prone to acne
• Your sunscreen can be your moisturiser!

Remember, the most important measure for caring for your facial skin is appropriate sun protection.

Anti-ageing skin care products may help improve your skin appearance, but those containing glycolic acids or retinoids can be irritating, especially when the skin barrier is damaged or compromised.

Dermatologists are increasingly seeing young women who use multiple products daily and develop skin problems - serums, oils, day and night creams, exfoliants, etc. They are rarely all necessary.

Brought to you by

SKIN HEALTH INSTITUTE

THE AUSTRALIAN COLLEGE OF DERMATOLOGISTS

NOVARTIS

Occupational Dermatology Research and Education Centre
WHILE WEARING A MASK

Choice of mask
- Take time to fit your mask
- Do not overtighten
- Clean your hands before and after putting mask on and taking it off
- Once on, do not touch mask, especially outside without performing hand hygiene

Regular breaks
Give your skin a break for five minutes (preferably every few hours).

Reduce friction
If this is a problem, apply moisturising lotion at least 30 minutes before mask wearing to lubricate and reduce friction between the skin and mask.

Barrier creams can also be used if you’re wearing a mask for an extended length of time, however these products tend to be greasy, which may aggravate acne. Choose a lighter, silicone-based product.

AFTER WEARING A MASK

Moisturise, especially at night if your skin feels irritated.

Inspect skin for signs of damage
Regularly inspect your skin for signs of redness/scaling.

Cloth masks should be washed daily, and not sprayed with antiseptics or essential oils such as tea tree or lavender. We see many cases of allergic contact dermatitis to fragrances, and essential oils are a common culprit.
MANAGEMENT OF SKIN CONDITIONS

Contact dermatitis
Increased temperature, moisture and friction cause skin barrier damage and make the skin more susceptible to irritation. This may cause redness and dryness where the mask touches the skin. Allergy from masks is very uncommon - irritant contact dermatitis is nearly always the cause.

- Change the brand or type of mask if irritant contact dermatitis occurs. Some masks contain harsher fabrics than others - try a ‘softer’ variety. Just as some woollen jumpers irritate, but cashmere rarely does, there are big differences in fabrics. And different people react differently!
- Treat mild irritant contact dermatitis with moisturiser, but not too greasy at first, in case this makes acne worse.
- Consider using a greasier moisturiser at night.
- With more severe irritant contact dermatitis, low strength topical steroids can be used, starting with 0.5-1% hydrocortisone cream available over the counter, or 1% hydrocortisone ointment if the skin is dry.
- If allergy is still suspected, refer to a dermatologist for patch testing. The very few reported allergic reactions to masks include isocyanates in a Chinese N95 mask, allergic contact dermatitis to rubber chemicals in the elastic of a Chinese mask and formaldehyde in a polypropylene facial mask in Belgium.
- More common causes of facial allergic contact dermatitis include reactions to fragrance and preservatives in skin care products. Less common reactions include to nickel in glasses frames and other jewellery, contact with nail polish, hair dye, airborne exposures to plants, airborne work chemicals...the list is almost endless!
Acne
Acne can be caused by occlusion from masks blocking oil glands and hair follicles.

Sebum (oil) secretion will be enhanced by increased temperature in the facial environment.

- Avoid greasy skin care products. In this case, go easy on moisturisers.
- Use a mild cleanser. Consider products with salicylic acid or anti-bacterial agents such as benzyl peroxide gel, or azelaic acid. They may be marketed as ‘acne cleansing gels’.
- While toners may help to dry out the skin in this instance, some experts feel that the drying effect can be excessive and deleterious to the skin barrier. Avoid comedogenic or occlusive make-up. Powders or mineral based make-up may be preferable.
- There are some over the counter acne gels or creams (gels are often less greasy), which contain ingredients that may help, such as zinc and niacinamide.
- In severe cases, prescription products may be needed, such as topical retinoids or topical or oral antibiotics.

Pressure urticaria
Rarely, urticaria (hives) may be caused by pressure from masks, particularly in people with underlying dermographism (where there is histamine release, causing skin whealing, in response to light pressure).

- Avoid tying masks too tight.
- Try different types or brands of masks that fit your face better.
- Take antihistamines before use, such as fexofenadine, cetirizine or loratidine - all available over the counter.
Dry and itchy skin
Itchiness may be caused by various skin conditions or may be simply due to friction from the mask.

Increased temperature, moisture and friction cause skin barrier damage, which may lead to dry skin.

- Treat dry skin by ensuring moisturisers are used before and after wearing a mask.
- Oral antihistamines can be trialled.
- Itching from longer loose fine fibres on the face side of the mask has occurred in some cases - these can be identified with a magnifier and side light and snipped off.

Pressure injuries
Pressure from the mask can cause skin indentation.

- Most indentation will resolve spontaneously.
- Apply compresses with three to four layers of gauze soaked in cold water/normal saline applied to the skin for around 20 minutes every 2-3 hours. With severe indentation, compresses with povidone iodine (Betadine) diluted by normal saline at a ratio of 1:9 can be used on the face, with a medical dressing afterwards.
- Moisturisers can be applied to intact skin while prescription topical antibiotic ointments may be required if the skin is broken.
- Avoid using hot water or ethanol or other irritants.
- If pressure from goggles is the main problem, switch to a visor.
AGGRAVATION OF OTHER SKIN CONDITIONS

Skin conditions such as **rosacea**, **seborrheic dermatitis**, and **atopic eczema** can all be aggravated by the heat and sweating that occurs when wearing a mask.

Preventative measures include:

- Limit the time wearing masks and give your skin a break when they are not required, such as when inside your home.
- Use gauze inside masks on areas of irritation.
- Consider using moisturisers before and after wearing masks, but be aware that these should not be too greasy if your skin is oily.
- Continue your prescribed treatments and consult your doctor if there is further aggravation of the underlying skin condition.

If you are also having problems with rashes on your hands, you can also find information about hand care and dermatitis prevention on the Occupational Dermatology Education & Research Centre website at [www.occderm.asn.au/news](http://www.occderm.asn.au/news)

If you have any questions or require further information please email admin@occderm.asn.au
Related reading and further information

- Badiri F. Surgical mask contact dermatitis and epidemiology of contact dermatitis in healthcare workers. Current Allergy and Clinical Immunology, September 2017, 30 (3); 183-188
- DermNet www.dermnetnz.org
- The Australasian College of Dermatologists www.dermcoll.edu.au

Note: Some information in the Information Sheet has been redacted as the information was not applicable to the clinical area.
This form is to be completed by the swabbing staff. Display the form outside the Clinical Area of Swabbing Room/Tent (or on door of room).

**Site:**

**Swabbing Room/Tent:**

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commencement of daily service</strong></td>
<td></td>
</tr>
<tr>
<td>• All tables, chairs, containers and Esky sample transporters are to be wiped with general cleaner at commencement</td>
<td>☐</td>
</tr>
<tr>
<td>• All containers including Esky sample carriers wiped clean prior to filling with stock</td>
<td>☐</td>
</tr>
<tr>
<td>• Replace excess stock in sealed containers and return to storeroom</td>
<td>☐</td>
</tr>
<tr>
<td>• All water/food products are not permitted in the clinical swabbing area</td>
<td>☐</td>
</tr>
<tr>
<td>• Don and Doff in designated stations outside of clinical area</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Prepare for patient contact</strong></td>
<td></td>
</tr>
<tr>
<td>• All clinical staff should complete competency in donning/doffing PPE by required date</td>
<td>☐</td>
</tr>
<tr>
<td>• No jewellery, hair tied back</td>
<td>☐</td>
</tr>
<tr>
<td>• Pull up long sleeved clothing over elbows and ensure gown covers clothing around neck.</td>
<td>☐</td>
</tr>
<tr>
<td>• Perform hand hygiene immediately prior to donning PPE at designated station</td>
<td>☐</td>
</tr>
<tr>
<td>• Ensure glove covers sleeve of gown</td>
<td>☐</td>
</tr>
<tr>
<td><strong>During patient contact / daily operation</strong></td>
<td></td>
</tr>
<tr>
<td>• Prepare swab items for each attendee prior to approaching car</td>
<td>☐</td>
</tr>
<tr>
<td>• Avoid touching any surface of car, change PPE if contamination occurs</td>
<td>☐</td>
</tr>
<tr>
<td>• Doff gloves in lined bins immediately after each swab is completed and perform hand hygiene</td>
<td>☐</td>
</tr>
<tr>
<td>• Disinfect swabbing surfaces contaminated with patient swab/pathology forms immediately after completion.</td>
<td>☐</td>
</tr>
<tr>
<td>• Perform hand hygiene prior to writing or entering data</td>
<td>☐</td>
</tr>
<tr>
<td>• All tables, chairs, containers and Esky sample transporters are to be wiped with general cleaner at staff meal relief times</td>
<td>☐</td>
</tr>
<tr>
<td>• Doff full PPE at station outside of clinical area prior to drinking or eating, and dispose in lined bins</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Completion of daily service</strong></td>
<td></td>
</tr>
<tr>
<td>• Cease all patient activity and doff at designated stations prior to cleaning clinical area</td>
<td>☐</td>
</tr>
<tr>
<td>• All tables, chairs, containers and Esky sample transporters are to be wiped with general cleaner at end of service</td>
<td>☐</td>
</tr>
<tr>
<td>• Replace stock in sealed containers and return to storeroom</td>
<td>☐</td>
</tr>
<tr>
<td>• Ensure all lined bins are tied and emptied, wiped over and stored.</td>
<td>☐</td>
</tr>
</tbody>
</table>
WSLHD COVID-19 Drive Through Clinics

DETECT

- Detecting deterioration
- Evaluation
- Treatment Escalation
- Communication
- Teams

A-G ASSESSMENT PROCESS

AIRWAY
Use of accessory muscles/ breath sounds/ tracheal tug

BREATHING
Conscious/ Chest movement/Count respiratory rate/ respiratory distress/ SPO2

CIRCULATION
Skin colour/ pallor/cyanosis/Confusion/skin temp/pulse rate & rhythm/BP

DISABILITY
Pupil size & function/Facial Symmetry/Limb movements

EXPOSURE
Bleeding/ rash/contusion/ wounds

FLUIDS
Skin turgor

GLUCOSE
Confusion/ sweaty/LOC/BSL if available

ATTEND: BP/PULSE/TEMPERATURE/VISUAL ASSESSMENT - record on observation chart
(SMR 110.010)

ESCALATE TO AMBULANCE 000

USE ISBAR TO COMMUNICATE TO EMERGENCY SERVICES
DO NOT LEAVE A DETERIORATING CLIENT

Write clinical note – on SMR 050.001 > scan clinical note + Obs to electronic health record

AT RISK ADULTS IN DRIVE THROUGH CLINIC

- Emergency
- Elderly
- Existing co-morbidities
- Extreme illness
- Exsanguinating

HIGH RISK MEDICATIONS

- Anti Infectives
- Potassium and other electrolytes
- Insulin
- Narcotics and other sedatives
- Chemotherapeutic agents
- Heparin and anticoagulants
<table>
<thead>
<tr>
<th>R</th>
<th>A</th>
<th>B</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Assessment</td>
<td>Background</td>
<td>Situation</td>
</tr>
<tr>
<td>What has been done and what is to happen next</td>
<td>Clinical findings (A-G systematic approach)</td>
<td>Relevant patient history</td>
<td>What prompted this call/discussion/escalation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>How to introduce yourself to others</td>
</tr>
</tbody>
</table>
Do you need formal documentation of your COVID-19 test result for travel clearance?

COVID-19 test result certificates for travel clearance are issued by private pathology clinics.

Find your nearest private pathology provider by scanning this QR code and filtering ‘service provider’ by ‘private’

Please check before you visit the clinic:

- if a booking or GP referral is required
- if the clinic tests all ages
- the requirements of your airline and country of destination, including the test cut-off time

Charges may apply for COVID-19 testing services for travel.

More information