|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of staff member |  | | | |
| Spot check completed by |  | | | |
| Date of Spot check |  | | | |
| **On Arrival** | | **C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\160RBELR\LetterX.svg[1].pngor C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\CQV1G0W9\Kliponious-green-tick[1].png** | **Comments** | **Action Taken** | |
| Sanitize hands? | |  |  |  | |
| Wearing correct PPE (Gloves, Mask) | |  |  |  | |
| Signed all documentation. | |  |  |  | |
| **Testing.** | | **C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\160RBELR\LetterX.svg[1].pngor C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\CQV1G0W9\Kliponious-green-tick[1].png** | **Comments** | **Action Taken** | |
| Using the correct container with their name on. | |  |  |  | |
| Distanced from other members of staff in the room. | |  |  |  | |
| Ready to take the test. | |  |  |  | |
| Is the staff member capable of swabbing their own mouth and throat. | |  |  |  | |
| Is the staff member able to extract from the swab into the liquid. | |  |  |  | |
| Has the time been recorded on the LFD device. | |  |  |  | |
| Has the Barcode and been placed on the LFD device. | |  |  |  | |
| Has the solution been applied to the device correctly (2 drops) | |  |  |  | |
| Has the device and container been secured. | |  |  |  | |
| **Aftercare** | | **C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\160RBELR\LetterX.svg[1].pngor C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\CQV1G0W9\Kliponious-green-tick[1].png** | **Comments** | **Action Taken** | |
| Has the staff member doffed off their PPE? | |  |  |  | |
| Washed their hands correctly? | |  |  |  | |
| Santised their hands? | |  |  |  | |
| Sprayed their clothes with the Dettol spray provided? | |  |  |  | |
| **Recording of the LFD and PCR Test?** | | **C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\160RBELR\LetterX.svg[1].pngor C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\CQV1G0W9\Kliponious-green-tick[1].png** | **Comments** | **Action Taken** | |
| Is the staff member confident in registering their test? | |  |  |  | |
| Does the staff member know the UON number? | |  |  |  | |
| Has the staff member correctly registered their test? | |  |  |  | |
| **Capabilities and Confidence.** | | **C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\160RBELR\LetterX.svg[1].pngor C:\Users\Newline\AppData\Local\Microsoft\Windows\INetCache\IE\CQV1G0W9\Kliponious-green-tick[1].png** | **Comments** | **Action Taken** | |
| Is the staff member confident and capable of completely the LFD and PCR test independently. | |  |  |  | |
| Is the staff member 100% sure they are completing the test correctly. | |  |  |  | |
| If the staff member is not sure would they let someone know? | |  |  |  | |
| **COMMENTS ARISEN FROM AUDITS** | | | | | |
| **Staff member signature…………………………………………………………………. Team Leader……………………………………………………………… Date…………………………………….** | | | | | |