|  |  |
| --- | --- |
| 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…………………………………….** |