

## Training

So I have watched the videos, read the guidance, and I've written down some notes.

The testing assistant goes through the process with air hostess gestures and everything runs like clockwork... but it isn't necessarily like that is it?

I'm not going to go through the process here blow-by-blow. The Government has provided good guidance. You can find care home guidance [here](#) and social care guidance [here](#), and there are also [training and videos](#) available with a login. But I do want to share some tips from experience that won't be in there.

## Firstly - what is lateral flow testing?

This is a rapid test which takes a swab from the back of the throat and up the nostril to ascertain whether the recipient has COVID-19. Test results are available in 30 minutes.

## Is it foolproof?

No, it isn't. PCR testing, where the results are taken to a laboratory, are more accurate, but lateral flow is faster. The Government guidance explains what to do with a positive test. PCR testing is very similar but there are different administration steps.

## Is it difficult to do?

No, but it isn't pleasant. I remember interviewing a dentist who told me that for some people, opening their mouths to the point others can see in makes them feel incredibly vulnerable, and where people have had a bad experience with a dentist, or a form of abuse – it can be extremely traumatic.

## Does the individual, with or without assistance, have to swab the throat as well as one nostril?

If this is not possible, both nostrils can be swabbed instead.

## What are the component jobs of a lateral flow test?

You should have

- **A test assistant** who should explain and assist the recipient of the test ideally to undertake the test themselves. Where individuals are not able to do this for themselves, the test assistant may help by doing the process for the person
- **A processor** who takes the swab and using a chemical and a developer cassette, is able to gain a result from the swab after 20-30 minutes
- **Infection Control** - This could be the test assistant/processor or another individual

So, having undertaken this numerous times in practice, here are the things I have learnt from assisting during lateral flow tests.

## Tips I have learnt

**As a test assistant** your tone, words, gestures and facial expressions (well eyes!) encourage and direct people to be empowered to take their own test.

**Processors** – you need to watch the time. Make sure you have enough processors to undertake this. You may want a separate person to read the test after the 30-minute timer to make life easier.

## Creating familiarity

In your service, those that are able and want to take the test themselves should be given the opportunity to. Help people to explore looking in their mouth for their tonsils, show pictures and videos of what to do and where the test will take place.

## Accessible communication beforehand

Everybody learns in their own way. If you explain and someone does not understand, make sure you check communication needs, change your words and use props to support this. This is key in gaining informed consent without time pressure or any other kind of pressure.

## Mirrors

Have a good mirror.. or two or three. If you are using a wall mirror, remember not everyone is the same height. You may have clients who are wheelchair users and people seated. If it is on a wall – does it catch the light and provide enough illumination?

The best type of mirror, although needing more attention to clean, is a handheld mirror. This way the recipient of the test can hold it at whatever angle they like, it is less easy to drop, and it caters for all heights.

## Lighting

Have a torch and a well-lit room. Consider where the light is coming from – open your mouth and look into the mirror – does the lighting position give clients the best view?

## Nose Blowing

Yep – this one came up. Some people really don't like to blow their nose. It can be seen as undignified. Explaining that blowing the nose gets rid of buildup is important. When the swab is taken, you can end up with crusted mucus (bogies) on the end of the swab which can hinder results and upset the person if they see their swab.

## Alcohol Gel

Ensure alcohol gel is in a simple pump that measures the gel – oh I cannot stress this one enough. A hand-held bottle means people will take a shower in it – creating a slip hazard and wasting time trying to dry off. An automated system or measured pump is preferable.

## Infection Control

Remember that the areas touched the most will be the:

Mirror

Tissue box

Lidded bin

Clean everything thoroughly and do not become complacent.

## **Common responses**

A number of people may

- Sneeze after the nose swab which is an important consideration for whether test assistant eye protection is needed
- Cry either from fear, relief, or definitely from twiddling the nasal swab
- Wretch – an indication for some they are in the right spot for the back of the throat or have reached resistance in the nasal passage

Ensure you offer a tissue after the process and always have the sick bowls to hand (although this is rarely needed).

## **Lastly**

Tell the person how well they have done. Acknowledge this is not an easy process. Make sure someone is available if they need to talk through the experience. We do not know everything that has gone on in people's past; this could be a trigger for emotional upset.

Above all – look after yourself. None of this happens without all of you. Drink plenty, take breaks, refuel.