

## Residential Care Setting Action Card Resident Requiring COVID-19 Testing

**No Resident should be tested for COVID without authorisation by using this flowchart.**

Any onset of new symptoms:

- A temperature of  $\geq 37.8^{\circ}\text{C}$
- **and** or a new or continuous cough.
- atypical presentation - may include increased delirium, malaise, generalised weakness, headaches, chest pain, nausea & vomiting.

Contact NHS24 on 111 who will pass the call onto the COVID HUB

Swab authorised via COVID Hub Clinician

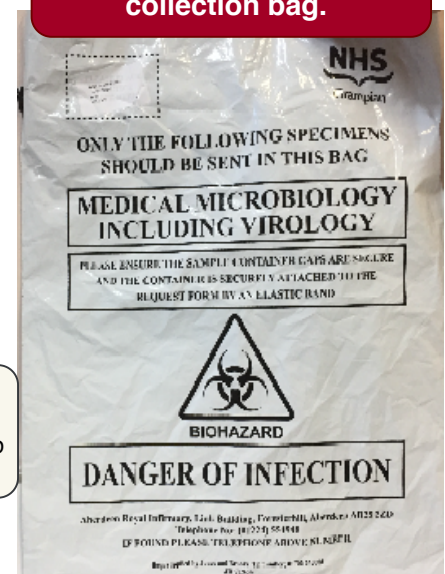
Please contact Health Protection Team on **01224 558520** (8am - 7pm), **0345456 6000** and ask for Public Health on call, out of hours or email: [grampian.healthprotection@nhs.net](mailto:grampian.healthprotection@nhs.net)

Please fill out the form:  
Patient is a Care Home Resident  
Name of the Care Home  
Clinical Details:

- Date of symptom onset
- Type of symptoms

Please put in the details of the patient's usual GP.

**Please place the bagged swabs in the normal collection bag.**



Following testing procedure as described in Care Home Testing guidance:  
Equipment List  
Donning and Doffing of PPE Apron, Gloves, Fluid Resistant Surgical Mask, Visor, Swab procedure

For more information e.g. supply of swabs, delivery, taking of swabs please contact your area:

### ABERDEEN CITY

**Monday - Friday:** For support with swabbing OR access to viral swabs contact Community Referral Line (CRL): **01224 551940** or [grampian.uhb.citycomrefline@nhs.net](mailto:grampian.uhb.citycomrefline@nhs.net)

**Saturday - Sunday:** For support with swabbing OR access to viral swabs contact Out of Hours Community Nursing: 01224 655518 or [nhs.g.o.h.nursing@nhs.net](mailto:nhs.g.o.h.nursing@nhs.net)

Where to take the swabs:

**Monday - Friday:** Relevant GP Practice  
**Out of Hours:** Contact Rico Driver on **07817275214**.

**Latest Time for collection is 7pm.**

### ABERDEENSHIRE

To access swabs please contact the Aberdeenshire Community Response Team on **01346 585142**

Where to take the swabs:

**Monday - Friday:** Relevant GP Practice  
**Out of Hours:** Contact Rico Driver on **07817275214**.  
**Latest Time for collection is 7pm.**

### MORAY

Swabs/sample bags & Virology bags are available from:

- Covid Hub, The Oaks, Elgin
- Seafeld Hospital, Buckie
- Stephen Hospital, Dufftown

Where to take the swabs:

**Monday - Friday:** Relevant GP Practice  
**Saturday - Sunday:** Dr Grays by **3pm**

MHS GRAMPIAN CLINICAL LABORATORIES  
Urgent/High Risk Samples  
Please discuss with Department before Dispatch

Patient Details (use label if available)		Lab No
DOB/CHI No:	GP Practice Name:	INPATIENT <input type="checkbox"/> OUTPATIENT <input checked="" type="checkbox"/>
Surname:	Consultant: COVID	
Forename(s):	Copy To:	
Spec Comment: (Add Name of Care Home)	Name:	
	Signature:	
	Contact No: 58520	
	Date Printed:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	DOB: <input type="text"/>	Age: <input type="text"/>
Specimen Type: COVID combined swab	Specimen Date: <input type="text"/>	Time: <input type="text"/>
Clinical Details (NB: Provide duration of illness/antibiotic and if immunocompromised)		
COVID symptomatic resident in care home		
Onset of symptoms: <input type="text"/>		
Symptoms: <input type="text"/>		
Testing of Asymptomatic patients is not indicated		
DEPARTMENT	PLEASE TICK APPROPRIATE BOX AND COMPLETE SEPARATE FORM FOR EACH DEPARTMENT	
BIOCHEMISTRY	Test(s) Investigated/Required (Consent Obtained Tick box)	
GENETICS		
HAEMATOLOGY		
IMMUNOLOGY		
PATHOLOGY Please consider carefully clinical appropriateness of all test requests		
MICROBIOLOGY (tick below)	VIROLOGY (tick below)	ANTENATAL TESTING (tick below)
<input type="checkbox"/> Culture & Sensitivity	<input checked="" type="checkbox"/> COVID 19.	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Parasites (NB Cryptosporidia done routinely)		<input type="checkbox"/> Rubella
<input type="checkbox"/> Helicobacter Serology		<input type="checkbox"/> Syphilis
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> HIV
		<input type="checkbox"/> All of the above
Date & Time of Receipt		