

TELEPHONE BOOKING

1. Ask the purpose of the test, this is because we only offer fit to fly test.
2. Ask if they currently have any symptoms, if they have the common covid-19 symptoms then refer them to NHS 119.
3. Ask the type of the test they would require (PCR or LFT), this is because different countries have different requirements, some accept PCR only, some only LFT and some accept both tests.
4. Ask the country they are traveling to.
5. Ask the date and time of the flight/train/ferry, this is because different countries have different time frames when tests can be done. Eg. some countries have a time frame of 24h, some 48h and some with 72h and beyond for PCR and some require 24 to 48 hours before travel for Antigenic Test.
6. We check information for travel and entry requirements via official website of the Foreign Office Travel advice (<https://www.gov.uk/foreign-travel-advice>) and inform patient accordingly.
7. If the patient/client meets the criteria for the travel test then their full Name, Date of Birth and Contact Number is taken and time slot allocated.
8. Inform the patient that all personal information will be required when attending the appointment. This information will be input on Report a covid test and NHS track and Trace regardless of the outcome.
9. Inform patient regarding the cost. We accept card only now due to the current pandemic and they can pay over phone when making phone booking or in person after booking via the website.
10. Appointment confirmation can be sent via text message or Email.
11. Advise patients not to drink or eat at least 30 mins before the appointment.
12. Give time slots every half an hour leaving enough time for disinfecting the hard and common surface in between.
13. Inform patient and visitors to wear a face mask, if exempt from face mask due to medical reasons, then they must have a face covering such as a face shield.
14. Inform patients about parking, buses, train links etc.
15. Advise Patient to arrive no sooner than 10 mins before their appointment.
16. Ask the patient to bring ID Passport, Driving License etc for confirmation.
17. Ask if they require chaperone to be present in the room.
18. Ask for special requirements such as wheelchair access, short of hearing, understanding difficulties.

COVID TEST SELECTION

Zafash Doctors Offer multiple testing options as per individual needs:

1. RT-PCR Test with Fit to Fly

1.1 This test will confirm if you are currently symptomatic or have been exposed to the virus. This test is the Gold Standard and is the same test as is available via NHS Testing System. This test is ideal for travellers and is acceptable throughout the world. The test is performed by taking swab from throat and nose at our clinic and is then sent to our partner UKAS Accredited Laboratory in London.

2. Rapid Antigen Test (Lateral Flow Test)

2.1 Rapid Antigen Test is often recommended for those presenting with Covid-19 symptoms, due to the likelihood of a higher viral load. The Covid-19 Rapid Antigen Test can give reliable positive results in these instances but because of the method of rapid analysis, can also give false-negative results to those with a lower viral load. However, the benefit of this Covid-19 Screening method is the quick return of results which can be obtained within 10 minutes as the test is carried out entirely at our clinic without the need of lab transport or analysis. The Antigen Test is a viral swab test which is conducted using a long cotton bud. The cotton bud is inserted deep into the nose where samples from the nasopharyngeal area are taken. The samples that are extracted during the Antigen Swab Test will then be applied to a rapid method of analysis.

3. Antibody Test

3.1 This is a blood test for the detection of antibodies from previous covid-19 infection or checking the levels of antibodies after a covid Vaccine. This test is performed by taking a blood sample from the vein and sent to our partner UKAS accredited Laboratory in London for processing.

1. RT-PCR Test

- 1.1 If you are booked a PCR test, please make sure you don't eat, drink, chew gum or brush your teeth at least 20 minutes before your appointment. This can contaminate your mouth swab sample, potentially resulting in the need for a retest and delaying your result.
- 1.2 Please attend just prior to your appointment time - not early or late. This helps us manage patient flow.
- 1.3 You will be welcomed by a member of the team who will confirm your details.
- 1.4 Your test will be undertaken by a trained healthcare professional and once your sample has been taken you can leave. We will then be in contact in due course with your results.
- 1.5 Results turnaround time to patients is currently 24 hours. These are stipulated times and may change without notice anytime. It is the responsibility of the patient to make sure that they have enough time in between for travel.
- 1.6 The laboratory report includes, patients full name, date of birth, specific lab number, time of sample collection, the time results, type of test performed, clinic address and passport number.
- 1.7 Results are sent to patients via their email address in pdf format, which is the most common format for uploading online and printing throughout the world. Patients are reminded to check results for accuracy and any typo error and to report this immediately so it can be rectified promptly.
- 1.8 Patients give consent prior to testing that should the test outcome is reported POSITIVE, their personal details Name, Address and Contact Number will be released to our partner laboratory who has a legal obligation to report the result to PHE and NHS Track & Trace.
- 1.9 If the result is Positive then it will appear on the report as "POSITIVE" meaning the virus was present at the time when swab was taken. Perform the safety netting and explain the points that patient needs to follow if the result is positive, this includes but not limited to:

Your recent PCR test result received from the laboratory is **POSITIVE**.

YOU MUST NOW

- i. You or anyone you live with must self-isolate to avoid spreading the infection to other people. Your self-isolation period includes the day your symptoms started (or the day you had the test, if you do not have symptoms) and the next 10 full days.
- ii. If you get symptoms while you're self-isolating, the 10 days restarts from the day after your symptoms started.

- iii. You can stop self-isolating after the 10 days if either:
 - iv. you do not have any symptoms
 - v. you just have a cough or changes to your sense of smell or taste – these can last for weeks after the infection has gone

Keep self-isolating if you have any of these symptoms after the 10 days:

- a) a high temperature or feeling hot and shivery
- b) a runny nose or sneezing
- c) feeling or being sick
- d) diarrhoea

Only stop self-isolating when these symptoms have gone.

Your details are reported to Track and Trace who will be in touch with you.

- Sign post to the 119 or 111 if they require further help with their symptoms or NHS choices,

2. RAPID ANTIGEN TEST (LATERAL FLOW TEST)

We use Sure Screen Diagnostics Covid-19 Anterior Nares (Shallow Swab) Test Cassette (GOLD). The gold test cassette contains an anti-SARS-CoV-2 Nucleocapsid protein antibody gold colloid particles conjugate and an anti-SARS-CoV-2 Nucleocapsid protein antibody coated onto the membrane. To find out more about the test please click <https://www.surescreen.com/products/covid-19-coronavirus-antigen-shallow-nasal>. The test kit is kitemarked and Stage 3 approved by Public Health England. <https://www.gov.uk/government/publications/assessment-and-procurement-of-coronavirus-covid-19-tests>

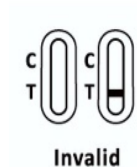
Results are produced within 10 minutes and certificate is printed instantly which include the following: Full Name of the patient, date of birth, gender, name and address of the clinic, the type of test carried out, the type of swab performed, date and exact time when sample taken, it is signed and stamped by the healthcare person completing the test.

- **Negative test:**



One coloured line appears in the control line region (C) . No line appears in the test line region (T). A negative result indicates that SARS-CoV-2 antigen is not present in the specimen, or is present below the detectable level of the test.

- **Invalid:**



Control line fails to appear due Insufficient specimen volume or incorrect procedural techniques. Try a new test kit, if problem persist, discontinue using the test kit and contact the local distributor (NUMBER FOR LOCAL DISTRIBUTOR)

- **Positive test:**



Positive

Two lines appear, One coloured line should be in the control line region (C) and another apparent coloured line should be in the test line region (T). A positive result indicates that SARS-COV-2 was detected in the specimen,

- Please note that the intensity of the colour in the test region (T) will vary depending on the concentration of SARS-COV-2 antigen present in the specimen. Therefore, any shade of colour in the test line region (T) should be considered positive.
- Perform the safety netting and explain the points that patient needs to follow if the result is positive, this includes but limited to:

Your recent PCR test result received from the laboratory is **POSITIVE**.

YOU MUST NOW

- vi. You or anyone you live with must self-isolate to avoid spreading the infection to other people. Your self-isolation period includes the day your symptoms started (or the day you had the test, if you do not have symptoms) and the next 10 full days.
- vii. If you get symptoms while you're self-isolating, the 10 days restarts from the day after your symptoms started.
- viii. You can stop self-isolating after the 10 days if either:
 - ix. you do not have any symptoms
 - x. you just have a cough or changes to your sense of smell or taste – these can last for weeks after the infection has gone

Keep self-isolating if you have any of these symptoms after the 10 days:

- e) a high temperature or feeling hot and shivery
- f) a runny nose or sneezing
- g) feeling or being sick
- h) diarrhoea

Only stop self-isolating when these symptoms have gone.

Your details are reported to Track and Trace who will be in touch with you.

- Sign post to the 119 or 111 if they require further help with their symptoms or NHS choices,

3. SAFETY MEASURES

- a) Our staff all wear appropriate PPE for your and their safety.
- b) All patients are required to wear a mask to their appointment unless medically exempt.
- c) We have set up dedicated testing centres for our PCR and Rapid COVID-19 tests to ensure our dental and medical patients are not at risk.
- d) We can only accept patients who attend alone unless you require a parent, carer or translator.
- e) We have strict cleaning protocols throughout and end of the day to ensure our premises stay safe. Informative posters are displayed regarding how to prevent spread such as 2-meter distance, hand washing technique by the sink, Ask patient not to come to clinic if have symptoms.
- f) For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic. Local or national uniform policies should be considered when wearing PPE.

Patient confidentiality:

It is the responsibility of all staff to familiarise themselves with the Information Governance Policy, associated Procedures and Codes of Practice and adhere to its principles.

Compliance with all clinic policies is a condition of employment and a breach of policy may result in disciplinary action.

All staff are responsible for information governance in the performance of their duties and to actively use information in decision making processes. Additionally, staffs who are professionally regulated also have the following responsibilities: - To keep up to date with and adhere to relevant legislation, case law and national policy relating to information governance - To keep up to date about best practice and information governance standards - To maintain proficiency in the clinic systems and associated procedures in respect of information governance.

This document is a guide to required practice for those who work within or under contract to organisations concerning confidentiality and patients' consent to the use of their health record. The Protection and Use of Patient Information and is a key component of emerging information governance arrangements. Patients entrust us with, or allow us to gather, sensitive information relating to their health and other matters when they require care and treatment. They do so in confidence with the legitimate expectation that staff will respect their privacy and act appropriately. In some circumstances patients may lack the capacity to extend this clinic but this does not diminish the duty of confidence. It is also extremely important that patients are made aware when their information is being shared in order to provide them with high quality care. Patients may understand

that information needs to be shared between members of care teams and between different healthcare organisations to support the healthcare they receive. However, some uses of confidential patient information do not directly contribute to, or support the healthcare a patient receives e.g., medical research, protecting the health of the public so it cannot be assumed that patients who seek healthcare are content for their information to be used in these ways.

A duty of confidence arises when one person discloses information to another (e.g., patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence. It –

- a. is a legal obligation that is derived from case law;
- b. is a requirement established within professional codes of conduct; and
- c. must be included within the employment contracts as a specific requirement linked to disciplinary procedures

Where patients have been informed of:

- a. the use and disclosure of their information associated with their healthcare; and
- b. the choices that they have and the implications of choosing to limit how information may be used or shared;

Then explicit consent is not usually required for information disclosures needed to provide that healthcare. Even so, opportunities to check that patients understand what may happen and are content should be taken.

Staff must inform patients of the intended use of their information, give them the choice to give or withhold their consent as well as protecting their identifiable information from unwarranted disclosures.

These processes are inter-linked and should be ongoing to aid the improvement of a confidential service. The four main requirements are:

- a. PROTECT – look after the patient’s information;
- b. INFORM – ensure that patients are aware of how their information is used;
- c. PROVIDE CHOICE – allow patients to decide whether their information can be disclosed or used in particular ways.
- d. IMPROVE – always look for better ways to protect, inform, and provide choice.

Patients’ health information and their interests must be protected through a number of measures:

- a. Procedures to ensure that all staff, contractors and volunteers are at all times fully aware of their responsibilities regarding confidentiality.
- b. Recording patient information accurately and consistently.
- c. Keeping patient information private.
- d. Keeping patient information physically secure.
- e. Disclosing and using information with appropriate care.

Inform patients effectively:

Patients must be made aware that the information they give may be recorded, may be shared in order to provide them with care, and may be used to support clinical audit and other work to monitor the quality of care provided. Consider whether patients would be surprised to learn that their information was being used in a particular way – if so, then they are not being effectively informed.

In order to inform patients properly, staff must:

- a. check where practicable that information leaflets on patient confidentiality and information disclosure have been read and understood.
- b. make clear to patients when information is recorded or health records are accessed;
- c. make clear to patients when they are or will be disclosing information with others;
- d. check that patients are aware of the choices available to them in respect of how their information may be disclosed and used;
- e. check that patients have no concerns or queries about how their information is disclosed and used;
- f. answer any queries personally or direct the patient to others who can answer their questions or other sources of information;
- g. respect the rights of patients and facilitate them in exercising their right to have access to their health records

Provide Choice to Patients:

Patients have different needs and values – this must be reflected in the way they are treated, both in terms of their medical condition and the handling of their personal information. What is very sensitive to one person may be casually discussed in public by another – just because something does not appear 11 Providing a Confidential Service to be sensitive does not mean that it is not important to an individual patient in his or her particular circumstances.

Staff must:

- a. ask patients before using their personal information in ways that do not directly contribute to, or support the delivery of, their care;
- b. respect patients' decisions to restrict the disclosure or use of information, except where exceptional circumstances apply;
- c. communicate effectively with patients to ensure they understand what the implications may be if they choose to agree to or restrict the disclosure of information.

Using and Disclosing Confidential Patient Information:

The disclosure and use of confidential patient information needs to be both lawful and ethical. Whilst law and ethics in this area are largely in step, the law provides a minimum standard that does not always reflect the appropriate ethical standards that the government and the professional regulatory bodies require.

Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a form that might identify a patient without his or her consent. The following are steps that must be taken to ensure that confidentiality is maintained, the same principles can be applied to confidential corporate records:

- All PID (Patient Identifiable Data) relating to staff and patients must be regarded as confidential, except where nation policy on accountability and openness requires otherwise.
- Information that is transferred for purposes other than for direct patient care should not identify a person.
- PID (Patient Identifiable Data) should not be used for secondary uses.
- Transfer of PID (Patient Identifiable Data) via telephone, email, fax, and post must be in line with the clinic's Safe Haven Procedure (Safe Haven Procedures act **as a safeguard for confidential information which enters or leaves the organisation**, whether this is by facsimile (fax), e-mail, post or other means. Any members of staff handling confidential information, whether paper based or electronic must adhere to the Safe Haven Procedure).
- Staff access to PID (Patient Identifiable Data) must be on a need-to-know basis.
- Smartcards must not be left logged into a computer when not in use.
- The Patient Administration System must be put to the screensaver when not in use.
- Do not leave your computer unattended; staff must use the function (ctrl, alt, del or 'start' and L) to lock the computers when they are away from their desk.
- Always log out of any computer system or application when work on it is complete.
- Position computer screens so that they cannot be seen through windows and in waiting areas by other patients etc.
- If someone asks for a patient record or information regarding the patient and you are unsure if they should have access to it, check first. If you are unsure, please contact the manager,

When discussing patient information staff must maintain an awareness of their surroundings. Staff discussions have often led to patient misunderstanding and breaches of confidentiality as they have not taken into account where they are and who is around them. It is appreciated that it is difficult to manage confidentiality in some situations, staff are expected to be aware of the possible problems and do all they can to respect the patient's rights.

It is understood that staff have a need to discuss patients and the care of such patients however when doing so staff must take the following precautions:

- Ensure you cannot be overheard by unauthorised people including other staff members, the public, the individual you are discussing or family members when you have discussions with colleagues about a patient.
- In situations where you can be overheard if you do not need to identify a patient's name or other personal details then don't.
- It is not appropriate to discuss personal information in hallways, corridors, stairways, lifts or any public place where you may be overheard.

The reason for disclosure must be considered in relation to the need for consent. You may not require consent when:

- There is a legal requirement for disclosure
- Safeguarding Patient or public from immediate harm
- Continuing healthcare requirements

For children and young people the ability to consent to the release and use of their records is followed by the Gillick scale of competence.(Link for Gillick competency, please read <https://www.icmec.org/wp-content/uploads/2019/04/gillick-competency-factsheet.pdf>)

If a child is able to understand and give consent then their information must be treated as confidential in regards to releasing information to parents/guardians. When accessing

patient/clients information the caldicott principles need to be observed as they underpin the legal and ethical obligations of confidentiality.

Complaint Procedure:

This SOP applies to complaints received against the company's product and services.

- Complaints may be received from internal or external sources and as verbal feedback or written feedback. Verbal feedback may be received in person or via a telephone conversation. Written complaints may be received in the form of letters, e-mails. Nevertheless, all complaints shall be recorded using the Complaint Record Form
- All personnel receiving a complaint shall record the complaint on the Complaint Record Form

7.1 Complaint Form:

CUSTOMER INFORMATION	
Customer Name:	Customer Phone No:
Customer Address:	
Date of Visit:	Email:

Complaint Information Form	
Complaint Date:	Complaint taken by:
Complaint Details:	
How can we make this right?	
First Response action Plan: (To be filled by Zafash Staff)	
Complaint Reference number :(this is Patients Initial followed by the date of complaint, o be filled by Zafash Staff)	

- Zafash Doctors will have a designated file for complaint forms,
- All complaints will be reviewed and patient will be contacted if further information required or informing them regarding the outcome,
- Practice manager is responsible for review of complaints,
- Investigations should be initiated within 3 working days from the date of receiving the complaints,
- The outcome of the investigation, any decision or measure taken as a result of the complaint and the corrective action to prevent recurrence should be recorded in the Complaint Record Form and referenced to the corresponding batch records,