

Ops START
Self-Testing Antigen Rapid Test (ART)

Playbook (Version 11)



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Last Updated: 7 Feb 2022 by BCA

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1. Information of ART Test Kit

i. Storage Guidelines for Kits

<p>BD Veritor Plus System Per box - 30 Tests</p> <p><i>For BD Veritor, the Analyzer is not a mandatory requirement to interpret the result from the BD Test Device</i></p>	
<p>Abbott Panbio Covid-19 AG Per box - 25 Tests</p>	
<p>SD Biosensor Standard Q Per box - 25 Tests</p>	

- Kits may be stored² at 2°C to 30°C. **DO NOT FREEZE.**
- Kits should be stored in shady area and do not place under direct sunlight.
- Reagents and devices must be at room temperature (15°C to 30°C) when used for testing
- Refer to Annex 1 for Instructional Guide to Self-Swab

ii. How to Break Bulk – For Employers

a) Items to prepare

1. Face shield and surgical mask, disposable gloves
2. 70% alcohol wipes and handrub
3. Ziplock bags or packing containers for ART kit items (depending on company's preference)
4. SD Biosensor test kit: Test Cartridge, Sterile Swab Stick, Nozzle Cap, Extraction Buffer Tube
5. BD Veritor test kit: Test Cartridge, Sterile Swab Stick, Extraction Reagent Tube
6. Abbott Panbio test kit: Test Cartridge, Sterile Swab Stick, Extraction Tube with caps, Buffer Bottle (to be shared with the box of kits)

b) Steps for packing

1. Clean packing surface with alcohol wipe, put new box of kits on table surface.
2. Packing staff to do hand hygiene and wear face shield, mask, gloves. No talking between staff and maintain safe distance of 2m if there is more than 1 staff packing.
3. Commence packing the 4 (SD Biosensor) or 5 (Abbott Panbio) items, and check expiry date of kits
4. Companies can decide if they want to break the bulk package either individually or based on the quantity required. For example, individually packed bags using ziplock bag or container, whichever is easier for distribution. Each person conducting self-swabbing will have 4 (SD Biosensor) or 5 (Abbott Panbio) items in total.
5. In between new box of kits, practice hand hygiene with gloves on.
6. **For Abbott Panbio test kits, please see the bulk breaking process for details.**








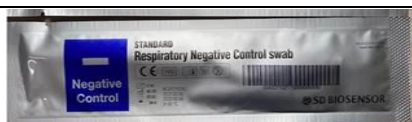
For info:

- Other items in the bulk package which is not required, for e.g. buffer rack, plastic label, can be discarded.
- Any loose items (that will be used in future) should be kept in a clean (wiped down) storage box/ziplock bag.

1a. SD Biosensor Kits


SD BIOSENSOR KITs


i. Items inside SD Biosensor Box


Items in one box	SD Biosensor Standard Q	Qty	Needed for Individual Testing?
Test Cartridge (wrapped individually in foil pouch with desiccant)		25	Yes - to break bulk
Sterile Swab Stick		25	Yes - to break bulk
Nozzle Cap		25	Yes – to break bulk
Extraction buffer tube		25	Yes – to break bulk
Buffer Tray		2 trays	No – not essential to individual testing, not required to break bulk (This is to hold the extract buffer tubes in a mass swab setting.)
Plastic Film		1	No – not essential to individual testing, not required to break bulk (This is to cover the test device to prevent contamination by dust in a mass swab setting. If the individual's swab setting is generally dusty, the test device may be protected by using a sterile clear plastic bag.)
Standard COVID-19 Ag+ Positive Control Swab		1	No – not essential to individual testing, not required to break bulk (This is a control swab manufactured to verify the user's ability to properly perform the test and interpret the results.) <u>Not to be discarded</u>
Standard Respiratory Negative Control Swab		1	Good practice: Employers should use the QC control swabs to determine the fidelity of the test kits in each box. If the QC controls do not match and display the right results, the company should escalate to Sector Lead/HPB.

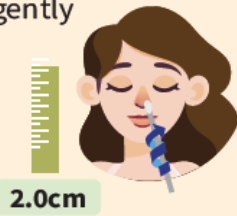
ii. Overview on how self-swabbing is conducted using SD Biosensor test kits

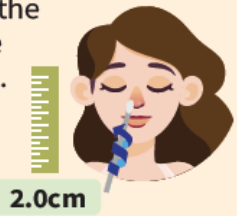
- 1** Please clean and dry your hands before starting the test.

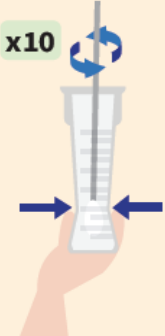

- 2** Before starting the test, please take out one swab stick, one test cartridge, one sealed extraction buffer tube and one nozzle cap. Take out the test cartridge from its packaging.

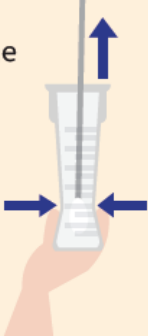

- 3** Remove swab stick from package.



- 4** Insert the swab stick into the nostril (~2cm) while gently rotating. Twirl the stick 10 times while in the nostril.



- 5** Repeat for the other nostril with the same swab.

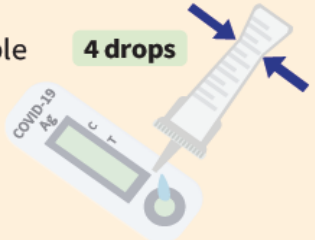

- 6** Remove the seal from the extraction buffer tube and insert the swab into the extraction buffer tube to mix. While squeezing the buffer tube, stir the swab for 10 times.



- 7** Squeeze the extraction buffer tube when extracting the swab.


- 8** Press the nozzle cap tightly onto the tube.


- 9** Use your finger to gently tap the side of the tube a few times. This helps to mix the solution.


- 10** Place 4 drops onto the sample well of the test cartridge.


- 11** Wait for 15mins before checking the results on the test cartridge. Please keep the cartridge on a flat surface during this time.



iii. Preparation Stage: 4 Required Items to Prepare for Testing with SD Biosensor Kits



Test cartridge



Nozzle cap



Extraction buffer tube



Sterile swab stick

The following **4 items** should be prepared/pre-packed by the supervisor prior to self-swabbing:





1. Test cartridge
2. Extraction buffer tube
3. Nozzle cap
4. Sterile swab stick

1b. BD Veritor

i. Box Content



ii. Components required per individual kit

BD Veritor System Test Devices		30 individually packed single-use test devices	1
Extraction Reagent Tube		30 single-use reagent tubes, packed in 10s per aluminium pouch	1
Specimen sampling swabs		30 sterile single use swabs	1
SARS-CoV-2 (+) Control Swab and SARS-CoV-2 (-) Control Swab		1 each	<u>Not</u> required.

iii. Steps for repacking art kits (IF REQUIRED)

Preparation

1. Clean packing surface with alcohol wipe.
2. Put new box of kits on table surface.
3. Disinfect hands.
4. Wear face shield, face mask, and gloves. Minimise talking from this point onwards.
5. Maintain safe distance of 2m between packers.

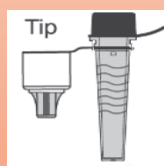
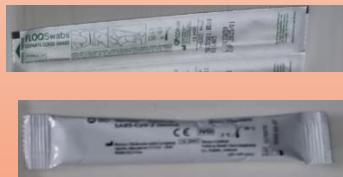
Packing

1. Ensure each Ziploc bag has 1x Test Device, 1x Specimen Sampling Swab and 1x Extraction Reagent.
2. When done with 1 box, disinfect hands with gloves on, using 70% alcohol hand rub.

The Other Items

- Discard the buffer rack.
- Both the Standard COVID-19 Ag+ Positive Control Swab and the Standard Respiratory Negative Control Swab are not required.

Pack
Into
Ziploc
Bag



Not
required



Discard



SWABBING PROCEDURE

- 1** Please clean your hands before starting the test.



- 2** Before starting the test, please take out one swab stick, one extraction buffer tube and one test cartridge. Loosen the cap of the extraction buffer tube and take out the test cartridge from its packaging.

Swab stick



Extraction buffer tube



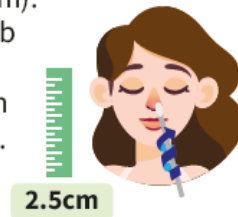
Test cartridge



- 3** Remove swab stick from package.



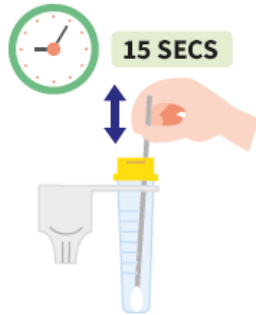
- 4** Insert the swab stick into the nostril (~2.5cm). Twirl the swab stick 5 times and leave it in for 5 seconds.



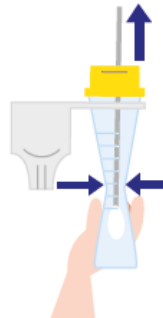
- 5** Repeat for the other nostril with the same swab stick.



- 6** Insert swab stick into the extraction buffer tube to mix. Plunge the swab stick up and down for 15 seconds.



- 7** Squeeze the extraction buffer tube while extracting the swab stick.



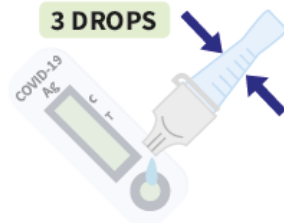
- 8** Close the cap of the extraction buffer tube firmly. You should hear a "click" sound.



- 9** Use your finger to gently tap the side of the tube a few times. This helps to mix the solution.



- 10** Place 3 drops onto the sample well of the test cartridge.

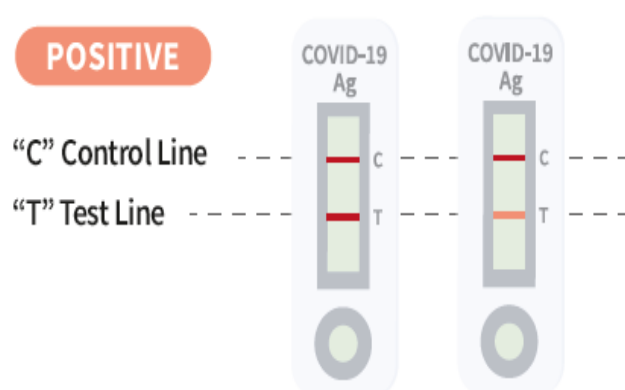


- 11** Wait for 15mins before checking the results on the test cartridge. Please keep the cartridge on a flat surface during this time.

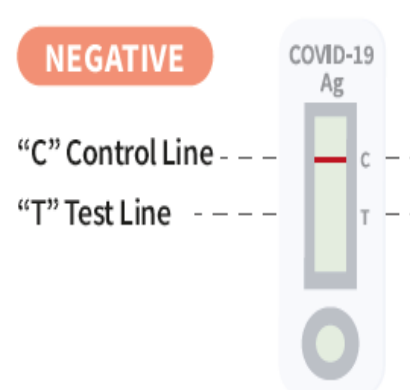


15 MINS

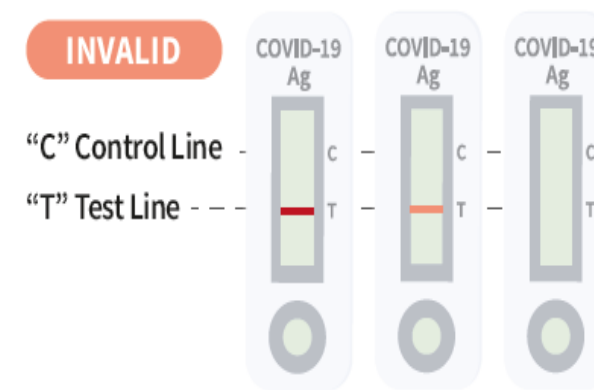
12 Read the results on the test cartridge.
If you see a line appearing at both the “C” and the “T” position, this indicates a positive test. Please see your doctor.



If you see a line appearing at only the “C” position, this indicates a negative test.



If you see a line appearing only at the “T” position or no lines appear at all, the test is invalid. Please repeat the test with a new test kit.



13 Dispose all used items in the test kit into one plastic bag and tie it up with a rubber band or cable tie. Place the tied bag into another plastic bag and tie the second plastic bag with a rubber band or cable tie. Throw it into the rubbish chute immediately.



14 Clean your hands after the test.











You may also refer to this QR code for video instructions



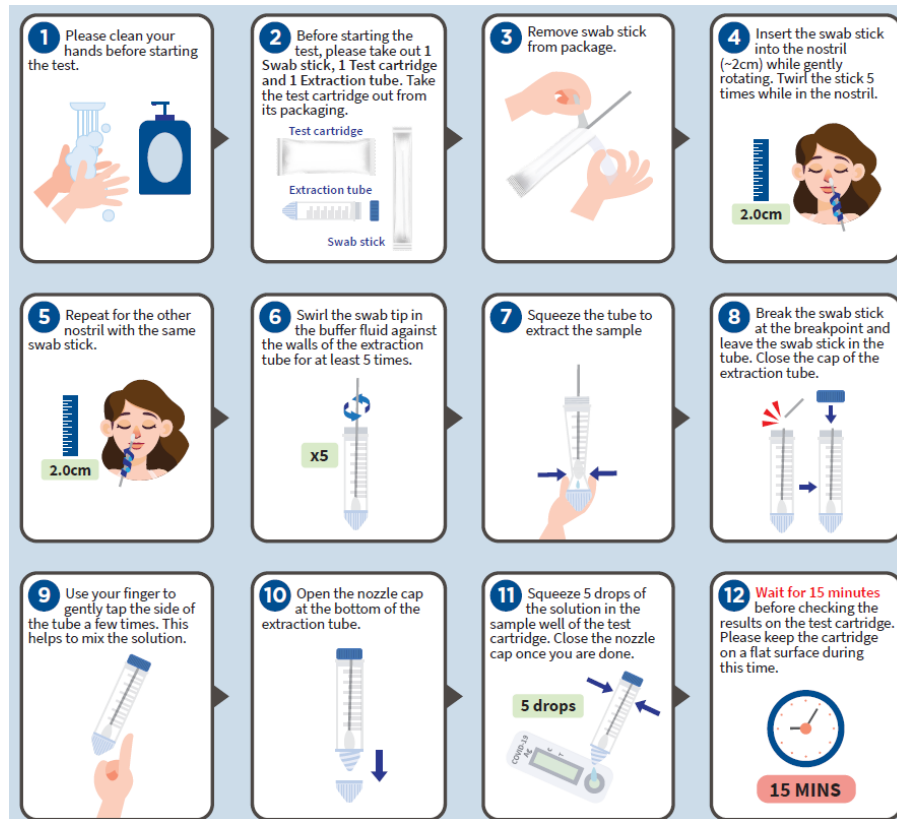
<https://ga.gov.sg/en-instructions>

1c. Abbott Panbio

i. Items in one box

Items in one box	Picture	Quantity	Needed for Individual Testing?
Test Cartridge (wrapped individually in foil pouch with desiccant)		25	Yes – to break bulk
Sterile Swab Stick		25	Yes - to break bulk
Extraction tube		25	Yes – to break bulk
Caps (blue cap & white bottom cap)		25	Yes - to break bulk
Buffer bottle with solution		25	Yes – to break bulk
Tube rack		1 tray	No – not essential to individual testing, not required to break bulk (This is to hold the extract buffer tubes in a mass swab setting.)
Abbott Panbio Positive Control Swab		1	No – not essential to individual testing, not required to break bulk (This is a control swab manufactured to verify the user's ability to properly perform the test and interpret the results.) <u>Not to be discarded</u>
Abbott Panbio Negative Control Swab		1	Good practice: Employers should use the QC control swabs to determine the fidelity of the test kits in each box. If the QC controls do not match and display the right results, the company should escalate to Sector Lead/HPB.

ii. Overview on how self-swabbing is conducted using Abbott Panbio test kits



Key differences between SD Biosensor & Abbott Panbio (bold and underlined)

- Step 2: Preparation items
- Steps 4-5: Twirling **5x** in each nostril
- Step 6: Swirling swab stick **5x** in tube
- Step 8: Swab stick needs to be **broken at the breakpoint**
- Step 10: Open cap at the bottom of extraction tube
- Step: 12: **5** drops placed in test cartridge

iii. Preparation Stage: 5 Required Items to Prepare for Testing with Abbott Panbio ART kits

ABBOTT PANBIO KITS

The following **5 items** should be prepared/pre-packed by the supervisor prior to self-swabbing:

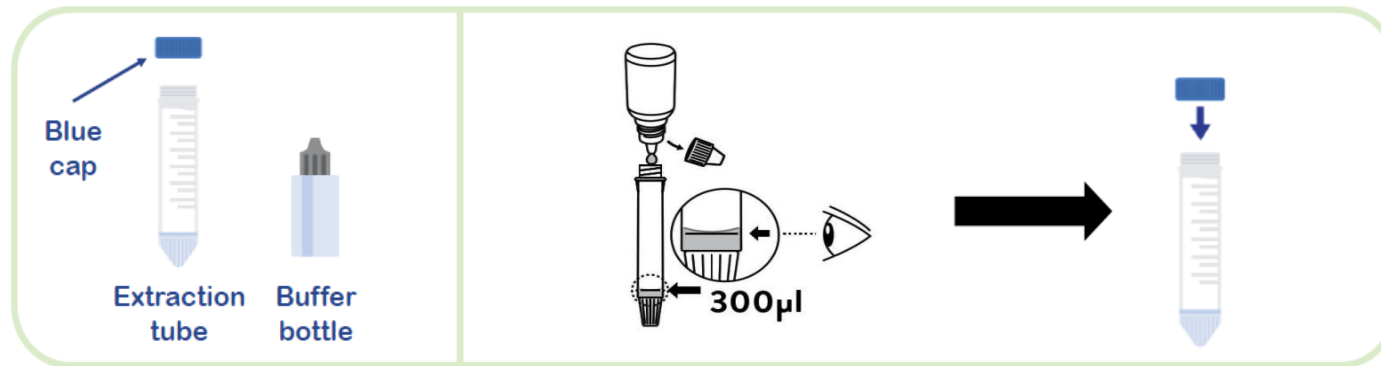
1. Test cartridge
2. Extraction tube
3. Blue cap
4. Buffer bottle
5. Sterile swab stick



Note: The Buffer fluid in the Buffer Bottle can be reused till the expiry date of the same batch of kits

iv. Preparation Stage: How to Fill the Extraction Tube with Buffer Solution

ABBOTT PANBIO KITS



1. Tilt the **buffer bottle**

2. Fill the extraction tube with buffer fluid until it reaches the **fill-line** of the extraction tube

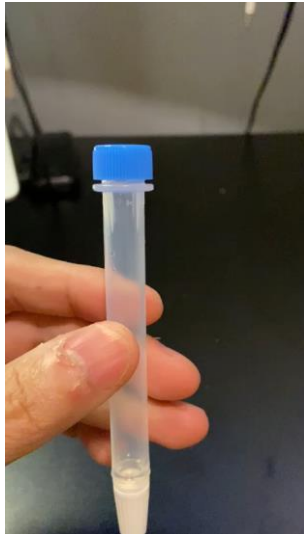
3. Close the nozzle (**blue cap**)

Test cartridge, swab stick, and extraction tube with buffer solution to be provided to the employee to conduct self-swabbing.

The buffer fluid filled into the extraction tube should be used within 48 hours. The buffer bottle may be opened and resealed after each buffer preparation. The buffer is stable until expiration date if kept at 2-30 °C

v. Employee needs to break swab stick at the break point after swabbing

1. After swirling the swab stick 5x, employee conducting the self-swab should squeeze the extraction tube to extract swab specimen.
2. Next, look for the line around the middle of the swab stick and then break the stick at that point.
3. Tighten the blue cap after breaking the stick.



vi. Result Interpretation (Panbio)

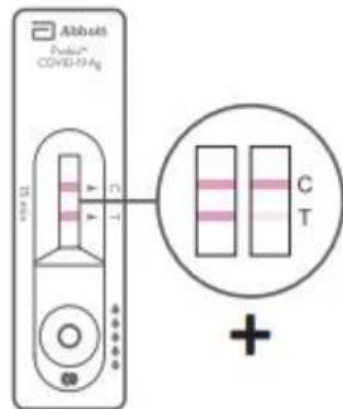
ABBOTT PANBIO KITS

C = Control Line

T = Test Line

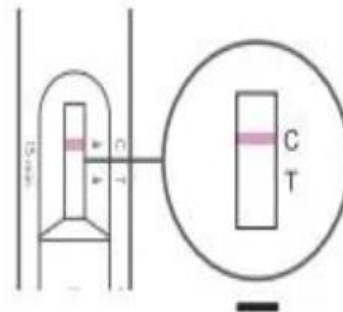
Positive

Both C + T Lines



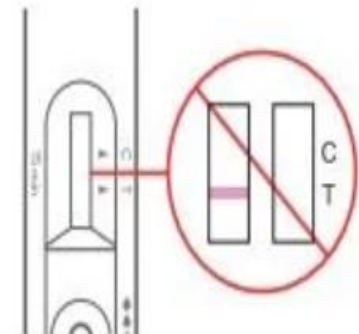
Negative

C Line Only



Invalid

No C Line



v. What You Need to Prepare Before using Abbott Panbio ART kits (ESSS)

Key Considerations in the Bulk Breaking and Preparation

1. The Supervisor must ensure all the personnel handling the dispensing of the buffer fluid into the extraction tubes are familiar with the process. This include personnel preparation the test kits for their own use.
2. If the preparation are centrally conducted (ie. Doing as a bulk to be given to the masses), the Supervisors must ensure that all the personnel conducting the preparation are in the proper PPE and practiced proper hand hygiene. This is to prevent any potential IPC issues when handing out the extraction tubes to the rest of the people.
3. The preparation area should not be subjected to heavy dust or impurities.

Logistic Items needed for central preparation for mass uses

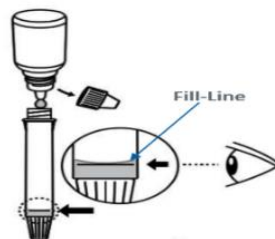
1. The minimum PPE required are Face shield, Surgical Mask, Disposable Gloves.
2. 70% alcohol wipes and hand rub.

Disposable containers to pack ART kit items (if applicable).

vi. What You Need to Prepare Before using Abbott Panbio ART kits (ESSS)

Important To Note

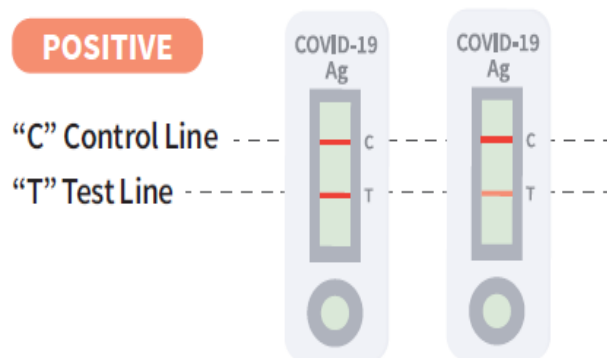
1. Always ensure all the kits are within the expiry periods.
2. **The Buffer fluid in the Buffer Bottle can be reused till the expiry date of the same batch of kits if it is not pre-dispensed into extraction tubes.**
3. Do not mix Buffer fluid from different batches into the same Extraction Tube.
4. The Extraction Tubes stored under refrigeration must be allowed to stabilise at normal room temperature before use. Abbott recommends to use the Extraction Tubes 30 minutes after it has been taken out from the refrigerator.
5. Ensure the amount of Buffer fluid in all the Extraction Tubes are exactly at the “Fill-Line”
6. The Extraction Tube filled with Buffer fluid must be used within 48 hours.
7. The unused Extraction Tube with the Buffer fluid must be stored upright to avoid leakage, and between the temperature of 2 to 30 degree Celsius.



vii. Results Interpretation Using SD Biosensor & Abbott Panbio Test Kits

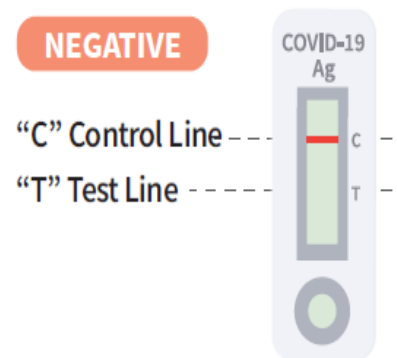
Read the results on the test cartridge.
If you see a line appearing at both the “C” and the “T” position, this indicates a positive test. Please seek medical attention for further evaluation and confirmatory testing.

POSITIVE



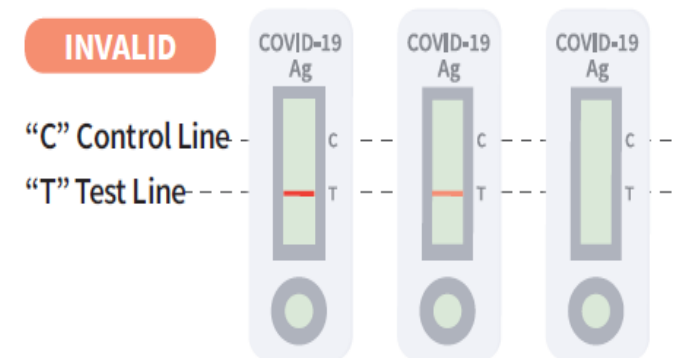
If you see a line appearing at only the “C” position, this indicates a negative test.

NEGATIVE



If you see a line appearing at only the “T” position, the test is invalid. Please repeat the test with a new test kit.

INVALID



Please note that the lines on the test cassette will appear in 15 minutes after you have added the specimen buffer in the test well. **Do not read results after 30 minutes.**

2. Selection of Swab Site

i. The following areas were identified as possible swab sites:

a) **Outdoor spaces / fields / Outdoor Tents**

Outdoor spaces / fields / tents would be preferred swab sites due to the natural ventilation. For outdoor space / fields, there should be tentages and raised platforms set up to cater for wet weather.

b) **Indoor function spaces / canteens**

Although less ideal, sufficiently lighted indoor function spaces/canteens, may be used. However, the doors and windows should be opened to allow as much fresh air ventilation as possible.

Image 1 (Example of an outdoor sheltered space):



Image 2 (Example of an indoor space):



ii. **Fresh air ventilation is recommended** for swab sites to prevent possible concentration of aerosolised substances.

2. Selection of Swab Site

- iii. It is **not ideal to have air-conditioning at swab sites** and hence, air-conditioning should be switched off. If there is no option to switch off air-conditioning (perhaps if centrally controlled), then the following should be observed:
- **Portable HEPA filters³** should also be deployed and positioned in areas used for swabbing. These HEPA filters can reduce/ lower concentrations of infectious aerosols in a single space. Facilities that choose to use HEPA filters should follow the manufacturer's instructions, including the recommended cleaning and maintenance procedures for HEPA filters.
 - Minimally, in the air-conditioned space for swabbing, the ventilation rate minimum requirements should be 160 L/s/patient or 12 Air Changes per hour.
 - You may also refer to the guidance jointly issued by MOH, NEA, BCA and LTA for more information on good hygiene and improved ventilation to further reduce the risk of COVID-19 transmission.

Download Updated Guidance Note on Improving Ventilation and Indoor Air Quality in Buildings Amid the Covid-19 Situation

<https://go.gov.sg/bca-guidance-note-ventilation>

Published on: 25 May 2021

³Refer to: <https://www.who.int/publications/i/item/9789240021280>

3. Infection Control

3a. Infection Control (Layout)

- i. Ideally, the registration station should be outside the swabbing zone (i.e. at least 8m away) and well-ventilated. Contactless registration process (i.e. no-touch technique) and SMMs should be observed.
- ii. Within the swabbing zone, each swab station must be placed at least 2m apart.
- iii. There should be a uni-directional flow of individuals through the swab site i.e. from registration to swabbing to exit of swabbing area.

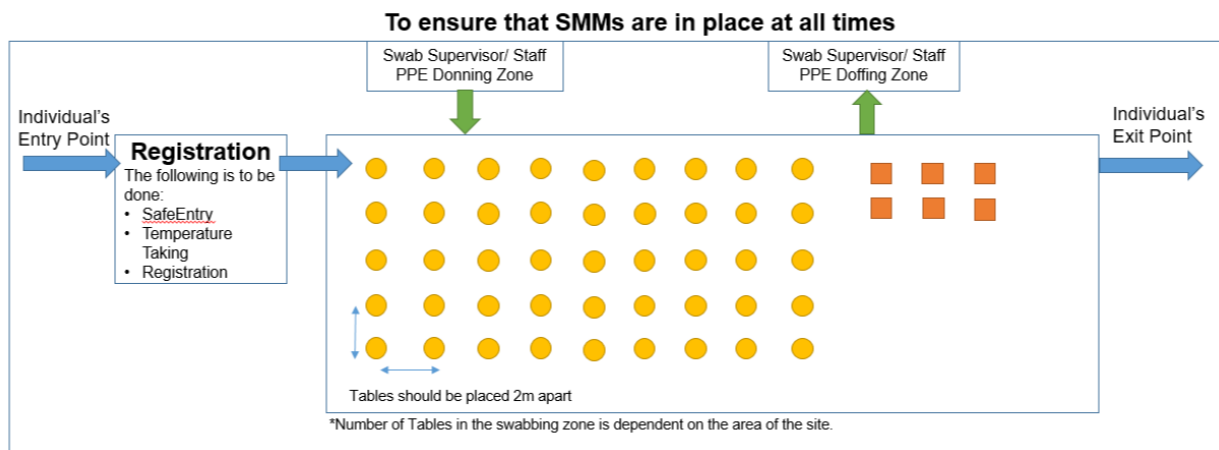
Layout 1 (Example of an ART Site Layout without Holding Area):



Layout 2 (Example of an ART Site Layout without Holding Area):



Layout 3 (Example of an ART Site Layout using Swab Station as Holding Area):



- Swab stations (should comprise minimally of a plastic table – plastic for ease of wipe down and two pedal lid bins, one for biohazard waste and one for general waste. You may also choose to provide both tables and chairs or voting booth- like set-up for each swab station. From the infection control perspective, the lesser furniture / items there are at the site, the better, as there will be lesser items to wipe down.)
- Central disposal and decontamination stations (To be used if unable to dispose the waste at swab station).

3b. Infection Control (Cleaning)

- i. There must be **cleaning of each swab station after each individual leaves each swab station**. The cleaning should ideally be done by dedicated cleaners. If unable to hire dedicated cleaners, the individual should wipe down the swab station before and after swabbing. The supervisor / swabber overseeing the site should also ensure that the cleaning of each station is done properly, be it by dedicated cleaners or by the individuals.
- ii. On the other areas in the swab site, there must be **regular cleaning**⁴ (i.e. high touch areas, floor etc.), at least once a day using NEA approved disinfectants after the operation. The flooring at swabbing zone (e.g. open-air canteens, outdoor tentages, carparks) should have a smooth surface (e.g. linoleum, vinyl finish, concrete, hard flooring) to facilitate ease of cleaning, such as mopping. The use of carpeted areas is strongly discouraged as it is difficult to clean and would have to be wet-vacuumed / deep cleaned / removed and discarded after the end of the operations. If not possible, carpeted areas must be covered with a smooth finish surface. Terminal cleaning of the swab site should be performed at the end of the day.
- iii. Items at the swabbing zone should be kept to a minimal to reduce the need for cleaning.

⁴Refer to: <https://www.nea.gov.sg/our-services/public-cleanliness/environmental-cleaning-guidelines/guidelines/guidelines-for-environmental-cleaning-and-disinfection>

3c. Infection Control (PPE Posture)

i. PPE posture for staff manning the **swab areas** are as follows:

- Supervisors must be in full PPE (N95, face shield, gown and glove) due to risks of aerosolisation **if they are unable to maintain 3m distance (at all times)** from individuals being swabbed for any reasons such as:
 - i. Lack of confidence that an individual can conduct a proper self-swab without close supervision (e.g. language barrier, observed incorrect swabbing technique even with verbal instructions)
 - ii. Need to conduct **administered** ART swab instead to speed up the swab operations
- If supervisors are able to keep a 3m distance (at all times) from individuals conducting self-swab, a reduced PPE posture of donning face shield and surgical 3-ply face mask is possible.
- Supervisors must be in full PPE if they are handling/processing test samples
- Cleaners in the swabbing site should don on **full PPE (i.e. N95 mask, gloves, eye protection and splash resistant gown)**. They should be mask-fitted and be trained in proper donning and doffing techniques. If the staff is in an incorrect PPE posture, he/she might be subjected to Public Health Actions in the event that a C+ is identified.
- Registration or Check-out Areas: On the basis of well-ventilated environment, contactless registration process (no-touch technique), SMMs observed and registration/check-out counters sited 8m away from swabbing or test sampling zones, staff may be in **surgical**

mask, eye protection and gloves. In the event that contactless registration is not possible, sanitizer and gloves must be made available for frequent hand hygiene.

- Minimal personal items should be brought to the swabbing zone / registration area. If needed, remove PPE, perform proper hand hygiene, and leave the area before use of personal items. If handphones are needed to be used in swabbing zone / registration area, they should be placed into Ziplock bags and wiped down with disinfectant before removal of handphones.

3d. Infection Control (Biohazard Disposal)

- i. Items generated from swab collection should be **discarded as biohazardous waste**⁵. Biohazardous waste is to be collected by a licensed biohazardous waste disposal contractor in accordance to the licensed biohazardous waste disposal contractor's SOP. If unable to dispose as biohazardous waste, they may be disposed as general waste, subject to the following:
- The biohazardous items must be disposed of in closed bins (e.g. pedal bins); **and**
 - The waste must then be double-bagged and cable-tied before placing them at the disposal holding area (which must be located away from human traffic and public access) to prevent any unintended exposure and cross contamination; **and**
 - It should be checked that the general waste in that area will be sent for incineration. NEA has advised that most solid waste will be incinerated. Only non-incinerable general waste is sent to the landfill, e.g. liquid waste.

Image 3 (Example of a biohazard bag/bin disposal method):



Image 4 (Example of a double-bagged disposal method):



⁵Refer to: <https://www.nea.gov.sg/our-services/pollution-control/hazardous-waste/toxic-waste-control> for control of biohazardous waste

4. Infection Prevention & Control (IPC) Checklist for Supervised Self-Swab ART

i. Infection Prevention & Control (IPC) Guidelines for Supervisors to Note

- Preferably to conduct self-swabs in an outdoor setting, or indoor with ample ventilation (open windows/doors and fans). It is not ideal to have air-conditioning at swab location and hence, air-conditioning to be switched off (where possible). (Note: for enclosed room with aircon, hepa filter/window exhaust must be installed with minimum of 6 air exchange per hour (ACH) in accordance with BCA NEA Guidelines.
- There should be minimal items at the swab stations.
- Test kits must be disposed of in closed bins, e.g. pedal bins) **and** waste must be then be double-bagged and cable-tied before placing them at the disposal holding area (which must be located away from human traffic and public access to prevent unintended exposure and cross contamination).
- At the end of the day, environmental cleaning must be performed using NEA approved disinfectant.
- Spills must be managed according to MOH guidelines.
- Staff must perform strict hand hygiene (before touching client, before procedure, after touching client, after touching any body fluids/blood, after touching the environment/surroundings).

- Wash your hands with soap and water (via the 7 simple steps)* or rub hands with hand sanitizer for at least 20 to 30 seconds



* <https://www.who.int/publications/i/item/9789240021280>

ii. IPC Guidelines: Site Layout

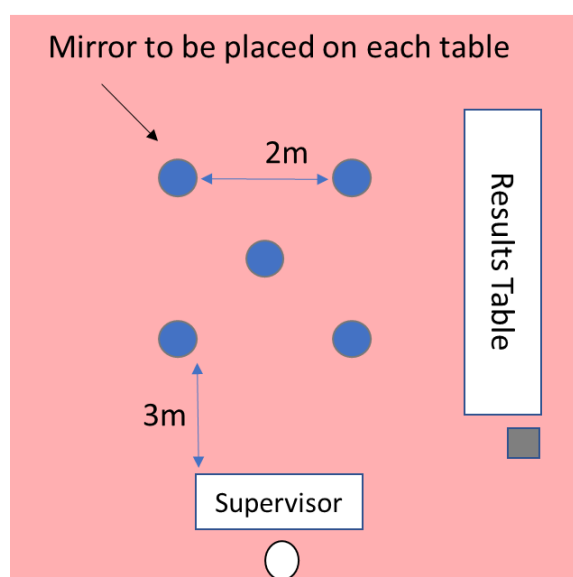
- Cleaning and disinfection should be performed using products listed in NEA's "List of Household The swab area should be well ventilated, preferably outdoor.
- Have non-absorbent flooring, walls and furniture for ease of cleaning. Avoid carpeted and cloth covered furniture.
- To prevent cross infection when mask-off during the self swab, it is recommended to have at least 2m separation between worker's undergoing swab
- Supervisor must be at least 3m from the employees conducting the self-swab




- All non-essential personnel should not be inside the testing area when there are employees undergoing self-swab operations.
- If the ART tests are read at a central testing area, the test devices will need to be labelled clearly to avoid mix-up. The central testing area must be wiped down after each batch of tests are read.

Recommend 1 Supervisor: 5 clients (per cycle).

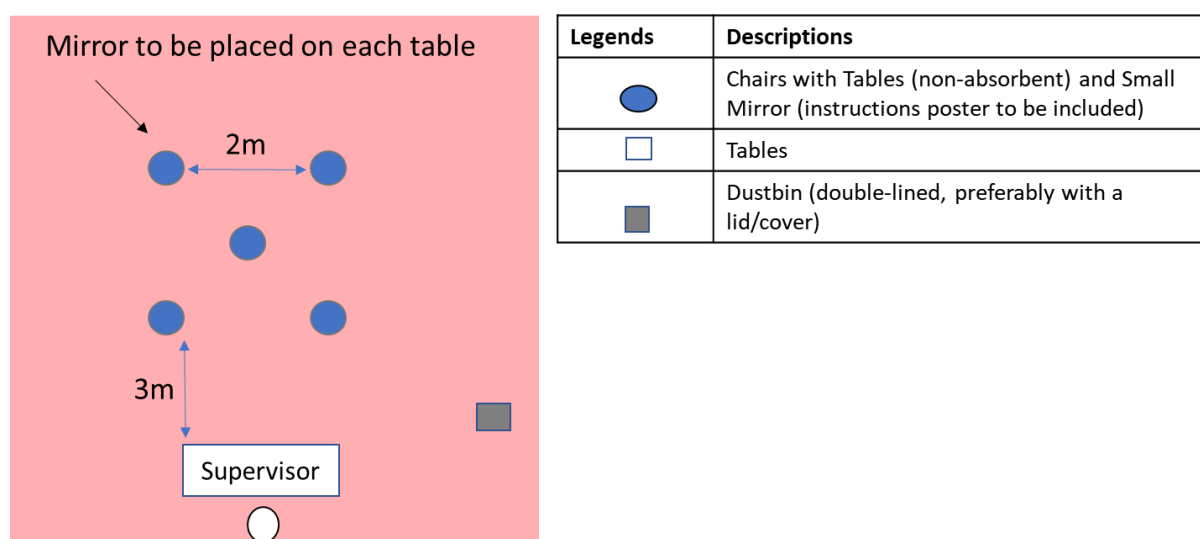
New companies can consider 1 Supervisor: 2 clients (per cycle) before scaling up.

Layout 1 (Example of Swab and Go):



Legends	Descriptions
	Chairs with Tables (non-absorbent) and Small Mirror (instructions poster to be included)
	Tables
	Dustbin (double-lined, preferably with a lid/cover)

Layout 2 (Example of Swab and Hold for Results):



iii. IPC Guidelines: Cleaning & Disinfecting

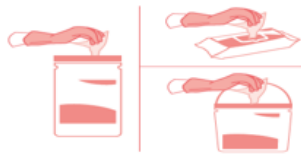
- Cleaning and disinfection should be performed using products listed in NEA's "List of Household Products and Active Ingredients for Surface Disinfection of the COVID-19 Virus" or 70% alcohol wipes ("recommended cleaning products").
- A "No Touch" process (ie. staff not in physical contact with any part or document that of the other staff has handled) should be observed as a primary mode of operations. If this is not possible, then proper hand sanitization and cleaning of area with the recommended cleaning products should be performed before attending to the next client.
- Items at the swabbing zone should be kept to a minimal to reduce the need for cleaning.
- To mitigate fomite transmission and reduce burden on cleaning team, objects within the test site should be minimized as much as possible.
- Chairs at waiting area is low touch area therefore cleaning can be done at end of ops or whenever it is dirty or soiled.
- At the end of ops, wipe down all the items (both used and not used) (e.g. equipment) before packing them into the storage boxes. After which wipe down the storage boxes as well.

- The supervisor overseeing the site should also ensure that the cleaning of each station is done properly. The table top mirror need only be wiped down with alcohol wipe if the employees have touched it doing the testing.
- The Test Station must be sanitized by using the recommended cleaning product after use by each client. This include the equipment, table surface and chair (where applicable, depending on equipment design).
- Staff that is directly assisting the employees in the procedures must perform Hand Hygiene regime after attending to each and every employee and abide with the 5 Moments of hand hygiene.
- To remind employees to perform hand hygiene before leaving Test area
- Cleaning (tables, chairs, floor, equipment etc) shall be done at end of ops using NEA approved disinfectant products
- Deep cleaning* (i.e. high touch areas, floor etc.), using NEA approved disinfectants should be carried out every fortnightly.
- The flooring at swabbing zone (e.g. open air canteens, outdoor tentages, carparks) should have a smooth surface (e.g. linoleum, vinyl finish, concrete, hard flooring) to facilitate ease of cleaning, such as mopping.
- All reusable items (e.g. face shields) shall be properly decontaminated, labelled before storing/reusing.

iv. IPC Guidelines: Cleaning & Disinfecting High Touch Surfaces

- Supervisors (or client) should wipe down the swab station after an individual has completed self-swab. The supervisor should also ensure that the wipe down of each station is done properly (“S-Shape Technique”).
- If company uses mirror (mounted or tabletop), it is not necessary to wipe down after every client if the worker does not touch the mirror.

- The swab area should be properly wiped down after each day's testing operations. This includes furniture/queue poles/physical barriers/partitions.
- Supervisor to change gloves when it is dirty or torn and do handrub if supervisor touches the worker, their belongings, environment (e.g. tables/chairs etc), test consumables.
- The flooring at swabbing zone should have a smooth surface, e.g. linoleum, vinyl finish, concrete, hard flooring) to facilitate ease of cleaning, such as mopping. The use of carpeted areas and fabric chairs are strongly discouraged as it is difficult to clean and would have to be wet-vacuumed/deep cleaned/removed and discarded after the end of the operations. If not possible, carpeted areas must be covered with a smooth finish surface (e.g. canvas plastic lining).

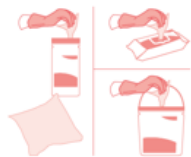


STEP 1: PREPARATION

Take enough fresh wipes for cleaning swab station surfaces

STEP 2: S-SHAPE TECHNIQUE

- Wipe the surface in an S-Shape moving from clean to dirty
- Use the wipe flat and not scrunched
- Do not go over the same area twice with the same wipe



STEP 3: FRESH WIPES

Use a fresh wipe if your wipe becomes soiled or dry

STEP 4: DISCARD

Discard used wipes in the waste bin (do not flush)



STEP 5: LET DRY

Allow the surface to dry before use

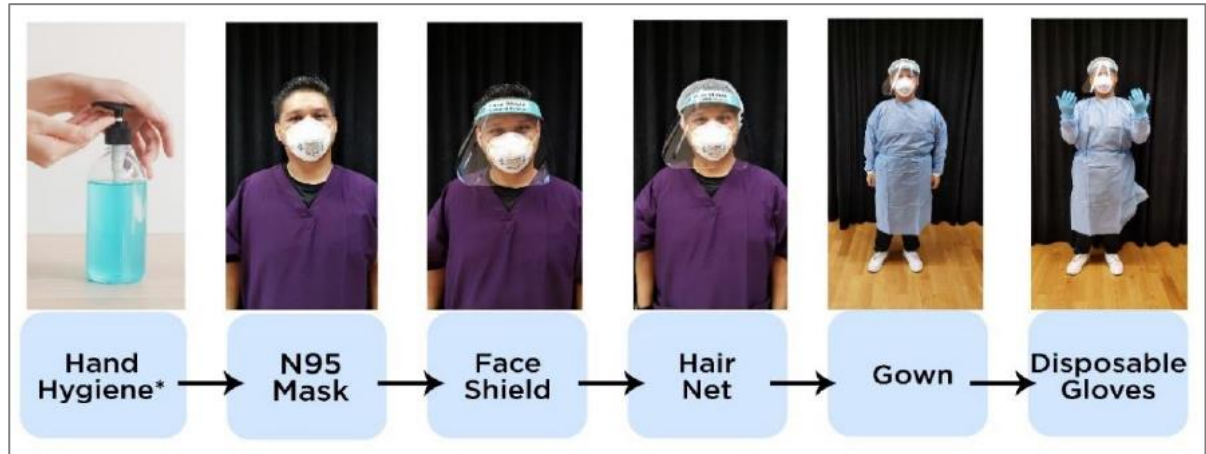
Source: Medipal Alcohol Wipes Factsheet

[Advisory on Surface Cleaning and Disinfection for COVID-19](#)

[List of Household Products and Active Ingredients for Surface Disinfection of the COVID-19 Virus](#)

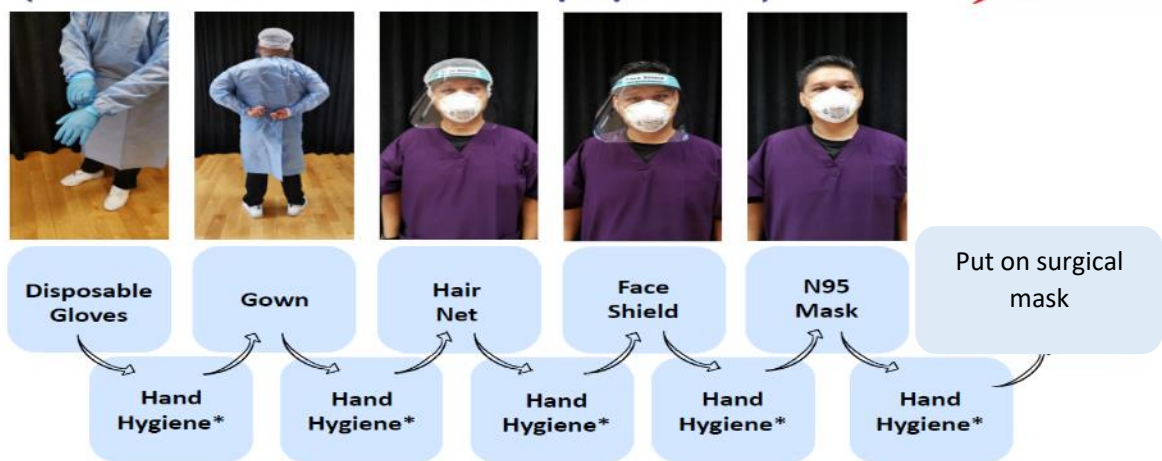
v. IPC Guidelines: For Donning and Doffing of PPE when required

How to put on PPE



How to take off PPE

**How to Take Off PPE
(Personal Protective Equipment)**



* Perform hand hygiene with hand sanitiser after each step for 20-30 seconds.

vi. IPC Guidelines: Waste Disposal

- If PPE and used kits are not visibly/ heavily soiled, they may be disposed as general waste.
- Items must be disposed of in closed bins (e.g. pedal bins).

- The waste must be then be double-bagged in black trash bags and cable-tied before placing them at the disposal holding area (which must be located away from human traffic and public access) to prevent any unintended exposure and cross contamination.
- Items visibly soiled (i.e. blood or vomitus) should be discarded as biohazardous waste. Upon confirming these are to be treated as Biohazard Waste, staff is to inform the necessary agency to arrange for collection and disposal of the Biohazard Waste.
- Biohazardous waste is to be collected by a licensed biohazardous waste disposal contractor, in accordance to the licensed biohazardous waste disposal contractor's Standard Operating Procedures.
- Waste bin should not touch the result table.
- All wastes (e.g. PPE, tissues) generated on sites are to be treated as general waste. These are to be double bagged in BLACK TRASH BAGS and each bag to be cable tied. Venue POC will dispose them like any other general waste.
- Only PPE that are heavily soiled and badly contaminated are to be treated as biohazard waste and bagged in YELLOW Biohazard Bag and cable tied.
- For Biohazard (BH) Waste, supervisor to inform their company's Facility Manager or HR to arrange for collection and disposal of the Biohazard Waste.
- Supervisors managing the BH waste disposal must wear PPE comprising of N95 masks, gloves, standard gown and eye protection (face-shield/goggles). PPE gown to be disposed as non bio-hazard waste if there is no visible contamination with any person's bodily fluid.
- Treatment of waste must be treated seriously at all times.

5. Role of Swab Supervisor

i. Requirements


- All supervisors must be fully vaccinated, for all face-to-face, or on-site supervisions. For virtual supervision, this is not mandatory as there is no exposure risk to the Supervisors.
- For all face-to-face, or on-site supervisions, the area selected should be well-ventilated and there must be at least 3m separation for the Supervisors to be away from employees conducting the self-swab, the minimum mandatory PPE for the supervisors are surgical 3-ply mask and face shield/ goggles.
- If supervision cannot be carried out in a well-ventilated area with 3m distancing from employee conducting self-swab or when there is a need for the supervisor to be in close contact to assist the employee, it is mandatory that N-95 mask (properly fitted), gown, gloves of proper size, face shield/goggles, and hair net (for individual with long hair) are worn by the Supervisors.

ii. Roles and Responsibilities

- Before commencing the swab process, supervisor need to ensure that workers:
 - Do not have any ARI symptoms
 - Do not have any nosebleed (past 24hrs), facial surgery (last 8 weeks), nasal surgery (last 4 weeks)
- The supervisor should ensure Infection Prevention & Control (IPC) measures are observed.
- The supervisor should also ensure that self-swabbing and testing is done properly, e.g. through observation of the individuals performing the self-swab and testing.

- The supervisor should ensure Safe Management Measures (SMMs) are observed at all times.
- Attendance-taking and collection and documentation of results





6. Proposed Operational Workflow for ART

Workflow (1/3): Before Ops Commence	
i.	Prior to arrival at the swab site, SafeEntry and temperature taking should be done. Individuals with acute respiratory infection should be denied entry and asked to see a doctor immediately.
ii.	Each individual is to be registered upon entry. Please ensure that Safe Management Measures (SMMs) are in place during the registration process.
iii.	The individual will be directed to one of the swab stations*. <i>*Reference to Layout 3 on page 8 (indicated by yellow circles)</i>
iv.	<p>The following items should be pre-placed at each swab station:</p> <ul style="list-style-type: none"> • A small standing mirror (for individuals to administer self-swabs); • A box of 70% alcohol wipes for wipe down of the mirror and the environment before and after swabbing; • A bottle of hand sanitizer; and • A Ziplock bag containing 1 swab stick, 1 reaction tube and 1 test device required for ART. The Ziplock bag with test kits could also be handed to the individual at registration. <p>Image 5 (Example of a swab station with pre-placed items):</p> 

6. Proposed Operational Workflow for ART

Workflow (1/3) Cont'd: Before Ops Commence	
v.	Instruction cards / infographics can be displayed at the front of swab site at line of sight to the individuals.
vi.	There should be clocks placed around the test site for the individuals to track the time for the ART to complete.

6. Proposed Operational Workflow for ART

Workflow (2/3): Activities at the swab stations		
i.	Individuals to perform hand hygiene before commencing swabbing.	
ii.	Individuals to carry out self-swab. After the testing has been done, the swab stick, reaction tube and the test device may then be placed into the Ziplock bag and the Ziplock bag sealed. The test device should be laid flat and the results may be read in 15- 20 mins. Please refer to the manufacturer's instructions on the exact steps to conduct the test (test kit dependent) .	 
iii.	Bins (double bagged) should preferably be located at each swab station. If not possible, a centralised area for disposal and decontamination may be set up.	
iv.	Dispose the Ziplock bag that contains the swab stick, the reaction tube, into the biohazard bin (<i>refer to Section 3d on options for disposal for biohazard materials</i>) at each swab station. Individuals are to wipe down the swab station (including the table and the mirror) with the 70% alcohol wipes and perform hand hygiene before leaving the swab station. Infographics on how to perform proper hand hygiene may be laid out. The remaining items i.e. used alcohol wipes may be discarded as general waste.	
v.	Individual exits the swabbing zone.	
vi.	Follow-up actions for Ag+ individuals should be taken accordingly (<i>see Section 10 – Workflow for Ag-/Ag+/Re-tested Ag Invalid</i>).	

6. Proposed Operational Workflow for ART

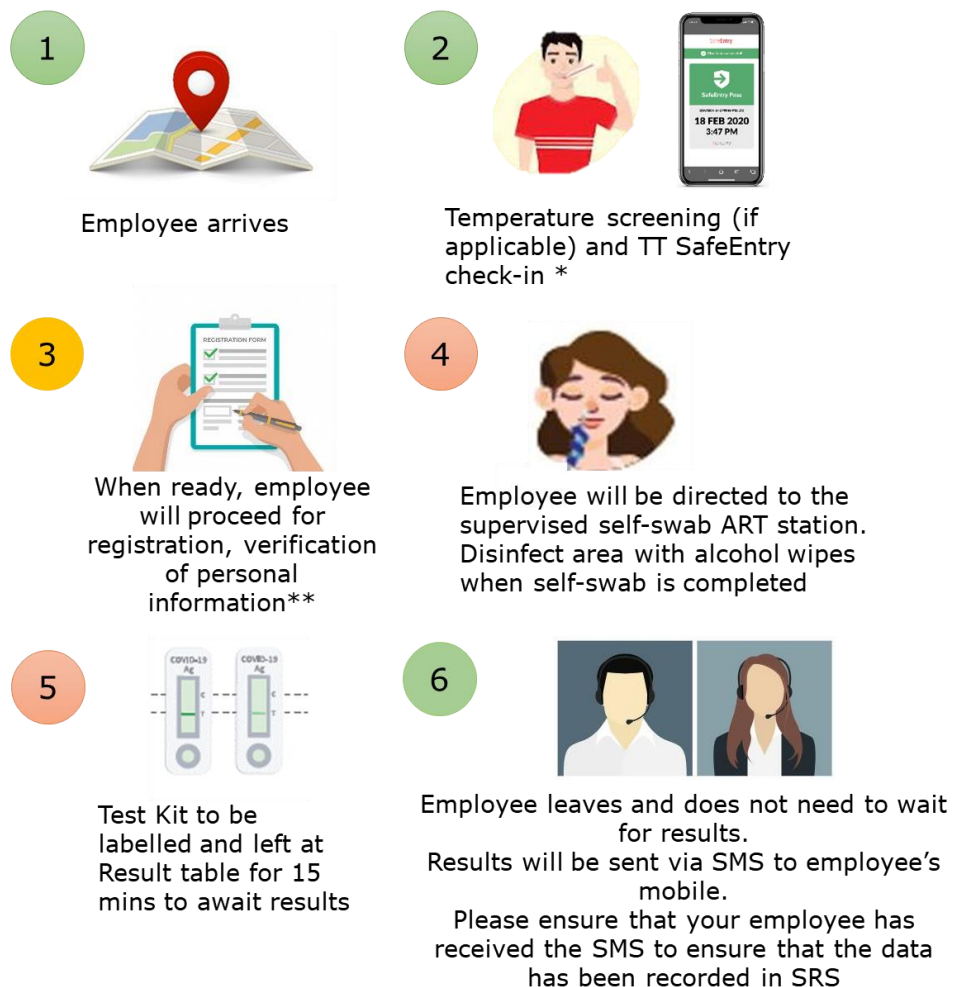
Workflow (3/3)	
i.	Preferably, the end-to-end processes for ART should be conducted at one station instead of having the individual move from one station to another. This will prevent cross contamination and less areas required to be cleaned.
ii.	However, <u>if the ART tests are read at a central testing area</u> that is separate from the swabbing area, the <u>test devices will need to be labelled clearly</u> to avoid mix-up. The central testing area must be wiped down after each batch of tests are read.
iii.	Hand Hygiene is an important step to minimise cross-infection. Hence, with each step done, proper hand hygiene must be performed.
iv.	If holding areas are used, the furniture in the holding areas must be wiped down at once a day. Individuals in the holding area must not remove their masks at any point in time.

i. Operational Workflow for ESSS for on-site ART Test

- Temperature taking for employees (under ESSS) at company premises is not required. If client has ARI-symptoms, on-ground staff to direct worker to nearest SASH-PHPC for ART-PCR swab test (as per workflow for ARI-patients).
- If client has contraindications, employers can seek exemption requests (See Exemption from FET-RRT section)
- Workers who are unvaccinated and medically ineligible would be required to show proof via doctor memo, for FOC test at QTC

Note: ESSS can also be conducted virtually.

ESSS for On-Site Test (10-15 mins)



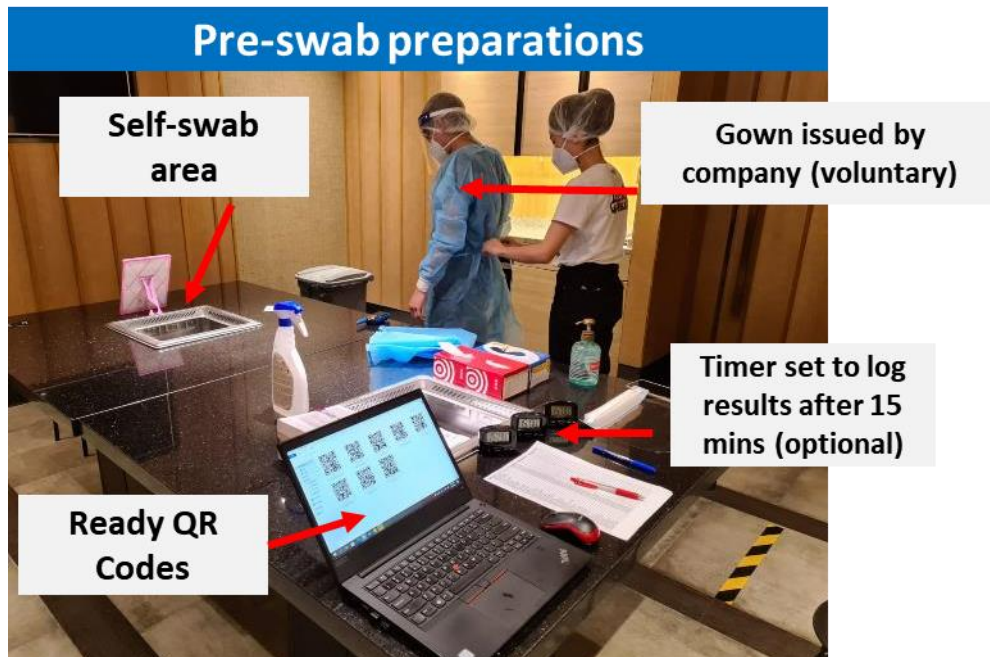
● Green Zone ● Yellow Zone ● Red Zone

ii. Good Practices for ESSS

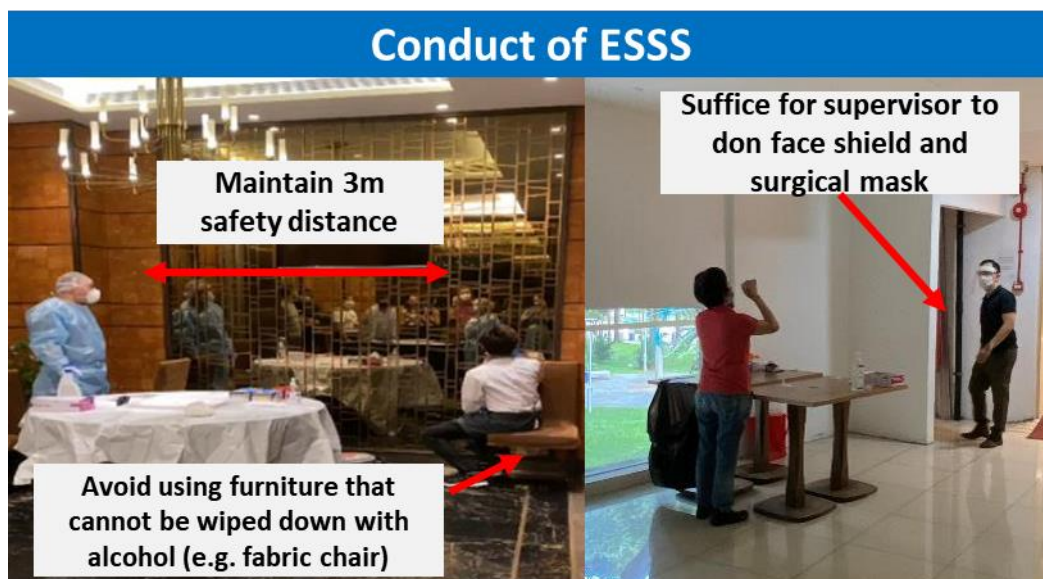
a) Site Set-up

- Keep self-swab area clutter-free. To minimally have nearby:
 - FET kit (for self-swab)
 - Hand sanitizer (for before/after self-swab)
 - Alcohol wipes (for area wipe-down)
 - Pedal bin (to discard test kit and wipes)
 - Mirror is optional
- Employer/ employees to have ready individual specific QR code (generated via COVID-19 Self Testing Portal) either screenshot or saved on employer/ employees mobile device (e.g. hp, tablet, laptop)
- Choose a quiet area for supervisors to easily provide instructions to self-swabbing employee while maintaining 3m safety distance.
- If test site is located at a public area (e.g. outside a food court), to cordon off the area to prohibit public access.
- Employer to share videos/ materials on how to conduct self-swab with employee before day of swab.
- Supervisors can do a demonstration beforehand (without removing surgical mask) to alleviate employees concern on pain or self-swabbing wrongly.

b) Pre-swab preparations



c) Conduct of ESSS

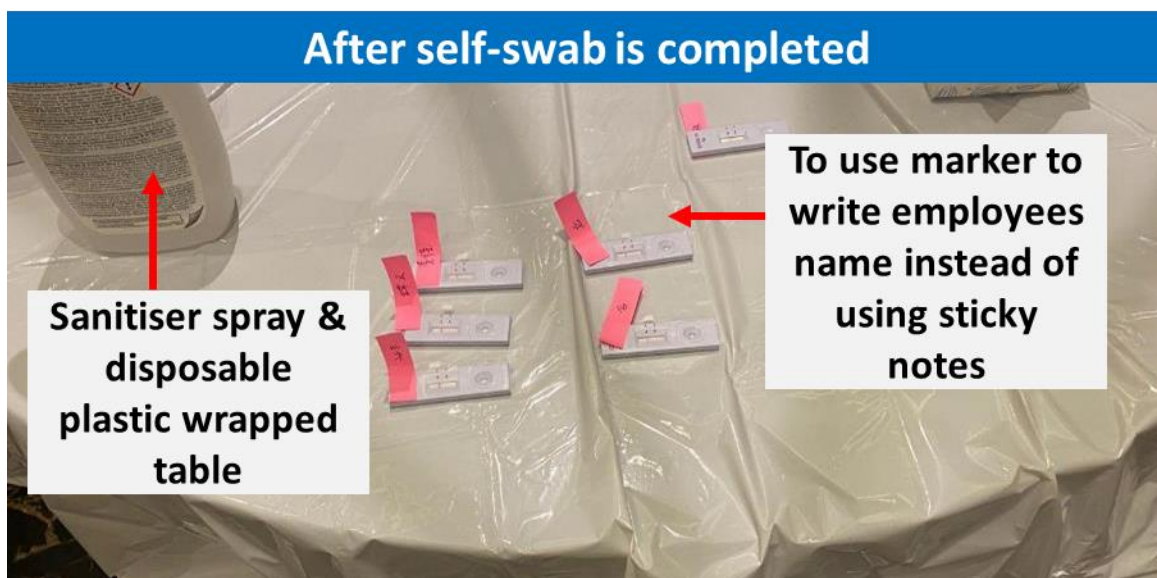


d) Awaiting test results/ loading of test results

- To wait at least 15 minutes for results to appear on the test kit before submitting/uploading on SRS.
- Use white label stickers or permanent markers to indicate employees' initials to avoid mixing up test kits while waiting for results.

- Supervisors to ensure employees are contactable if they adopt the “swab and go back to work” model, instead of “swab and wait for results before going back to work” model.
- Check to ensure employees receive an SMS indicating their test results (only applicable for local mobile number).

e) After self-swab is completed



f) Other good on-ground best practices

- ✓ Conduct FET during off-peak timing.
- ✓ Put up posters on self-swab instructions at the test site to help employees familiarise themselves with the steps.
- ✓ If there is a mirror, the mirror can be cleaned at the end each day instead after each swab.

The following alternative approaches may be considered if employers face difficulties in conducting ART on-site supervision:

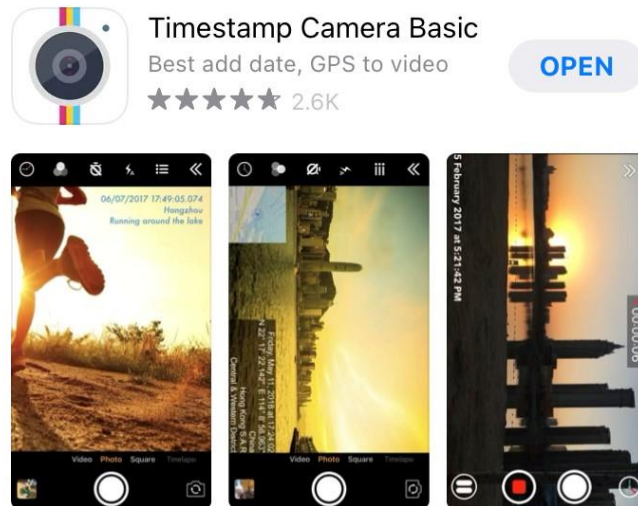
(a) Virtual-Live Supervision:

- ✓ Supervise the ART swabbing process real-time through virtual platforms, where employees perform self-swab and annotate details (name & timestamp) on the test kit.
- ✓ Employees can exit the virtual platform after the self-swab and submit a photo of the test kit result to supervisors thereafter.
- ✓ Recommended supervisor-worker ratio is 1 : 5, but can be up to 1:10 on virtual platforms.

(b) Post-Swab Video Supervision:

- ✓ Employees to take a video of themselves self-swabbing and submit the video alongside a photo of the ART test kit results. Both video and photo should have a timestamp.

Showing Timestamp for Video	Showing Timestamp for Photo
<ul style="list-style-type: none"> • Use TimeStamp Camera App* (available in App Store and Google Play) • Perform self-swab after showing date and time from a phone / watch to the camera. • Perform self-swab in a room with a visible digital clock / watch with date shown. 	<ul style="list-style-type: none"> • Use TimeStamp Camera App* (available in App Store and Google Play) • Put another phone/watch with date shown next to test kit



Screenshot of Timestamp Camera App available on App Store

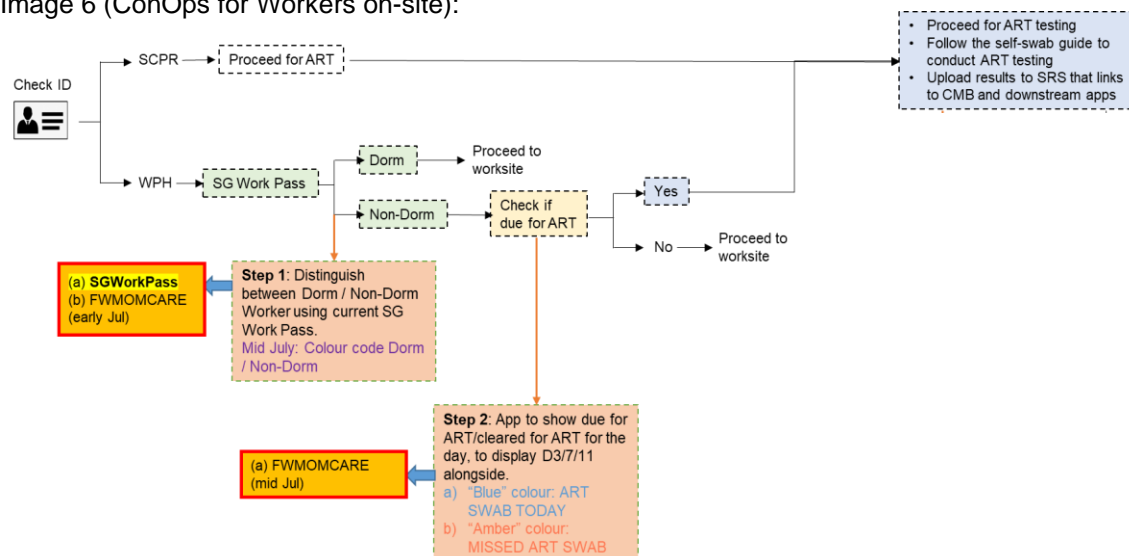


Sample of Photo taken using Timestamp Camera App (note: test kit shown here is only meant for display, and has not been used)

- ✓ Employers should conduct 100% checks on the videos.
- ✓ All video records shall be retained for one month.

7. Identification of Workers On-site

Image 6 (ConOps for Workers on-site):



To distinguish between Dormitory and Non-Dormitory Workers	a) SGWorkPass b) FWMOMCare
To identify workers that need to undergo ART Self-Test	For personnel who are working daily on-site: <ul style="list-style-type: none"> Daily nominal roll (NR) of personnel who needs to undergo ART should be prepared in advance
	For Migrant Worker (MW) visitors: <ul style="list-style-type: none"> Through SGWorkPass (Access Code) - Showing the last RRT swab & ART results⁷
	For Singapore Citizen/Permanent Resident (SC/PR) visitors: <ul style="list-style-type: none"> Through HealthHub / Manual search – Showing the last RRT swab & ART results⁷
	Good practice for worksite to have separate queue for those who do not need to take the ART on the day for them to enter to worksite efficiently.

⁷Pending further IT developments (Timeline TBC)

8. ART Self-Test Regime

The FET regime and the mandatory requirements are imposed on firms under the COVID-19 (Temporary Measures) (Control Order) Regulations 2020. Failure to comply with the requirements may result in prosecution and/or other enforcement action, including suspension/closure of operations.

Who to Test:

All personnel, both vaccinated and non-vaccinated, approved to work in construction sites/ supply premises and Construction WPHs are required to comply with FET RRT.

With effect from 17 January 2022, COVID-19 recovered workers who are fully vaccinated before 15 January 2022¹, will be exempted from Rostered Routine Testing (RRT) until further notice. The changes apply to the following groups:

- a. Are workers residing in the dormitories;
- b. Are personnel working in the Construction, Marine and Process (CMP) sectors except for border facing workers² (regardless of vaccination status) who are put on 3-Day Fast and Easy Testing Rostered Routine Testing (FET RRT) cycle; and
- c. Are frontline workers working in the dormitories and recreation centres.

Note 1: This includes persons who:

- a) recovered from a COVID-19 infection and subsequently receive at least one dose of COVID-19 vaccine (two doses if Sinovac or Sinopharm) that has been authorised under the Health Sciences Authority's Pandemic Special Access Route or listed on the World Health Organisation's Emergency Use Listing (WHO EUL) no earlier than 3 months after date of positive PCR; or
- b) are fully vaccinated before being infected with COVID-19 and subsequently recovering from it. Persons who received one dose of

COVID-19 vaccine before being infected would need to receive their 2nd dose (3rd dose if Sinovac or Sinopharm) to be exempted.

Note 2: Border facing workers includes Shore Based Personnel engaging in contact operations with foreign crew/travellers not based in Singapore under EDB Managed Marine Shipyards and Process Terminal.

Frequency of Testing:

Testing Regime

Worker groups		FET-RRT Requirement (From 17 Jan 2022 onwards)
Fully vaccinated	<ul style="list-style-type: none"> No prior COVID-19 infection 	<ul style="list-style-type: none"> Need to undergo RRT: Employer-supervised ART every 7 days except for border facing workers, employer-supervised ART every 3 days (i.e twice a week)
	<ul style="list-style-type: none"> Recovered workers <i>(Fully vaccinated before 15 January 2022)</i> 	<ul style="list-style-type: none"> Exempted from RRT
Unvaccinated	<ul style="list-style-type: none"> No prior COVID-19 infection 	<ul style="list-style-type: none"> Dormitory workers need to undergo RRT: Employer-supervised ART every 3 days due to risk of infection in dormitories. However, all unvaccinated workers are not allowed to enter workplaces.

	<ul style="list-style-type: none">Recovered workers	<u>Within 180 days from date of COVID-19 infection</u> <ul style="list-style-type: none">Need to undergo RRT: Employer-supervised ART every 3 days
		<u>More than 180 days from date of COVID-19 infection</u> <ul style="list-style-type: none">Dormitory workers need to undergo RRT: Employer-supervised ART every 3 days due to risk of infection in dormitories. However, all unvaccinated workers are not allowed to enter workplaces.
Medically Ineligible for COVID-19 Vaccines		<ul style="list-style-type: none">Need to undergo RRT: Employer-supervised ART every 7 days (once a week), except dorm residing workers and border facing workers every 3 days (twice a week)

- (a) If your employee is a SC/PR and is no longer working with you or working exclusively in back-end or office/HQ based functions and do not need to enter the construction sites/supply premises, please remove their details from the Nominal Roll in the SRS.
- (b) For Construction WPHs working in company office premises/working from home and living in non-dormitories,

please make a declaration at <https://go.gov.sg/swab-declaration>.

- (c) For non-construction WPHs who are no longer required to work in construction sites/supply premises, the Main Contractors or Supply Work Owners are required to remove the non-construction WPHs from their Restart Application. To do so, the main contractor should update BCA via <https://go.gov.sg/bca-construction-supply>. When updating:
- i. Choose “Modification of Previously Approved Application”
 - ii. Quote the previously approved FormSG Application number
 - iii. Resubmit all documents, including the list of the previously approved workers, as the resubmission will supersede the earlier approval.
 - iv. If your employee did not attend ART due to hospitalisation leave, medical leave, overseas or any other reasons, please submit the reasons with supporting documents at <https://go.gov.sg/bcaart>.

9. Uploading of ART Self-Test Results & Attendance

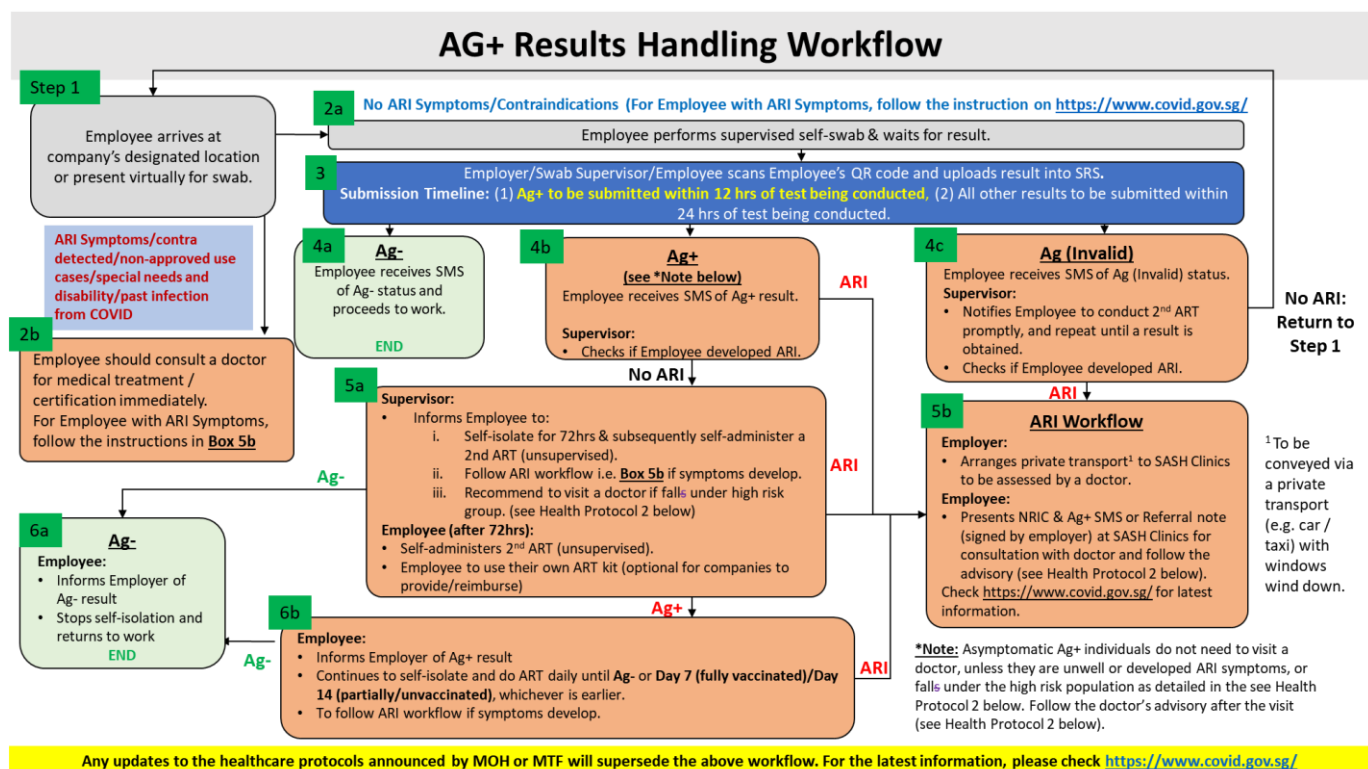
Please refer to <https://go.gov.sg/bca-uploading-art-results> for more information.

10. ART Results Handling Workflow

In accordance with MOH's guidelines, ART-positive encouraged to self-isolate for at least 72 hours and should visit a Swab and Send Home (SASH) clinic to be assessed if they have Acute Respiratory Infection (ARI) symptoms or developed ARI symptoms during isolation.

Submission Timeline:

- (1) Ag+ to be submitted within 12 hrs of test being conducted,
- (2) All other results to be submitted within 24 hrs of test being conducted.



- i. **Swab supervisor** should immediately:
 - Checks if employee developed Acute Respiratory Infection (ARI) symptoms. If there are ARI symptoms, please follow the ARI workflow in 10a.
 - If there are no ARI symptoms, please inform Employee to:

- a) Self-isolate for 72hrs & subsequently self-administer a 2nd ART.
- b) Follow ARI workflow in 10a if symptoms develop subsequently.
- c) Recommend to visit a doctor if falls under high-risk group (see Health Protocol 2 below).

ii. **Employee (after 72hrs):**

- Employee to perform 2nd ART self-swab. He could use his own ART kit (optional for companies to provide/reimburse)

<i>If 2nd ART test result is negative</i>	<i>If 2nd ART test result is positive/ invalid</i>
<ul style="list-style-type: none"> • Informs Employer of Ag- result • Stops self-isolation and returns to work 	<ul style="list-style-type: none"> • Informs Employer of Ag+ result • Continues to self-isolate and do ART daily until Ag- or until 12pm on Day 7 (fully vaccinated)/ Day 14 (partially/ unvaccinated, whichever is earlier. • To follow ARI workflow in 10a if symptoms develop.

Healthcare Protocol 2

Who is eligible?

- Individuals who feel well and have self-tested positive; or
- Assessed by a doctor to be low risk with mild symptoms.

Follow these steps:

- You should self-isolate for **72 hours** at home.

- After 72 hours, perform a **self-administered ART**. Resume normal activity when you get a negative result.
- If you test positive, continue to self-isolate and self-test daily until you obtain a negative result (Ag-) or until 12pm on **Day 7** (for fully vaccinated individuals and children below 12 years old) or **Day 14** (for unvaccinated / partially vaccinated individual individuals aged 12 years old and above), whichever comes earlier.
- Resume your FET RRT regime 7 days from the day you exit from isolation.

We recommend the following individuals who test positive Ag+ to see a doctor even if they are feeling well:

Persons who are:

- aged less than 5 years old;
- fully vaccinated, and aged 70 years and older;
- partially vaccinated or unvaccinated, and aged 50 years and older.

Persons who are/have:

- pregnant;
- on dialysis;
- diagnosed with HIV or AIDS;
- had organ transplant surgery;
- been diagnosed with cancer before;
- any disease or taking medications that weaken the immune system;
- any disease affecting their heart, lungs, kidneys, liver or brain that required hospital admission in the last 6 months.

Persons aged less than 12 years old who have:

- Diabetes Mellitus or Hypertension;

- any congenital condition or growth disorder that affects the heart, lung or brain.

10a. Management of an individual who developed ARI symptoms or Symptomatic (Ag+ results)

- i. Main Con POC/ART Supervisor/Employers should ensure that all individuals with ARI symptoms go for a confirmatory PCR swab.
- ii. Employers issue the (a) referral note for confirmatory PCR swab and (b) memo for such individuals and inform BCA of these cases via go.gov.sg/bca-covid-antigen-testreport on the same day.
- iii. For **SASH PHPCs**, workers/employers **must** call the clinic to make an appointment and confirm that they are able to obtain a confirmatory PCR test during their visit, before heading down to the clinic. The list of SASH PHPCs can be found at <http://phpc.gov.sg>
- iv. The worker should travel via **private transport (car or taxi) with the windows wound down (switch off air conditioning)**. In addition, **worker should wear a surgical mask and sit alone in the back seat (on the other side from driver)**. Seats should be wiped down at the end of the trip.
- v. The following list of private transport service providers are available for booking. Transport cost would be borne by the worker/employer.

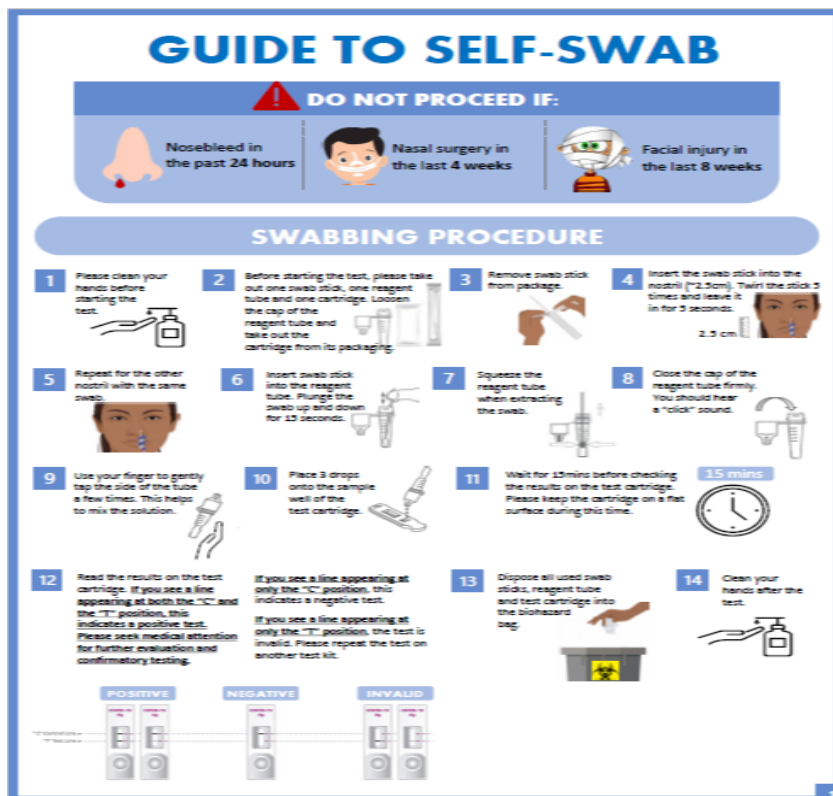
- a) Employers/workers are required to inform the hotline operator that the worker is going to a SASH PHPC for his swab test.
- b) For booking through mobile app, employers/workers **must key “SHN” in the chat/note/comment box or check the SHN checkbox (if provided within the app).**

Table 4 (List of private transport providers for management of an Ag+/Re-tested Ag Invalid Worker)

S/N	Service Provider	Contact Number / Mobile Application	Est Booking Fees on top of metered fare
1	ComfortDelGro Taxi (Comfort & CityCab taxis)	6333 1133 or via ComfortDelGro app	Add Booking Fee \$2.30 to \$4.50
2	Trans-cab	6213 0997	
3	SMRT	6477 5971	
4	Prime	6776 7553	
5	Premier	6681 9462	
6	GrabSHN, Go-Jek, Ryde, MVL(TADA)	via respective providers' app	Flat fare based on app

- vi. Employer will be required to:
 - a) Have sight over the worker's Ag+ results (*it is not necessary for the employer to retain the photos of worker's test kit results and ID*).
 - b) Issue him/her a referral note (signed by employer) – hardcopy or digital copy (Refer to Annex 4).

Annex 1: Instructional Guide to Self-Swab



Self-Swab Instructional Guide (in English)

<https://go.gov.sg/bca-mom-self-swab-guide-eng>

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Tamil)

<https://go.gov.sg/bca-mom-self-swab-guide-tamil>

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Malay)

<https://go.gov.sg/bca-mom-self-swab-guide-malay>

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Chinese)

<https://go.gov.sg/bca-mom-self-swab-guide-chi>

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Bengali)

<https://go.gov.sg/bca-mom-self-swab-guide-bengali>

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Burmese)

<https://go.gov.sg/bca-mom-self-swab-guide-burmese>





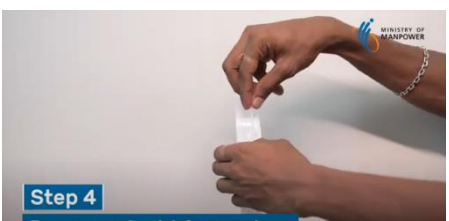

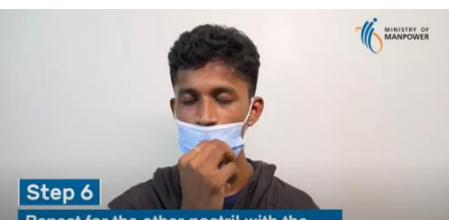

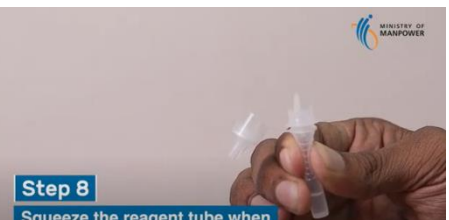

Last updated: 1 June 2021

Self-Swab Instructional Guide (in Thai)

<https://go.gov.sg/bca-mom-self-swab-guide-thai>

Last updated: 1 June 2021

Annex 2: Antigen Rapid Test (ART) Self-Swab Instructional Video for Migrant Workers

 <p>Step-by-Step Guide to Self-Swab for Antigen Rapid Test</p>	 <p>Step 1 Clean your hands</p>
 <p>Step 2 Wipe the surface before starting the test</p>	 <p>Step 3 Take out the devices to start the test</p>
 <p>Step 4 Remove swab stick from package</p>	 <p>Step 5 Insert the swab stick into the nostril (~2 to 2.5cm) and twirl the stick 5 times</p>
 <p>Step 6 Repeat for the other nostril with the same swab stick</p>	 <p>Step 7 After the swab, immediately insert the swab stick into the tube.</p>
 <p>Step 8 Squeeze the reagent tube when extracting the swab</p>	 <p>Step 9 Close the cap of the tube firmly</p>
<p>For full instructional videos, please go to: https://www.youtube.com/playlist?list=PLbLAc0yNACLNjGsTKmqbqf1LzAVvC5Xa <i>Last updated: 1 July 2021</i></p>	


Annex 3: Antigen Rapid Test (ART) FAQs

Antigen Rapid Test (ART) FAQs

<https://go.gov.sg/bca-mom-art-faqs>

Last updated: 11 June 2021

Annex 4: Referral Note for Confirmatory PCR Test


MINISTRY OF HEALTH
SINGAPORE

REFERRAL FOR CONFIRMATORY PCR TEST

Full Name:
(as per NRIC/FIN/Passport)

NRIC/FIN/Passport Number:

Date & Time of Test:

Type of COVID-19 Test: BD Veritor[®] SD Biosensor[®] Standard Q/ Parbio

Brand of COVID-19 Test:

COVID-19 Test Result: ANTIGEN POSITIVE / INVALID¹

To whom it may concern,

The abovementioned is required to obtain a Government-funded COVID-19 polymerase chain reaction (PCR) test² to confirm if he/she is infected with COVID-19.

2. For further details, please contact:

[Name of employer/contractor (and branch if applicable), email, phone number];

Stamp/Signature/Date

Name and Designation of Swab Supervisor/Trained Swabber:

Name of Antigen Rapid Test ("ART") Provider/Worksite (including branch if applicable):

Name of Employer/Contractor (including branch if applicable):

²Confirmatory COVID-19 PCR tests for ART-positive and ART-invalid results are available at Swab-and-Test-at-Home (SASH) Public Health Preparedness Clinics (PHPCs), fully subsidised by the Government. A list of SASH PHPCs can be found at <https://go.gov.sg/bca-pcr-referral-note>. Individuals must call the clinic to make an appointment and confirm that they are able to obtain a confirmatory COVID-19 PCR test during their visit. Confirmatory COVID-19 PCR tests can also be obtained from non-SASH PCR test providers at the individual's own expense. Individuals must self-isolate at home until notification of a negative COVID-19 test result.

¹An 'ART-invalid' test result means that the sample(s) has been tested twice and in both instances, there was no conclusive finding as to whether the individual is tested positive or negative. An individual who tests ART-invalid is subject to the same requirements as the individual who tests ART-positive.

- Pls indicate "name of employer and contact details" and "name of ART provider and contact details" (if applicable)
- To be signed off by employer
- For Supervised Self-Swab: Indicate "Name of trained supervisor"
- For Home Swab: Indicate "Self-swab at home"
- Pls indicate name of worksite (e.g. JEM Shopping Mall, XXX Shipyard, etc.)
- Pls indicate company name

Referral Note for Confirmatory PCR Test

<https://go.gov.sg/bca-pcr-referral-note>

Last updated: 2 July 2021