Title: Roche Cobas Liat User Guide

Site/Area of application	Point of Care - Produced specifically for Ward Users
QPulse Number	POCT-SOP-14 V1.2
Superseded documents	POCT-SOP-14 V1.1
Implementation date of this version	18th December 2020
Author(s)	Hannah Webley, Hollie Wilkes, Emma Baddams

Reason for change

Updated to include information about logging into analyser following daily self-calibration start up. EQA frequency changed to monthly. Maintenance advice updated to add reporting of spills to Point of Care. Sample analysis point 4 expanded to explain the importance of collecting sufficient volume of sample.

Removal of ability to review data graphs. Expansion of troubleshooting tips to include the importance of collecting the minimum volume of sample on repeat. Addition of Covid and RSV as Keywords.

Created to supply ward users with a user guide for the Roche Cobas Liat Flu Analyser

Impact on training needs and requirements for competency assessment

This is a new procedure Acknowledgment of notification is taken to be your confirmation that you will ensure you are familiar with and implement the processes described. A process of training and assessment of competency is required.

Keywords for search
Point of Care, Flu, Roche Cobas Liat, Covid, RSV

This document is controlled using the Pathology QPulse software. Controlled printed copies can be identified by the authorisation signature present in the space below. Upon request further authorised copies can be obtained through the department's quality system. Uncontrolled copies may be printed for an individual's use but should not be used after 1 week from the date of printing.

Signature

Contact Details	Office hours: Mon-Sat 08:30-17:00
	Call: 0113 39 22338 or 0113 20 64791 Email: leedsth-tr.pointofcare@nhs.net

| Medico-Legal | **It is important to not share passwords and always use the correct patient ID**

- It is a legal requirement and Trust policy for individual access not to be shared.
- Creates an Information Governance audit trail
- Enables test results to be recalled for specific users and patients
- Protects staff and patients from device misuse

Training updates are required every **TWO years** and untrained staff must **NOT** use the analyser.

Each location should have a Key Trainer to cascade training to other staff members. Key trainers must receive a training update from POCT every 2 years.

Patient ID must be entered each time a sample is analysed. Acceptable forms of ID are:
    - PAS Number (preferable)   **- NHS number**   **- A&E number** |
|---|---|

Analyser overview	

A	Function buttons	D	Tube entry door	G	Power button
B	Navigation buttons	E	Touch screen		
C	Barcode reader	F	Power indicator light		

A	Title bar	D	Function buttons
B	Subtitle bar	E	Navigation buttons
C	Touch screen buttons	F	Scroll bar

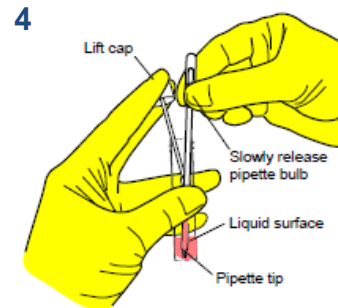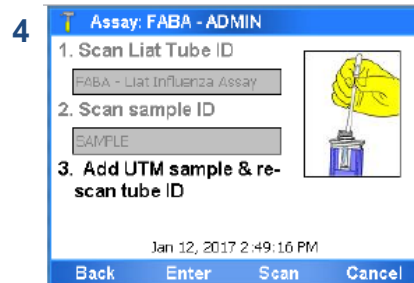|	
	CONSUMABLES • **Test Kit** - store in the fridge **2-8°C** - stable until expiration date indicated on the foil packet. Once opened, use immediately. - stock will be provided by the POCT team • **Swabs** - can be stored in the fridge or at room temperature **2-25°C** - stock can be ordered from Microbiology
Calibration	• The analyser self-calibrates on start-up and will restart once per day. • After re-start the analyser will not scan. Log into the analyser by typing **LIAT** as the Username, and then **LIAT** as the password. You can then log out and log back in as normal by scanning.
Quality Control (QC)	• **Internal control Internal Process Control (IPC) -** included in every test kit. It verifies the adequate processing of the sample. The IPC passes if sample purification and target amplification meet validated acceptance criteria. • QC consists of 2 solutions, negative and a positive. • QC will be run by the POCT team. • Importance of QC- to check meter performance and user technique. **EQA (External Quality Control)** EQA is organised by an external organiser but the aim is to compare your department's performance with your peers nationally. Samples are sent out monthly and will be analysed by the POCT Team.
Health and Safety	• Samples must be capped as soon as possible after collection and the outside of the tube and cap must be wiped with a 70% isopropanol wipe • If a reagent tube has leaked - dispose of the tube directly into a clinical waste bin. • Conform to Trust Infection Control policies at all times. • PPE (Gloves, apron, mask and safety goggles or visor) must be worn when handling/testing the patient sample. • Discard used assay tube and swab sample in the clinical waste bin.
Maintenance	• The touch screen should be cleaned with a soft, lint-free cloth. • Clean the exterior of the analyser, front buttons and bench area using 70% isopropanol wipes after each use. • Periodically check the rear vent and bottom of the analyser for excessive dust or debris. • When prompted by the message "Use cleaning tool" on the screen, press delay and contact the POCT Team who will perform the clean. • Please report any spills to Point of Care. A contamination audit can be performed to ensure no cross-contamination takes place following a spill.
Pre-Analytical	**Sample collection:** • Positively identify patient by confirming full name and DOB prior to testing. • **Adult patients** - take a throat swab according to departmental guidelines • **Paediatric patients** - take a nasopharyngeal swab according to departmental guidelines • Ensure the swab is inserted immediately into the transport media tube. Place the swab below the surface of the media and swirl. Break the swab shaft and leave the swab in the tube. Attach the cap securely. • Clean the tube and cap with a 70% isopropanol wipe, allow to dry and label sample with patient addressograph label.

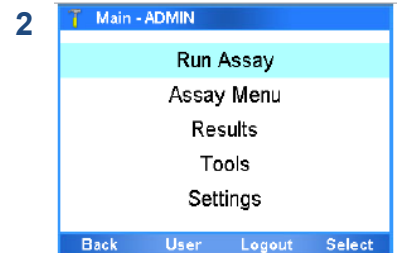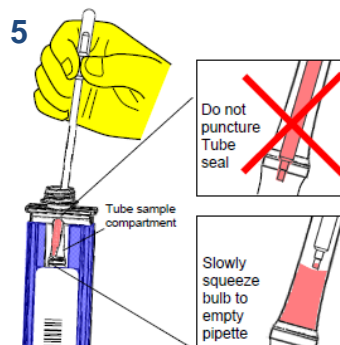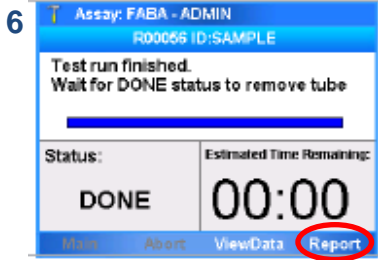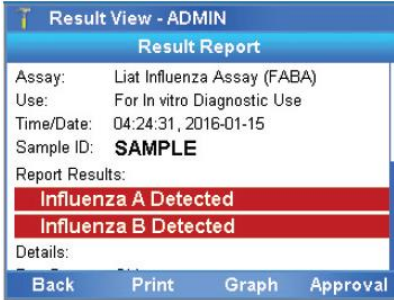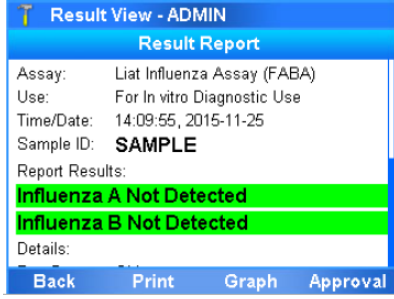| Sample Analysis	
	1. Place UTM sample tube into the metal sample rack. Open the foil pouch of the test cassette and place the test cassette into the metal sample rack. • Press **Login** and scan your ID badge barcode. • When the screen displays the error message, select **manual**. • Select **Scan** and scan your ID badge barcode again • When prompted, enter your password. This is your DOB in DDMMYY format. Select **Run Assay**. 2. Select **Scan** and scan the barcode on the test cassette. 3. Select **Scan** and scan the patient ID barcode. Alternatively press enter the type in the patient ID. 4. Press the pipette bulb down **fully** and insert tip into the UTM liquid. Slowly release the pipette bulb to collect sample. ***This is importnant to collect sufficient volume of sample.*** 5. Insert pipette into the tube sample compartment of the test cassette and slowly squeeze the bulb to empty pipette. Do not puncture the seal below the compartment. Keep the bulb depressed until discarded into a sharps bin. 	**1** **2** **3**

	Replace the cap of the test cassette firmly. Re-cap the patient swab sample and keep until results are reported. Wipe the cap of the test cassette and the tube and cap of the swab sample with a 70% isopropanol wipe.
	• Select **Scan** and scan the test cassette barcode again. The tube entry door will open automatically
	• Remove the test cassette from the sleeve and insert it into the analyser until the tube clicks into place.
	• Wipe down the bench space using 70% isopropanol wipes
	• When the test is complete the tube entry door will open. When prompted, remove the tube and discard in a clinical waste bin along with the patient swab sample.
	6. Select **Report** to view results. Results for Flu A, Flu B and RSV will be displayed.
	• Clean the exterior of the analyser and front buttons using 70% isopropanol wipes
Results	• Results that are positive are displayed as 'Detected' and highlighted in RED
	• Results that are negative are displayed as 'Not Detected' and highlighted in GREEN
	• Results should be recorded according to departmental procedures.
Result Recall	• To recall results, login and select **Results** from main menu. • The Results screen is displayed. All results since last Monday are displayed in date order. • Select **Filter** to search for specific results. • Analyser can display max. 500 results at one time and can store approx. 20,000 results.
Troubleshooting and Incident Reporting	• If your sample fails discard the test kit and run the test again with the same sample using a new test kit. *Ensure minimum sample volume is obtained by fully depressing the pipette bulb before placing pipette in sample.* • If the repeat fails, collect a new sample and repeat the test. If this fails, send a sample to the lab for analysis. • If you receive an error message please contact POCT. • When reporting clinical incidents on DATIX, select the box for incidents involving Trust equipment and select 'in-vitro Medical Devices' from the drop-down list.