



Epworth

INTERIM

Oropharyngeal/Nasopharyngeal swab – COVID-19 testing

Protocol:

To test for COVID-19 PCR, a single flocked swab must be taken.

Indications / Contraindications:

Patients being tested for COVID-19

Roles and Responsibilities:

Role	Responsibility
Medical Staff	Order COVID-19 PCR testing Collecting the COVID-19 swab
Nursing	Collecting the COVID-19 swab

Equipment:

- PPE - Please refer to the [COVID-19: Personal Protective Equipment \(PPE\) Guideline](#)
- Respiratory PCR/flocked swab – please note these swabs vary by supply available and can be green, blue or orange topped swabs.
- Plastic zip lock bag for transport (pathology bag)
- Disinfectant wipes for cleaning outside of bag prior to sending to Pathology

Procedure:

1. Ensure appropriate environment for testing – if patient has severe acute respiratory symptoms test should be in a negative pressure room if available. If not possible, a room with the door closed during specimen collection and left vacant for at least 30 minutes afterwards (terminal clean can be performed during this time by a person wearing PPE for airborne and contact precautions).
2. Perform hand hygiene and put on appropriate PPE (see above) as per Epworth protocols.
3. Explain procedure to patient including possibility of coughing/sneezing, tearing or discomfort.
4. Perform patient identification and verify patient name and pathology slip match. Label swab with patient details, date and time of swab collection.
5. Verbal consent to be obtained from the patient.
6. One swab is used for both oropharyngeal and nasopharyngeal. Oropharyngeal is always taken first.
7. **Oropharyngeal swab sample**
 - Stand slightly side on to the patient to avoid direct exposure to respiratory secretions
 - Ask patient to open their mouth widely
 - Without touching the sides of the mouth, swab the back of the throat and the tonsil area on both sides of the throat, rotate swab twice or for 10 seconds.

8. Nasopharyngeal swab sample

- Use the same swab used for oropharyngeal test
- Explain procedure to the patient
- Stand slightly sideways to the patient to avoid exposure to respiratory secretions
- Position the patient with head slightly tilted back. Insert the swab into the nostril until the posterior nares is reached (black stripe on swab stick) – remember to insert the swab directly back not upwards.
- Rotate the swab several times against the nasal wall
- Withdraw the swab and repeat in the other nostril
- Remove the swab slowly
- Break the score mark on the shaft of the swab stick and place in swab tube provided. Do not discard any liquid from the swab tube.

9. Packaging

- Place swab tube in pathology bag and seal.
- Remove gloves, hand hygiene and apply clean gloves
- Wipe down pathology bag with disinfectant wipe.
- If sample is treated as an 'outbreak sample' or close contact place red sticker on both pathology bag and slip and mark **Urgent Priority Sample**

10. Labelling of Pathology slips

Priority Samples Labelling

The pathology slip must:

- Be clearly labelled with a red sticker
- Be marked as **urgent priority sample** with the corresponding priority group 1, 2 or 3 (see criteria below)
- Have patient's GP details – printed on bradma label attached and/or GP fax number, provider number or address is listed for CC of results

Priority 1 (P1):	Outbreak: <ul style="list-style-type: none">• including close contact of confirmed case,• people located in quarantine hotel(s), and• Symptomatic resident or staff member of a known Residential Aged Care Facility or residential disability setting outbreak.
Priority 2 (P2):	Symptomatic health care workers: <ul style="list-style-type: none">• including aged care workers;• residential disability setting workers• symptomatic aged care residents• disability setting residents• hospital patients.
Priority 3 (P3):	Other 'at risk settings: <ul style="list-style-type: none">• Symptomatic people identified to be from other 'at-risk' settings as determined by the referring clinician. This includes non-residential disability settings.

- HCW requiring return-to-work testing label:
 - URGENT: HCW CLEARANCE TESTING, please notify result to DHHS

- For asymptomatic testing routine labelling applies.
- Place signed slip in the outer pocket of pathology bag

11. Transport to Pathology

- Remove PPE as per [COVID-19: Personal Protective Equipment \(PPE\) Guideline](#)
- Transfer specimen bag to pathology

Outcome:

- Mitigate the risk of hospital transmission of infection
- Patient and staff safety maintained.

Definitions:

Close contact - an individual whom has spent greater than 15 minutes face-to-face, cumulative over the course of a week, or the sharing of a closed space for more than two hours, with a confirmed case during their infectious period without recommended personal protective equipment (PPE). Contact needs to have occurred during the period of 48 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious to be deemed close contact.

DHHS Defined COVID-19 Outbreak-A single confirmed case of coronavirus (COVID-19) in a resident or staff member of a residential and aged care facilities (RACF), OR
Two or more epidemiologically linked cases outside of a household with symptom onset within 14 days.

Oropharyngeal swab –a method of taking a clinical test sample of secretions from the back of the throat and tonsillar beds.

Nasopharyngeal swab – a method for taking a clinical test sample of nasal secretions from the deep nasal area.

Appendices:

[How to put on your PPE \(donning\)](#)

[How to take off your PPE \(doffing\)](#)

[Collection of Nasopharyngeal Specimens with Swab Technique \(Video\)](#)

[Melbourne Pathology COVID-19 swab collection guide](#) (PDF)

References:

Department of Health and Human Services. *Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners*. 10 July 2020, Version 23. Available from: <https://www.dhhs.vic.gov.au/coronavirus-case-and-contact-management-guidelines-health-services-and-general-practitioners>

Melbourne Pathology. (2020). *Coronavirus (COVID-19) Nasopharyngeal swab collection brochure*.

NSW Government Health. *Respiratory Swab Collection*. Available at <https://www.health.nsw.gov.au/Infectious/Influenza/Documents/collection-respiratory-swabs.pdf>

Focus Area(s):

Clinical Governance Standard
Partnering with Consumers Standard
Healthcare Associated Infections Standard

Linked PP:

- [COVID-19: Personal Protective Equipment \(PPE\) Guideline](#)
- [IPAC - Hand Hygiene Protocol](#)
- [IPAC - Management of Specific Infectious Diseases Protocol](#)
- [COVID-19: Aerosol Generating Procedures \(AGP\) reference list](#)
- [Patient Identification Protocol](#)

Departments:

- Organisation Wide

Revision History:

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