

2019-NOVEL CORONAVIRUS (COVID-19) SPECIMEN COLLECTION

Policy:

To adhere to CDC guidelines and physician orders to collect nasopharyngeal specimens for testing for 2019-Novel Coronavirus (SARS-CoV-2) the virus that causes COVID-19.

General Considerations:

- Check with local and state health departments to coordinate testing through approved laboratories.
- Testing must be conducted in consultation with a healthcare provider.
- Positive results are to be reported per state and federal regulations
- Nasopharyngeal swabs may be used for testing asymptomatic persons in a health care setting.
- Anterior nares and mid-turbinate specimen collection is appropriate for symptomatic patients and both nares should be swabbed.
- When collecting specimens from a patient with possible COVID-19:
 - Specimen collection should be performed in a room with the door closed.
 - HCP in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support.
 - Clean and disinfect procedure room surfaces promptly using an EPA-registered disinfectant for the appropriate contact time indicated on the product label.
- When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:
 - An oropharyngeal (OP) specimen
 - A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
 - An anterior-nares (nasal swab; NS) specimen collected by a healthcare professional or by onsite self-collection (using a flocked or spun polyester swab)
 - A nasopharyngeal wash/aspirate or nasal aspirate (NA) specimen collected by a healthcare professional

Supplies/Testing Kit:

- 1 Tube of Universal Transport Media (UTM)
- 1 Nasopharyngeal swab (smaller swab, flexible shaft) **(CDC recommended)**
- 1 Ziploc specimen bag containing absorbent pad
- 1 Laboratory Test Requisition form
- 1 Ice pack (keep in a freezer until ready to package & transport specimens)

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Procedure – Specimen Collection:

1. Perform hand hygiene
2. Don all PPE (gown, N95 respirator, face shield/eye protection, gloves)
3. Verify resident name
4. Position resident for comfort
5. Offer tissue to blow nose
6. Inspect nostrils to ensure no obstructions
7. Prepare equipment area
 - a. Disinfect bedside table with EPA approved disinfectant wipe
 - b. Cover table with barrier
 - c. Place supplies on barrier
8. Perform hand hygiene over gloves

Nasopharyngeal (NP) swab

- Use only synthetic fiber swabs with plastic shafts
- Hold swab like a pen between your thumb and forefinger with shaft resting on your middle finger. Maintain a loose grip to avoid injury due to unnecessary force.
- Have resident hold head straight forward with no head tilt; may place hand on back of resident's head for stability
- Insert flexible swab through nares parallel to the palate (not upwards) until resistance encountered; should be the distance from the ear to the nostril at the nasopharynx (approximately 2.5 inches)
- Gently rub and roll swab
- Leave swab in place for several seconds to absorb secretions
- Slowly remove swab while rotating it.
- Place swabs immediately in sterile tubes containing 2-3 ml of viral transport media.
- Snap off end of the swab to allow cap to close and tighten cap
- If collecting both NP and OP specimens, combine in a single vial.

Oropharyngeal (OP) swab

- Use only synthetic fiber swabs with plastic shafts
- Insert swab into the posterior pharynx and tonsillar areas
- Rub swab over both tonsillar pillars and posterior oropharynx; avoid touching tongue, teeth and gums
- Remove swab and immediately place in sterile tubes containing 2-3 ml of viral transport media.
- Snap off the end of the swab to allow cap to close and tighten cap
- If collecting both NP and OP specimens, combine in a single vial.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Anterior nares specimen (NS)

- Use flocked or spun polyester swab
- Insert swab at least 1 cm (0.5 inches) inside the nares
- Firmly sample the nasal membrane by rotating the swab
- Leave in place for 10-15 seconds
- Repeat in other nares using the same swab
- Place swabs immediately in sterile tubes containing 23 ml of viral transport media
- Snap off end of swab to allow cap to close and tighten cap

Post Specimen Collection

1. Offer resident a tissue
2. Position resident for comfort
3. Disinfect specimen tube with disinfectant wipe
4. Place resident label on specimen tube
5. Place tube in specimen bag and seal
6. Disinfect specimen bag with disinfectant wipe
7. Place specimen bag into biohazard bag with resident label and date specimen obtained
8. Perform hand hygiene over gloves
9. Disinfect outer specimen bag
10. Doff PPE and perform hand hygiene
11. Store specimen in refrigerator until lab arrives (no more than 72 hours)
12. Document specimen collection and resident's tolerance.

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19); April 14, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

COVID-19 Sample Collection and Testing: Clinical Practice Guidelines (CDC,2020); March 23, 2020; <https://reference.medscape.com/viewarticle/927231>

Nasopharyngeal Specimen Collection for COVID019; April 16, 2020;
<https://www.nebraskamed.com/for-providers/covid19/ambulatory>

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.