Policy: P002 - Nasopharyngeal Swabbing – Adult and Pediatric

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I. Purpose: Conduct testing for SARS-CoV-2 via upper respiratory specimen collection to determine infectious positive or negative.

II. Policy:
   a. Affiliated Physician’s Nasopharyngeal swabbing protocol includes proper management of personal protective equipment (PPE).
   b. Affiliated Physicians will confirm appropriate supplies are readily available to staff members working in accordance with COVID testing events.
   c. All employees will follow Policy P001 Handwashing and Policy P002 Infection Control Practices.
   d. Affiliated Physicians will implement a process to prevent, control and report COVID infections identified.
   e. Communicable diseases will be reported to the State Department of Health in compliance with state and rules and regulations.
   f. Newborn testing – recommended by CDC for all neonates born to mothers with suspected or confirmed COVID, regardless of where there are signs of infection in the neonate.
   g. Viral tests are recommended to diagnose acute infection with SARS-CoV-2. Testing strategies, including clinical criteria for considering testing and recommended specimen type, are the same for children and adults according to the CDC.

III. Procedure:
   a. Medical personnel (RN, LPN, MA) to be identified for specimen collection.
   b. Patient identifiers to be checked prior to collection of nasopharyngeal (NP) specimen
   c. Healthcare provider required to don PPE
      i. N95 mask or greater grade
      ii. Gloves – nitrile preferred
      iii. Eye Protection – goggles or shield. Prescription eyeglasses are not acceptable forms of eye protection.
      iv. Gown
      v. Hair net – available but not mandatory
   d. Gather supplies
      i. Viral transport medium tube
      ii. NP swabs – synthetic fiber with plastic shaft – DO NOT use calcium alginate swabs or swabs with wooden shafts.
      iii. Biohazard specimen bag
      iv. Disposable barrier
   e. Pre-swab
      i. Place supplies on clean barrier [NP Swab, UTM vial, specimen bag]
ii. Verify with patient - Name and DOB
iii. Place label on specimen vial container [either e-order or requisition]
iv. Provide brief overview of collection process

f. Swab Process – for Adult and Peds > 24 months
i. Have patient blow nose and discard tissue in nearby trash bin
ii. Patient to sit comfortably with feet planted flat on floor and head tilted back at a 70-degree angle
iii. Confirm patient has mask covering mouth
iv. Healthcare provider to stand at side of patient with non-dominant hand on back of neck and dominant hand holding the shaft of the NP swab
v. Insert tip of swab through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx
vi. Swab should reach depth equal to distance from nostrils to outer opening of the ear
vii. If resistance is met prior to reaching such distance, remove swab and try angling again in downward motion with head tilted back keeping shaft close to the top of nares
viii. Gently rub and swirl/roll the swab leaving swab in place for 10-15 seconds
ix. Remove swab without swirling when pulling out
x. Place tip of NP swab into a UTM vial, snap at the perforation on shaft of swab, and cap securely. If vial cap is not on securely and leaks in transit, the specimen will not be processed
xi. Place capped specimen in biohazard bag and securely close bag

g. Swab Process – for Pediatric (24+ months - 12 years)
i. Be mindful of the necessary depth -
   1. Swab should reach depth equal to distance from nostrils to outer opening of the ear
   2. Hold swab package up to patients face to confirm depth you are aiming for
   3. The depth will be shorter than that of an adult

h. Swab Process - For infants (0-24 months)
i. NP swabbing can be challenging for infants; because of this a combined nasal and throat swab is recommended using the same swab. Throat (OP) swab to be completed first and then nasal. [see Policies P003 and P004]

i. Disposal
   i. Discard of supplies; all supplies used during NP swabbing process gets placed in regular garbage, including used barrier
   ii. Any medium with collected specimen that requires disposal is to be placed in a red biohazard bag and sent to Pelham office via crate pickup for proper disposal
   iii. If sending red bag via crate – must be labeled as ‘medical waste’
j. Comfort positioning/holds can be very helpful when working with pediatric patients. The type of hold and position will depend on the age of the child.

i. Tips for positioning pediatric patients: Comfort positioning/holds can be very helpful when working with pediatric patients. The type of hold and position will depend on the age of the child.

Options include swaddling, back to chest, and chest to chest positioning.

1. Infants • Swaddle the infant and either place the patient on a safe firm surface or have the caregiver hold the patient • Have the parent hold the infant in their arms
2. Toddlers • Have the child sit on the caregiver’s lap, facing out • Have the parent hug from behind to hold the child’s arms down Then, have caregiver cross legs over child’s legs to prevent child from kicking • Have the child lean back, close eyes, and sing or count to provide support to child
3. Preschool • Use the back to chest hold • Have the child lean back, take a deep breath and count

k. Swab Process – ID Now Abbott Machine or BD Machine
   i. If completing both NP swab for lab and NP swab for Rapid, lab NP swab to be completed first
   ii. NP swab for Rapid to be completed 2nd – and via the opposite nares

IV. Resources:
   b. https://www.youtube.com/watch?v=iHy2StGA_sA

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