

Policy: P004 - **Oropharyngeal Swabbing – Adult and Pediatric**

Created by ⁱ : Shannon Dallas - DPP
Reviewed by ⁱⁱ : Anne Revman – Director of Clinical Training
Approved by ⁱⁱⁱ : Stephen Heath - EVP

- I. **Purpose:** Conduct testing for SARS-CoV-2, Streptococcus or Influenza via upper respiratory specimen collection to be tested in lab and/or via rapid testing procedures.
- II. **Policy:**
 - a. Affiliated Physician’s Oropharyngeal 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
 - d. Communicable diseases will be reported to the State Department of Health in compliance with state rules and regulations.
 - e. Viral tests are recommended to diagnose acute infection. Testing strategies, including clinical criteria for considering testing and recommended specimen type, are the same for children and adults according to the CDC.
 - f. Oropharyngeal swabbing to be completed in accordance with proper procedure.
- III. **Procedure:**
 - a. Medical personnel (RN, LPN, MA) to be identified for specimen collection.
 - b. Patient identifiers to be checked prior to collection of specimen [name and DOB]
 - c. Healthcare provider required to don PPE
 - i. N95 mask or greater grade
 - ii. Gloves
 - iii. Eye Protection – goggles or eye 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. 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 [Swab, UTM vial, specimen bag]
 - ii. Verify with patient - Name and DOB and write on vial
 - iii. Provide brief overview to client of collection process
 - f. Swab Process – for Adult and Pediatric patients
 - i. Patient to sit comfortably with feet planted flat on floor and head tilted back at a 70-degree angle

- ii. Healthcare provider to stand in front of patient holding the tongue depressor with non-dominant hand and swab with dominant hand
 - iii. Hold tongue down and away by using a tongue depressor
 - iv. Insert swab to posterior pharyngeal region and tonsillar areas
 - v. Rub back and forth with swab over both tonsillar pillars and posterior oropharynx
 - vi. Remove swab from mouth without touching the soft palate, teeth, gums, or tongue
 - vii. Open UTM vial top, place tip of nasal swab into a UTM vial, snap at the perforation on shaft of swab, and recap securely. **If vial cap is not on securely and leaks in transit, the specimen will not be processed**
 - viii. Place capped specimen in biohazard specimen bag and securely close bag
- g. If conducting a rapid test – follow applicable policy
- h. For young pediatric patients, comfort positioning/holds can be very helpful. The type of hold and position will depend on the age of the child
- i. 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

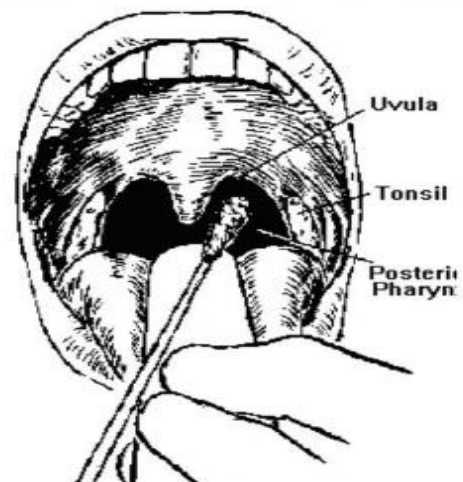
Throat swab (posterior pharyngeal swab)

Hold tongue away with
tongue depressor

Locate areas of inflammation
and exudate in posterior
pharynx, tonsillar region of
throat behind uvula

Avoid swabbing soft palate;
do not touch tongue

Rub area back and forth with
cotton or Dacron swab



WHO/CDS/EPR/ARO/2006.1

- d. Disposal
 - a. Discard supplies; all supplies used during OP swabbing process gets placed in regular garbage, including used barrier
 - b. 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
 - c. If sending red bag via crate – must be labeled as ‘medical waste’
- e. Sanitize
 - a. Clean testing space - surfaces with disinfectant wipes and air with Lysol disinfectant spray as needed
 - b. Complete hand hygiene according to Affiliated Physicians policy

IV. Resources:

- a. <https://www.bing.com/videos/search?q=oropharyngeal+swabbing&docid=607997314430339144&mid=9176BEEB6699BD72F21C9176BEEB6699BD72F21C&view=detail&FORM=VIRE>
- b. <https://www.cdc.gov/urdo/downloads/speccollectionguidelines.pdf>

ⁱ Created Date – 07.14.20

ⁱⁱ Last reviewed – 07.30.20

ⁱⁱⁱ Approved Date – 08.01.20