

# Nasopharyngeal Specimen Collection Training

# COVID-19 Emergency Declaration

- This policy, training and protocol will be in effect during the Covid-19 emergency declaration.
- This policy and protocol will not be effective once the emergency declaration has been lifted.
- This is a Local Optional Scope process.

# Learning Objectives

- The provider will know the indications for collection of a specimen.
- The provider will know the appropriate required PPE items to don prior to the collection of the nasopharyngeal swab.
- The provider will understand the steps taken during the collection of the specimen, the storage and transport.
- The provider will know the “chain of custody” for correctly labeling the specimen and ensure that all local, county, LEMSA and facility policies and procedures are followed.
- The provider will have read the training, protocol and skills competency documents prior to the return demonstration.

# Other Tasks

- Confirm the identity of the individual/patient. Ask to see a valid picture ID that has the name and DOB. If a minor, then a parent or guardian needs to be present and consent. Unless they are an emancipated minor and you will need the associated documentation.
- Obtain a consent form listing the risks and benefits of the specimen collection.
- Provide COVID-19 education as necessary.

# Purpose of the Swab Collection

- Nasopharyngeal swabs are used for the detection of respiratory viruses such as RSV, Influenza virus A & B, Parainfluenza virus amongst others (i.e. COVID-19).

# Nasopharyngeal Specimen Collection

-Explain procedure to individual/patient.

- 1) Conduct proper hand hygiene prior to donning Personal Protective Equipment (PPE).
- 2) Did you perform proper/adequate hand hygiene?
- 3) Assemble appropriate PPE: Gloves, Gown, Goggles and/or Face shield, N-95 Mask (Respirator).
- 4) Don the PPE.

# Nasopharyngeal Specimen Collection

- If the individual/patient has a lot of mucous in his/her nose, this can interfere with the collection of cells.
- Ask the individual/resident to use a tissue to gently clean out visible nasal mucous before a swab is taken.
- Respiratory viruses are located in cells that line the surface of the inner nose. The virus is not found in the mucous discharge.
- You are collecting the epithelial cells (not mucous).

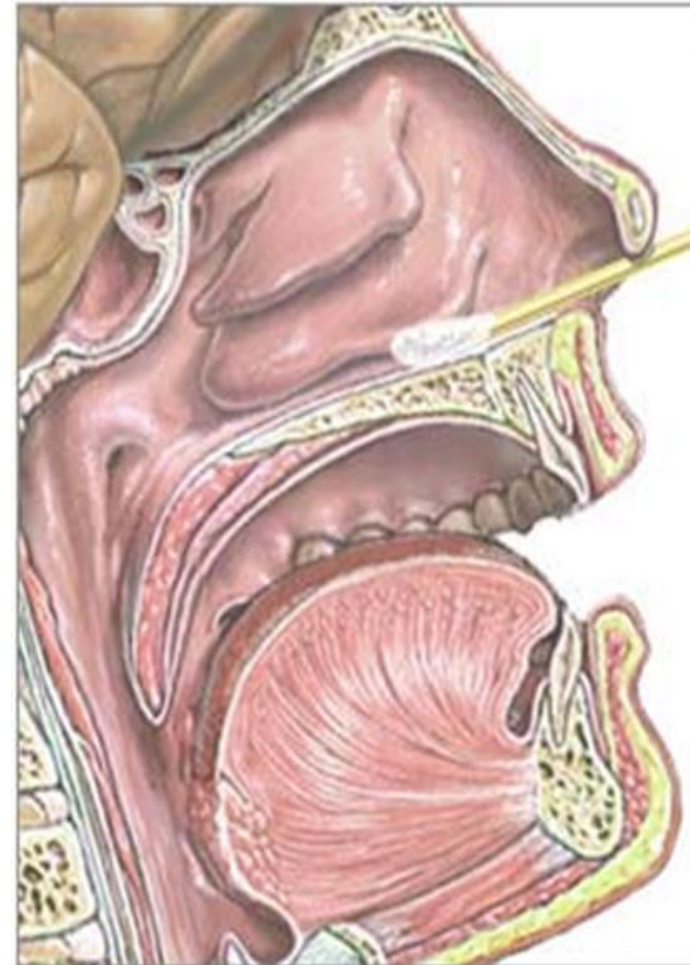
# Nasopharyngeal Specimen Collection

- 5) Open the specimen collection kit and lay out the equipment.
- 6) Ask the patient/individual being tested to remove their surgical mask (if present) to facilitate the performance of the procedure and then have them replace it when done.
- 7) The distance from the individual's nose (nares) to the ear (open part) gives an estimate of the distance the swab should be inserted.
- 8) Have the individual tilt his/her head back gently. This should be at 70 degrees.
- 9) Steady the head by placing your hand on their chin with your non-dominant hand.



# Nasopharyngeal Specimen Collection

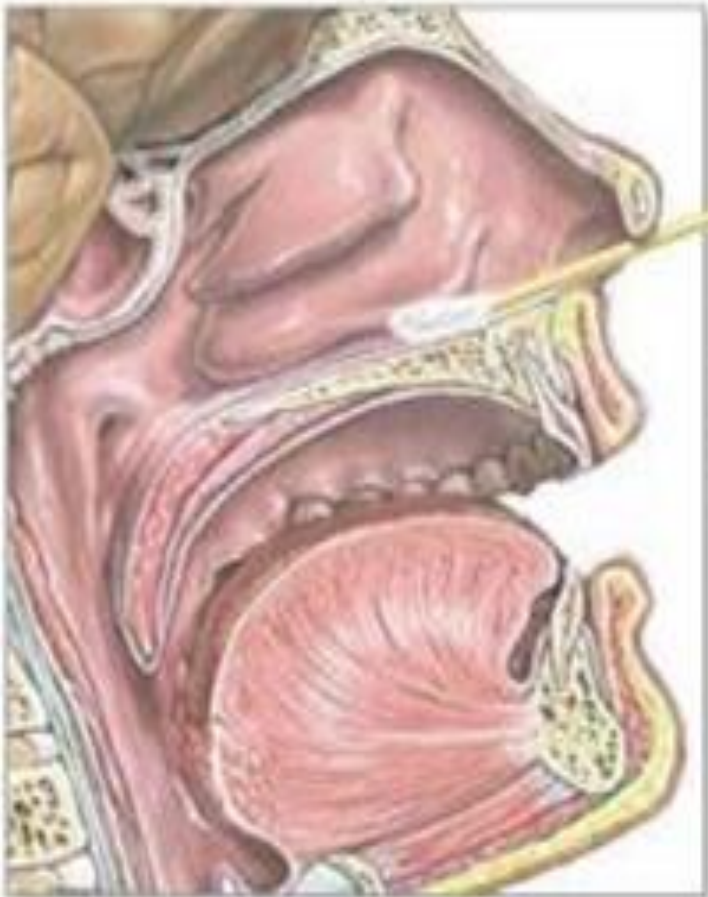
- 10) Insert the swab into the nostril straight back (not upwards) and back to the nasopharynx (GENTLY)!
- 11) Swab should reach depth equal to distance from nostrils to outer opening of the ear.
- 11) This is similar procedure to placing a nasopharyngeal airway.
- 12) Leave the swab in for several seconds.
- 13) Start a rotating motion and then slowly withdraw.
- 14) If possible, do the other nostril with the same swab.



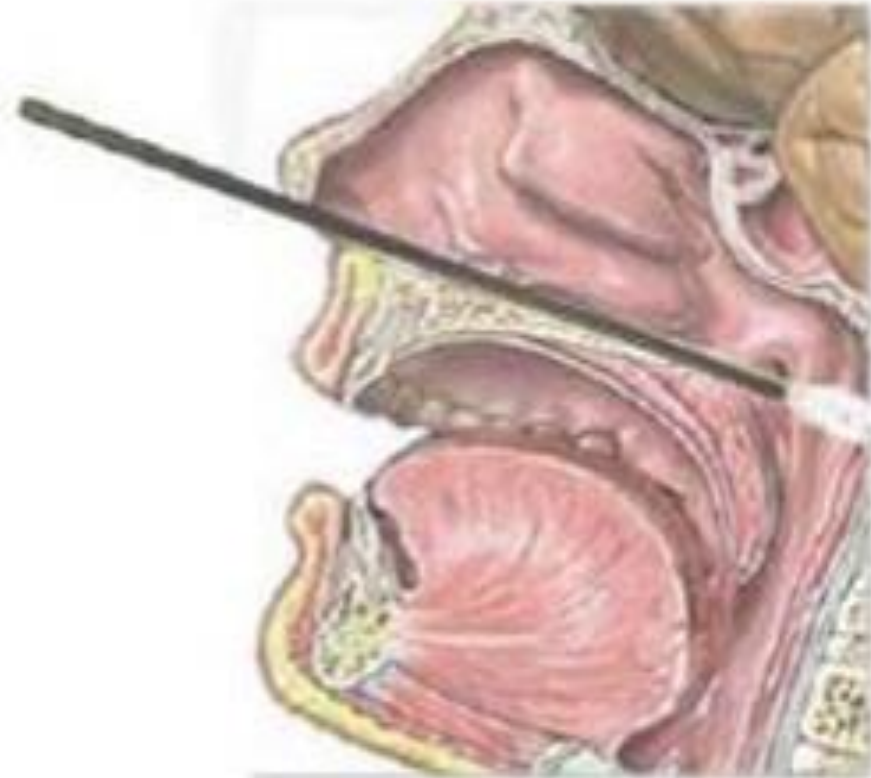
A sterile swab is passed gently through the nostril and into the nasopharynx

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Gently insert the swab into the nostril along the septum floor of the nose extending straight back until the posterior nasopharynx is reached (distance from the nostrils to the external opening of the ear).



A sterile swab is passed gently through the nostril and into the nasopharynx



# Nasopharyngeal Specimen Collection

- 15) Precautions: Do not force the swab- if an obstruction is encountered try the other nostril. You can cause tissue damage and bleeding if you force the procedure.
- 16) Place the swab immediately into the sterile vial containing the viral transport media.
- 17) Break off or band the end of the applicator shaft close to the vial tightly.
- 18) Remove personal protective equipment, wash hands.
- 19) Ensure always that the vial displays the individual's name, specimen source and date obtained.

# Public Health or Acute Care Facility

- Follow the policy, process, and regulations appropriate to the collection, handling, storage, and transport of the specimen.
- Sample rejection can include but not limited to swabs with calcium alginate or cotton tips; swabs with wooden shafts; improperly labeled; grossly contaminated; broken or leaking transport device.

- Nasopharyngeal Specimen Collection Video  
<https://www.youtube.com/watch?v=hXohAo1d6tk>

# Testing

- Each provider will complete a demonstration for competency testing.
- Each provider will complete a written post-test.

# Quality Assurance

- The onsite personnel will randomly observe and critique the EMTs and/or Paramedics for compliance with accepted standards.
- If necessary, these people will send the individuals back for remediation.
- These critiques will be reported to the LEMSA for further evaluation. They can use the original skills competency form.

